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 4ºC. 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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REFERENCE

1. Shah D, Narang M. Meropenem. Indian Pediatr 2-5; 42: 443-450.

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

who are asymptomatic, and airway remodeling is continued causing progressive lung damage. What is the point in eliminating food articles for a limited period, especially those which are consumed throughout the year? All the patients in this study had perennial asthma.

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Editors note:

No reply received from Agarkhedkar, et al. despite several reminders.

Avoidance of Food Allergens in Asthmatics

This refers to a study by Agarkhedkar, *et al.*(1) where the authors had studied the role of food allergens in asthmatics. According to this study many fruits including apple, banana, mosambi and lemon and many vegetables including carrots appear to be responsible for persistent asthma in the studied population. The study also suggests that curd, cheese and other milk products which are beneficial for the intestine may be harmful for the asthmatics, endorsing anecdotal saying that curd, rice and banana should not be given to asthmatics.

Out of 24 children under study, 20 had raised IgE against rice, 12 had raised IgE against wheat and 9 against maida. Amongst the pulses, except for masoor dal (17%) and soyabean (21%), high IgE against other pulses varied from 64% to 96%.

Amongst fruits except for tomato (8%) and orange (17%) raised IgE for fruits varied from 29% to 96%. It would be very informative to know how the parents managed food for these children and still met the dietary requirements. Amongst spices 12.5% children had high IgE against red chilly and 23% against green chilly, but IgE against other spices, specially black pepper (92%) coriander (83%) jira (83%), turmeric (50%) must have made cooking a great challenge.

As it would not be practical and feasible to evaluate IgE levels for so many food items in every asthmatic child, so 84 food items from this list will have to be excluded from the diet of every asthmatic child. In nutshell conclusions of this study would turn topsy turvy many of the presently followed recommendations regarding nutritious food for these children. Curiously seven children (30%) did not get any benefit by avoiding these food allergens.

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REFERENCE

1. Agarkhedkar SR, Bapat HB, Bapat BN. Avoidance of food allergens in childhood asthma. Indian Pediatr 2005; 42: 362-366.

Editor's note:

No reply received from Agarkhedkar, et al. despite several reminders.