

Calcified Neurocysticercosis- Are We Missing Something?

We read the recent article by Shanmugavel, et al. [1] with interest. Out of 30 patients with active neurocysticercosis (NCC), 8 patients had vesicular lesions and 16 had colloidal lesions. However, the stage of the lesion was not mentioned for the remaining 6 (20%) patients, which we presume to be nodular, considering that calcified or partly calcified lesions were excluded from the study. Authors mention that 10 of them had more than one lesion but number of lesions among each subject was not described.

It is known that the rate of calcification is higher among children with multiple lesions compared to that of single lesion [2]. Moreover, authors have represented the proportion of those with calcification as number of individuals who developed calcified NCC instead of number of lesions that calcified. In a previous study, the proportion of calcification was demonstrated as 37.8% among 147 patients (188 cysts developed calcification out of 497 cysts) [3]. Timing of the repeat imaging will also determine the rates of calcification. Studies have demonstrated 32.5-37.8% rate of calcification when the neuroimaging was performed at one-year follow-up instead of 6-month follow-up [3,4].

It is possible that higher rates of calcification observed by the authors could have been because the number of patients instead of number of lesions was considered as the denominator for calculating the rate of calcification. In addition, it was interesting to see the severity of perilesional edema being described in the methodology but the same was not considered for estimating the predictors of calcification. Calcified lesions are associated with perilesional edema and recurrence of seizures [5]. It would have been interesting to know whether the extent of perilesional edema is a predictor for calcification. Similarly, authors could also consider mentioning how many of the calcified lesions had perilesional edema at follow-up image, and whether the patients had any recurrence of seizures.

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REFERENCES

1. Shanmugavel P, Sehgal R, Misra RN. Radiological outcome

of neurocysticercosis in children six months after diagnosis - a single center study. *Indian Pediatr.* 2023;60: 277-9.

2. Singhi P, Suthar R, Deo B, et al. Long-term clinical and radiologic outcome in 500 children with parenchymal neurocysticercosis. *Pediatr Infect Dis J.* 2017;36:549-55.
3. Bustos JA, Arroyo G, Gilman RH, et al. Cysticercosis working group in Peru. Frequency and determinant factors for calcification in neurocysticercosis. *Clin Infect Dis.* 2021;73: e2592-e2600.
4. Suthar R, Sahu JK, Ahuja CK, et al. A prospective cohort study to assess the frequency and risk factors for calcification in single lesion parenchymal neurocysticercosis. *Seizure.* 2020;83:132-8.
5. Nash TE, Bartelt LA, Korpe PS, et al. Calcified neurocysticercus, perilesional edema, and histologic inflammation. *Am J Trop Med Hyg.* 2014;90:318-21.

REPLY

We thank the readers for their interest in the study [1]. Our clarifications follow:

As deduced by the readers, the rest of the cases were nodular lesions. As we knew neurocysticercosis most commonly presents as single lesion, we took single lesion as one group and more than one lesion as another group.

Follow-up imaging has been done in previous studies from 3 month to one year [2-4]. So, we did follow-up imaging at 6 months. It is possible that by doing neuroimaging later, calcification rate might change.

We used perilesional edema based on severity as a possible predictor, with mild, moderate and severe being the three groups. However, in our study group of 30 children, no case of severe perilesional edema was found. Sixteen out of 30 lesions were calcified in our research, and only one case of recurrent seizure occurred on follow-up. This child with recurrent seizures had calcified lesion.

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REFERENCES

1. Shanmugavel P, Sehgal R, Misra RN. Radiological outcome of neurocysticercosis in children six months after diagnosis - a single center study. *Indian Pediatr.* 2023;60: 277-9.
2. Suthar R, Sahu JK, Ahuja CK, et al. A prospective cohort study to assess the frequency and risk factors for calcification in single lesion parenchymal neurocysticercosis. *Seizure.* 2020;83:132-8.

3. Mahajan L, Malhotra HS, Garg RK, et al. Predictors of lesion calcification in patients with solitary cysticercus granuloma and new-onset seizures. *Am J Trop Med Hyg.* 2016;95:623.
4. Singhi P, Suthar R, Deo B, et al. Long-term clinical and radiologic outcome in 500 children with parenchymal neurocysticercosis. *Pediatric Infect Dis J.* 2017;36:549-55.

LATCH Score: Bridging the Gap in the Observational Study

We read with interest the study on LATCH score in the recent issue of the journal [1]. We wish to raise a few issues related to this study.

The paper fails to define clearly the target population under study. They could have included the geographical and socioeconomic description of population under study.

Follow-up may have been ensured in the study as many neonate-mother dyads encounter various problems regarding breastfeeding later on in the infancy. A six months follow-up regarding adherence to exclusive breastfeeding may have led to a better assessment of the impact of breastfeeding training imparted to the mothers.

Many neonatal conditions which could have interfered with breastfeeding and hence, outcome of the study, like cleft lip/palate, facial nerve palsy, low birth weight, traumatic delivery, nose block, choanal atresia and other congenital malformations could have been excluded from the study population.

Separate research staff could have been used as trainers of breastfeeding and observers of final outcome. Blinding of final outcome observer could have been done for eliminating the observer bias.

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REFERENCE

1. Rapheal SM, Rajaiah B, Karupanan R, et al. LATCH score

for identification and correction of breastfeeding problems - a prospective observational study. *Indian Pediatr.* 2023; 60: 37-40.

AUTHORS' REPLY

We thank the authors for their interest in our work [1]. All the neonates who did not require neonatal intensive care unit (NICU) admission were included in the study. We agree that geographical and socioeconomic factors are more likely to influence breast feeding after discharge in the home setting, but our study was focussed on early breast feeding problems in the immediate postnatal period. Thus, follow-up of mother-infant dyads was not in the scope of the study; though, it would have definitely added more information on the long-term effects of training in the immediate postnatal period. All neonates weighing less than 2.2 kg were excluded from the study, which is the admission criteria for our nursery, and none of the included neonates had congenital abnormalities, which interfere with breast feeding. Having two different groups of nurses with one set of nurses providing training to mothers and the other set of nurses making LATCH assessment would have eliminated the observer bias. However, due to the availability of a small pool of nurses, it was not possible to utilize this strategy.

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REFERENCE

1. Rapheal SM, Rajaiah B, Karupanan R, et al. LATCH score for identification and correction of breastfeeding problems - a prospective observational study. *Indian Pediatr.* 2023;60: 37-40.