3. Arthralgia and ECG changes should not be considered as minor criteria if arthritis or carditis is a major criteria.

4. Why age-dependent cutoffs are provided for only Anti DNase B and not for ASO?

5. Polymorphonuclear leucocytosis is very nonspecific criteria and not included now in minor criteria.

6. Criteria for mild, moderate and severe carditis is not mentioned.

7. Indication for other NSAIDS is very unclear.

8. There is yet no uniform consensus on use of methylprednisolone in severe carditis. Recommendations advice is for 3 days which is inadequate.

9. Atrial fibrillation in a child even with established valvular lesion should be taken as active carditis. Mere treatment of atrial fibrillation is not enough in a child. This we feel is a totally misleading message.

Overall, these recommendations should have been very clear. It should help practicing pediatrician and not confuse him. Hope that we will get right modification from concerned body.

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Reply

We are happy that the guidelines have drawn this level of interest and welcome the tradition of healthy criticism. To bring out a consensus statement on this subject was a tremendous job for the committee due to diversity in practical approach at the institutional and individual levels. First of all we are thankful for pointing out the fact that arthralgia and increase PR intervals are not included as minor criteria in presence of arthritis and carditis, respectively. We regret this inadvertent mistake. Regarding the ASLO/ Anti DNAs B levels, it must be clarified that laboratory value prevalent in the geographical area must be defined and used. We have mentioned values available in literature. Leukocytosis is still retained as a part of acute phase reactant in WHO 2001 update and in current IAP guidelines though ESR and ASLO are more important. Leukocytosis has a role when ESR values are not reliable.

Many of other concerns were discussed in detail during discussion, like weight cut-off in relation to doses of benzathine penicillin G injection and its dosing schedule, doses of cephalexin and use of sulfa drugs etc. Hopefully, Cardiology chapter of IAP would be able to address these issues in near future.

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