Closure Remarks

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Ladies and Gentlemen, dear friends, the 24th Nestlé Nutrition Workshop on inborn errors of metabolism has certainly maintained the high scientific standard established by previous symposia in this series. Once again the Nestlé Company has provided us with a program that presented new results as well as a comprehensive overview of the various aspects of metabolic diseases. This strategy has proved more successful in giving physicians, biochemists, and geneticists the means to improve both their basic and clinical approaches to a better understanding of metabolism.

The first session reminded participants of the extreme diversity of diseases of fatty acid oxidation. Our knowledge about whether children with the various types of these abnormalities will derive long-term benefits from dietetic or drug therapy is poor. Very important is the relation between the sudden infant death syndrome and metabolic diseases. We learned especially that metabolic diseases of fatty acid oxidation may be the cause of this syndrome. Further epidemiological metabolic studies are necessary to evaluate the true incidence of this relation.

Session 2 on amino acids, ammonia, and neurotransmitter diseases updated previous information in this large field of metabolic disorders. Protecting fetuses of pregnant mothers with PKU will be a challenge to all physicians engaged in this disease. In neurotransmitter metabolism we expect to discover further defects as we have in the last 10 years. The development of new techniques might eventually lead to the detection of common defects such as Parkinson’s disease.

The third session gave a good overview on disorders of carbohydrate metabolism. For many years galactosemia seemed to pose no problem for pediatricians dealing with this disease. However, the most recent enquiries by American and European colleagues have revealed disastrous long-term results with conventional dietetic therapy. Thus new prospective studies and stringent clinical and biochemical controls are necessary for this disease, which no longer seems to be easy to treat.

The final session on transplantation and on gene therapy was a fascinating demonstration of recent data on surgical, immunological, and genetic treatment modalities. This session opened up new aspects and promised interesting developments.

I now wish to express thanks on behalf of all participants to the organizers of this 24th Nestlé Nutrition Workshop. The results of basic research and careful clinical
studies are surely important contributions to our knowledge of metabolic diseases. I warmly thank Madame Dr. Dufour and Dr. Guesry, who was not able to attend the meeting, and their co-workers in Nestec in Switzerland for the excellent symposium program, and the local organizers, M. de Prelles and his co-workers, for their kind welcome to their guests. I would also like to express thanks on behalf of the children whom we all take care of in the hope that Nestlé will continue with their valuable support of research in nutritional and metabolic disorders. Thank you very much.