Aspergillus fumigatus Meningitis in a Preterm

We are reporting a case of disseminated aspergillosis in a very low birth weight baby (birthweight 800 g; gestation 27 wk). After 4 days of admission in the Neonatal Intensive Care Unit, the baby developed fever, respiratory distress and lethargy. On 7th day, a maculopapular rash with grayish discoloration of skin was noticed. Child was screened for sepsis and subjected to lumbar puncture. CSF microscopy revealed pus cells and thin hyaline septate fungal hyphae. culture on Sabouraud's Dextrose Agar (SDA) demonstrated white granular mycelial growth. which was confirmed as *Aspergillus fumigatus*. The same fungus was also isolated from blood culture.

Mother and baby were non-reactive for HIV antibodies. Fluconazole 6mg/kg/day was started intravenously, and continued for 30 days. The baby responded well and could be finally discharged at a weight of 3 Kg, on breastfeeding.

Very few cases of *Aspergillus infection* in premature babies are reported previously; most of them had cutaneous aspergillosis(1,2). We report this case for its rarity and dramatic response to therapy.

SU Phute and JB Bhakre,
suwarnaphute@gmail.com

REFERENCES

1. Fucks H, Baum HV, Meth M, Wellinghausen N, Linder W, Hummler H. CNS manifestation of aspergillosis in extremely low birth weight infant. Eur J Pediatr 2006; 165: 476-480.
2. Meessen NE, Oberndorff KM, Jacobs JA. Disseminated aspergillosis in a premature neonate. J Hosp Infect 1998; 40: 249-250.

Skin Care for the Newborn

I seek comments from the authors on some issues contained in informative and interesting article on skin care for the newborn(1).

It is stated that shampoos should have minimal time of contact with the scalp to avoid irritant dermatitis. Regarding baby bath the authors have stated that the bath of the newborn should not last more than 5 minutes, prolonged bath increases the hydration of the skin and reduces the threshold for friction. Similarly recommended minimum and maximum time period for shampoo application to scalp should be advised.

It is stated that pH of the shampoo should be close to that of tears, but the authors have not mentioned the pH range of the tears. Some doctors may not remember pH of the tears which is 7.1 - 7.4. The workshop had been sponsored by Johnson and Johnson Ltd, a manufacturer of baby care products. I examined the shampoo, baby soap and baby oil produced by Johnson and Johnson. To my utter surprise none of these items mentioned pH on the labels of these products. How to choose the right shampoo etc, for care of skin of newborn babies ?

Regarding composition of vernix caseosa, it is stated that it is composed of water 81%, lipid 19% and proteins 10%; the total adds to 110.

Yash Paul,
dryashpaul2003@yahoo.com

REFERENCE

1. Sarkar R, Basu S, Agarwal RK, Gupta P. Skin care for the newborn. Indian Pediatr 2010, 47: 593 - 598.

Reply

We thank the author for his pertinent comments regarding the article. Although the exact duration of time of application of shampoo on the baby's scalp is not discussed in the literature, a baby shampoo should not be used more than once a week. Only a small blob of shampoo should be used to form a lather and then rinsed off within few minutes.

It is really unfortunate that the manufacturers fail to mention the pH and ingredients on the label of baby shampoos to enable us to choose a good shampoo for the newborn. Consumer activation is essential to make a change.

The correct composition of vernix caseosa should read 9% lipids,81% water and 10% proteins which makes a total of 100%(1).

Rashmi Sarkar and Piyush Gupta
rashmisarkar@yahoo.com

REFERENCES

1. Hoeger PH, Schreiner V, Klaassen IA, Fazmann CC, Friedrich's K, Black O. Epidermal barrier lipids in human vernix caseosa: Corresponding ceramide pattern in vernix and fetal skin.Br J Dermatol 2002; 146: 194-201.

Effect of Backpack Weight on Postural Angles in Pre-adolescent Children: Can it Predict Long Term Morbidity?

We read the article on "Effect of backpack weight on postural angles in preadolescent children" by Ramprasad, *et al*(1) with interest. We appreciate the effort of the authors. We would like to raise certain points regarding the study.

1. A single time measurement after a backpack challenge would give an idea of postural compensation during that point in time. Changes in theses angles are a measure of body's self regulatory response to stabilize the posture when challenged with back pack load(2). Once the backpack is removed, the angles come back to normal. So, the long term outcome cannot be predicted with this alone and conclusions cannot be drawn.
2. A better measure of predicting long term morbidity than the 'weight of backpack' is the 'duration of carriage'. Logically, longer duration of carriage can theoretically have an effect on the musculoskeletal system. Authors have not mentioned anywhere regarding the 'duration of carriage' and its effect on the angles and outcome.
3. Justification for choosing 'backpack weight in relation to bodyweight' rather than absolute weight is not clear. The change in postural angles to backpacks are influenced by height rather than weight of a child. In an obese child, this would have lead to a challenge with comparatively more heavy backpack and vise versa. Therefore, the values obtained are not comparable.
4. Malnutrition (both underweight and obesity) would have significantly altered the subcutaneous fat and would have influenced the values of angles.
5. The term 'back pain' is too nonspecific. The authors should have mentioned about the possible specific structures which could get injured with carrying back packs.
6. Authors have also mentioned that 'musculoskeletal problems associated with carrying heavy backpack'. They must clearly specify what 'problems' they mean with references.

Carrying backpacks have not been conclusively proven to cause any long term morbidity(3). Weight recommendations, carrying behaviors and outcome are not consistently correlated in any recent studies(4). Long term effects if any can be found by observing the 'backpack weight' and duration of carriage in long term prospective trials.

T Arun Babu and V Sharmila ,
Department of Pediatrics,
Sri Lakshmi Narayana Institute of Medical Sciences (SLIMS), Osudu, Agaram Village,
Puducherry, India 605 502.
babuarun@yahoo.com