

have convulsions even with serum lignocaine concentrations within the therapeutic range of 1-5 microgram/mL [2]. However, we could not estimate the serum concentration of lignocaine in our child. The maximum safe dose of lignocaine is 3 mg/kg [1]. On questioning, we got information that about 1mL of 2% lignocaine (20mg) had been used as local anesthetic for circumcision. Our baby weight was 5.2 kg and the maximum safe dose was 15.6 mg, but he had received 20 mg. Using Naranjo scale to ascribe the side-effect of lignocaine, it was Probable adverse drug reaction.

The treatment of local anesthetic toxicity is essentially supportive. The symptoms of toxicity persist as long as the plasma concentration remains above the therapeutic index [1]. Despite apparent safety of lignocaine, extra care should be taken in young children as it is easy to overestimate the dose-to-weight ratio [1].

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Wire-aided Reintubation following Rigid Bronchoscopy: A Safe Technique?

We read with interest the case report on wire-aided reintubation following rigid bronchoscopy: a safe technique [1]. Although it is an innovative technique but not necessarily safe one, especially in neonates. Isolated experience doesn't make it safe in all the hands. Secondly, it was totally wrong and unnecessary on behalf of authors to mention that multiple traumatic attempts were done by a senior pediatrician to intubate the baby. Thirdly, authors also mention failure of steroid administration at the

referring hospital but actually there was no need for giving iv steroids as child was still intubated. Only when extubation is planned, should steroids be used [2].

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Takayasu Arteritis with Hashimoto's Thyroiditis

A 12-year-old Chinese girl was admitted to our hospital with a history of fatigue and hypertension lasting for about 9 months. She also had blood pressure (right arm) of 160/90 mmHg. Free thyroxine (FT4), free triiodothyronine (FT3), and thyroid stimulating hormone (TSH) were 40.5 pmol/L (ref range 12-22 pmol/L), 12.4 pmol/L (ref range 3.1-6.8 pmol/L), and 0.20 uIU/mL (ref range 0.27-4.2 uIU/mL), respectively. The titer of thyroid

peroxidase antibodies (TPOAb) and thyroglobulin antibodies (TgAb) were 68 IU/mL (negative ≤ 34 IU/mL) and 142 IU/mL (negative ≤ 115 IU/mL), respectively. Thyroid ultrasonography revealed increased thyroid volume, with diffuse hypoechogenicity. ECG revealed sinus tachycardia. A diagnosis of Hashimoto's thyroiditis was made. With treatment of thiamazole, L-thyroxine and propranolol hydrochloride, her FT4, FT3, TSH were detected at 17.5 pmol/L, 4.2 pmol/L, and 3.5 uIU/mL, respectively. Subsequently, she was given levothyroxine replacement treatment to maintain thyrotropin within range; however, her blood pressure was still high.