

Prevention of Mother to Child Transmission of Hepatitis B Infection—Need for Holistic Approach

Apart from the strategies highlighted for prevention of mother to child transmission of hepatitis B infection [1], following measures also need attention.

1. *Universal screening for all pregnant women:* Screening should be done early in the pregnancy so that those having the infection can be provided appropriate treatment and hence prevent vertical transmission [2].
2. *Special focus on high risk pregnant women:* Drug addicts, HIV positive and women having other sexually transmitted diseases have higher chances of having hepatitis B co-infection [3]. These women should be provided with regular counselling sessions on the risk of transmission, regular follow up, free treatment and timely referral.
3. *Promoting maximum in-hospital deliveries:* To identify hepatitis B infected cases and ensure safe delivery practices along with reduction in perinatal complications.
4. *Promoting hepatitis B education and universal immunization.*

5. Providing free treatment to hepatitis B-infected pregnant women.
6. *Updating knowledge of healthcare workers:* The doctors working in the rural and remote areas can be updated on the advances in the treatment and prevention of hepatitis B infection by conducting regular Continuing Medical Education programs, and e-learning programs.
7. *Free availability of Hepatitis B Immunoglobulin (HBIG):* Government should take the initiative to provide free HBIG at all the delivery centers, atleast starting from areas with high prevalence, and then to other parts of the country.

VIKRAM KUMAR

*Department of Pediatrics,
Fortis Memorial Research Institute,
Sector- 44, Gurgaon, Haryana, India.
viku677@gmail.com*

REFERENCES

1. Geeta MG, Riyaz A. Prevention of mother to child transmission of Hepatitis B infection. *Indian Pediatr.* 2013;50:189-92.
2. Screening for Hepatitis B Virus Infection in Pregnancy: US Preventive Services Task Force Reaffirmation Recommendation Statement. *Ann Intern Med.* 2009;150:869-73.
3. Uneke CJ, Ogbu O, Inyama PU, Anyanwu GI, Njoku MO, Idoko JH. Prevalence of hepatitis-B surface antigen among blood donors and human immunodeficiency virus-infected patients in Jos, Nigeria. *Mem Inst Oswaldo Cruz.* 2005;100:13-6.

Behçet Disease Presenting as Deep Vein Thrombosis and Epididymo-orchitis

Behçet's Disease is a chronic, multisystemic, inflammatory disorder characterized by intraocular inflammation, oral and mucosal ulcerations, skin lesions, and a variety of other manifestations [1]. It occurs rarely in children [2]. A 15-year-old boy was admitted with the complaints of pain in right calf and right testis for 3 days. He had past history of three episodes of high grade fever with nonspecific muscular pain and testicular pain in last one year. He also had a history of recurrent aphthous oral

ulcerations that occurred three-to-four times per year accompanied by high fever. On examination, oral aphthous ulcers were present, an ulcer was present on right side of the scrotum and his right testis and epididymis were swollen and tender. Further examination revealed old healed lesions of erythema nodosum over left leg. His right calf muscle was swollen and tender and Homan's sign was positive. Eye examination revealed anterior uveitis.

Hemoglobin, leukocyte count and platelet count were 12.6 g/dL, 15,200/mm³ and 3, 50,000/mm³, respectively. C-reactive protein level and erythrocyte sedimentation rate were 7.0 mg/dL and 93 mm/hour, respectively. He had no history of sexual exposure and his HIV and VDRL both were negative. Doppler ultrasound of the right leg showed popliteal vein thrombosis. Subcutaneous low

molecular weight heparin 1 mg/kg/dose twice daily was started. Pathergy test and HLAB51 were positive. Investigations for thrombosis, serum protein C and S, homocysteine, anti-nuclear antibody, anti-phospholipid antibody, Lupus anticoagulant and Antithrombin III levels were normal. Child was started on intravenous methylprednisolone 2 mg/kg/day, and improved markedly. He was discharged on oral Warfarin and oral prednisolone and was in excellent condition at follow-up one month later.

As per International Study Group for Behçet disease, the presence of oral ulcerations in addition to the presence of two criteria from among recurrent genital ulcerations, ocular lesions, skin lesions or positive pathergy test is sufficient for diagnosis of Behçet disease [3]. In our case, the presence of the oral and genital ulcers and uveitis with a positive pathergy test confirmed the diagnosis. The presence of both deep vein thrombosis and epididymo-orchitis in a patient with Behçet disease has not been described so far in children, though individually these presentations are known [4,5].

MOHAMMED RAMZAN AND

SATYA PRAKASH YADAV

Pediatric Hematology Oncology and BMT Unit,

Department of Pediatrics,

Sir Ganga Ram Hospital, Delhi, India.

satya_1026@hotmail.com

REFERENCES

1. Marshall SE. Behçet's disease. *Best Pract Res Clin Rheumatol.* 2004;18:291-311.
2. Kone-Paut I, Gorchakoff-Molinas A, Weschler B, Touitou I. Paediatric Behçet's disease in France. *Ann Rheum Dis.* 2002;61:655-6.
3. International Study Group for Behçet's Disease. Criteria for diagnosis of Behçet's disease. *Lancet.* 1990;335:1078-80.
4. Pekta° A, Devrim I, Besbas N, Bilginer Y, Cengiz AB, Ozen S. A child with Behçet's disease presenting with a spectrum of inflammatory manifestations including epididymo-orchitis. *Turk J Pediatr.* 2008;50:78-80.
5. Pande I, Uppal SS, Kailash S, Kumar A, Malaviya AN. Behçet's disease in India: A clinical, immunological, immunogenetic and outcome study. *Br J Rheumatol.* 1995;34:825-30.