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APPARENT LIFE THREATENING EVENT IN INFANCY: A CLINICO-EPIDEMIOLOGICAL STUDY

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There is paucity of data on the incidence, aetiology of ALTE and there are no agreed guidelines on its management. Some studies show increased risk for sudden infant death. This prospective study was undertaken to identify the infants at risk and various factors related to the outcome of ALTE in a geographically defined area. Infants were identified to have ALTE using standard definitions. Preterm and infants with neuro-developmental disorders were excluded. All infants were observed for 24-hour period, Oxygen saturation monitoring and base line investigations as indicated. Over a six-year period (1997-2002) of a total of 22,057 paediatric admissions, 66 (0.3%) infants (32 male, 34 female) were identified to have ALTE as a reason for admission.
Risk factors:
Formula Feeding62 (93%),
Parental smoking49(74%),
Gastro-oesophageal reflux29(44%),
Family History of SIDS3
The median age of presentation was 4 weeks and all infants were < 6months of age. 14 infants (20%) had severe ALTE. The symptoms were recurrent in all the cases with 16 >4 episodes to warrant admission. The commonest symptom was choking and apnoea (72%). Gastro-oesophageal reflux was suspected in 29 infants with positive Oesophageal probe/milk scan in 14 cases. Cause for ALTE remained unexplained 37 (56%). Intervention measures included regular health visitor review, use of apnoea alarm monitor and anti-reflux treatment. The study shows that ALTE is an important clinical entity and associated risk factors (as above). Gastro-oesophageal reflux is a significant association/cause in nearly half the cases.