

Owing to its rarity and unspecific symptoms, MA is probably underdiagnosed, especially in preterm infants who die early. The severity of the patient's condition, parenteral nutrition, and prematurity do not interfere with the diagnosis of MA by determination of organic acids in urine. Our observation suggests that MA deserves to be considered in neonates who are born to consanguineous parents, and who suffer from recurrent life threatening infections or unexplained "sepsis-like" disease.

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CORRECTION

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