Comparative study for estimation of serum vitamin D level rise in hypovitaminosis D infants, after two different recommended dosages

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Vitamin D deficiency is very common in India in all the age groups and both sexes across the country. Vitamin D is a fat soluble vitamin and its synthesis in the body is dependent on multiple factors like latitude, atmospheric pollution, clothing, skin pigmentation and duration and time of exposure to sunlight. It has been estimated that breast milk from a vitamin D replete mother contains between 20 and 60 IU/l of vitamin D and hence adequate intake of vitamin D cannot be met with human milk as the sole source of vitamin D in a breast-feeding infant. As per American association of pediatrics, 400 IU/day of vitamin D3 is needed in deficient baby. In November 2008, the American Academy of Pediatrics (AAP) doubled the recommended daily intake of vitamin D for infants and children from 200 IU/day (2003 recommendation) to 400 IU/day. As per endocrine society guidelines, for infants and toddlers aged 0-1 year who are vitamin D deficient, we suggest treatment with 2000 IU/d of vitamin D2 or vitamin D3, or with 50,000 IU of vitamin D2 or vitamin D3 once weekly for six week to achieve a blood level of 25(OH)D above 30 ng/ml, followed by maintenance therapy of 400-1000 IU/d. Our results indicate that, for regions where high maternal vitamin D deficiencies are compounded by limited access to such mothers prior to delivery, vitamin D supplementation via high doses (supplemented with 2000 IU/day for six weeks then 1000 IU/day for four weeks) would be a quick and efficient means of attaining vitamin D sufficiency in infants. For infants born to vitamin D-deficient, oral supplementation with 2000 IU/day for six weeks then 1000 IU/day for four weeks during the first two to three months of life followed by routine recommended dosage of 400 IU/day would ensure that vitamin D sufficiency is achieved sooner rather than later. In our study, the four-month lag for attaining vitamin D sufficiency noticed in infants from the supplementation with 400 IU/day group might have clinical implications and warrants further investigation. We concluded that vitamin D levels in babies in group B i.e., 2000 IU/day f/b 1000 IU/day was found to be more superior then AAP guidelines.

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Parapagus dicephalus (tetrabrachius, dipus) conjoined twins: A case report

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Conjoined twins occurs with a frequency of about 1 per 50,000-60,000 deliveries. Parapagus is the term used where there is extensive side to side fusion joined anterolaterally resulting from two nearly parallel notochords which are in close proximity to each other. We have got female parapagus conjoined twin born to 25 yrs old P I mother through cesaean section. The conjoined twins has two heads, four arms and two legs. The diagnostic procedure, patient followup and outcome will be discussed in detail during the presentation. Parapagus is very rare which reprsents less than 0.5% of all reported cases of conjoined twins. There are case reports presenting as dicephalic conjoined twins, some are reported to be stillborn, others will die shortly after birth and one case report living for 11 yrs.

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