

Reply

The three cases of vitamin A toxicity referred to had all the clinical features of raised intracranial tension and the children improved with decongestive measures. In fact measurement of vitamin A levels is not mandatory to prove toxicity. Observation of features of raised intracranial pressure (clinical and ultrasonography) within 24 h of Vitamin A administration is quite suggestive of causal association(1,2).

Our report was intended to apprise the pediatricians about the possibility of vitamin A toxicity when it is co-administered in a megadose (100,000 IU) with measles vaccination in infants. In this context, toxicity alluded to the clinical observation of raised intracranial pressure as evidenced by bulging fontanelle, the usual method for diagnosing acute vitamin A toxicity, particularly in the true setting of a resource starved developing country. After publication of the report, two more cases have been found by the authors and similar experience has been shared by others. We agree that three cases are insufficient to

change the recommendation. However, they certainly are useful pointers for gathering further data and the need for reconsidering the recommendation based on the possibility of toxicity vis a vis the "perceived" benefit.

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