

INFECTIOUS DISEASES

INFANT BOTULISM

Three infants with a relapsing form of infant botulism are reported from the Division of Child Neurology, The Children's Hospital of Philadelphia, PA. Between Jan 1, 1976 and Jan 1, 1989, 63 infants with confirmed infant botulism presented with the characteristic complaints of constipation followed by hypotonia, bulbar signs, and weakness. The diagnosis of infant botulism was confirmed by toxin identification in stool. The median age was 13.5 weeks (range 2-33 weeks of age) and the median length of hospitalization was four weeks. Three infants (5%) relapsed after a 1-2 week normal interval at home. None had been re-exposed to honey. Electrophysiological testing showed incremental response in compound motor action potential to high rates of repetitive stimulation. Recovery from relapse was complete but the authors recommend careful follow-up of infants after discharge. (Glauser TA et al. Relapse of infant botulism. Ann Neurol August 1990; 28:187-189).

COMMENT. The mechanism underlying this relapse was unknown. Over 600 cases have been reported in the past 14 years and the disease is endemic in California, Utah, and Pennsylvania. Risk factors are breast-feeding and possibly honey. The differential diagnosis includes systemic infection, tic paralysis, myasthenia gravis, congenital myopathies, and myasthenic syndromes, Guillain-Barre syndrome, and organic phosphate intoxication. There is no specific treatment. Some antibiotics such as aminoglycosides may impair neuromuscular transmission and may exacerbate the paralysis and hypotonia. (Gay CT, Bodensteiner JB. Pediatric Clinics August 1990; 8:722).

MENTAL RETARDATION

LIFE EXPECTANCY OF MENTALLY RETARDED

The life expectancy of profoundly handicapped people with mental retardation is reported from the Lanterman Developmental Center, Pomona, CA. Data was collected on mortality for 99,543 persons with developmental disabilities who received services from the California Department of Developmental Services between March 1984 and October 1987. Immobile subjects had a much shorter life expectancy than those who could move about. Those who required tube feeding had a very short life expectancy (4-5 additional years). Those who could eat if fed by others had a life expectancy of approximately 8 additional years. Those who were mobile though not ambulatory had a life expectancy of about 23 additional years. (Eyman RK, Grossman HJ et al. The life expectancy of profoundly handicapped people with mental retardation. N Engl J Med August 30, 1990; 323:584-589).

COMMENT. The importance of mobility, toileting skills, and feeding skills to survival of the mentally retarded is confirmed by this study. Of all the variables examined, mobility was the best predictor of survival.