



This Issue in the Journal

Vitamin D deficiency in pregnant New Zealand women

C Eagleton, A Judkins

Vitamin D is a key factor in bone development and is primarily produced in the skin from sunlight exposure. The term “rickets” describes the bone abnormalities associated with abnormal mineral deposition in the growing skeleton. This study investigated the prevalence of vitamin D deficiency in pregnant women of a Wellington general practice population where 10 cases of childhood rickets had been diagnosed over the past 3 years. It showed 61.2% of women in this multicultural population had severe vitamin D deficiency. All vitamin D deficient women in the study were treated. This study highlights the magnitude of vitamin D deficiency in the pregnant population in a New Zealand setting; this vitamin D deficiency is responsible for the re-emergence of childhood rickets.

Reliability of ultrasound estimation of fetal weight in term singleton pregnancies

A Colman, D Maharaj, J Hutton, J Tuohy

By measuring ultrasound images of a fetus, it is possible to estimate the baby’s weight at birth. The purpose of this Wellington Hospital study was to assess the reliability of this ultrasound measurement in pregnant women at 37 or more weeks. 1177 babies were studied. The accuracy of ultrasound estimations was at least similar and sometimes better than that reported in other studies. For one in four women, however, the estimated fetal weight was more than 10% different from the actual birth weight of the baby—ultrasound measurements had a tendency to overestimate the weight of small babies while underestimating the weight of both large babies and the babies of diabetic mothers. As the reliability of ultrasound estimation to detect larger babies was poor, its use in predicting macrosomia (large babies) at birth should be avoided.

Myotonic dystrophy in Otago, New Zealand

C Ford, A Kidd, G Hammond-Tooke

Myotonic dystrophy is the most common adult muscular dystrophy. It is dominantly inherited, with clinical features which include weakness, myotonia, cataracts, cardiomyopathy, and gonadal atrophy. Otago cases were identified through hospital records and assessed by questionnaire, neurological examination, and review of hospital notes. There were 21 cases, all of European descent, giving a prevalence of 11.6 per 100,000. It seems to be rare in Polynesians. There were effects on quality of life, including higher scores on the bodily pain subscale of the SF-36 Health Survey compared to a group of patients with other neuromuscular disorders. Some deficiencies were noted in the management of these patients and the use of a clinical care pathway is desirable to avoid overlooking the many systemic complications of this disease.

Erucism in New Zealand: exposure to gum leaf skeletoniser (*Uraba lugens*) caterpillars in the differential diagnosis of contact dermatitis in the Auckland region

J Derraik

There are no native caterpillars in New Zealand reported to cause adverse reactions in humans. However, the caterpillar of a recently established Australian moth known as the gum leaf skeletoniser has spines containing venom, which can be injected into human skin upon contact. Symptoms usually include a stinging sensation, followed by itching and the formation of lumps on the affected area. Exposure to the gum leaf skeletoniser should be considered by medical practitioners in the diagnosis of cases of contact dermatitis in the Auckland region.