
Letters to the Editor

ESR Estimation in Fasting and Post Prandial State

ESR estimation is still an important baseline diagnostic and prognostic tool in pediatric medicine. Certain indications for ESR estimation in pediatrics are tuberculosis, collagen vascular disease, rheumatic fever and neonatal septicemia. Meticulously stereotyped time honored instruction by medical staff to keep the patient fasting in morning till blood sample for ESR is drawn is inconvenient and sometimes hazardous more so in pediatric patients and it is not unusual for a pediatrician to be awoken early in the morning by the parents to find

out whether they can give something to eat to calm their hungry crying child. We tried to investigate whether such practice is at all needed in a pediatric patient.

A prospective study on 100 indoor pediatric patients admitted for various chronic diseases was done. ESR was estimated by Westergren method at one hour(1) from venous blood samples drawn in the morning fasting state with the child in lying posture. Thereafter, the cases were assigned at random to one of the 4 groups, which were categorized on the basis of time of ESR estimation after meals. In Groups, I, II, III and IV, ESR estimation was done at 1, 2, 3 and 4 hours after meals, respectively.

Table I shows mean values of ESR before and after 1, 2,3 and 4 hours of meal of patient in each group. On comparing the mean values obtained at 1,2,3 and 4 hours

TABLE I—Mean Values of ESR in mm by Westergren Method in Fasting and Post-prandial State

Group	After meal				
	Fasting state	1 hour	2 hour	3 hour	4 hour
Group I (n=30)	7.12 ±3.01	7.20 ±3.03	-	-	-
Group II (n=25)	4.18 ±4.03	-	4.22 ±4.03	-	-
Group III (n=30)	13.12 ±5.78	-	-	13.01 ±6.01	-
Group IV (n=15)	10.01 ±2.12	-	-	-	10.20 ±2.02
p value*		>0.1	>0.2	>0.1	>0.1

*Student's 't' test for differences with control.

after meal with the fasting stage, the differences were insignificant.

On the basis of our results we may conclude that the time honored practice of taking blood sample for ESR in "fasting state" only may be abandoned and can be done irrespective of whether the patient is in fasting state or not.

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Extrapyramidal Syndrome Following Ciprofloxacin Treatment

Ciprofloxacin is a commonly used antibiotic in enteric fever these days due to prevalence of multi drug resistant *S. typhi*(l). Extra pyramidal syndrome (EPS) following ciprofloxacin administration has not been reported in literature till date. We report here one such case.

A five-year-old male child was admitted with history of fever for 8 days. On examination, the child was febrile, liver was palpable 3 cm below the right costal margin and spleen 2 cm below the left costal margin. There were no other abnormal findings. Investigations revealed a hemoglobin of 8 g/dl, total leucocyte count of 4,400/cu mm with 61% polymorphs, 35% lymphocytes and 4% monocytes. Chest

X-ray, urine and stool examination were normal. Widal test was positive with O and H titre in dilution of 1 in 480. The child was started on oral ciprofloxacin (15 mg/kg/day) in two divided doses and oral paracetamol (15 mg/kg) when required. On third day the child developed uprolling of eyes with torticollis and increase in tone of all four limbs with abnormal posturing. The patient was given parenteral (IV) diazepam (0.4 mg/kg) stat following which he had an uneventful recovery from this episode. Neurological examination (including fundus) was normal. Repeat complete blood counts and cerebrospinal fluid was examined, which were also normal. Ciprofloxacin was stopped and the child was started on parenteral (IV) ceftriaxaone(2) (100 mg/kg/day) in two divided doses. He became afebrile on fifth day and was discharged on the tenth day.

As there was no other cause for development of extrapyramidal syndrome, we assumed it to be an unusual side effect of ciprofloxacin therapy.