Aspiration pneumonia in association with oral vitamin K

Most infants born in the British Isles now receive vitamin K prophylaxis, and the trend towards oral administration continues. With the awareness that vitamin K is well absorbed from the gut and following publication of the report linking intramuscular vitamin K and childhood cancer, oral vitamin K prophylaxis has become more widespread. However, because of lack of uniform national policy, the practice of vitamin K administration varies from region to region. Cases of aspiration or anaphylaxis following oral vitamin K administration have not been previously reported.

We report three cases of aspiration associated with oral vitamin K. Orakay, the preparation uniformly used in Northeast England, causes respiratory distress. A chest radiograph was normal. After discharge, she started to cough, became pale, unsettled, and had tolerated two doses of Orakay well.

Within an hour, she started to cough, became pale, unsettled, and had tolerated two doses of Orakay well. On admission, she had features of respiratory distress. Oxygen saturation was 85% in air. A chest radiograph showed bilateral increased perihilar shadow. A septic screen was negative. She was discharged and remained very unsettled. Within an hour, she started to cough, became pale, unsettled, and refused feeds. On examination, she had features of respiratory distress. A septic screen was negative. A chest radiograph was normal. After discharge, she was given a fourth dose of Orakay under hospital supervision and remained well.

V Bhendari, N On Tin, S R Ahmed
Darlington Memorial Hospital, Darlington DL3 6HX, UK

References

Hypothsis waiting for proof: unwarpping neonates for transfer

During transfer from the delivery suite to the neonatal intensive care unit (NICU), infants are traditionally wrapped in pre-warmed towels. Whether this is optimal remains unknown. We compared the effects on core temperature of wrapping or not wrapping neonates during their transfer from the delivery suite to the NICU.

After resuscitation, infants in both groups were transferred to a Vickers 77-transport incubator and left wrapped or unwrapped. Rectal temperature was recorded using a mercury thermometer before leaving the delivery suite and again, immediately after transfer into a NICU incubator. The study was granted ethical approval.

Our findings are summarised in the table. There were no significant demographic differences between the two groups. While the mean temperature change during transit was lower in the unwrapped group, the mean temperature change during transit was lower although neither difference reached statistical significance. No hypothermia (rectal temperature <36°C) occurred in either group.

Wrapping infants in towels prevents convective heat gain. Additionally, leaving infants unwrapped allows essential clinical observation.

Despite the limitations of this small study, our findings challenge the practice of wrapping infants and warrant further examination in larger clinical studies.

D J Hawkes, D G Spendley, M Alfaham
Departments of Child Health and Medical Physics, Cardiff and Vale NHS Trust, Llandough Hospital, Cardiff CF64 2XX, UK

Correspondence to: Dr Alfaham; Mazin.Alfaham@CardiffandVale.wales.nhs.uk

Diuretics in CLD

This symposium on chronic lung disease of prematurity (CLD) by Kotecha et al covered important aspects and controversies in the management of CLD. We accept the authors’ inability to cover all aspects of management. We feel that some space could have been devoted to diuretics in management of CLD. Nearly all patients with CLD of some stage of their disease will receive diuretics and most of them will be on them for a long time. We came across only one systematic review by Brion et al in the Cochrane database. Conclusion of the authors was that there was no beneficial effect of using distal tubular diuretics for more than 4 weeks after initial stage. There was also no benefit in adding potassium sparing diuretics or newer diuretics like metaizone. In spite of very little evidence base for diuretics in CLD, one finds nearly all CLD patients on a diuretic cocktail. In addition to their effect on electrolytes, they affect Ca/PQ metabolism. This may exacerbate osteopenia of prematurity and may have adverse effect on lung compliance. There is a need for more discussion or clear guidelines on this issue.

V A Pai
Southmead Hospital, Bristol, UK

B Pai
Royal United Hospital, Bath, UK

Correspondence to: Flat 3, 19 Newbridge Road, Bath BA1 3HE; binapai@hotmail.com

References
Neonatal sepsis in Peshawar
We wish to raise a few concerns regarding the study reported by Rahman and colleagues.1,2
We found it surprising that only five species of microorganisms were isolated in this series of over 1000 blood cultures obtained from neonates with sepsis. Similar studies done in other major cities of Pakistan, with much smaller sample sizes, have shown a wider spectrum of pathogens. Anwer et al.1 showed 11 species types in 109 blood cultures, Bhutta and Yusuf4 showed two species types in 38 cultures, Khan and Akram5 showed more than eight different species types from 89 cultures, and Bhutta6 reported 11 species types in a series of 276 positive blood cultures. In addition to the five species causing neonatal sepsis reported by Rahman et al. (Escherichia coli 36.6%, Staphylococcus aureus 29.5%, Pseudomonas 22.4%, Klebsiella 7.6%, and Proteus 3.8%), all the other investigators have also reported Serratia spp and Enterococcus, and most reported Streptococcus pneumoniae, Salmonella spp, and group B Streptococcus. 

