

22. Martin NA, Brownell R. Expressive one-word picture vocabulary test (EOWPVT-4). 4th ed. Novato (CA): Academic Therapy Publications; 2018.
23. Tobii Technology. Tobii TX300 eye tracker. Revision 2. Danderyd, Sweden: Tobii Technology AB; 2014.
24. Isaev D, Major S, Murias M, Carpenter KLH, Carlson D, Sapiro G, et al. Relative average look duration and its association with neurophysiological activity in young children with autism spectrum disorder. *Sci Rep* 2020;10:1912.
25. McEvoy K, Hasenstab K, Senturk D, Sanders A, Jeste SS. Physiologic artifacts in resting state oscillations in young children: methodological considerations for noisy data. *Brain Imaging Behav* 2015;9:104-14.
26. Cohen J. A power primer. *Psychol Bull* 1992;112:155-9.
27. Chatham CH, Taylor KI, Charman T, Liogier D'ardhuy X, Eule E, Fedele A, et al. Adaptive behavior in autism: minimal clinically important differences on the Vineland-II. *Autism Res* 2018;11:270-83.
28. Frohlich J, Reiter LT, Saravanapandian V, DiStefano C, Huberty S, Hyde C, et al. Mechanisms underlying the EEG biomarker in Dup15q syndrome. *Mol Autism* 2019;10:29.
29. Pozzi D, Menna E, Canzi A, Desiato G, Mantovani C, Matteoli M. The communication between the immune and nervous systems: the role of IL-1 $\beta$  in synaptopathies. *Front Mol Neurosci* 2018;11:111.
30. Stoll FM, Wilson CRE, Faraut MCM, Vezoli J, Knoblauch K, Procyk E. The effects of cognitive control and time on frontal beta oscillations. *Cereb Cortex* 2016;26:1715-32.

## 50 Years Ago in *THE JOURNAL OF PEDIATRICS*

### Wilson-Mikity Syndrome

Krauss AN, Levin AR, Grossman H, Auld PAM. Physiologic studies on infants with Wilson-Mikity syndrome: ventilation-perfusion abnormalities and cardiac catheterization angiography. *J Pediatr* 1970;77:27-36.

Krauss et al presented a study of ex-premature infants with signs of Wilson-Mikity syndrome (WMS) on chest radiography, with coarse streaks radiating from the hilus and a bubbly appearance, as described by Wilson and Mikity in 1960.<sup>1</sup> Three infants (gestational age at birth 28, 28, and 33 weeks; oxygen therapy for 30, 48, and 15 days, respectively) were subjected to cardiac catheterization. All 3 infants were found to have ventilation/perfusion mismatch and pulmonary hypertension, cardiomegaly, and vasculature changes typical of pulmonary hypertension.

WMS is a chronic lung disease characterized by early development of cystic interstitial emphysema despite minimal ventilatory support, predominantly affecting infants with birth weight <1500 g. The earliest pathology appears to be alveolar air leak. Inflammatory activation induced by cystic interstitial air may cause the subsequent progressive respiratory disease.<sup>2</sup>

Whether WMS is a distinct syndrome or “atypical bronchopulmonary dysplasia” has been controversial, and WMS has disappeared from the nomenclature of modern neonatal medicine. However, in 2008 Hoepker et al concluded that WMS is a rare but clearly identifiable syndrome with significant morbidity,<sup>2</sup> and Namba et al emphasized the importance of distinguishing this from other types of chronic lung disease.<sup>3</sup>

Fifty years ago, Krauss et al described a syndrome that resembles what we would today refer to as bronchopulmonary dysplasia. The article sheds light on a syndrome that we rarely hear about today, illustrating how the clinical panorama and nomenclature have changed and demonstrating the decreasing mortality and morbidity of affected patients over the last 50 years.

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### References

1. Wilson MG, Mikity VG. A new form of respiratory disease in premature infants. *AMA J Dis Child* 1960;99:489-99.
2. Hoepker A, Seear M, Petrocheilou A, Hayes D Jr, Nair D, Deodhar J, et al. Wilson-Mikity syndrome: updated diagnostic criteria based on nine cases and a review of the literature. *Pediatr Pulmonol* 2008;43:1004-12.
3. Namba F, Fujimura M, Tamura M. Bubbly and cystic appearance in chronic lung disease: is this diagnosed as Wilson-Mikity syndrome? *Pediatr Int* 2016;58:251-3.