

months (using DASII) was 84. There was no recurrence of seizures, or developmental delay on follow-up over next 13 months. The final diagnosis made was Benign infantile seizures with mild gastroenteritis.

This syndrome – recognized only in the last decade – is still not accepted by the International League Against Epilepsy [6]. Rotavirus has been reported as the most common etiological agent in this condition in different studies [4,5]. However, other organisms have also been reported [3], and it has not been possible to attribute the convulsions to any organism, as yet [2]. The clinical symptoms are reported to precede the convulsions by an average of 2 days [4], similar to that in our case.

The importance of recognition of this condition is that it helps in avoiding unnecessary long term anti-epileptic therapy, and favorably counsel the parents about the low risk of recurrence of seizures.

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REFERENCES

1. Uemura N, Okumara A, Negoro T, Watanabe K. Clinical features of benign convulsions with mild gastroenteritis. *Brain Dev.* 2002;24:745-9.
2. Narchi H. Benign afebrile cluster convulsions with gastroenteritis: an observational study. *BMC Pediatr.* 2004;4:2.
3. Abe T, Kobayashi M, Arki K, Kodama H, Fujita Y, Shinozaki T, *et al.* Infantile convulsions with mild gastroenteritis. *Brain Dev.* 2000;22:1367-70.
4. Youssef WF, Ramírez RP, Plana JC, Marfa MP. Benign afebrile convulsions in the course of mild acute gastroenteritis: a study of 28 patients and a literature review. *Pediatr Emerg Care.* 2011;27:1062-4.
5. Caraballo RH, Gañez L, Santos Cde L, Espeche A, Cersósimo R, Fejerman N. Benign infantile seizures with mild gastroenteritis: study of 22 patients. *Seizure.* 2009;18:686-9.
6. Engel J, Jr. Report of the ILAE Classification Core Group. *Epilepsia.* 2006;47:1558-68.

Management of Patent Ductus Arteriosus

I read the recent review article [1] on management of patent ductus arteriosus (PDA) in very low birth weight (VLBW) infants with interest. I wish to seek clarifications regarding authors' conclusion about birth weight <800 g (without any reference to gestational age) being a deciding factor for treatment when babies with PDA are symptomatic or require positive pressure ventilator support. The reference quoted [2] reports significant effect on mortality and morbidity in the presence of persistent PDA only with gestational age <25 weeks. Moreover, there is evidence that the rate of spontaneous closure in babies weighing >1000g at birth is significantly high [3], and hence interventions for ductal closure may be relevant only in those having birth weight ≤1000g. Furthermore, neither individual randomized controlled trials nor meta-analyses of those trials have been able to demonstrate any long term benefits of interventions for ductal closure in babies with PDA, irrespective of the gestational age and birth weight [4,5]. In this context, should management of these infants be guided only by clinical judgement on an individual basis, irrespective of gestational age or birth weight?

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REFERENCES

1. Ibrahim TK, Haium AAA, Chandran S, Rajadurai VS. Current controversies in the management of patent ductus arteriosus in preterm infants. *Indian Pediatr.* 2014;51:289-94.
2. Tazuin L, Joubert C, Noel AC, Bouissou A, Moulies ME. Effect of persistent patent ductus arteriosus on mortality and morbidity in very low-birth weight infants. *Acta Pediatr.* 2012;101:419-23.
3. Nemerofsky SL, Parravicini E, Bateman D, Kleinman C, Polin RA, Lorenz JM. The ductus arteriosus rarely requires treatment in infants >1000 grams. *Am J Perinatol.* 2008;25:661-6.
4. Benitz WE. Patent ductus arteriosus: to treat or not to treat? *Arch Dis Child Fetal Neonatal Ed.* 2012;97:F80-2.
5. Smith CL, Kissack CM. Patent ductus arteriosus: time to grasp the nettle? *Arch Dis Child Fetal Neonatal Ed.* 2013;98:F269-71

AUTHOR'S REPLY

We thank the reader for his comments and providing us the opportunity to further discuss the controversies in the management of PDA in VLBW infants. We agree with the reader that spontaneous closure of PDA is significantly high in VLBW infants with birth weight >1000g [1-2],