Letters to the Editor

Non-Albicans Candida in Neonatal Candidemia

Over a period of four years, 1647 suspected septicemic neonates were subjected for microbiological analysis; cultures were positive in 781 (89.1%) cases for aerobic bacteria and 96 (10.9%) for Candida species. Among Candida species, *Candida tropicalis* 39 (40.6%) was the predominant organism followed by *Candida albicans* 22 (22.4%), *Candida gullermondii* 17 (17.7%), *Candida drusei* 14 (14.5%) and *Candida parapsilosis* 04 (4.0%).

Candidemia in neonates is most commonly due to *Candida albicans*, but our study demonstrated that only 22.4% of isolates were *Candida albicans*. Our finding agrees with previous study(1), that candidemia is mainly by non-albicans candida rather than *Candida albicans.*

The study emphasizes the changing pattern of Candida species and their importance in blood stream infection in neonates.

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Management of Traumatic Hemobilia with Embolization

Hemobilia is an uncommon but serious complication caused by a communication between the hepatic arterial circulation and the bile ducts(1). We report a 5-year-old child with hemobilia treated with arteria gel foam embolization, a management strategy widely reported in adults.

This boy presented with recurrent hematemesis for 3 months and epigastric pain for initial 1 month. This was preceded by a blunt abdominal trauma following a road traffic accident. There was no history of jaundice. Child was managed non-operatively elsewhere with 2 units of blood transfusion. On examination, he had pallor (hemoglobin 8 g/dL) and hepatomegaly.

CECT abdomen done 1 month after trauma revealed a hematoma in the segment VIII of the right lobe of the liver. Upper GI endoscopy was normal and ERCP done at the time of admission was also normal. On sixth day of hospitalization he developed an episode of hematemesis associated with abdominal pain. Emergency upper GI endoscopy revealed blood clots coming out of duodenal papilla. Patient underwent emergency celiac axis angiography via femoral route. The catheter was then super selectively advanced into the hepatic artery. DSA showed an aneurysm and leak from the

Fig. 1. Selective celiac angiographic picture showing extravasation of contrast from branch of right hepatic artery.

Fig. 2. Post embolization angiographic picture.

peripheral branch of right hepatic artery (*Fig.1*). Selective embolization of this branch was performed using sterile 3-4 mm fragments of gel foam, which resulted in cessation of leak (*Fig. 2*). He was discharged after 3 days of uneventful recovery and did not have any recurrence of hematemesis after 4 weeks of follow up.

Hemobilia, a phenomenon of bleeding into the biliary tree, presenting as either melena (90%) or hematemesis (72%)(1), is an unusual cause of obscure upper gastrointestinal bleeding. The complete triad of bleeding, pain and jaundice is reported only in 22% of cases. In Sandblom's review(2), the source of hemobilia was the liver in 52.7%, gallbladder in 23.1%, biliary ducts in 22.5% and pancreas in 1.7% of patients. The causes were accidental trauma (38.6%), operative trauma (16.6%), gallstones (14.9%), vascular disorders (10.7%) and tumors (6.2%)(2). A later review showed a paradigm shift in the causative factors with accidental and iatrogenic injury accounting for more than 60% of the cases(3).

Reports of management of traumatic hemobilia with embolization therapy in children are sparse. This report of a young boy of traumatic hemobilia has shown that treatment of hemobilia with embolization is effective and safe even in pediatric patients.

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Intravenous Breast Milk Administration–A Rare Accident

We report the case of a child, who accidentally received breast milk intravenously in the newborn period while being treated for duodenal atresia.

The child presented to us on day 2 of life with complaints of bilious vomiting. An abdominal *X*-ray showed a double-bubble sign and a diagnosis of duodenal atresia was made. Duodenodoudenostomy with a feeding jejunostomy using an infant feeding tube was done. Post operatively, breast milk was accidentally connected to the intravenous cannula instead of the jejunostomy tube on day 5 and the baby received about 75 mL of milk intravenously. The child developed severe Acinetobacter septicemia with shock following this. The episode was luckily non-fatal and the child was discharged after one month of ICU care.

This case brings to light an unusual but potentially fatal nursing mishap. The mishap occurred because the feeding lines are compatible with intravenous cannula. It is possible to prevent these rare accidents by using connection adaptors for tubes used for feeding purposes which are incompatible with intravenous cannula, like in the west. Recently in the developed countries where total parenteral nutrition is freely available, many pediatric surgical units have given up the practice of doing a feeding jejunostomy in cases of duodenal atresia(1). But since early enteral nutrition is still the most viable option in our country, additional care should be taken to prevent such accidents. We also stress on the importance of vigilant nursing care in neonatal units where, awareness of such accidents and supervision of nursing activities would prevent such life-threatening accidents.

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