Leffer to the Editor

Comment on the case report "Limb deformity in a newborn. Is rifampicin just an innocent bystander?" by Kalayci et al

Dear Editor,

We read with interest the case report by Kalayci et al¹ published in European Review for Medical and Pharmacological Science which suggested a possible association between prenatal rifampin exposure and the limb deformity in an infant.

Although the case is well-presented and the authors assessed and ruled out various risk factors for limb deformities (placental abnormalities, diabetes mellitus, smoking, viral infections and family history), they seem to have ignored two other previously demonstrated risk factors; maternal age and parity.

Young maternal age, has been demonstrated as a risk factor for limb defects in the infants. An evaluation of 156 children from Edinburgh Register² of the Newborn revealed a significant association with young parental age with the transverse 'absence' defects. Robert et al³ also demonstrated a significant increase in risk for teenage mothers regarding limb defects. In the case report by Kalaycı et al¹, the age of the rifampin-exposed mother is 19, and deserves a discussion in this context.

In terms of parity, Kallen⁴ suggested that the risk of limb reduction defects (particularly longitudinal defects) was increased at first parity. A recent multisite case-control study also reported that nulliparous mothers had a significantly increased risk of limb reduction defects⁵. The case report by Kalaycı et al¹, however, fails to report and discuss the parity of the mother.

Therefore, we think that the suggestion of a possible association regarding the limb deformity and rifampin exposure in this case is highly questionable.

Additionally, it is important to remember that case reports regarding the teratogenic effects of the drugs, are only informative if repeating patterns of rare malformations are reported with rare exposures^{6,7}. Although Kalaycı et al¹ presented a noteworthy case report, inadequate discussion of the previously demonstrated risk factors may lead the reader, which is mostly the physicians, to arrive at undesirable conclusions. Suggesting a link between a prenatal drug exposure and a malformation in the infant should be done very carefully in order to prevent the misperceptions regarding the teratogenic risk of drugs during pregnancy.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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