Rebound Bilirubin Measurement is Not Required for Hyperbilirubinemia Regardless of the Background Attributes of Newborns

Many centers continue to hospitalize infants for rebound bilirubin levels and this prolongs hospital stay. We evaluated rebound bilirubin level, measured within 12 h after termination of phototherapy, in infants with different attributes and tried to find the parameters that affect this level.

A total of 375 newborns, 305 (81.3 per cent) term and 70 (18.7 per cent) preterm, were enrolled. The mean levels for start, stop, and rebound total serum bilirubin (TSB) levels were 15.41 ± 0.38, 10.86 ± 0.14, and 10.84 ± 0.14 mg/dl, respectively. The majority of patients did not have any blood incompatibility as the cause. ABO incompatibility was the leading cause with 34.9 per cent among hemolytic blood disorders. The general phototherapy repeat rate was 19/375 (5.1 per cent); 16 term and three preterm infants ($p > 0.05$). Five patients had a weight <2500 g ($p > 0.05$). Only five of the 19 patients had blood incompatibility and all were ABO. Two of 62 (3.2 per cent) patients with positive direct Coombs' test result had repeat phototherapy ($p > 0.05$). The rate of repeat phototherapy for patients ≤48 h old was 5.9 per cent, and this rate included 16 requiring recurrent phototherapy. When rebound TSB measurements were compared with stop bilirubin measurements, 49.1 per cent (187) of infants had lower levels.

Del Vecchio, *et al.*[1] reported only one in 48 newborns with rebound bilirubinemia reaching a level at which phototherapy was restarted. Maisels[2] divided neonates with hyperbilirubinemia into two groups, before discharge newborns and readmission newborns. Repeat phototherapy rates for these groups were 8.2 and 0.7 per cent, respectively. Maisels' study agrees with our study in giving attention to the first 2 days of life, regardless of statistical significance. Yetman, *et al.*[3] found that the TSB rebound level for ≥1800 g group, either with positive or negative Coombs' test results, was lower than the level at discontinuation of the therapy. Although the rebound TSB levels were higher in those groups with lower weights, there were no statistically significant differences among these infants, regardless of Coombs' test results. Al-Saedi[4] evaluated 301 term-neonates and reported that mean TSB at follow-up was lower than mean TSB level at termination of phototherapy, either with positive or negative Coombs' test results. This was in agreement with our study because the delta TSB level was calculated as low as 0.02 ± 0.1 mg/dl, and in almost half of the newborns there was a reduction in rebound TSB levels.

Routine measurement of bilirubin level after termination of phototherapy in infants, regardless of low weight, prematurity, and positive direct Coombs' test result, is not required, adds unjustified expenses, and prolongs hospital stay for infants who are otherwise ready for discharge.

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Specific Pneumococcal Antibodies in a Population of Children with Recurrent Infections from Neiva, Huila, Colombia

The humoral immune response to the capsular polysaccharide of *Streptococcus pneumoniae* is considered essential in the ability to fight this microorganism. It has been shown that IgG antibodies, especially the IgG2 subclass, is the main way by which adaptive immunity recognizes it.[1] Although children with IgG2 subclass deficiency are prone to suffer pneumococcal infections, other immunoglobulin isotypes such as IgA in the mucosa can also contribute to the recognition of pneumococci.[2]

Nineteen children (2–5 years old) who were affected by recurrent respiratory infections, seen at the Hospital Universitario 'Hernando Moncaleano Perdomo' in Neiva, Colombia, were vaccinated with the 23-valent polysaccharide pneumococcal vaccine (Pnu-Immune 23—Lederle, Pearl River, NY) and IgG, IgG subclasses, IgM, and IgA concentrations specific for pneumococcal serotypes were evaluated by ELISA before and after 4 weeks of vaccination,

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