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Failure of Breastfeeding—Need to Reappraise Antenatal Counseling

A small study was conducted in our tertiary care hospital. The prevalence of top fed babies attending the hospital outpatient department was 12% (36 out of 300 mothers with babies 4 months or less), despite antenatal and post-natal advice regarding breast-feeding. We interviewed these 36 mothers of lactational failure to assess the common factor associated with failure of breastfeeding. A pretested questionnaire in regional language was used to assess the reasons why mothers started top feeding their babies. More than half of them were aware that breast milk was more nutritious and 75% had some form of education. Of these, 89% of mothers and 92% babies had no breast problems, chronic illness or congenital anomalies in baby that would interfere with breast-feeding. The majority (89%) said that they were giving top feed because they felt that their feeds were inadequate. On inquiring on why they felt it was inadequate, 59% felt that it was inadequate on expressing milk by squeezing the breast, 33% felt so

because baby cried even after nursing and 8% were told of their inadequacy by family members. All mothers practiced squeezing the breast and checking milk expression.

The commonest reason for starting top feeds was “inadequate milk expressed when breasts were squeezed”. All mothers expressed milk before nursing to check if they are having adequate secretions. They are unaware that the mechanism for sucking and extraction of milk by the baby is far more efficient than the ability of an inexperienced mother to express her milk. They are also unaware that milk secretion is unrelated to the amount they express and anxiety on observing no or “less” milk on expressing makes them doubt their ability to feed leading to lactational failure(1). However, this practice and attitude of mothers has never been recognized or addressed in any recommendations or manuals of training for breastfeeding, by pediatric academies, UNICEF or WHO(2,3,4)

Therefore, this attitude can be further studied. The mothers can be taught and reassured that they have sufficient milk so they must not squeeze their breasts to reassure themselves when the baby cries.

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Posterior Reversible Encephalopathy Syndrome (PRES)

We describe here a case of PRES in a boy with nephrotic syndrome who presented with loss of vision which showed complete reversal following normalization of his blood pressure.

A 5-year-old boy presented with sudden onset headache, diminished vision and loss of consciousness of 8 hours duration. Initially he had loss of vision in bitemporal field which progressed to complete loss in next 6 hours. On admission his Glasgow coma scale score was 2 and blood pressure was 150/100 mm Hg. His blood urea and serum creatinine levels were 80 mg and 3.4 mg % respectively. He received sublingual nifedipine following which his blood pressure became normal and dramatic return of his vision was observed in next 48 hours. Noncontrast CT (NCCT) of head showed geographical areas of hypodensity in the bilateral parietal lobe white matter (*Fig.1a*). A repeat NCCT of head performed after 6 months revealed complete resolution of the white matter abnormality in the parietal lobes (*Fig.1b*). Based on the

clinical presentation, imaging appearances and complete restoration of visual function following normalization of blood pressure a diagnosis of PRES was made.

Posterior reversible encephalopathy syndrome (PRES) refers to a clinico-radiological entity characterized by headache, confusion, visual disturbances, seizures and posterior transient changes on neuroimaging(1). Hinchey, *et al.*(2) in 1996 described this condition and suggested that PRES represented a localized manifestation of hypertensive encephalopathy occurring secondary to hypertensive crisis. Lethargy and somnolence are often the first signs noted. Visual perception abnormalities are invariably observed(1). PRES has been described in several conditions including hypertensive encephalopathy, pre-eclampsia, eclampsia, infections, electrolyte imbalance, hypercalcemia and use of several drugs(1-4). It occurs due to elevated blood pressure which exceeds the autoregulatory capacity of brain vasculature. The posterior circulation supplied by vertebro-basilar system has poor sympathetic innervation and, therefore, is frequently involved(4).

The role of neuroimaging is to establish