

Misuse of Corticosteroids in Infants of Rural Tamilnadu

Mothers of rural Tamilnadu, probably lured by the common misinterpretation of plumpness as health, invariably demand some medicines which can make their children chubby. Quack doctors and some pharmacists exploit this maternal apprehension by dispensing betamethasone drops even when there are no genuine medical indications. Unlike the developed countries, where drug dispensing is strictly controlled, it is possible in India to get any drug over-the-counter. Innocent rural mothers administer steroid with a belief that it is good for their children. Most of them are illiterate and are ignorant of the adverse effects of corticosteroids. They consider cushingoid appearance as success of the “magical drug”. Impressed by the rapidity with which the child becomes chubby, delighted mothers even recommend the drug to their neighbors. Consequently, rural Tamilnadu has several chubby cushingoid infants. I continue to see at least one new case of this kind every week for the last 6 years. This misuse of steroid was virtually unknown before a decade. Some of these babies, who have been administered steroids for more than a year, present with recurrent respiratory infections and grossly atrophic adrenals. As I have seen them only in a hospital setting, it is not estimated how many such victims are actually there in the community. More alarmingly these mothers frantically stop steroid abruptly when they were informed by a qualified doctor that it is harmful to babies. Due to their innocence they often do not understand the logic of

tapering the dosage to avoid withdrawal effect. It is not known how many such babies die in community due to acute corticosteroid insufficiency, especially when the adrenals are chronically suppressed.

Another distressing aspect of the issue is that even a few qualified medical practitioners of rural Tamilnadu prescribe corticosteroid for minor illness like fever and respiratory infections. Systemic steroid is also prescribed by a few for bronchial asthma even before trying bronchodilators. Although many of these doctors are aware of the ill effects of steroid, they prescribe it apparently to offer an attractive “quick cure” of symptoms or by yielding to parental pressure for the same. Encouraged by the quick symptomatic relief, I have seen mothers using steroids as household self-medication. In their unrealistic eagerness to get a “quick cure”, they also increase the dosage without any medical advice.

This new risk for infants of rural Tamilnadu has apparently eluded the watchful eyes of professional bodies like Indian Academy of Pediatrics and the Government. Public awareness campaign, strict laws to prohibit unauthorized dispensing of corticosteroids and a community survey of the problem are urgently required. The purpose of this communication is to create an awareness of this new risk and to draw the attention of the governmental, professional and social organizations who can collectively contribute to curb this menace.

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Disseminated Cysticercosis in an Infant

Neurocysticercosis is quite common in India(1) but by virtue of its prolonged incubation period (average 7 years) and the nutritional habits of infants, it is rarely seen in this age-group(2,3).

A previously healthy twelve month-old male

child presented to us with a history of three episodes of sudden onset, right-sided tonic-clonic seizures followed by unconsciousness for about ten minutes after each episode, over last five days. There was no associated fever, head trauma, tubercular contact or family history of seizures. The family belonged to the lower socioeconomic group and resided in an urban slum and grew vegetables in a small patch of

land. Parents were non vegetarian, but did not consume pork. The child's present diet included top milk, soft gruel and/or some items from the family pot, and breastfeeding. Sanitary toilet facility and safe water were not available to the family. There was no history of worm infestation in the child or the family. On admission, a soft to firm, well-defined, non-tender and non-fluctuant subcutaneous swelling about 2×3 cm in size was noticed in the lumbosacral region. Examination and routine investigations were normal. FNAC of the sacral swelling revealed *cysticercus cellulosae*. A CECT scan of head revealed a single inflammatory granuloma suggestive of neuro-cysticercosis. The child was treated with anti-epileptics and cysticidal in view of disseminated cysticercosis. The child has been seizure free for the last 10 months. The subcutaneous swelling has also regressed in size.

Only two authors(4,5) have reported neurocysticercosis in infants and none has reported disseminated disease. An early presentation of disseminated disease in this case suggests that the long incubation period reported is not absolute and other factors like the innate immunity of the individual do have a role in modifying the presentation. Food habits and faecal disposal practices play a major role in the spread of the disease in India(1). Hygienic food handling practices

and hand washing must be emphasized for prevention of neurocysticercosis.

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