Correspondence

Diagnosis of Enteric Fever in Children: Importance of Relative Granulocytosis

I read with interest the report by Kundu, *et al.*, on diagnosis of enteric fever in children (1). It has been stated that complete blood count in enteric fever is unremarkable and the white blood cell count is normal in most cases and leukocytosis makes the diagnosis less probable. However, it has not been mentioned whether there is a help of relative granulocytosis in the diagnosis of enteric fever or not. Caglar, *et al*. had reported relative granulo-cytosis among children with enteric fever(2). Even though relative granulocytosis in children <2 years of age with enteric fever has already been mentioned before(3), all of their patients were older than 3.5 years old, and granulocytosis did not vary, whether the patients were older or younger than 10 years, and leukopenia was present in only half of patients. It was more marked in children who were sick for less than a week. Therefore, in the presence of relative granulocytosis with leukopenia in children with high fever of undetermined origin, enteric fever should be considered.

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REFERENCES

1. Kundu R, Ganguly N, Ghosh T Kr, Yewale VN, Shah RC, Shah NK. lAP Task Force Report: Diagnosis of enteric fever in children 875. Indian Pediatr 2006; 43: 875-883.

2. Caglar MK, Ozsoylu S, Kama G. Relative granulocytosis in childhood typhoid fever. J Pediatr 1983; 102: 603-604.

3. Krugman S, Katz SL. Salmonella infections, including typhoid fever. *In:* Krugman S, Katz SL, eds. Infectious Diseases of Children. 7th edn. St Louis: CV Mosby. 1981; p.332.

Childhood Cancer Risk Trends in India (1982-2000)

Compared to cancers that occur in adults, cancers in children are rare. In developed countries, these comprise only 2% of all cancers while it is 3.0% in developing countries(1). The proportion of child-hood cancers relative to all cancers reported by Indian cancer registries varied from 2.1% to 6.2%. Studies of incidence pattern or cumulative risk provide a useful measure of health burden. No study on trends in incidence or risk in childhood cancer was so far reported from India. Some studies from cancer registries of Mumbai and Bangalore and some other studies(2-4) in India reported descriptive epidemiology of some childhood cancers. The present communication attempts report some highlights of temporal trends in childhood cancer cumulative risk from an ongoing study entitled "Exploration of National Cancer Registry Program (NCRP) data and its statistical modeling" of Institute of Cytology and Preventive Oncology, Indian Council of Medical Research (ICMR).

Age-specific cancer incidence rates of childhood period up to the age of 15 years are collected for the years 1982 to 2000 from NCRP reports(5) of ICMR. Cumulative risks are computed by using the formula: Cumulative risk = $100 \times [1\text{-exp}(-\text{cumulative rate}/100)]$ where cumulative rate = $[5 \times \Sigma(\text{ASpR}) \times 100]/100,000$ and AspR is age specific incidence rate. The results obtained are as follows.

The cumulative risk ranges and significant linear trends in risks of childhood cancers during 1982-2000 for various cancer sites are depicted in *Table I*.