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Ciprofloxacin: The Current Status in Pediatric Practice

The article on Ciprofloxacin by Kulshrestha *et al.*(1) conveys the message that the drug is contraindicated for use in children. We wish to discuss the controversy relating to its use in pediatric practice.

Ciprofloxacin belongs to the class of fuoroquinolones, which have been found to cause an irreversible arthropathy in dogs(2). While this finding does justify the need for caution, it would be unwise to deny the benefits of this excellent antimicrobial to children and juvenile patients for this reason alone. Nalidixic acid, another quinolone, though reported to cause a similar arthropathy in animals, has amply demonstrated its safety in children(3). This suggests that interspecies differences exist. besides, the arthropathy in experimental studies seems to be multifactorial since eliminating or reducing stress and fatigue decreases the risk when the drug is given in therapeutic doses(3). Moreover, there are now several encouraging reports of the efficacy of fluoroquinolones in children in the absence of any significant arthropathy(4,5). These facts justify that ciprofloxacin could be safely used to treat infections in difficult situations. In addition to the indications enumerated by the authors, we have found ciprofloxacin to be particularly effective in the following situations:

1. Typhoid fever caused by multi-drug resistant *Salmonella typhi* (resistant to amoxicillin, cotrimoxazole and chloramphenicol(6).
2. Nosocomial Gram-negative infections which fail to respond to third generation cephalosporins.
3. In combination with rifampicin to treat methicillin resistant *Staphylococcus aureus* infections(7).
4. A second line drug in the treatment of culture negative febrile neutropenia in children receiving cancer chemotherapy.

We have not recorded a single instance of arthropathy in any of the several patients who have been administered ciprofloxacin in the preceding 6 months. Prospective evaluations are continuing.

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Phlyctenular Conjunctivitis in Kala-Azar

The common clinical features of Kala-Azar are fever, anemia, hepatomegaly, splenomegaly and weight loss(1). I report here a case of Kala-Azar with an unusual association of phlyctenular conjunctivitis.

A 10-year-old male child hailing from Bihar was admitted with complaints of irregular fever for 3 months and anorexia for 2 months. Physical examination revealed a moderately anemic child with pigmentation of skin over face, abdomen, hands and feet. His body weight was 20 kg. No lymphadenopathy or edema was observed. Abdominal examination revealed firm and nontender, liver and spleen which were enlarged 6 and 9 cm, respectively. There was no evidence of ascites. Right eye of the child showed a small, yellowish bleb at the corneal limbus with fascicle of blood vessels. Other systems were normal.

Investigations revealed the following: hemoglobin 9g/dl; total leucocyte count 4000/cumm with a differential count of 30% polymorphs, 62% lymphocytes, 5% monocytes and 3% eosinophils; and ESR 80 mm at the end of first hour. Mild degree of anisopoikilocytosis and hypochromia of red cells were also observed. Platelet count was 75000/cumm. Bone marrow examination revealed *Leishmani adonovan* bodies. Aldehyde test was strongly positive. Mantoux and BCG tests were negative. Skiagram of chest showed no abnormality. AFB smear of gastric aspirate material was negative on two occasions. The child recovered well with Sodium antimony gluconate. Phlyctenular conjunctivitis also disappeared completely by simultaneous topical steroid therapy.

The evidence is considerable that phlyctenular conjunctivitis is an allergic condition caused by endogenous bacterial proteins which in most cases are tuberculous but may in other cases be derived from mild infections of long duration as in tonsils or adenoids(2). In the present case Mantoux test, BCG test, *X*-ray chest, AFB smear of gastric aspirate material excluded the possibility of coexistent tuberculosis. The unusual association of the present case warrants future study to establish the possible role of *Leishmania donovan* as an allergen in phylyctenular conjunctivitis.

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