Congenital Cytomegalovirus Infection in Malaysia

Balasubramaniam and workers (MJM June 1994) have done well in highlighting Cytomegalovirus (CMV) infection as the most important of the TORCH infections in Malaysia. After the survey by Dora Tan *et al*[1] it was widely assumed that because there was a high prevalence of immunity in the population, congenital CMV infection was likely to be unimportant.

I would like to suggest that the problem is still understated. Of 193 patients, 10.4% had CNS defects. The survey was done on 0-4 month old infants of whom 80% had hepatosplenomegaly. Hepatosplenomegaly is indicative of generalised disease. Ninety per cent of infants with generalised disease will have evidence of central nervous system (CNS) disease by 3 years of age. The commonest CNS abnormality is deafness[2]. Follow up of the group with hepatosplenomegaly is required before we can be certain that they do not have CNS involvement.

As 90% of the Malaysian population has antibodies it seems likely that these babies are infected, as the authors have concluded, as a result of reinfection of the mother during pregnancy. However, congenital infection following reinfection is uncommon[3] and it is still possible that these cases represent primary infections.

Population based testing of pregnant mothers and their newborn infants and follow-up of infected newborns is required to answer these questions.

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References

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