

with a disability and have launched a raft of strategies to ease the transition for all concerned: staff, PTA, other children and citizens at large.

This first project for garnering and disseminating *Good Inclusive Schooling Practices*

in Catalonia was brought to a close in January with a symposium to debate and consider results. During the first half of 2008 the experiences deemed to be most motivational and exemplary will be published in a written report.

Letter to the Editor

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Dear Editor,

Down syndrome (DS) is associated with a certain proclivity to respiratory tract infections in the early years. DS-linked immune deficiency plays a determining role in these cases. *Mycoplasma pneumoniae* is a particularly significant etiologic agent of childhood pneumonia, specifically of atypical forms. It commonly affects children older than 5, with mild self-limiting clinical symptoms. However, in children with DS or compromised immune systems, the condition may be protracted and particularly severe (1).

We wish to bring to your attention the case of a 44-year-old male with DS who arrived for emergency care with a presenting complaint of shortness of breath, fever, and a 5-day cough. Heart auscultation evidenced tachycardic sounds and a grade II/IV systolic murmur that was louder in the mitral area. Respiratory auscultation evidenced a reduced vesicular murmur at the base of the right lung and crackling rales. Temperature was 38.2°C. Chest x-ray showed inflammatory consolidation consistent with pneumonia in the

lower right lobe (Fig. 1), so the patient was referred for hospitalization. In addition to mental retardation and craniofacial dysmorphism, individuals with Down syndrome often have congenital heart malformations (CHM) as well as increased proneness to infections, particularly of the respiratory tract (2). A published paper comprising 109 patients with DS with a history of airway infections included 19 cases of bronchopneumonia (31.15%) and 2 of pneumonia (3.30%), with bronchopneumonia, CHM, and both of these together as the main causes of death (3).

Teenagers or young adults may develop heart valve defects, particularly mitral valve prolapse. The finding of a heart murmur in the present patient's mitral area might be a warning sign of mitral involvement, and this was highlighted in the referral papers (4).

Once pneumonia had been initially diagnosed both clinically and radiologically, it would have been important to learn the final hospital diagnosis in terms of etiology, test results, type, course, and treatment, as well as ultrasound or other imaging confirmation of the suspected mitral valve prolapse. This was not possible for us to obtain: as emergency care physicians working in a primary health care setting, we generally lose touch with patients because followup is the responsibility of their general practitioner. However, this letter is intended a reminder of the importance of considering the likelihood of pneumonia in patients with DS; we highlight the need to consider and rule out lower airway involvement when these patients exhibit what appears to be a mild respiratory tract infection, since morbidity and mortality are very high in this group – a fact borne out by a number of studies (1, 3).

Bibliography

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Fig. 1. AP chest x-ray showing inflammatory consolidation in the lower right lobe, consistent with pneumonia.

News

Civil Order Gold Cross for Social Solidarity for Montserrat Trueta.

On 23 January 2008, Montserrat Trueta, Chair of the Catalan Down Syndrome Foundation (FCSD) was presented with the 'Civil Order Gold Cross for Social Solidarity' by Queen Sofia of Spain. This award is given annually by the Spanish Ministry of Labor and Social Affairs at the suggestion of the Secretary of State for Social Services in recognition of people or organizations that have performed outstanding work with the most disadvantaged parts of society. Mrs. Montserrat Trueta has been awarded the Gold Cross for the many years she has devoted to caring for and defending the rights of people with an intellectual disability (ID) and for her work with the FCSD. For most of her life Mrs. Trueta has

worked with people with Down syndrome (DS) and ID at the FCSD, which she founded. The FCSD aims to provide a better life for people with ID and carry out research in the fields of medicine, psychology, education and social issues, helping these people to develop fully and to facilitate their integration into society. The Foundation has helped thousands of people with DS and given hope to their families.

The Zaragoza Down Foundation and Master D are spearheading a European project called Project 'PoD' alongside other partners and bodies, under the umbrella of the 'Leonardo da Vinci' program. A raft of European associations will be providing guidance on the technical aspects of designing new technologies. The main objective is to design, develop and implement an innovative and user-friendly digital training tool (DVD) aimed at families to help them stimulate and educate people with Down syndrome over the course of their life. The project is split into several successive and complementary phases. It will run for 24 months (it started in October 2007 and is set to finish in September 2009). The first international meeting was held on 10-11 January in Zaragoza during which the foundations were laid to perform a needs analysis (phase one), which will come to a close in June of this year. For further details or if you would like to take part, please contact Pilar Villarrocha Ardisa at the Down Foundation Zaragoza by telephone: (+34) 976 388 855, or by email: atcoord-rrhh@downzaragoza.org.