

us to differentiate it from phencyclidine or cocaine poisoning where irritability, tachypnea and muscular rigidity predominates(4). Opiates characteristically depress the brainstem respiratory centres responsiveness to carbon dioxide and also medullary respiratory centre via the beta 2 receptors(5), causing marked respiratory depression. Death in opiate poisoning is nearly always due to respiratory arrest(5).

The baby was saved because of an early stomach wash and prompt respiratory support. The powders available in the market for addiction are adulterated with various substances and the clinical picture depends upon the content of the powder. An awareness about the existence of such substances and its possible misuse in infants has to be kept in mind while dealing with such pediatric emergencies.

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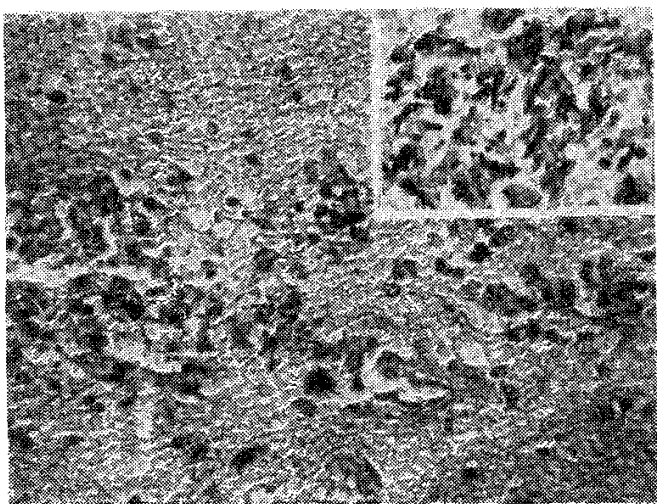
## Cerebral Granulomatous Candidiasis in a Neonate

Septicemia caused by candidal infection in neonates is rare(1). When it involves the central nervous system, it causes meningitis and microabscesses. Chronic granulomatous candidiasis has been described in adults but is rare in children(2).

A 30-week-old female preterm baby, with a birth weight of 1.250 kg was admitted for preterm care. She was given one unit of exchange blood transfusion. Later, the child developed neck retraction and vomiting. CSF examination at this time showed proteins 200 mg/dl and sugar 20 mg/dl. Cells were 300 polymorphs/cu mm. CSF culture did not reveal any growth. The child was kept on broad spectrum antibiotics and CSF examination four days later was normal. Blood culture was negative. After two weeks, the child developed loose motions, depression of higher functions and expired.

Autopsy revealed the child was malnourished. The cerebral cortex showed scattered yellowish necrotic areas. Microscopic examination showed normal meninges. There was edema of the white matter and multiple granulomas formed of epithelioid cells and giant cells, with hyphae and budding forms of *Candida* (Fig.).

Systemic and deep parenchymal infections caused by *Candida* have received



*Fig. Photomicrograph of the brain shows granuloma composed of epithelioid cells and giant cells. H & E  $\times$  100. Inset: Granuloma showing budding and hyphae form of candida by GMS stain  $\times$  400.*

increasing recognition as a major cause of morbidity and mortality among very low birth weight infants in intensive care nurseries.

Neuropathologically, a spectrum of disease entities are associated with candidiasis, ranging from meningitis, ependymitis, microabscesses, macroabscesses preceded by noncaseating granulomas, and diffuse glial nodules. Cerebral candidal granulomas have been described in adults, and to the best of our knowledge, have not been reported in children(3).

Various risk factors are known to cause candidal infection, viz., low birth weight, parenteral therapy, and prolonged antibiotic therapy. All these factors appear to have played a role in the present case. Cultures to isolate fungi were not done in the present case. With increasing awareness of this systemic infection, more cases may be diagnosed and treated in the future.

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### Colostrum Feeding of Healthy Newborns

Colostrum is the secretion of breasts during the later part of pregnancy and for the 2-4 days after delivery(1). Previous studies have shown that more than half the newborns receive the first breast feed as late as the third day(2). In order to study the practices relating to initiation of feeds and feeding of colostrum in healthy newborns, I interviewed 65 mothers who had delivered normally in B.S. Medical College Hospital.