

## Reply

We would like to emphasize that regardless of treatment modality chosen, it is important to stop the tachycardia in a neonate since they are unable to maintain their hemodynamic status for extended periods. Application of wet wash cloth to elicit "Diving reflex" is an accepted modality of short term treatment with a success rate of 62%. The single most important factor related to success of vagal maneuver is the age of child. They are not likely to be effective in children under the age of 4 years. Moreover cardiac asystole may follow termination of supraventricular tachycardia with use of vagal maneuvers.

Oral propranolol in combination with digoxin was the second most common regimen employed in one of the largest series reported by Ludomirsky and Garson(2). All patients receiving propranolol should be watched for signs of decreased myocardial contractility, systemic hypotension, symptoms of congestive heart failure or decreased echocardiographic left ventricular shortening fraction. Besides nadolol, another cardioselective beta adrenoceptor blocking drug, atenolol, is particularly useful in treatment of SVT involving AV-node,

which is susceptible to beta blockade or in SVT aggravated by increased sympathetic tone. It has the added advantage of single daily dose and fewer cardio-respiratory side effects(3).

Lastly authors have not made any mention about the presence of Wolff-Parkinson-White syndrome on ECG in their case since the management of SVT with WPW syndrome is different from that of SVT without WPW syndrome.

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## REFERENCES

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