

make this conclusion. Similarly comparison of catch up of AGA and SGA infant was not possible.

The mean difference and their confidence interval suggest that developmental indices of VLBW infants were significantly lower than those of NBW infants.

Early age of assessment is the limitation of present study, and a much longer follow up might have been more informative. We would like to clarify that DQ of all VLBW infants was not above 90, it was the mean DQ of

this group. A mean DQ below 85 was observed in 22% of infants. This finding along with difference of 6 point in mean DQ between two groups cannot be underestimated and warrants a long-term follow up of these infant for their later outcomes. Also amongst babies who have a DQ above 90, it needs to be investigated, how these infants behave cognitively who have DQ of 90 as compared to those with 98.

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## Vitamin D: The Emerging Superstar

There are certain issues that need to be emphasized in the recent review article on Vitamin D deficiency [1].

The authors' recommendation of 400 IU daily to toddlers and adolescents is erroneous. The current recommendation for this group is at least 600 IU per day [2]. Commercial preparations of 1000 IU per drop have the potential for Vitamin D toxicity.

The authors also state that "Supplementation in newborn period: For infants who are exclusively breastfed a minimum daily intake of 400 IU/day should be initiated within a few days after birth. Since most of the infant formulas contain 400 IU/L, infants who are on formula feeds also need supplementation unless they consume more than 1000 mL of formula per day."

Careful scrutiny of the commercial infant formulae available in the Indian market tells us a different story. Virtually no preparation has the concentration mentioned by the authors.

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### REFERENCES

1. Balasubramanian S, Dhanalakshmi K, Amperayani S. Vitamin D deficiency in childhood – A review of current guidelines on diagnosis and management. *Indian Pediatr.* 2013;50:669-75.
2. Shah B, Finberg L. Single-day therapy for nutritional vitamin D-deficiency rickets: a preferred method. *J Pediatr.* 1994;125:487-90.

### REPLY

We agree that the recommended intake above 1 year is 600 IU as per Endocrine society guidelines. This has been taken into consideration in the article wherein the maintenance dose has been recommended as 600 to 1000 IU for 1 to 18 years old. Concentrated drops are best avoided as daily supplements because of risk of toxicity due to erroneous administration. Indian infant milk formulas provide vitamin D ranging from 288 to 378 IU/L, lower than the products available abroad.

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## Influenza -B Associated Rhabdomyolysis With Acute Renal Failure

I read with interest the recent article "Influenza -B Associated Rhabdomyolysis with Acute Renal Failure" [1]. The boy developed dark urine with oliguria on day 5<sup>th</sup> of admission in consequent to right upper pneumonitis

caused by Influenza-B virus. The dark urine with renal failure could be due to hemoglobinuria or myoglobinuria. The authors have assumed it to be due to rhabdomyolysis leading to myoglobinuria based on striking elevation of serum creatine kinase (CK), LDH, AST/ALT only. Screening of urine should be done by Dipstick or Orthotoluidine blue test which will be indicative of hemoglobinuria, myoglobinuria, or hematuria. Absence of RBC on urine microscopic examination will rule out hematuria. Further urine