

only the tip of the iceberg and a large number of other steroid babies go undetected. Guidelines for dispensing over the counter steroids in developing countries are lacking(1). The irrational prescriptions of steroids as treatment for common cold both by practitioners of allopathy and alternative systems of medicine are increasing. Kshirsagar, *et al.* estimated that more than 30% of prescriptions by medical practitioners are irrational(2). Apart from the irrational prescriptions, the health awareness among the general public is also lacking to the extent that the rapid weight gain due to steroids, basically a side effect is mistaken for good health. As a result, multiple vials of this drug are bought everyday over the counter. In order to reduce this problem, doctors should undergo continuing medical education

programs highlighting the harmful effects of steroid misuse. The government can enact stringent law for restricting over the counter dispensing of harmful drugs.

**Adhisivam B.,  
Mahadevan S.,**

*Department of Pediatrics,  
Jawaharlal Institute of Postgraduate Medical  
Education and Research (JIPMER),  
Pondicherry 605 006, India.*

#### REFERENCES

1. Hui JYH, Woo PCY, Lo SS, Chan JCS. Over the counter medication and its effects. *Lancet* 2002; 359: 1120.
2. Kshirsagar MJ, Langade D, Patil S, Patki PS. Prescribing patterns among medical practitioners in Pune, India. *Bull World Health Org* 1998; 76: 271-275.

---

## Cardiac Murmur in Neonates

Murmurs during childhood have been subjected to numerous studies(1), but data concerning murmur at birth and during first year of life, are few. The incidence of cardiac malformation is 6 per 1000 live births, but most are asymptomatic at birth. The prevalence of murmur varies from 0.6% to 47.4% and is inversely related to the size of the study(2). Until preventive measures become available, reduction of infant mortality due to congenital cardiovascular malformations will continue to depend on early recognition of signs of serious heart disease in infants and on effective community-wide use of specialized cardiac services(3). We carried out a study to determine the incidence and clinical significance of murmur heard during routine examination of neonates.

During the study, 2603 healthy newborn babies were screened for the presence of a murmur during routine postnatal rounds. All those who were admitted in NICU or were premature (<37 weeks of gestational age) or any neonate with a risk factor that is known to be associated with increased incidence of congenital heart disease were excluded from the study(4). All those with murmurs underwent echocardiography and color Doppler examination. Murmurs were detected in 62 babies (2.3%) of whom 28 (45%) had a cardiac malformation.

The incidence of murmur was 23.81 per 1000 of normal neonates during the period of study. Of 62 newborns with murmur, 28 had a significant Structural Heart Lesion (SHL), 18 had an insignificant structural heart lesion, *i.e.*, physiological variant that would account for a murmur(5) and 16 had a completely normal echocardiogram and color Doppler

examination (Table 1).

**TABLE I**—Results of Echocardiography and Color Doppler Examination

Result	Number	Percentage
SHL	28	45
IHL	18	29
Normal	16	26
Total	62	100

The incidence of congenital heart disease in the study population was 10.75 per 1000 during the study period. Although SHL was detected in 28 babies 23 had a single SHL while 5 had multiple SHL Ventricular Septal defect (VSD) was the most common SHL (65.63%) followed by Pulmonary stenosis (PS) and Atrial Septal Defect (ASD) (15.63% each) and Pulmonary Atresia (PA) with VSD (3.11%) (Table 1).

We concluded that if a murmur is heard there is a 45% chance of there being an underlying cardiac malformation. Therefore, detection of a murmur should prompt early referral for an echocardiography and color Doppler examination, as identification and treatment of heart disease before development of symptoms offers the prospect of an improved outcome and allays the parental anxiety of an underlying structural heart disease.

**M. Bansal,**

**H. Jain,**

Department of Pediatrics,  
MGM Medical College,  
Indore, MP, India

Correspondence to:

**Dr. M. Bansal,**

5, Bhagwandin Nagar,  
Indore, MP 452001, India

E-mail: drmanishbansal@yahoo.com

#### REFERENCES

1. Smythe JF, Teixecia OHP, Vlad P, Demers PP, Feldman N. Initial evaluation of heart murmurs: Are laboratory techniques necessary? *Pediatrics* 1990; 86: 497-500.
2. Ainsworth SB, Wyllie JP, Wren C. Prevalence and clinical significance of cardiac murmur in neonates. *Arch Dis Child* 1999; 80: F43-F45.
3. Rubin JD, Ferenez C, Brenner JI, Neill CA, Perry LW. Early detection of congenital cardiovascular malformations in infancy. *AJDC* 1987; 141: 1218-1220.
4. Allan LD, Crawford DC, Chita SK, Anderson RH, Tynan MJ. Familial recurrence of congenital heart disease in a prospective series of mothers referred for fetal echocardiography. *Am J Cardiol* 1986; 58: 334-337.
5. Arlettaz R, Archer N, Wilkinson AR. Natural history of innocent murmurs in newborn babies: controlled echocardiographic study. *Arch Dis Child* 1998; 78: F166-FF70.