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P-Floxacin Induced Arthropathy

Resistant Gram-negative infections especially multidrug resistant typhoid fever in children necessitates therapy with fluoroquinolones, i.e., ciprofloxacin, P-floxacin or O-floxacin. Systemic use of fluoroquinolones results in a number of side effects even when administered in recommended therapeutic doses. The common side effects are fever, drug rash, gastrointestinal complications, benign raised intracranial tension, seizures, arthralgia and rarely bone marrow suppression. Toxic crisis following treatment of typhoid fever with P-floxacin as well as hydroarthrosis, thrombocytopenia, skin and musculoskeletal complications, and rupture of Achilles tendon have been reported(1,2). Destruction of the growing epiphysis in animal models cautioned pediatricians all over the world against the routine use of fluoroquinolones, though recent studies in human beings do not conclusively prove this hypothesis(3,4).

Here we report P-floxacin induced arthropathy in an adolescent girl treated for enteric fever.

A 12-year-old female treated with P-floxacin for typhoid fever (Widal positive) by a private practitioner presented to us with joint pains and difficulty in getting up from bed of one week duration and persistence of fever even after 20 days of administration of P-floxacin (400 mg orally twice daily). For joint pains she had received ibuprofen-paracetamol combination and mefenamic acid without any relief.

General examination revealed only a palpable spleen. Investigations revealed sterile blood, urine and stool cultures, negative Widal test and normal hemogram. ASLO titre, rheumatoid factor, LE cell phenomenon, antinuclear antibody test and Mantoux test were negative. X-ray of knee joints and surrounding long bones were normal.

All the drugs were discontinued and the child was kept under observation. The fever subsided within 48 hours. The difficulty in getting up from bed disappeared. The joint pains gradually disappeared over a week's time in all the joints except the left knee joint which took almost 3 months to be completely pain free. Now the child is leading a completely normal life. Movements around all joints are normal with no skeletal deformity. Thus the routine use of P-floxacin in childhood enteric fever should be advocated with a word of caution.

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NOTES AND NEWS

CONTINUING MEDICAL EDUCATION PROGRAMME—EMERGENCY PEDIATRICS

A Continuing Medical Education Programme is to be held on *26th and 27th June, 1993* at J.J.M. Medical College, Davangere-577 004. The subjects to be discussed will include Pulmonology, Neurology, Nephrology and Neonatology.

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