managed? Endoscopic pancreatic duct stenting is very useful in such setting(2).

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REFERENCES

- Das S, Arora NK, Gupta OK, Gupta AK, Mathur P, Ahuja A. Pancreatic diseases in children in a north Indian referral hospital. Indian Pediat~2004; 41; 704-711.
- Poddar U, Thapa BR, Bhasin DK, Prasad A, Nagi B, Singh K. Endoscopic retrograde cholangiopancreatography in the manage-ment of pancreaticobiliary disorders in children. J Gastroenterol Hepatol 2001; 16: 927-931.
- Yachha SK, Chetri K, Sara swat VA, Baijal SS, Sikora SS, Lal R, et al. Management of childhood pancreatic disorders: a multidisciplinary approach. J Pediatr Gastroenterol Nutr 2003; 36: 206-212.
- 4. DiMagno EP, Chari S. Acute pancreatitis. In: "Sleisenger & Fordtran's Gastrointestinal and liver disease, 7th edition. Saunders; Philadelphia; 2002. p 913-941.
- Braxel C, Versieck J, Lemey G, Vanballenberghe L, Barbaier F. Alpha-Iantitrypsin in pancreatitis. Digestion 1982; 23: 93-96.

Reply

The two series of childhood pancreatic disorders from India were not referred to in this manuscript due to oversight. We acknowledge their contribution to childhood pancreatic disorders.

Diagnosis of acute pancreatitis was based on raised serum amylase levels with or without USG and/CT scan findings. In the 7 cases of acute pancreatitis with normal serum amylase levels (as shown in *Table II*), diagnosis was based on USG and or CT scan findings. In cases with normal USG and CT scan, serum amylase levels were very high, and were used as criteria to diagnose acute pancreatitis. As already indicated in the text, serum lipase levels were not available in all the patients.

Pi phenotyping by isoelectric focusing for alpha-1-antitrypsin deficiency was not available at the time of publication of this manuscript. A suspicion of alpha-I-antitrypsin at our center was based on either absent alpha-1-globulin band and/reduced serum AAT levels (Methodology Section). We do accept the limitation of diagnostic tests of alpha-1-antitrypsin deficiency. Pi phenotyping is now a routine screening test for detecting alpha-1-antitrypsin deficiency at our center.

We observed trauma to be associated with chronic pancreatitis in 2 patients. On review of files, these 2 patients with evidence of trauma had initial symptoms like acute pancreatitis and continued to have repeated episodes of acute pain till they presented as chronic pancreatitis at our center. There are previous reports to support the association of trauma with chronic pancreatitis. This was already quoted in the article.

We have come across case reports in the literature of association of tuberculosis with acute pancreatitis(1). In our study also, we observed tuberculosis as an etiology for acute pancreatitis in 2 patients.

Valproate was observed as a cause of chronic pancreatitis in one patient with history of valproic intake for more than 6 years. There are reports in literature suggesting the presence of chronic pancreatitis related to prolonged use of valproic acid(23).

Laparotomy in the 9 cases of acute pancreatitis was done for blunt trauma(3), bile

leak(1) and for diagnostic purposes(5).

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REFERENCES

1. Redha S, Suresh Rl, Subramanian J, Merican I.

- Pancreatic tuberculosis presenting with recurrent acute pancreatitis. Med J Malaysia 2001; 56: 95-97.
- Cooper MA, Groll A. A case of chronic pancreatic insufficiency due to valproic acid in a child. Can J Gastroenterol 2001; 15: 127-130
- Taira N, Nishi H, Mano M, Waki N, Tsugita Y, Takashima S, et al. Pancreatitis induced by valproic acid: report of a case. Surg Today 2001; 31: 1027-1031.

Global Youth Tobacco Survey (GYTS) - Delhi

Globally everyday about 80,000-1,00,000 youth initiate smoking, most of them are from developing countries(1). About one-fifth of all worldwide deaths attributed to tobacco occur in India(2). Global Youth Tobacco Survey (GYTS) was a global study of tobacco use habits and related determinants among youth (13-15 years) around the world(3). A total of 1731 out of 2183 randomly sampled students participated in the Delhi GYTS survey, from 50 sampled schools. Major findings are summarized below:

One in 10 students (10%) had ever used tobacco in any form. Proportion of students currently using any tobacco product was 4.5% (boys: 5.5%; girls: 3.1%). Of these, the proportion of students who had chewed pan masala, gutkha or zarda in the past 30 days was 1.3%. Among them, boys had a higher prevalence than girls (boys: 2.3%; girls: 0.3%).

Less than 6 in 10 reported having learnt about the dangers of smoking and the effects of tobacco use.

Over 3 in 10 students and significantly more

boys than girls were exposed to smoke from others (passive smoking) in their home in the past 7 days.

Over 2 out of 10 students believed that boys who use tobacco have more friends. About 3 in 10 students thought smoking or chewing make boys look more attractive and over 1 in 10 students felt this for girls. However a significantly higher proportion of boys than girls felt that girls look more attractive with tobacco use.

More than 8 in 10 students had seen an advertisement or media message about cigarettes, gutkha/ pan masala or bidis on television, roadside outside on hoardings, bus or railway facilities, and shops in the past 30 days.

Only 26% of students were certain that smoking is harmful to their health.

About 4 in 10 current tobacco users reported freely purchasing tobacco products in a store.

The prevalence of tobacco use in any form among both boys and girls in this age group is in agreement with earlier published findings(4). The results indicate a definite need for including tobacco related information in the school curriculum. High exposure rates to