Conservative Management of Extreme Low Birth Weight Quadruplets

A successful management of quadruplets, small for date weighing between 700-800 g at 28-29 weeks, is reported in view of the rarity of the condition. Virtually no investigation or active intervention was found necessary.

A 26-year-old second gravida, gave birth to quadruplets, two males and two females, at a rural hospital, 120 km away from Bombay. The delivery was vaginal and uneventful. The babies did not require resuscitation. Eight hours passed between the birth and their admission to our nursery. Antenatal period was uneventful and no drugs were given. Two weighed 700 g and the two weighed 800 g. They were assessed to be 28-29 weeks mature. All of them were cold and cyanosed on admission. They were stabilized by rapid rewarming and oxygen administration. Soon after admission, dextrose (10%) was given by nasogastric tube.

The babies were kept warm in solar incubator room with the initial temperature 36.5°C. With increasing age, the temperature was gradually reduced. All the babies received expressed breast milk from donors in addition to that of the mother. Milk was administered by nasogastric tube from day one. All the babies received oxygen by tent at 4 litres/min for one week. One baby had tachypnea, murmur and peripheral signs of patent ductus anteriosus. She responded promptly to oral administration of indomethacin. Nursing responsibilities were shared by the mother and a 15-year-old daughter of her neighbor. This made it possible to restrict presence of a person in the warm cubicle to less than 5 min at a stretch. By 3 weeks, spoon feeds were started and in another 7-10 days the babies were fed at breast by turns. A gruel made from rice and green gram dal was started at 6 weeks to meet with the nutritional requirements(1). All of them showed steady weight gain. The babies were discharged on day 55.

Two babies developed pallor and had a low PCV, necessitating packed cell transfusions. Otherwise no investigations or intervention was carried out. Before discharge, the babies were kept in the thermocol boxes for 7-10 days so that the mother got familiar to the use of thermocol box. The parents were advised to use the thermocol boxes till the babies weighed 2 kg. Unfortunately, the babies have not been brought for follow up visits despite reminders.

Conservative care(2,3) was adequate in managing the quadruplets. Accelerated lung maturation due to intrauterine growth retardation made the matters easy. Mother's participation(4) and community support made it easy to manage the babies in the hospital and enhanced the chances of survival after discharge from the hospital.

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Neonatal Syphilis with Glaucoma and Periosteitis

Almost all neonates born to mothers with "early syphilis" and 70% of those born to mothers with "late syphilis" are affected(1,2). Contrary to the earlier belief, infection of the embryo or fetus can occur any time during pregnancy(1,2). Most syphilitic infants lack manifestations at birth(1-3); ocular lesions are relatively uncommon(2,4). We report a rare case of congenital syphilis with the uncommon presentation of glaucoma and generalized periosteitis.

A female infant weighing 1.5 kg, was born to an unbooked primigravida at 32 weeks of gestation. The baby was severely asphyxiated (Apgar 3/10 at 1 min) and needed active resuscitation. She had a pot belly, wizened appearance, dry shiny skin, mild proptosis, corneal opacity, watering of the eyes, hepatosplenomegaly, bilateral symmetrical exfoliative lesions of hands and feet (excluding palms and soles) and respiratory distress. The mean intraocular pressures after local anesthesia were 25.8 Hg in both the eyes and the corneal diameter was 15 mm. The fundus was not clearly visualized. The baby was treated with intravenous fluids, oxygen and antibiotics. She progressively deteriorated and expired after 2 days. The skiagram *(Fig.)* showed metaphysitis, generalized periosteitis with corneal thickening of long bones. There were infiltrative lesions in the lungs. Blood VDRL titres of mother and baby were highly positive (more than 1 : 64). Postmortem liver biopsy showed extramedullary hematopoeisis, the skin, lungs and kidneys were normal. A diagnosis of congenital syphilis with glaucoma was made. Both the parents gave history of promiscuity. The mother showed generalize lymphadenopathy and signifacant hepatosplenomegaly and gave history of painless genital ulcer 3 months earlier.

Ocular lesions in congenital syphilis are rare and include chorioretinitis, glaucoma,

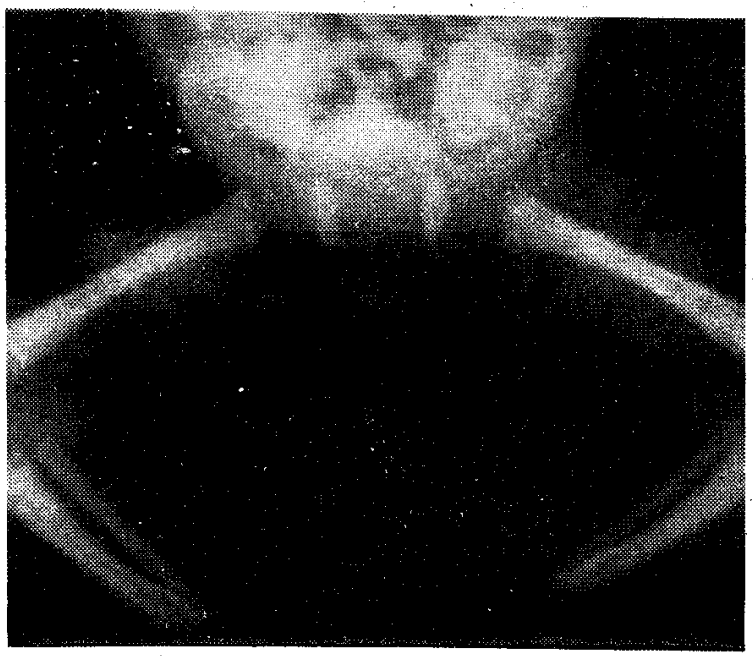

Fig. Radiograph of legs showing periosteal elevation and thickening, with rarefaction and bands at metaphyses.