(IPAH) or associated with congenital heart diseases (CHD), especially with left to right shunts [3]. In the treatment, nitric oxide, prostanoids, magnesium sulphate, endothelin receptor antagonists and phosphodiesterase-5 inhibitors are used. Prostacyclins vasodilate the pulmonary vessels and prevent the endothelial cell damage to control PAH [4]. The most common side effects of prostacyclins is headache, systemic hypotension, allergic reactions, chest pain, dyspnea, nausea and vomiting [2,4]. The optimum dosage with the minimum side effects is 0.3 ng/kg/min for the inhalation and 0.6 ng/kg/min. for the intravenous administration of iloprost (synthetic analog of prostacyclin) [4].

To evaluate the safety of inhaled iloprost in infants with PAH, we analyzed its side effects retrospectively in our pediatric cardiology and cardiovascular surgery clinic. We evaluated 52 infants (27 females) with PAH-CHD hospitalized for the surgical correction of their cardiac anomalies in the last year. Their mean age was 13.5±4.7 months (3-24 months) and the mean pulmonary arterial pressure (PAP) was 39±11.6 mmHg. (25-70 mmHg). They received iloprost inhalation (Ilomedin, Schering AG) 6 times/day at a dosage of 0.3 ng/kg/min for 7-15 days (mean 10.6 ± 2.8 days) preoperatively. Their mean PAP was 28 ± 12.3 mmHg after the iloprost treatment. The difference in the mean PAP values was statistically significant (P<0.05). The infants were monitorized during the inhalation. They did not develop systemic hypotension (mean arterial pressure was 72±8.7 mmHg) and their vital signs were stable.

Among the side effects encountered in the 29 infants (55.7%) during the inhalation, 22 (75.8%) had rash on the cheeks and around the mouth, 4 (13.7%) had agitation, 2 (6.8%) had nausea and vomiting just after the inhalation and 1(3.4%) had bronchospasm. We had to stop the iloprost treatment only in one infant with bronchospasm attacks. Symptomatic relief was provided for other symptoms such as rash, nausea, vomiting and agitation, so these infants continued the iloprost inhalation. There was no pathologic change in the blood cell counts, liver and renal function tests of the infants after the inhaled iloprost administration.

Inhaled iloprost seems to be a safe and efficient therapy for the infants with PAH if it is used in a controlled manner.

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How to Treat Inadequately Treated First Episode of Nephrotic Syndrome

A 2-year-old female child diagnosed as Nephrotic syndrome 1st episode was put on daily steroid therapy as per IAP guidelines for the steroid sensitive nephrotic syndrome [1]. She went into remission during the first half of 2nd week of daily steroid therapy. Parents complied with the treatment till continuation of daily steroid therapy *i.e.* 6 weeks. Despite medical advice parents did not put the child on alternate day steroid therapy for the erroneous impression of complete cure of the disease. Within ten days of discontinuing steroids child had recurrence of the disease. On restarting the daily steroids child went into remission during initial 3 days only. As per consensus guidelines shall we treat this child as first relapse of nephrotic syndrome or as the continuation of first episode of nephrotic syndrome? Since the child did not receive alternate day steroids at all, she does not fulfill the criteria of relapse exactly as per IAP consensus guidelines. Type and duration of steroid therapy will vary according to this distinction.

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