used with macrolides, intravenous route should be preferred.

THIRUNAVUKKARASU ARUN BABU
Assistant Professor of Pediatrics,
Indira Gandhi Medical College and
Research Institute (IGMC&RI),
Pondicherry 605 010, India.

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Camphor Poisoning: Personal Experience

I wish to share my experience regarding camphor poisoning during last 32 years. I happen to see at least 5 to 6 camphor poisoning cases per year. Though I have not kept a record of these cases, my observations are as follows:

1. Camphor poisoning is exclusively seen in Hindus for whom camphor is an important component of puja material.
2. Todlers 1 to 3 years are commonly involved since they have easy access to camphor when they are playing arround grandparents busy in performing puja with camphor arround.
3. Most common presentation is afebrile seizures.
4. Camphor is so rapid acting that child gets seizures within seconds of camphor ingestion.
5. Very small doses can cause seizures. I remember a 1-year-old child brought with seizures who had consumed prasad of coconut piece just coated with camphor because both camphor and coconut were lying in close vicinity in same puja thali.
6. Camphor poisoning is so common in our region that I have made a dictum that any small child if brought with afebrile seizures for the first time in life, always ask history of camphor ingestion. In 50 to 60% cases I could get positive history. Generally parents do not provide history of camphor ingestion unless asked for and I have seen patients getting investigated in detail for that afebrile seizure episode in form of CSF/CT/EEG etc, which is unnecessary if you can extract the correct history.
7. Generally a single dose of IV midazolam was found to be enough and patient became totally normal within one or two hours, with no residual deficit.

All the above observations are based not on literature but purely on personal experience and evidence in pediatric practice over last 32 years.

SS KALE
Consulting Pediatrician,
47, Adarsha Colony,
Gorakshan Road, Akola 444004, Maharashtra, India.
kshipraskale@yahoo.co.in

Hair Dye Poisoning [Paraphenylenediamine, Super Vasamol 33]

A 14-year-old girl was brought with consumption of around 50 mL of Super vasamol 33 hair dye one hour prior to presentation. She hailed from a village, had lost her father and consumed the dye with suicidal intention. Immediately, gastric lavage was given and she was shifted to PICU. On examination, her vitals were stable and there was no respiratory distress or upper airway obstruction. She developed cervico-facial edema within 4 hours of dye ingestion. Other systems examination was unremarkable. Her blood counts, blood Urea, creatinine, calcium, phosphrous, sodium, potassium, chloride were normal. Urine for albumin, sugar and blood was not detected. Urinary pH was 7.0 and microscopy was normal. Her blood sugar, arterial blood gases, PT and