

tion in platelet count of $100 \times 10^9/l$, serum potassium rose by 0.11 mmol/l [1]. One of the patients with thrombocytosis studied had Kawasaki disease.

References

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Reply

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Sir: We thank Robson et al. for the additional information which showed almost the same findings as in our study (0.094 mEq/l increase in serum potassium per $100 \times 10^9/l$ elevation of platelet count). Their findings appear to support our conclusion that the pseudohyperkalaemia in Kawasaki disease is mainly due to an increased platelet mass per unit volume of blood, because there was no marked difference between their findings in patients with thrombocytosis who are not suffering from Kawasaki disease, except for one patient, and our findings in patients with Kawasaki disease.

Hyponatraemia in “Water Babies”: an underestimated problem?

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Sir: A 4-year-old boy was recently admitted to the emergency room who had been previously healthy. He was dazed, had generalized seizures and was given 10 mg diazepam rectally.

Three hours before admission, he had taken his second swimming lesson during which he had been submerged several times. He reportedly had been swallowing a lot of water but no signs of respiratory distress had been observed. The submersions were not accidental since they are part of that specific teaching method. Already at the swimming pool, emesis and diarrhoea were noted. Subsequently, at home, diarrhoea and vomiting continued. Finally, the boy had seizures of all limbs.

On admission, physical examination was normal except for the neurological abnormalities and crackles at the basis of the right lung. Body temperature was 36°C .

Laboratory investigations revealed a serum sodium of 110 meq/l . A second sample confirmed the low sodium and serum osmolality was $258 \text{ mosm/kg water}$. Chest X-ray showed no infiltration suggestive of aspiration. The electroencephalogram showed diffuse, irritative alterations.

Table 1. Patients with water intoxication after a swimming lesson

	Age				
	4 years	5 months	10 months	6 months	11 months
Vomiting	+	+	+	+	+
Diarrhoea	+	NR	NR	NR	NR
Polyuria	NR	NR	+	NR	+
Lethargy	+	+	+	+	+
Hypothermia	+	+	NR	NR	+
Seizures	+	+	+	+	+
Initial serum sodium (meq/l)	110	118	123	118	122
Initial osmolality (mosm/l)	258	252	252	NR	NR
References	^a	[5]	[4]	[3]	[1]

NR, Not reported

^a Personal case

A diagnosis of water intoxication was made.

Treatment consisted of fluid restriction, furosemide, dexamethasone, mannitol, phenobarbital and antibiotics.

Seizure activity disappeared within minutes, serum sodium concentration returned to normal within 9 h and the patient recovered quickly.

Water intoxication in children has been reported in different conditions such as anti-diuretic hormone insensitivity, vigorous hydration and excessive intake of water in connection with inappropriate feeding. Here we report on excessive water intake during a swimming lesson.

In the literature, four patients have been reported with a condition similar to that of our patient [1-5]. In each case, vomiting, diarrhoea, lethargy and seizures were noted.

Serum sodium concentrations were between 118 and 123 meq/l (Table 1). The incidence of this complication of early swimming is unknown. We feel that the number of such patients might be greater than reported since swimming lessons with submersion are still in use.

We conclude that teaching to swim with forced submersion in infancy is unacceptable because of its possible life-threatening complications and the diagnosis of water intoxication should be kept in mind whenever an infant is admitted with an acute neurological disorder.

References

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