LETTER TO THE EDITOR

The 50% male bias for SIDS: Commentary on Thach *et al.*, *Heredity*, December 2009; 103: 469–475

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Thach *et al.* (2009) report a male sex-specific locus for autoresuscitation (AR) failure in SWR/J mice and suggest that it is consistent with 'the observed 50% male bias for sudden infant death syndrome (SIDS) in humans.' However, as shown in Table 1, CDC (2009) reports that many respiratory infant deaths due to known non-AR-failure causes, such as suffocation from inhalation of food or foreign object and respiratory distress syndrome, also have the same ~50% male excess they observed in SIDS. Perhaps the authors should seek a heritable genetic mechanism for SIDS that could also explain this commonality of other respiratory causes of infant death with the same ~50% male excess they observed among SIDS patients, such as an X-linkage, rather than a 'sex-specific AR

failure' pertaining only to male SIDS (Mage and Donner, 2004, 2009).

D Mage¹ and M Donner²

¹Biomolecular Core Laboratory, AI duPont Hospital for Children, Wilmington, DE, USA and ²DuPont Haskell Global Centers for Health & Environmental Sciences, Investigative Sciences, Newark, DE, USA

E-mail: magedonner@aol.com

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Table 1 US 1979–2006 respiratory infant deaths (<1 year) with the same ~50% male bias as reported for SIDS (CDC, 2009)

Disease	ICD9, ICD10 codes	Male mortality	Female mortality	Male bias (%)
SIDS	798.0, R95	68 592	45 473	51.1
SIFFO	911–912, W78–W80	2072	1381	50.0
RDS	769, P22	40 767	26 195	55.6

Abbreviations: CDC, Centers for Disease Control and prevention; ICD, International Classification of Diseases; SIDS, sudden infant death syndrome; SIFFO, suffocation from inhalation of food or foreign object; RDS, respiratory distress syndrome.