Day +7 at 5 mcg/kg/d. CsA was changed to the oral route on Day + 13. An absolute neutrophil count >500/mm^3 was attained on day +9 and an unsupported platelet count >20000/mm^3 was achieved on day +30. Chimerism analysis on day +24 by XY analysis revealed 100% donor cells. Patient was discharged on day +31. Patient is well at last follow up on day +140.

Taking a patient with aplastic anemia with sepsis for bone marrow transplant has a mortality close to 100%. Our patient was successfully transplanted using a conditioning regimen, which was not very highly immunosuppressive but enough to achieve engraftment. PBSC was preferred to bone marrow for faster engraftment. Busulfan along with Cyclophosphamide has been used for conditioning in SAA(5). Busulfan is cheaper than TBI and ATG. Hence, we recommend this conditioning as one option in patients with aplastic anemia especially with infection.

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Dyslexia: Association with Attention Deficit Hyperactivity Disorder

The February 2005 issue of the Indian pediatrics reported the first study on the genetic polymorphisms of Attention Deficit Hyperactivity Disorder (ADHD) in the Indian subcontinent(1). ADHD is a childhood disorder which has been inadequately studied in the region. There is a dearth of baseline literature and as a result many children remain undiagnosed and fall to the injustices of the illiterate majority. Bhaduri, *et al.* have made a great contribution by opening new avenues in the study of ADHD in the Asian region. This area definitely needs more exploration.

We would like to make some suggestions. It was interesting to observe the differences in

Taq transmission specific to our population. We must however, remain cognizant of the strong component of consanguinity while interpreting these results. Intra family marriages are extremely common in certain tribes and ethnic communities in this part of the world. Therefore, it is quite plausible that genes for certain traits including cognitive characteristics get concentrated in families. A multivariate analysis where the family history of ADHD is considered would thus be a vital inclusion in such a study design.

It has been seen in preliminary studies done at our institution and also abroad that a huge proportion of ADHD cases exist concurrently with reading disorders such as dyslexia. The degree of overlap between ADHD and dyslexia has been reported to be 35%(2). The combined subtype of ADHD is one of the most common ones as shown by Indian and Pakistani data(3-4). The co-morbidity of ADHD and dyslexia is so common that diagnosis of either disorder should involve assessment for the other. All children with ADHD in this study should ideally have undergone a psychometric assessment to evaluate for the presence of a learning disability. Though Intelligence Quotient (IQ) evaluation was included in the initial evaluation of these subjects, evidence to show that IQ scores playa major role in identifying children with learning disability is limited. The children with co-morbidity could therefore have been a part of the exclusion criteria or could be separately analyzed for atypical or new polymorphisms. The tools used for screening of these disorders need to be suited and validated according to the local languages. A multilingual India creates even more problems in finding a universal tool for screening such children(5). Incorporation of the above suggestions in a study design will help in a better understanding of ADHD.

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Reply

Though it is true that "intra family marriages are common in certain communities and tribes in this part of the world", this is not so common in most of the Indian population. Nevertheless, we checked for the consanguinity status for all the families included in our study, including 3 Muslim probands out of 41 ADHD cases, and found the consanguinity status to be negative in all cases. Further, we have not noticed any single case of familial ADHD, where we can look for concentrated cognitive characteristics.

Co-morbidity of ADHD and dyslexia is indeed a common observation and we excluded