

similar [1,2]. Barring the fact that meningitis is more commonly associated with late rather than early onset sepsis, the more fulminant form of disease is in fact early onset sepsis, mortality is higher in early onset sepsis. Therefore, early onset sepsis is certainly not “more benign”. In any case, these contentions are of little relevance to the core clinical issue which is that the current standard of care of probable sepsis does not distinguish between early and late onset sepsis as far as the duration of antibiotics is concerned. Our intervention (of shortening the duration) therefore was pragmatic and common to both early and late onset sepsis.

It is often easy to be wise in hindsight and say that a particular patient with probable sepsis was actually “probably not septic” and needed no antibiotics.

However, when viewed prospectively in a real-life situation, most clinicians would treat a probable sepsis (defined by us as persistence of clinical signs for at least 6 hours plus positive CRP) empirically and then try to minimize the exposure to unnecessary antibiotics, based on clinical course and culture results. This is exactly what we attempted to do in this pilot trial.

**Shiv Sajan Saini and Sourabh Dutta**

*sourabhdutta@yahoo.co.in*

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## Etiology and Clinical Spectrum of Constipation in Indian Children

I seek comments from the authors on their recent article [1] related to constipation in children.

Recommendations of the North American Society for Pediatric Gastroenterology and Nutrition for constipation [2] were updated in 2006 [3]. These guidelines and others [4], recommend testing for hypothyroidism, hypercalcemia, celiac disease and chronic lead exposure in children with constipation who respond poorly to standard treatment. Authors have not reported any case of hypothyroidism in their series of children. Is there need for testing for hypothyroidism in children with constipation who respond poorly to standard treatment in Indian set-up?

**Kana Ram Jat**

*Assistant Professor, Department of Pediatrics,  
Government Medical College and Hospital,  
Sector-32, Chandigarh 160 030, India.  
drkanaram@gmail.com*

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#### REPLY

In pediatric practice it is important to look for hypothyroidism whenever there is some suspicion, especially in infants. As a matter of policy we look for organic causes in all infants presenting with constipation during infancy and we do thyroid profile (T3, T4, and TSH) in them. In our study population there were 11 cases of infants (up to 12 months of age) but none of them were found to have hypothyroidism [1]. Due to the newborn screening program in the West, North American Society for Pediatric Gastroenterology, Hepatology and