

Meropenem in Neonates

The recent review on Meropenem(1) establishes it as a promising drug in the treatment of serious infections in the ICU settings, because of its broad spectrum of activity against gram positive aerobes, gram negative aerobes and anerobic bacteria; good CSF penetration, and safety profile.

Over the last 2 years we had 7 cases of blood culture positive Klebsiella and 3 cases of *E. coli* resistant to all antibiotics, except meropenem, referred from peripheral hospital. Out of ten cases, 4 had meningitis, one had brain abscess and the rest had fulminant sepsis. Meropenem was given over a variable period from 10-21 days at a dose of 20 mg/kg/dose 12th hourly for babies less than 7 days and 8 hourly for babies above 7 days old. Except two, all cases responded well and survived. There was no thrombocytopenia or any serious

complications. CSF penetration was excellent and all the resistant cases of meningitis responded to treatment. Vials containing 500 mg of the drug are suitable in the newborn period. The drug after reconstitution is stable only for 48 hours of refrigeration at 4°C. However, a word of caution is that the drug should be reserved for use only when resistance to other antibiotics has been documented or when conventional therapy fails.

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Avoidance of Food Allergens in Childhood Asthma

In the study by Agarkhedkar, *et al.* (6) authors have measured specific IgE against food allergens and eliminated the offending food stuffs from diet. They claim that there was reduction in severity of asthma symptoms as compared to same months in last two years. I wish authors explain some aspects as mentioned under.

1. Authors prepared allergens themselves. What was their chemical nature? Were

they proteins or haptens? Allergens prepared in laboratory are different from food molecules after their absorption from gut, except in few instances. Hence, *in vitro* testing against food allergens is highly inaccurate.

2. Authors elucidated concept of total allergenic load. But it is true as far as clinical symptoms are concerned. Reduction in total allergenic load by eliminating at least some offending allergens may reduce asthma severity. Now it is well known that low grade inflammation is ongoing even in patients