Chikungunya in Neonates

Passi *et al.*(1) have reported the clinical features of Chikungunya infection in 2 neonates.

After a devastating Chikungunya virus (Chik V) infection in Kerala in 2007 (7000 reported cases in Pathanamthitta, Kottayam and Alappuzha districts of South Kerala), I would like to share our experience with this unexpected infection in neonates. We noticed an increased incidence of meconium stained amniotic fluid and meconium aspiration syndrome associated with this fever in mothers in different parts of Kerala. The risk of transmission of infection is maximum during parturition, especially in a mother who had the disease, days before the delivery. There may even be "silent infection" in the mother without any fever, but with arthralgia and mild erythematous rashes, and the baby developing a fulminant disease.

Manifestation in the neonates included mild to moderate fever (98% cases) with generalized fine erythematous rash (90% cases). A very characteristic finding was the diffuse deep hyperpigmentation, especially over the face, nose and also over abdomen, extremities and knuckles. This hyperpigmentation may persist for several weeks to months. Other skin manifestations seen were blotchy nasal erythema, freckle-like pigmentation over centre of face, and occasionally vesiculobullous lesions and urticaria. Diffuse edema over the limbs associated with hypoalbuminemia was also seen in a few cases. Excessive crying, apneic episodes, occasional seizures, shock and DIC were seen in a few cases. CRP was positive in 20% of cases. A high WBC count with predominant polymorphs were seen in the early stages of the disease.

Chikungunya infection in a neonate can mimic bacterial septicemia, meningoencephalitis, or a metabolic encephalopathy and can be fatal. Inspite of the acute morbidity, most of the babies recovered with aggressive supportive management.

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Communication Skills

I read with interest the article titled "Communication skills" Indian Pediatrics(1) which has covered most of the salient aspects in an orderly and interesting manner.

One of the best methods to learn communication skills, at all ages is by example. Creating an opportunity to observe a skilled and empathetic clinician communicating with parents either in office or at the bedside is an excellent opportunity to imbibe skills. Introspection at the end of the day on how best we have communicated with parents and children is an ongoing improvement which every clinician with conscience has to observe.

Earmarking separate time to attend to phone calls by needy parents helps to channelise our communication with the parent seated before us without interruption. As we enter the consultation or the hospital ward, we should develop a habit to shut us off all other worries and frustrations that bother us until we complete our work, a job easier said than done by many of us.

Many a times feedback (sometimes unpleasant yet true) comes from the ward nurse or the neighborhood pharmacist about the quality of our communication skills with each parent.

All of us have an opportunity everyday to improve ourselves, only if we desire to do so.

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