

sugar was high and negative once blood sugar normalized. Child was receiving oseltamivir only during the illness.

It is thought that influenza causes an increase in IL-6 levels which may lead to increased cortisol levels, followed by a pronounced dose-dependent increase in blood glucose. It is also postulated that systemic hypercytokinemia in influenza causes hyperglycemia and that the glucose levels reflect the degree of pathogenicity(2). Literature search revealed hyperglycemia as a complication associated with higher mortality in H5N1 cases(2) and in few critically ill children with influenza encephalopathy(3). Another speculation was whether the hyperglycemia was related to administration of oseltamivir, a complication of this drug, hitherto undescribed. However, only rare aggravation of pre-existing diabetes has been described with oseltamivir(4), and not transient hyperglycemia.

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## Antisnake Venom in a Neonate with Snake bite

We read with interest the case report by Jindal, *et al.*(1) describing the management of a 27 day old neonate with snakebite envenomation. Surprisingly, there is no mention of ptosis in this case report of severe neurotoxic ophitoxemia. The dose of 50 vials (500 mL) of ASV used will neutralize 300mg of cobra venom and 225mg of krait venom which is well beyond the capability of each snake to achieve in a bite. This is a clear case of unnecessary overuse of ASV. The endpoint of ASV administration is where the dose is sufficient to neutralize any unbound venom. Keeping the reversal of respiratory and neuromuscular paralysis as the end point and pumping in ASV to achieve it as done in this case is definitely not rational. Twenty vials is the maximum that can be given to a patient with neurotoxic snakebite envenomation. Larger doses of ASV over prolonged duration have no benefit in reversing envenomation(2,3). ASV dose has nothing to do with body size but only the amount of venom injected. There is no good evidence to suggest children should

receive either more ASV because of body mass or less in order to avoid adverse reactions(4). In summary, this case study can mislead peripheral doctors on the dose of ASV.

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#### REPLY

The dose of ASV to be used in a neonatal snake bite