

above cut-off for repeat sample to be considered screen positive if first sample is an early sample [2].

With the study methodology, every 5th baby had to be called for repeat evaluation resulting into higher costs as well as unnecessary parental anxiety. This could have been easily avoided with first screen sample after 72 hours followed by recall of screen positives for confirmation. In case of premature babies, repeat sampling could have been done later (may be at 2 weeks) in view of delayed maturation of hypothalamus-pituitary-thyroid axis [2,3]. Authors also have not mentioned whether the hypothyroid newborn with cord blood thyroxine of 18 mU/L was preterm or the mother had thyrotoxicosis. Authors also should have stated whether the two hypothyroid babies picked up at 2 weeks had prematurity or any accompanying maternal condition.

The findings of this study once again stress the importance of sampling after the TSH surge is over and having a proper cut-off to minimize false positive rate. Sampling at 4 or 5 days followed by recall of screen positives for confirmatory test will involve sampling only twice as against 3 or 4 times as in this study. As cord blood TSH is known to have higher false positive rate, this strategy may increase the cost and parental anxiety [4,5].

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#### REFERENCES

1. Anand MR, Ramesh P, Nath D. Congenital hypothyroidism screening with umbilical cord blood: Retrospective analysis. *Indian Pediatr.* 2015;52:435-6.
2. American Academy of Pediatrics, Susan R. Rose SR, MD, and the Section on Endocrinology and Committee on Genetics, American Thyroid Association, Brown RS, and the Public Health Committee, Lawson Wilkins Pediatric Endocrine Society. Update of newborn screening and therapy for congenital hypothyroidism. Available from: [www.pediatrics.org/cgi/doi/10.1542/peds.2006-0915](http://www.pediatrics.org/cgi/doi/10.1542/peds.2006-0915). Accessed June 14, 2015.
3. Bhatia V. Congenital hypothyroidism is not always permanent: Caveats to newborn thyroid screen interpretation. *Indian Pediatr.* 2010;47:753-4.
4. Gupta A, Srivastava S, Bhatnagar A. Cord blood thyroid stimulating hormone level – Interpretation in light of perinatal factors. *Indian Pediatr.* 2014;51:32-7.
5. Gambhir PS. Cord blood TSH for screening of hypothyroidism: Is it justified? *Indian Pediatr.* 2014;51:503.

## Effective Strategy for Newborn Screening for Congenital Hypothyroidism: Author's Reply

We are extremely grateful to the authors for their valuable comments:

1. The total number of samples were 1950. The error in the article is regretted.
2. We have presented the sex distribution as obtained in the study sample. This need not be representative of general population.
3. We do not believe and claim that our screening strategy was fool-proof. We started cord blood screening at a time when universal thyroid screening was not mandatory through the state. Even now, its not being done in many centers. Our main aim was to find out the general pattern and to find out the incidence. We do agree with the authors that a better screening strategy can be employed.
4. Cord blood TSH of 18 mU/L was observed in a term baby; mother had no known thyroid morbidities.
5. Cases diagnosed at 2 weeks of age were late preterm babies without any maternal thyroid illness.

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## Temporal Lobe Epilepsy Masquerading as Tetany

A 7-year-old female child presented in the Pediatric Neurology clinic of our hospital with history of three episodes of tetanic carpopedal spasms in past one month.

The first episode occurred when she was studying and suddenly felt numbness and tingling of both lower extremities followed by of upper extremities. She then developed spasm of both wrists and posturing suggestive of carpopedal spasm. She was taken to the nearest Emergency room where she was given injection calcium gluconate after which she improved and was discharged on oral calcium. Serum calcium was not done because of