

2. Ryan RW. Consideration in the laboratory diagnosis of antibiotic associated diarrhea. *Diagn Microbiol Infect Dis* 1986, 4: 795-866.
3. Fitzgerald JF. Antibiotic related diarrhea. *In: Text Book of Gastroenterology and Nutrition in Infancy*, 2nd edn. Ed Lebenthal E. New York, Raven Press, 1989, pp 1153-1157.
4. Venkateswarlu K, Ayyagari A, Sharma P, Malik AK, Mehta S. Antibiotic associated colitis in children. *Indian Pediatric* 1985, 22: 911-914.

Reply

This child presented to us for the first time in a state of shock with diarrhea. Since she was on treatment at a welfare centre earlier, it was only after the cast was shed, that the history of amoxicillin ingestion was forthcoming, on direct questioning, of the parents. With features of septic shock and absence of history of antibiotic usage, a diagnosis of PMC was not entertained initially.

All cases of acute diarrhea hospitalized with us undergo routine stool microscopy and culture which in this case were done but were non contributory. Likewise, for abdominal distension, a flat plate X-ray abdomen was done which did not reveal toxic megacolon. However, a proctosigmoidoscopy which would have been very valuable, could not be done for want of a Pediatric Sigmoidoscope.

Most cases of diarrhea seen in our OPD, despite educating Doctors in various welfare centres, have already been treated with antibiotics. Since the clinical spectrum of pseudomembranous colitis is wide, it may not be justifiable in carrying out Proctosigmoidoscopy in all cases coming to us with diarrhea especially when history of antibiotic usage is not easily forthcoming. The point made by Kumar *et al.* however, has been well taken for future reference.

The culture medium being used in our laboratory for *Clostridium difficile* is a selective Agar medium containing egg yolk, cycloserine, cefoxitin and fructose.

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