Correspondence

Archives of Disease in Childhood, 1971, **46**, 741.

Favism in Breast-fed Infants

Sir,

I read with considerable interest the paper by the late Salman Taj Eldin, on 'Favism in breast-fed infants' which appeared in your issue of February 1971 (p. 121), and I feel that the following data will give additional information on certain points which are stated in this report, and are yet unclarified.

In countries with a high incidence of both G6PD deficiency and favism, acute haemolysis in breast-fed infants is by no means rare, and the statement that 'only 3 such cases have been previously reported' is not entirely correct. Thus, among 506 children with favism studied in Greece (Kattamis, Kyriazakou, and Chaidas, 1969), 28 were infants less than 12 months old and 18 were breast fed. Haemolysis in these patients appeared 2 to 6 days after the ingestion of fava beans by the mother who was clinically free of any symptom. Detailed haematological investigation in 8 mothers who were all heterozygous for G6PD deficiency disclosed a compensated haemolytic syndrome, with an increase of reticulocytes and a mild drop in haemoglobin in 2 of them (unpublished). On the other hand there is good evidence suggesting that in heterozygote females the severity of the haemolytic syndrome in favism is proportional to the degree of G6PD deficiency (Kattamis *et al.* 1969).

In the same series it was shown that favism affects males in a ratio of 6·2 male to 1 female. Sex predilection is easily explained by the sex-linked genetic transmission of G6PD resulting in total absence of enzymic activity in male hemizygotes and a variability of G6PD activity in female heterozygotes, ranging from very low to normal levels (Kattamis, 1967).

On the contrary the age distribution of the disease is still an enigma. The disease affects mainly children aged 2 to 5 years; its incidence decreases considerably after the age of 10 years, and it is very rare in adults.

Another aspect, which in our opinion needs further confirmation is the widely accepted fact that exposure to fava plant or its pollen, can precipitate acute haemolysis in sensitive subjects. In our series we found no case of favism after inhalation of pollen or exposure to fava plants. Furthermore the low incidence of the disease which was noted during February and March when the plants are in blossom, stands as further indirect evidence that inhaled pollen does not commonly (if at all) precipitate haemolysis, at least in Greece.

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