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Correspondance — Briefwisseling — Correspondence

CONGENITAL TRANSMISSION OF *TRYPANOSOMA GAMBIENSE*

Sir,

We recently observed in Mushie (Republic of Zaire) a case of undisputable congenital transmission of *T. gambiense.*

The mother, MBILA, 23 years old, was found infected on February 22nd, 1977 by the survey team. The diagnosis was made by palpation of enlarged cervical lymphnodes, in the absence of any other symptom.

Trypanosomes were found in the lymph gland juice as well as in the peripheral blood. The patient was pregnant, very near delivery, and treatment was postponed, in the absence of CSF alteration.

Five days later, on February 27th, she gave birth to a female child, weighing 2,700 kg, apparently healthy.

The following samples were collected on February 27th :

a) Thick blood film from the mother, from the child and from the umbilical cord. All three were found positive.
b) Serum from the mother, and from the umbilical cord, and dried blood on filter paper from the child. Antibodies were detected by indirect immunofluorescence at a titer of 1/20 both in the mother and in the child.

The mother received Germanin and Mel B soon after delivery.

The subsequent examinations and treatments were as follows :

April 15th, 1977 (child)

No clinical nervous involvement.
Thick blood film : presence of trypanosomes.
Serum : indirect immunofluorescence : 1/80.

Cerebro spinal fluid :

— lymphocytes : 200 per cubic mm;
— proteins : 0.3 g/l;
— indirect immunofluorescence test : positive.

Heparinized blood : inoculation into a white rate (treated with cyclophosphamide) positive after 13 days.
Drug administration : Mel W.

July 17th, 1977 (mother)

Thick blood film : negative.

Cerebro spinal fluid :

— lymphocytes : 3 per cubic mm;
— proteins : 0.2 g/l;
— indirect immunofluorescence : negative;
— IgM : negative.

Serum : indirect immunofluorescence test : 1/20.

July 7th, 1977 (child)

Healthy looking, normally developped.

Thick blood film : negative.

Cerebro spinal fluid :

- lymphocytes : 5 per cubic mm;
- proteins : 0.2 g/l;
- indirect immunofluorescence : negative;
- IgM : negative.

Serum : immunofluorescence test : negative.

The follow up for the next six months showed no further evolution of trypanosomiasis.

We are, etc.

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SEX DISTRIBUTION OF THYROXINE BLOOD LEVELS IN RWANDESE NEWBORNS

Sir,

A small sample (52 cases) of Rwandese newborns was screened for thyroid hormone blood levels between October 1st and December 1st, 1976. Capillary blood was collected between the 3rd and 26th day of life (mean : 5.36 days; standard deviation : 5.63 days). Thyroxine (T4) and thyrotropin (TSH) were measured on capillary blood dried on filter paper. The methods of assay were described by Beckers *et al.* (1973) for T4 and by Beckers *et al.* (1977) for TSH. The following factors were studied in relation with the blood levels of these two hormones : sex, age of the mother, parity, geographical origin, dystocia, birth weight. Except for the first of these factors, no significant influence could be found. A significantly ($p = 0.026$) higher level of T4 was found in the 22 girls (mean : 8.57 μgm/100 ml $\pm$ 2.758 SD) than in the 21 boys (mean : 6.95 μgm/100 ml $\pm$ 1.743 SD). The difference was not significant for TSH : 11.53 μU/ml $\pm$ 6.33 for boys versus 11.95 μU/ml $\pm$ 5.53 for girls ($p = 0.819$). A similar sex distribution of T4 levels was found for 103 Belgian neonates screened during the same period 7.15 μgm/100 ml $\pm$ 2.37 in boys versus 7.55 μgm/ml $\pm$ 2.48 in girls (François *et al.*, unpublished). It is suggested that sex should be taken into account in future population studies of neonatal T4 blood levels.

We are, etc.

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REFERENCES

Beckers, C., Cornette, C. & Thalasso, M. (1973) : J. nucl. Med., **14**, 317.

Beckers, C., Cornette, C., François, B., Bouckaert, A. & Lechat, M. (1977) : IAEA, Berlin IACA-SM-220/55.