INCIDENCE OF CONGENITAL ABNORMALITIES IN CAPE TOWN

RUTH HORNER, M.B., CH.B. AND PHILIP LANZKOWSKY,* M.D., M.R.C.P. (EDIN.), D.C.H., Department of Child Health, University of Cape Town and Red Cross War Memorial Children’s Hospital, Rondebosch, Cape Town

Congenital abnormalities result from the summation of genetic and environmental influences. With the advance of knowledge in recent years, more light has been shed on the role of genetic factors in congenital abnormalities. Specific environmental factors, such as infections and drugs, have been established as causes of congenital abnormalities, and much work has been done on certain less obvious statistical correlations which might be guides to specific aetiological factors. These statistical correlations have included such factors as the relationships of maternal age, social class, familial tendency, sex, geographical and seasonal variations, and racial differences to the incidence and type of congenital abnormalities encountered.

To the best of our knowledge, there is no previous local report available on this subject and this pilot investigation was undertaken to compare the incidence of congenital abnormalities in the White and Cape Coloured racial groups in Cape Town, as seen in hospital practice, with that found elsewhere in the world. A retrospective survey was done on 6,502 infants delivered at 2 maternity hospitals under the aegis of the University of Cape Town. Priority in these units is given to primiparous patients, grand multiparous, and other women with medical or obstetrical complications. Most of these infants were examined by the paediatric registrar at the time of birth and again on discharge, and the results are based on the notes in the infants’ folders. Because of the pressure on accommodation, the period of observation was often no more than a day or two, which might be too short for some defects to become manifest. There were 2,807 White and 3,695 Cape Coloured infants. Fifty-four of the White infants (1.92%) and 145 of the Cape Coloured infants (3.92%) were stillborn.

Tables I and II show the results obtained and the comparison with some other centres. More than one abnormality was seen in 5.5% of the White infants and 0.14% of the Coloured infants. In addition to the incidence of the major malformations tabulated, 1.07% of White and 0.65% of Cape Coloured infants had minor abnormalities such as haemangiomata and naevi.

CONCLUSIONS

It would appear that the incidence of congenital abnormalities of all types in Cape Town in White infants is higher than in the Cape Coloured and higher than the mean determined from the results obtained by 19 authors from different countries. This pilot survey has the inherent fallacies shared by most retrospective surveys on this subject in the future. Because of these fallacies and the relatively small numbers of cases of haemorrhage or shock at confinement I have seen, this appears to be a rare condition.

REFERENCES


REFERENCES