Although the authors do not clearly state whether they excluded hospital acquired infections, in their series, the studies reported by Bhutta5 did exclude nosocomial infections.

The antimicrobial susceptibility data reported by Rahman and colleagues4,6 are not interpretable as the number of microorganisms on which antimicrobial susceptibility testing was performed is not presented. In addition, the susceptibility results are not internally consistent; 60% of the Staphylococcus aureus tested are reported to be ampicillin sensitive but only 27% were Amoxicillin + Clavulanate (Augmentin). We wonder if the lack of reporting to methicillin resistance for S aureus is erroneous since the vast majority of neonatal sepsis is caused by methicillin resistant S aureus. Other reports7,8 are not interpretable in terms of their susceptibility to ampicillin. This represents a highly unusual susceptibility pattern with a high percentage of S aures not producing beta-lactamase enzymes to inactivate penicillin (ampicillin), but still showing resistance to a penicillin-beta-lactamase-inhibitor combination such as Augmentin. We wonder if the 60% reported sensitivity of S aureus to ampicillin is erroneous since the vast majority of S aureus, even in developing countries, are now penicillin (ampicillin) resistant.12

We also find the 73% resistance rate of S aures to amoxicillin-clavulanate (which is equivalent to methicillin resistance for S aures) surprisingly high, and question if this indicates the presence of hospital acquired infections in this series.

S A Ali, T A Khan, A K M Zaidi
Department of Paediatrics, The Aga Khan University, Karachi, Pakistan

References

Effect of head up tilting on oxygenation
We read with interest the paper by Dimitriou et al in which it was confirmed again that head up tilting to 45° degrees results in better oxygenation in stable preterm neonates. However compared with our study, in which the same effect was observed, there is a (probably) significant difference. Their infants were studied in the horizontal prone, in the horizontal supine and in the 45° head up tilt supine position whereas in our study all infants were studied in the prone position including the 45° head up tilt. We had then hypothesised that the combination of the prone position and the 45° head up tilt could facilitate diaphragmatic activity.

I do not think that this hypothesis can be totally dismissed by the results of Dimitriou et al as suggested by the authors, since their infants were studied in different postures that is, supine in their study and prone in our study.

Authors’ reply
We thank Professor Dallagrammatikas for his comments on our study.1 Dallagrammatikas et al hypothesised that the combination of the prone posture and the 45° head up tilt position could facilitate diaphragmatic activity. We however, propose that the improvement in oxygenation seen in the head up tilt position was more likely to be due to a change in lung volume. In the head up tilt position, the weight of the abdominal contents on the diaphragm is reduced, tending to increase functional residual capacity. In contrast, ultrasonographic examination has demonstrated that the diaphragm thickness was significantly thicker at end expiratory volume in the prone rather than the supine position, which is likely to result in reduced diaphragm strength. Indeed, we demonstrated2 that a load of respiratory muscle strength was lower in the prone compared to the supine position and the supine posture with 45° head tilt.

A Greenough, G Dimitrou
Childrens National Regional Neonatal Intensive Care Unit, King’s College Hospital, London, UK

References
sodium depletion, and hyponatraemia, ignored; for example, renal salt wasting, homeostasis in premature infants has been revealing some major features of sodium important ethical issue, in that I regard their in 10–13 years of age

I read with interest the report by Al-Dahhan 10–13 years of age.


Effect of salt supplementation of newborn premature infants on neurodevelopmental outcome at 10–13 years of age

I read with interest the report by Al-Dahhan 10–13 years of age.

Effect of salt supplementation of newborn premature infants on neurodevelopmental outcome at 10–13 years of age.

Author’s reply

Methinks Professor Sulyok doth protest too much. His early, pioneering work on electrolyte balance in the newborn is well known, and extensively cited in an earlier review of the subject co-authored by myself. In this, inter alia, his study of the effect of salt supplementation on the renin-angiotensin-aldosterone system is quoted in support of the hypothesis that hyponatraemia in premature infants is due to salt depletion rather than water retention. The reason these papers were not cited in the present paper is that they are not relevant to it. The paper is not a historical or general review of hyponatraemia in the newborn but the results of a study specifically designed to examine neurodevelopmental outcome in two particular groups of infants previously studied by ourselves.

His recent study of hyponatraemia and sensorineural deafness in preterm infants had not been published when our paper was submitted to the Archives, although we would certainly have referred to it if it had been.

G Haycock

Blackheath, London SE3 9DE, UK; GHaycock37893@aol.com

References


We would like to apologise for an error that occurred in the paper Oxygen therapy for infants with chronic lung disease by S Kotecha and J Allen (Arch Dis Child Fetal Neonatal Ed 2002;87:F11–F14). The following sentence, under the heading Weaning from home oxygen, should have read: 'Vermeulen et al showed that infants who could be weaned from oxygen had median saturations of 97% during one hour awake studies, spent only 14% of time with saturation ≤ 95% and 2% of time ≤ 92%.'