effects of the drug are nervousness, headache, tremor, nausea, and insomnia.[3] Motor restlessness has also been reported. There have been no reported cases of Prozac toxicity in a neonate. The following neonate manifested evidence of Prozac toxicity which lasted 4 days with no subsequent residual.

CASE REPORT

A 3580-g male neonate was delivered vaginally at 38 weeks' gestation to a 17-year-old primagravida mother. The mother was prescribed 20 mg of Prozac each day during most of her pregnancy by her psychiatrist for severe depression and suicidal ideation. She had good prenatal care and a normal labor. Delivery was accomplished by vacuum extraction and forceps.

Initially, the neonate appeared alert and active, with a good cry and normal muscle tone. The initial blood sugar concentration was 33 mg/dL by Accucheck (Boehringer Mannheim Corp) and responded to 5% dextrose orally. Four subsequent blood sugar values, measured over the next 4 hours, were normal. At 4 hours of age, he had the onset of marked acrocyanosis with mild facial duskiness; he then became jittery and developed tachypnea with a respiratory rate of 70. At 8 hours of age, he had some temperature instability and over the next 3 hours became increasingly restless and jittery with blowing respirations, stuffy nose, and poor suck. His head was extended in an opistonic position, and his eyes became glossy and were roving laterally. His tone increased, and he appeared to have impending seizures. He was transferred to the neonatal intensive care unit, where his temperature was 100°F rectally, heart rate was 140, respiratory rate was 76, and blood pressure was 60/37 (mean arterial pressure, 45). His length was 48 cm and head circumference 33 cm; his general physical examination was normal. The white blood cell count was 19 400 with 1 band form and 61% segmented neutrophils; his hemoglobin concentration was 14.7 cm/dL and platelet count was 399 000. Electrolytes, glucose, bilirubin, calcium, and renal function tests were all normal. Urine drug screen, which included amphetamine, barbiturate, benzodiazepine, cannabinoid, cocaine and opiates was negative in the mother and infant. Head ultrasound, electroencephalogram, urine latex agglutination for group B *Streptococcus*, and blood culture were negative. At 36 hours of age his symptoms peaked, with continuous crying, irritability, moderate to marked tremors when undisturbed, increased muscle tone, a hyperactive moro reflex, and some emesis. By 83 hours of age his symptoms were diminished, and they had disappeared by 96 hours. A cord blood fluoxetine level was 26 ng/mL (adult therapeutic range 40 to 250) and norfluoxetine level was 54 ng/mL (range 30 to 325). At 96 hours of age, fluoxetine level was less than 25 ng/mL and norfluoxetine level was 55 ng/mL.

SUMMARY

A case of fluoxetine toxicity in a newborn of 38 weeks' gestation has been presented. The total drug concentration in cord blood was 80 ng/mL. The fluoxetine level, 26 ng/mL, is below the adult therapeutic level; the norfluoxetine cord blood level, 54 ng/mL, is at the adult therapeutic level. At 96 hours the fluoxetine level was not measurable and the norfluoxetine level was 55 ng/mL. The parent compound is fluoxetine, which is metabolized in the liver to norfluoxetine. The half-life of fluoxetine is 2 to 3 days, and that of norfluoxetine is 7 to 9 days. Interestingly, in our patient the fluoxetine was absent in the blood at 4 days, but norfluoxetine was present. The most common side effects of Prozac in adult patients involve primarily the central nervous system and include nervousness, tremor, jitteriness, and occasionally seizures. Central nervous system symptoms were most prominent in this newborn. He also had an increased heart rate. Cardiovascular side effects are less prominent in adults who are taking Prozac.

The neonate in this case was asymptomatic at 96 hours of age, indicating that the parent compound, fluoxetine, may be the active part of the drug and side effects may be caused by the parent compound.

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REFERENCES

1. Blier P, de Montigne C, Chaput Y. Modifications of the serotonin system by antidepressant treatments: implications for the therapeutic response in major depression. *J Clin Psychopharmacol*. 1987;7:24S–26S
2. Baldessarini RJ, Marsh E. Fluoxetine and side effects. *Arch Gen Psychiatry*. 1990;47:191
3. Fluoxetine (Prozac) revisited. *Med Lett*. Sept 7, 1990;32:83

ERRATA

In "Spectrum of Limb Disruption Defects Associated With Chorionic Villus Sampling" by Burton et al, published in *Pediatrics* (1993;91:989–993), on pages 990–991, "Four of the transcervical procedures were performed using a Cook/OB GYN catheter [. . .], four with a Trophocan catheter [. . .], two with another type of catheter not specifically designed for CVS, and one with an unknown type of catheter." *should read* "Three of the transcervical procedures were performed using a Cook OB/GYN catheter, four with a Trophocan catheter, two with another type of catheter not specifically designed for CVS, and two with an unknown type of catheter."

In "Nasogastric Drip Feeding as the Only Treatment of Neonatal Maple Syrup Urine Disease" by Parini et al, published in *Pediatrics* (1993;92:280–283), under "Patients" on page 280, "Patients 1 and 4 each received two brief (3-hour) ETs during the first 48 hours of treatment," not patients 1 and 5. On page 282, "Growth and psychomotor development (Brunet-Lezine or Griffiths' scale) are normal in patients 1, 2, 3, and 5 (Table 2), whereas psychomotor development is delayed in patients 4, now 2 years old, probably due to the late diagnosis." *should read* "Growth and psychomoter development (Brunet-Lezine or Griffiths' scale) are normal in patients 1, 2, 3, and 4 (Table 2), whereas psychomotor development is delayed in patient 5, now 2 years old, probably due to the late diagnosis."

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