About Breath Holding Spells...

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Giacomo is a 10 months old gypsy boy, who comes to our attention because of two episodes characterized by prolonged expiratory apnea, unconsciousness, cyanosis and hypotonia lasting about 20 seconds and followed by spontaneous resolution. Giacomo’s pregnancy was complicated by oligohydramnios and perinatal distress; the cesarean delivery was at 35 weeks of gestation. To clinical observation, Giacomo shows normal skin color for his gypsy ethnicity and 2/6 systolic heart murmure to centrum cordis due to small left>right jet at the level of oval fossa attributable to patent foramen ovale; at neurological examination the child presents slight asymmetry of active motility, less fluid movement in left upper extremity, capacity of grabbing but not of transferring objects, sitting position not fully captured. Blood examination is performed. A severe iron deficiency anemia is diagnosed (Hb 6.7 mg/dl; MCV 53.9fl; RDW 19%; ferritin 2ng/ml). EEG shows prevalence of right-sided slowest waves. Giacomo starts iron therapy; he will perform brain MRI and echocardiography control. 8% of ALTE (Apparent Life-Threatening Events) episodes are due to BHS (Breath Holding Spells) whose diagnosis, that is mainly of clinical type, is sometimes associated to that of iron deficiency anemia. Martial status study is therefore recommended in the evaluation of these patients, also in apparent absence of other signs of iron deficiency.