

doses may be considered in a child with septic shock who has features suggestive of adrenal insufficiency (hypoglycemia, hyponatremia, hyperkalemia in combination). The guidelines do not recommend steroids for all children with septic shock.

Overall, there is little good quality published evidence for many aspects of management of severely malnourished child and there is need for more research in these areas.

**Rakesh Lodha,  
Shinjini Bhatnagar,**  
*Department of Pediatrics,  
All India Institute of Medical Sciences,  
New Delhi 110 029, India.*

## REFERENCES

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## Probiotics and Diarrhea

This refers to IAP Guidelines 2004 and 2006 on Management of Acute Diarrhea (1,2).

The stand of Task Force on Probiotics needs some clarification. The group stated that there is presently insufficient evidence to recommend probiotics in the treatment of acute diarrhea in our setting. As reasons for this stand four points from the 1st Consensus Statement are cited. Under new point 5 it is stated: There is an urgent need to study the following issues before probiotics may be considered for treatment of diarrhea.

My dilemma is: Should I prescribe probiotics or wait for some more years when IAP Task Force provides us guidelines after conducting a nation-wide study on probiotics, because, results obtained in one region may not be applicable to the children in the other regions.

**Yash Paul,**  
*AD-7, Devi Marg,  
Bani Park, Jaipur-302 016, India  
E-mail: dryashpaul2003@yahoo.com*

## REFERENCES

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## Reply

Regarding the use of probiotics, the available evidence did not support the routine use of probiotics in acute diarrhea; hence, the recommendation for need for more data was made. The authors will like to clarify that conducting a study for evaluating the role of probiotics is not the mandate for the Task force. The authors do not agree with the statement made by Dr Paul as it is for group of researchers to take up research questions and design and conduct studies for the same.

The issues of probiotic safety and efficacy are important. There is no reason to believe that the probiotics will cause significant adverse effects in Indian children. However, the efficacy needs to be