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Progeria

With reference to the recent publication on Progeria(1), the authors state that their's is the third reported case from India. The reference cited by them(2), however, relates to only one earlier case. Secondly, and indeed surprisingly, at least two of the cases of progeria recorded in our noted pediatric Indian journals(3,4) have not been taken into account by the authors.

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Essential Drugs

Fungal infections are a common cause of nosocomial infections. With the improved life support measures, antibiotics, steroids and antimetabolites, the incidence of mycotic infections appears to be increasing. Antifungal sensitivity testing is not yet standardised and has a poor correlation with clinical efficacy. The choice of antifungal agents is therefore, made on the basis of clinical experience(1). Hence despite the recent availability of newer agents, Amphotercin B continues to be the sheet anchor of systemic antifungal therapy.

In our country, Amphotercin B is available only under the brand name of Fungisone(2). Of late, this has not been openly available in the market, causing serious therapeutic and management problems. Enquiries with the manufacturing concern (Sarabhai Chemicals) reveal that the shortfall has arisen as a result of certain problems with the import of the

drug. The Academy should make use of its august offices and take up the matter with the authorities, so that an adequate supply of this essential drug is ensured at the earliest. The Government should also set up "essential drug stores" to ensure an adequate supply of this and other life-saving drugs at a reasonable cost. These suggestions need to be effectively implemented if "Health for All by 2000 AD" is not to be considered a mere slogan.

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Acute Hydrops of Gall Bladder

We read with interest the recent article on 'Acute Hydrops of the Gall Bladder'. We recently came across a case with similar presentation.

A 2½ year-old male child came with the complaints of low grade fever off an on, occasional vomiting and pain in the right upper quadrant of the abdomen for 8 days. Clinically he was febrile without jaundice and lymphadenopathy. The liver span was 4.5 cm with upper border in fifth inter costal space in the right midclavicular line. The spleen was not palpable. There was a globular swelling 5 × 3 cm, which appeared to be arising from under surface of the liver, firm, nontender, mobile side to side and was moving with respiration.

Investigations revealed: hemoglobin 9 g/dl, total leucocyte count 8600/cu mm with 40% polymorphonuclear leucocytes. Serum bilirubin was 0.4 mg/dl. SGPT and prothrombin time were within normal limits. Abdominal ultrasonography was done in the fasting state, which revealed dilated gall bladder with a volume of 26.5 ml(2). The wall was not thickened. There was no biliary sludge. The liver and rest of the biliary tree was normal. The gall bladder remained distended after fatty meal. The child was managed conservatively and showed good clinical improvement. Repeat ultrasound revealed normal sized gall bladder with a volume of 4.2 ml and had good contraction after a fatty meal.

Our case had classical clinical and sonography features of acute hydrops. He responded well to conservative management.

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