

[Feeding Disorder in Newborn: Sodium]

Grand Rounds
December 5, 1957

An eight month old white female infant was admitted to [REDACTED] on [REDACTED]/57 because of swelling of the legs for three days. Patient had been perfectly well until two weeks prior to admission, when a mild "cold" appeared which lasted two days. No complications were noted. One week prior to admission periorbital swelling appeared and three days prior to admission swelling of both legs was noted. Moderate oliguria was present on the day of admission. Weight has increased from 16 lbs 6 ozs three weeks prior to admission to 18 lbs 11 ozs. on day of admission.

The family history was irrelevant. The pregnancy, delivery and neonatal condition of the baby were within normal limits. Infant was on breast for the first six months and was then placed on homogenized milk, which was taken well. She also ate all baby foods and received vitamin supplements.

Physical examination on admission revealed a well developed and nourished afebrile infant with the following positive physical findings: (1) Periorbital edema (2) Slight tonsillar enlargement and redness (3) Palpable liver, one finger breadth below the costal margin (4) Obviously swollen legs exhibiting 2+ pitting edema.

Laboratory findings revealed (1) Five normal urinalyses (sp. gr. never exceeded 1.015) (2) ASO titer negative (3) Hemoglobin 9.8, 9.5, 8.6 with P.C.V. 32, 21, 32 (4) BUN 10, cholesterol 140, total serum proteins 3.3 with albumin 2.3 and globulin 1.0. Films of the chest showed suggestive changes possibly representing minimal pneumonitis in the right lung field medially.

The patient was placed on a low sodium diet with Lonalac in place of regular milk. Weight decreased 1 lb. by the second day and another pound by the fifth hospital day. One mild temperature elevation on the fourth hospital

day was apparently associated with a respiratory infection, which subsided promptly. Patient was discharged on the sixth hospital day to her private physician.

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