

BRIEF REPORTS

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Nightmare due to Ciprofloxacin in Young Patients

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The debate regarding use of ciprofloxacin in children is mainly on the possible effect on growth of juvenile cartilage and arthrbpathy. However, it has been found that ciprofloxacin also causes many transient adverse reactions and one of them is nightmares(1). Two cases of nightmares related to ciprofloxacin therapy are reported.

Case Reports

Case 1: A 4V£ years old boy was referred for excessive irritability and sleeplessness. Parents noticed that the

child woke up within minutes of sleep, started crying, and also complained of dogs in the room. The child was having fever for a week and was started on oral ciprofloxacin by a private practitioner, a day prior to admission.

On examination, the child was conscious and co-operative. He was mildly febrile, pulse and blood pressure were normal. Both spleen (2.5 cm) and the liver were enlarged (1.5 cm). Central nervous system and other systems were within normal limits. The widal test was positive with O and H titres being 1:240 and 1:120 respectively. Blood culture was positive for *Salmonella typhi* and sensitivity showed a multi-drug resistant pattern. Ciprofloxacin was omitted on the day of admission and the patient was put on ceftazidime. On the 2nd day of admission the child become stable and fever came down on the 4th day of hospital stay.

Case 2: A 5 year old child was admitted with high grade fever for 14 days. She had been on ciprofloxacin 3 days prior to admission as her blood report showed a positive Widal test (O and H titres being 1:320 and 1:240). On exami-

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nation, she was febrile and had hepatosplenomegaly. Other systems were within normal limits. The same treatment was continued. In the middle of the night, the child suddenly woke up sweating profusely and started shouting. She got off the bed and ran away. On asking, she was unable to narrate anything but refused to stay in the same ward. She was very restless. She was transferred to a different cubical. Ciprofloxacin was omitted and cotrimoxazole and gentamycin were started as per the antibiotic sensitivity pattern. She became normal within 12 hours of omitting ciprofloxacin and the fever came down on 7th day.

Discussion

Ciprofloxacin is considered to be a safe drug. However, overall incidence of adverse reactions due to ciprofloxacin therapy is reported to be 5.4%, and 10.2%(1,2). Most reactions are mild, transient and rarely require discontinuation of therapy. Gastrointestinal (2.1%-8.1%), nervous system (1-4.4%) skin (allergy) (0.4-1%) related adverse effects are common and are mainly attributed to variable drug distribution in the body(3-5).

Stimulatory effects on the central nervous system, insomnia, euphoria, nervousness, anxiety and tremor are commonly encountered. Convulsive disorders and hallucinations are reported rarely and concomitant administration of theophylline has been attributed for such reactions(6). A large series of 8861 patients receiving ciprofloxacin was assessed worldwide, and out of 138 cases with various neurological adverse reactions, only 1 case of nightmare was reported(1). No such reports are available

in Pediatric literature in India. Headache, dizziness, confusion depression, maniac reaction and neurosis has been reported in patients treated with ciprofloxacin.

The use of ciprofloxacin in young patients should be judged strongly against its effects and need. Adverse reactions are mostly dose related and there could be an almost two fold increase in the elimination half life in patients with a lesser lean body mass and decreased glomerular filtration rate(7). In our study, the reactions were transient and disappeared within 12 hours of stopping the drug. The best way to avoid complication is to use ciprofloxacin cautiously in under nourished children, and in children with impaired renal functions.

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Malignant Acanthosis Nigricans in Adrenal Carcinoma

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Adrenal cortex produces three major classes of hormones: glucocorticoids, mineralocorticoids, and androgens. Excesses or deficiencies of glucocorticoids and androgens may have profound cutaneous manifestations. Cushing's disease and adrenal tumors are rare in childhood and adolescence(1). Both disorders occur at any age. However, in general,

adrenal cortisol excess in infancy and early childhood is due to adrenal tumors, whereas after the age of 6 or 7 years Cushing's disease is more likely(2).

We report a case of adrenal carcinoma with a spectrum of dermatologic manifestation including malignant acanthosis nigricans, a cancer clue of high reliability best known for its association with internal malignant neoplasms.

Case Report

A 4 year old girl was brought for increasing abdominal distension for over 9 months. She had pubic and axillary hair, and an enlarged clitoris since the age of 6 months. On examination, she looked plethoric, had central obesity and very fine hair on cheeks. She had advanced physical development with a weight-age of 6.5 years and a height-age of 5 years. Her blood pressure was 140/90 mm Hg. Close observation revealed comedones and papules on ear, nose, central forehead and chin, a velvety brown hyperpigmentation with a finely verrucous dark hyperkeratosis on knuckles, and violaceous striae on the anterior abdominal wall. A well defined, firm right flank

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