

APTT were normal. Her LDH was raised 513U/L [CK-NAC 97 U/L and CK-MB 21U/L. Patient received supportive care, and injection . hydrocortisone and chlorphenaramine maleate. Her vitals, urine colour and output was normal throughout the hospital stay. After 2 days, cervicofacial edema disappeared and repeat investigations were normal. She recovered and was discharged after psychiatric counselling on 5th day.

Super Vasmol [paraphenylenediamine], a cheap, freely-available, hair dye in rural areas is emerging as a major cause of suicidal poisoning in India [1]. However, it is rare in children. It causes serious multisystem toxicity with significant morbidity and mortality in children and clinical manifestations and outcome are similar to those in adults [2]. The predominant clinical manifestations is early onset (usually within six hours) severe cervicofacial edema and asphyxia often requiring an emergency tracheostomy. Later (within days or weeks); dark urine, oliguria, renal failure and rhabdomyolysis occurs [1]. Out of 150 adults, angioneurotic edema was encountered in all patients and 60% had ARF [3]. In a study from Egypt, cervicofacial and laryngeal edema was the dominating feature in 72% of adults [4]. Out of 1020 adults, typical cervicofacial edema was present in 73% and brown color urine in 52.82%, and mortality was 23.92% [5]. Out of 17 Sudanese children, 76.4% had attempted suicide and clinical manifestations are dominated by cervical and upper respiratory tract edema, rhabdomyolysis and acute renal failure. Out of them, 47% required tracheostomy for severe angioneurotic edema and 71% developed ARF [2]. Death is usually caused by angioneurotic edema or cardiac involvement and is dose-

dependent [1,4]. Poor prognostic factors are late presentation, no gastric lavage, requiring intubation, and ventilation or dialysis [1]. The classical presentation that has been described of cervicofacial edema was evident in our child. Our child was brought to emergency in time within one hour and underwent gastric lavage, the most important intervention. Cases usually survive if they present to hospital within 4 hour of dye ingestion [5]. There is no specific diagnostic test or antidote for paraphenylene diamine poisoning.

K JAGADISH KUMAR AND SANDEEP PATIL

*Department of Pediatrics,
JSS Medical College and Hospital,
Mysore, Karnataka, India.
jagdishmandya@gmail.com*

REFERENCES

1. Chrispal A, Begum A, Ramya I, Zachariah A. Hair dye poisoning an emerging problem in the tropics: an experience from a tertiary care hospital in South India. *Trop Doc.* 2010;40: 100-3.
2. Abdelraheem MB, El-Tigani MA, Hassan EG, Ali MA, Mohamed IA, Nazik AE. Acute renal failure owing to paraphenylene diamine hair dye poisoning in Sudanese children. *Ann Trop Paediatr.* 2009;29:191-6.
3. Suliman SM, Fadlalla M, Nasr ME, *et al.* Poisoning with hair-dye containing paraphenylene diamine: ten years experience. *Saudi J Kidney Dis Transpl.* 1995;6:286-9.
4. Shalaby SA, Elmasry MK, Abd-Elrahman AE, Abd-Elkarim MA, Abd-Elhaleem ZA. Clinical profile of acute paraphenylenediamine intoxication in Egypt. *Toxicol Ind Health.* 2010;26:81-7.
5. Jain PK, Agarwal N, Kumar P, Sengar NS, Agarwal N, Akhtar A. Hair dye poisoning in Bundelkhand region. *J Assoc Physicians India.* 2011;59:415-9.

ADEM Following Malaria

I read with interest an article on acute demyelinating encephalomyelitis in a child following malaria [1]. Authors have mentioned that they could not find any report of ADEM following malaria in children. I want to highlight that we have reported a case of ADEM following *Plasmodium vivax malaria* in a child [2]. It was an extremely rare case as there were case reports of ADEM after *P. falciparum* malaria but only one case of ADEM after *P. vivax* malaria was reported prior to our case report [3].

Moreover the present case report does not prove that ADEM was solely due to *P. falciparum* malaria without any test for CSF viral antigens or viral serology. Most

likely it was due to some viral CNS infections which resolved spontaneously.

JAGDISH PRASAD GOYAL

*Department of Pediatrics,
PDU Govt Medical College, Rajkot, Gujarat, India.
jjpgoyal@rediffmail.com*

REFERENCES

1. Agrawal A, Goyal S. Acute demyelinating encephalomyelitis in a child following malaria. *Indian Pediatr.* 2012;49:922-3.
2. Goyal JP, Shah VB, Parmar S. Acute disseminated encephalomyelitis after treatment of *Plasmodium vivax* malaria. *J Vector Borne Dis.* 2012;49:119-21.
3. Koibuchi T, Nakamura T, Miura T, Endo T, Nakamura H, Takahashi T, *et al.* Acute disseminated encephalomyelitis following *Plasmodium vivax* malaria. *J Infect Chemother.* 2003;9:254-6.