Cantrell Syndrome

Sir,

Cantrell syndrome first described by Cantrell et al. in 1958 is a rare congenital malformation characterized by midline supra-umbilical abdominal wall defect, congenital cardiac abnormalities, defect of the lower sternum, diaphragmatic pericardium, and anterior diaphragm. The incidence is 5.5 per million live births and only a few cases have been reported.

A full term 3 kg male infant was delivered by caesarean section to a 28-year-old woman with a good Apgar score. He was the product of a non-consanguineous marriage and the second offspring without any abortion. The ultrasound scanning at 34 weeks of gestation had revealed midline abdominal wall defect, ectopia cordis and hydrops fetalis.

At the delivery, a supra-umbilical midline defect 2 x 2 cm above the cord through which an anomalous heart protruded was seen. The heart was rotated 180 degrees infero-superiorly with two atrium direct toward the umbilical cord and a single ventricle located above them (Figure 1). No signs of hydrops was observed. Later on the liver, stomach, small and large intestines herniated and got added to the content of the sac.

The chest and abdominal X-ray revealed a large defect in the right sided diaphragm (Figure 2).

Initial management included covering of the heart and omphalocele with sterile saline-soaked gauze and systemic antibiotics coverage. Surgical repair was performed at the second day of life by using Dyna mesh and bilateral pectoralis major and rectus abdominus mucocutaneous flaps, but shortly after the operation, he expired due to hemodynamic instability.

This pentalogy is a rare congenital malformation and the exact etiology is not known. A developmental failure of the lateral mesoderm at early embryonic life between 14 to 18 days has been suggested. Although many factors including genetic aberrations, environmental and external mechanical forces and some drug usages could be responsible for the pathogenesis.

The prognosis depends on the severity of the cardiac anomalies, size of abdominal wall defect and other associated malformations. Intracardiac anomalies may vary widely including septal defects, tetralogy of Fallot, dextrocardia, left ventricular diverticulum, pulmonary stenosis or atresia and complex malformations. This neonate patient had a single ventricle which was rotated 180 degrees inferosuperiorly.

Treatment consists of corrective or palliative cardiovascular surgery and correction of ventral hernia and diaphragmatic defects and associated anomalies. Mortality is higher in the patients with associated anomalies and if the complete form of syndrome exists. In this case, the complex cardiac anomaly and hemodynamic instability resulted in death.

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DR. ZIBA MOSAYEBI, DR. AMIR HOSEIN MOVAHEDIAN AND DR. SHOKOUFAN ALIZADEH*

Correspondence:
*Department of Paediatrics, Kashan University of Medical Sciences, Kashan, Iran.
E-MAIL: sh.alizadeh.ir@gamil.com

Management of Maternal Depression to Improve Child Health Outcome

Sir,

Depression is the fourth leading cause of disease burden and the largest cause of non-fatal burden, accounting for almost 12% of years lived with disability worldwide. In a previous study of rural Pakistani
women, prevalence of 25% during pregnancy and 28% in the postnatal period was reported.2

In a country like Pakistan, where almost 70-100% of the population has no access to mental health care, adequate management of maternal depression is still an illusion. About 350 psychiatrists and 3000 psychiatric beds are concentrated in the major cities, without any specialist mental health services in the rural areas where 67% of Pakistan’s population resides.3

Treatment of maternal depression results in better child health. Perinatal depression has been associated with high rates of disability, infant malnutrition, increased rates of infant diarrhea, and reduced uptake of immunization.4 Maternal depressive symptoms in early infancy have also been shown to contribute to unfavourable patterns of health care seeking for children.

Thus, targeting maternal depression becomes a public health priority because of its high prevalence and association with disability and poor infant development. Evidence from high-income countries shows that psychotherapeutic approaches, such as cognitive behaviour therapy (CBT), interpersonal therapy, or problemsolving are effective treatments for depression.5 The same phenomenon of treatment can address maternal depression as well. The alternative-to-drugs therapy is certainly a better option to cater a population, where more than half of the females are illiterate; let alone the issues of barriers like taboos and stigmas associated with the poor mental health care seeking attitude and compliance that one can never be definitive of. Moreover, although not very widely reported, there does exist some evidence supporting the non-use of anti-depressants in pregnant females as there has been some association with teratogenic effects, specially with regards to the use of selective serotonin releasing inhibitors.

A study recently done in a rural slum of Pakistan reported that females part of the CBT intervention had a better overall functioning and depression score. Additionally, their children had also better health outcomes.3 A ‘mental health at door-step’ approach is, therefore, proposed where trained personnel like lady health workers can be used as a resource to help such women.

Meeting the millennium development goals 4 and 5 regarding reducing infant mortality and improving maternal health is still a dream. However, since one of the key factors plaguing maternal health is depression, prompt and adequate management of prenatual and postnatal depression could benefit not only the mother's mental health but also the infant's physical health and development. Thus implementation of cost-effective strategies like psychotherapy certainly seems to be a potential approach to provide quantifiable depression amelioration effects in such women.

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DR. SIDRA ISHAQUE
Correspondence:
House No. A-4, Dada Bhoy Town, Baloch Colony, Off Shaheed-e-Millat Road, Karachi.
E-MAIL: sidraishaque@gmail.com

ERRATA

There was a discrepancy in the names of authors in the article titled “Predictors of Short-Term Intra-Hospital Case Fatality Following First-Ever Acute Ischaemic Stroke in Nigerians” by Wahab KW, Okubadejo NU, Ojini FI and Danesi MA published in December 2008 issue of JCPSP Vol. 18 (12): 755-758.

The correct names of authors are Kolawole Wasiu Wahab, Njideka Ulunma Okubadejo, Frank Ibe Ojini and Mustapha Abudu Danesi, which may be corrected and read as such.

Editor