

This week in BMJ

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Neurological dysfunction during latent HIV infection

Myelopathy and peripheral neuropathy are common complications of AIDS. Lesions in the long tracts of the lumbar spinal cord occur in a fifth of patients and axonal neuropathy in a third. It is unknown whether these neurological disturbances are secondary to the development of an immune deficient state or to nutritional deficiency or represent neuroinfection by HIV itself. On p 225 Jakobsen *et al* report the electrophysiological observations in 12 men without AIDS but positive for HIV antibody. During the two years of the study their general condition was good, they did not lose weight, and they developed only minor symptoms of a neurological disorder. Spinal latencies of somatosensory evoked potentials increased slightly in all patients at C7 and in all except one at T12. In the segment from the gluteal crease to T12 there was a severe increase of conduction time by 32% (SE 5%), whereas peripheral conduction velocity in the median nerve was slowed only by 5.6% (1.0%). Jakobsen *et al* conclude that myelo(radiculo)pathy and peripheral neuropathy occur concomitantly with early HIV infection and possibly result from a direct neurological attack by the virus.

Prognosis in diabetic nephropathy

About a third of insulin dependent diabetic patients eventually develop persistent proteinuria, a decline in glomerular filtration rate, and increased arterial blood pressure, which collectively constitute the clinical syndrome of diabetic nephropathy, the main cause of the increased morbidity and mortality among insulin dependent diabetics. Past studies dealing with the clinical course of diabetic nephropathy have shown that the cumulative death rate 10 years after onset of nephropathy ranged from 50% to 77%, but on p 230 Parving and Hommel show a cumulative death rate of only 18%. The most likely cause of this improved prognosis is introduction of early and aggressive anti-hypertensive treatment.

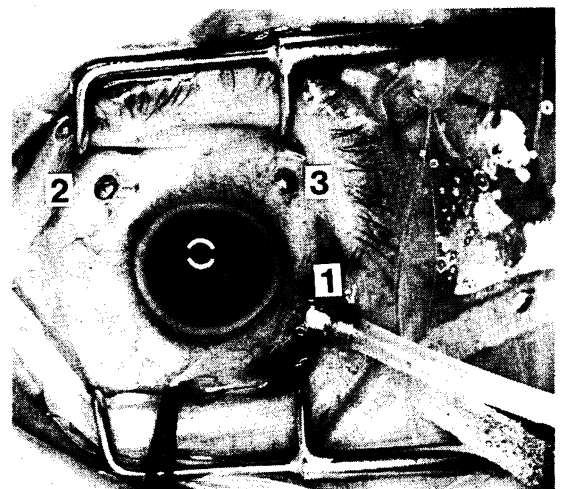
Infant feeding and atopic eczema

Atopic disorders are common causes of childhood illness. Food allergy is an important contributing factor in atopic eczema. Although breast feeding affords partial protection, the occurrence of atopic disease even among exclusively breast fed babies suggests that sensitisation to food antigens may occur through breast milk. Chandra *et al* (p 228) carried out a randomised study to evaluate the role of maternal diet during lactation and of special infant formulas in preventing atopic eczema in infants at high risk. Eleven of 49 breast fed infants whose mothers avoided milk and other dairy products, eggs, fish, peanuts, and soy beans developed atopic eczema in the first 18 months of life, compared with 21 of 48 breast fed

infants whose mothers did not observe any dietary precautions; the skin was less severely affected in the experimental group. Infants not breast fed were randomly assigned to a casein hydrolysate formula, a soy milk formula, or a cows' milk formula. Atopic eczema occurred in nine out of 43, 26 out of 41, and 28 out of 40 infants respectively in the three groups, which were followed up for 18 months or longer. Thus the hydrolysate formula was associated with a significantly reduced incidence of atopic eczema, whereas soy formula was not beneficial. In families with a history of atopic disorders mothers who breast feed their infants should avoid common allergenic foods during lactation. Alternatively, the infants should be fed a hydrolysate formula.

Local bone mineral response to exercise

Skeletons are designed to withstand physical stresses and respond quickly to short periods of increased loading by increasing their local bone mineral content. On p 233 Beverly *et al* report on grip strength in the wrist and bone mineral content in the forearm. These were found to be correlated irrespective of age, and there were significant differences in strength and bone mineral content between dominant and non-dominant arms. The authors asked women to stress one forearm for 30 seconds a day by forcibly squeezing a tennis ball, and after six weeks grip strength and bone mineral content in the stressed forearms had increased. This local effect may have a wider application in treating osteoporosis.



*Pars plana vitrectomy: the lower temporal sclerotomy (1) takes an infusion cannula containing Ringer's solution, while the surgeon uses sclerotomies 2 and 3 interchangeably to introduce either "passive" instruments such as a fiberoptic endoilluminator or "active" instruments such as suction-cutting devices. On p 241 Richardson *et al* describe the first 100 patients treated by a regional vitrectomy service and suggest that similar regional services throughout Britain could be a cost effective way of preventing blindness*

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