weeks, but unfortunately he did not respond to treatment and despite best medical efforts he did not survive.

XLMTM is a congenital muscular disease with prenatal onset, where the predominant clinical features are muscle hypotonia and weakness which is complicated in most male infants by respiratory failure at birth. The long-term prognosis for XLMTM is very poor, and respiratory failure causes infantile death in most patients during the first year of life. Our report of a patient with XLMTM describes classical clinical findings and the characteristic appearance. Our patient demonstrated the classic severe phenotype of the disease with neonatal presentation and markedly delayed gross motor development. However, according to his relatively stable respiratory status without ventilator dependence throughout his 2½ years of life, he demonstrated the mild type of the disease. Herman et al.[4] describe other medical complications in patients with XLMTM who survived at least one year. Among them, only 20% were non-ventilator dependent, but they required oxygen when having respiratory tract infections. Very few affected males survive into adulthood, with only 14% remaining non-ventilator dependent, as reported in a family with adult survivors with an extremely mild form of XLMTM.[6]

XLMTM is capable of causing significant disability in heterozygotes.[7] There are some reports of a milder form of the disease in heterozygous female carriers of *MTM1* mutations, but usually the carrier status is difficult to confirm or exclude by muscle biopsy, as already stated in some of the previous studies.[8] Although the family pedigree in our case was remarkable, the histopathology observed on muscle biopsy in the mother of our patient was not characteristic and could not confirm or rule out her carrier status. It was confirmed only later with mutational analysis.

Our patient was referred to the outpatient clinic for children with developmental disabilities within the third month of life. During the setting up of the personal habilitation programme, his severe motor impairment, his activity limitations, and participation restrictions in everyday functioning were especially taken into consideration. The 'Neurodevelopmental Treatment' approach was started as an intervention therapy.

The aim of treatment in our patient was to lead him to the greatest degree of independence possible and to prepare him for as normal a life as possible. It involved the total development of the child i.e. sensory, motor, physical, mental, emotional, and social. Our case report reveals that the prognosis for XLMTM may not be as poor as previously reported.[9] The impact of chronic illness should be taken into consideration while planning paediatric rehabilitation. In addition to clinical symptoms and signs and the impairments associated with the disorder, the functional limitations in daily activities and participation restrictions at home and in the community should be taken into consideration to understand the complexity of such a disability. For the minimization of impact of severe motor disabilities on a child's general development we used the 'Neurodevelopmental Treatment' approach, which helped the parents and sibling to deal with the disability and to meet the challenges of the condition.

DOI: 10.1017/S0012162205000678

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Erratum

'Inflicted Head Injury in Infancy and the Wisdom of King Solomon'
Colin Kennedy
DMCN Vol. 47: 3

In this editorial, the page range for reference 3 should have read: 1 Kings 3: 16–28, rather than '1 Kings 16: 28'.

We apologize for this error.

DOI: 10.1017/S001216220500068X