droxyprogesterone (30 times normal), even while the 24-hour urinary excretion of pregnanetriol and 17-ketosteroids were normal. This is not surprising in light of previously reported difficulties in the early diagnosis of congenital adrenal hyperplasia (21-hydroxylase deficiency) using the 24-hour urinary excretion of pregnanetriol and 17-ketosteroids. In the previously reported similar case, levels of serum 17-hydroxyprogesterone and the urinary steroids were both elevated, but the infant was 5 months of age at the time of diagnosis compared to our infant who was only 1 month of age. Serum testosterone, androstenedione, and dehydroepiandrosterone were not measured in our patient. Adequate suppression of androgen production was not obtained after one month’s therapy. An initial short course of higher dose hydrocortisone (25 mg/day) would have resulted in earlier adrenal suppression.

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REFERENCES


ERRATUM

In the article “Continuous Monitoring of Arterial Oxygen Tension in Infants: Four Years of Experience with an Intravascular Oxygen Electrode” by Pollitzer et al (Pediatrics 66:31, 1980) the name of one of the authors, Michelle D. Whitehead, BSc, was inadvertently omitted.
Continuous Monitoring of Arterial Oxygen Tension in Infants: Four Years of Experience with an Intravascular Oxygen Electrode
Melanie J. Pollitzer, Linda P. Soutter and E. Osmund R. Reynolds
Pediatrics 1980;66;314

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