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Chorioamnionitis and Cerebral Palsy: A Meta-Analysis

To the Editor:

We read the article by Shatrov et al[1] with great interest. This systematic review and meta-analysis exhaustively discusses 15 studies performed over the past decade, examining the relationships between exposure to clinical or histologic chorioamnionitis and cerebral palsy in preterm and full-term neonates. Exposure was considered relevant if it met the established criteria for clinical or histologic chorioamnionitis.[2] The results indicate that there are significant associations between clinical or histologic chorioamnionitis and cerebral palsy.

This information may contribute to current efforts to screen for clinical and histologic chorioamnionitis in high-risk births.[3] This study has some limitations, however. The authors' conclusions regarding full-term neonates already mention the small number of studies including data on full-term births. Two studies[4,5] included in the review with data on full-term neonates used incongruent inclusion criteria for exposure to clinical chorioamnionitis (ie, endometritis, urinary infections). Separate analyses were not done for full-term and near-term neonates. Thus, the review included patients with different clinical criteria of chorioamnionitis and did not report prevalence of cerebral palsy at various gestational ages. Clinical diagnosis of chorioamnionitis is problematic because signs and symptoms tend to manifest late. Regrettably, histologic evaluation of the amniochorion membranes, currently considered the "gold standard" for the diagnosis of chorioamnionitis, is impossible before delivery.[3]

In conclusion, the authors should be careful about defining clinical chorioamnionitis, especially with regard to full-term neonates at risk of cerebral palsy, particularly in this era of intense medical–legal concern.

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In Reply:

We thank Zanardo et al for their letter in response to our article.[1] We concur that there are problems defining criteria for clinical and histologic chorioamnionitis. There is merging agreement in the literature, although there remain some discrepancies between disciplines such as obstetrics, pediatrics, and pathology. That aside, the definitions of "clinical and histologic chorioamnionitis" are given carefully on p. 388 of the article.[1] These definitions also encompass the clinical criteria of chorioamnionitis found in the references.[2,3] These and other references use various definitions of clinical chorioamnionitis, but the included references were all studies that used a definition adopted in the meta-analysis and consequently fulfill the inclusion criteria.

We agree that our study, like all studies, is limited by the available data. We stated explicitly on p. 391 that: "… separate analyses were not conducted for term and preterm neonates." Hence, we make no conclusions for full-term neonates; only a simple calculation of the data for these neonates is provided. Similarly, the inclusion criteria of meta-analyses are specified by study quality and homogeneity. The available data did not support analyses by gestational ages, independent of how desirable they may have been. It is important that the study explains these limits, and it does.

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Generational Issues in the Ob–Gyn Workplace: "Marcus Welby, MD," Versus "Scrubs"

To the Editor:

The Silent Generation (1925–1942), as described by Phelan,[1] produced the obstetric and gynecologic academic leaders and clinicians who now are entering their retirement years. They represent physicians who could contribute to the education of our house staffs and medical students instead of being sent to pasture,[2,3] thereby losing their experience and talents. In 1998, I questioned whether we were making the most and best use of those who have the wisdom and experience of years in practice: "Elderly physicians who are looking to wind down their practices but who do not want to abruptly stop working are a natural resource, which has not been properly tapped. The academic community continues to ignore such individuals, who could be asked to preceptor younger physicians in their offices or supervise resident or continuity clinics. Many