

Toxoplasmosis and pregnancy

Congenital toxoplasmosis is a well-recognized cause of infant morbidity and mortality. Localized geographical studies suggest that two pregnancies in 1000 are at risk in the United Kingdom, but that the incidence is significantly higher in other countries, notably France. Overall 40–50% of mothers who acquire toxoplasmosis during pregnancy will pass the infection on to the fetus. The risk of placental transfer rises as pregnancy progresses but severe fetal damage is more likely when the child acquires the infection in the first trimester. Severe congenital disease is associated with hydrocephalus, cerebral calcification, spontaneous abortion or perinatal death. Ocular disease follows infection of the retina in the prenatal period with progressive loss of visual function during the subsequent relapsing and remitting course of the illness throughout the first three decades of life. If a pregnancy at risk is identified, spiramycin can be given to reduce placental transfer. Anti-parasitic drugs such as sulfadiazine and pyrimethamine are used to limit tissue damage when fetal infection is confirmed.

In an attempt to reduce the incidence of congenital toxoplasmosis, an antenatal screening program was introduced in France and a similar approach has been proposed in the USA and United Kingdom. The French program is based on the detection of recent maternal infection by serial blood sampling and testing for toxoplasma specific antibody. Mothers showing seroconversion are offered spiramycin in an attempt to prevent fetal infection and, if infection has been acquired early in pregnancy, cordocentesis to establish the status of the baby. Hohlfeld and co-workers present their experience

of ultrasound investigation as an adjunct to the procedure.

The fundamental criticism of this work is that the advantages of antenatal screening for toxoplasmosis have not been shown to outweigh the disadvantages of the screening program. Great emphasis has been placed on the benefits of the system to the very small number of women who acquire acute toxoplasmosis in pregnancy, but who speaks for the vast majority not at risk who suffer additional tests and the possibility of inappropriate management based on erroneous findings? Admittedly, ultrasound has the advantage that in most countries a routine scan is now part of standard antenatal care. However, several detailed studies have concluded that simple health education would be superior to a screening program in the control of congenital toxoplasmosis^{1,2}. Before the pregnant woman is subjected to serological tests, cordocentesis and now repeated ultrasound examination, should we not consider whether reminding her to wash her hands thoroughly is more effective?

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REFERENCES

1. Carter, A. O., Gelmon, S. B., Wells, G. A. and Toepell, A. P. (1989). The effectiveness of a prenatal education programme for the prevention of congenital toxoplasmosis. *Epidemiol. Infect.*, **103**, 539–45
2. Henderson, J. B., Beattie, C. P., Hale, E. G. and Wright, J. (1984). The evaluation of new services: possibilities for preventing congenital toxoplasmosis. *Int. J. Epidemiol.*, **13**, 65–72

Change of Venue

2nd World Congress of the International Society of Ultrasound in Obstetrics and Gynecology

Now scheduled to be held in Bonn, Germany, June 28th–July 2nd, 1992

Due to the unstable political situation in Yugoslavia, Professor Asim Kurjak has regretfully decided that the 2nd World Congress of the International Society of Ultrasound in Obstetrics and Gynecology should not be held in Zagreb next year.

We are pleased to announce that Professor Manfred Hansmann will host the 2nd World Congress in Bonn. The proposed dates are June 28th to

July 2nd, 1992. The venue will be the famous Beethoven Halle.

Further details will be announced as soon as possible.

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