AN EPIDEMIOLOGICAL STUDY TO ASSESS THE PREVALENCE OF PKDL IN PEDIATRIC AGE GROUP IN ENDEMIC AREAS OF BIHAR

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Post Kala-azar Dermal Leishmaniasis (PKDL) is a dermatosis usually occurs as a sequel of Visceral Leishmaniasis (VL), commonly known as kala-azar (KA), caused by L. donovani (L.d.) and characterized by macular, maculo-papular and nodular skin lesion on the whole body surface. It is of considerable epidemiological importance particularly in India because it acts as reservoir for transmission of parasite through sandflies. In India, it appears after a long period, usually 1–2 years or more, in 5–10% of VL cases, but it may also occur without manifestation of VL.

Emphasis on PKDL reporting, the prevalence of PKDL cases is not much clear. Objective to assess prevalence of PKDL in Children in endemic community of Bihar, survey was carried out in a Rukhai village of Chandi PHC, regular occurrences of VL cases and PKDL have been reported. Out of 223 individuals (52% male, 48% female), 41 had past history of VL occurred during 2001 to 2007. 40 cases were treated with recommended dosage of Sodium Antimoni GLuconate and only one case Miltefosine; and all were cured. A total of 11 individuals (male-5, female-6) were identified as PKDL cases. Out of 23,915 populations from 4323 households, 12 PKDL cases (Male 5, Female 7) were detected. Out of 12, 9 had past history of VL.

Less than 1 VL case per 10,000 population at sub-district level under KA elimination programme, the estimated prevalence of PKDL, is a matter of concern for policy planners.

CLINICAL, BIOCHEMICAL AND ETIOLOGICAL PROFILE OF FULMINANT HEPATIC FAILURE OF VIRAL ETIOLOGY IN CHILDREN

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Viral Hepatitis is a major health problem endemic in many parts of the world. Fulminant hepatic failure is a rare condition that occurs in only 1% of patients hospitalised with an acute viral hepatitis. There is a paucity of literature describing spectrum of fulminant hepatic failure in children in India.

Objective To study the clinical, biochemical and etiological profile of fulminant hepatic failure (FHF) of viral etiology in children.

Methods The study was conducted in 30 children aged group between 1–15 years admitted with FHF of proven viral etiology in Dayanand Medical College and Hospital, Ludhiana. A detailed clinical evaluation including history, physical signs, staging of hepatic encephalopathy with relevant investigations and viral markers were entered in a pretested proforma.

Results Twenty nine patients (96.7%) had enterically transmitted hepatitis. Viral markers for HAV alone was positive in 20 patients (66.67%) and in combination were positive in 28 patients (93.3%), HEV in 7 patients (23.3%) and HBV in 5 patients (16.7%). Eight patients had mixed viral infections. The clinical features included fever and jaundice(100%), anorexia (85.3%), vomiting (76.7%), nausea (73.3%). Complications seen were cerebral edema (85.3%), decreased urine output (30%), GI bleeding(16.6%) and septicema (16.6%). The overall survival rate of FHF was seen to be 73.3%.

Conclusions HAV was found to be the commonest viral infection causing FHF either alone or in combination with others. Importance of vaccination of children with HepatitisA and HepatitisB vaccine and improvement in sanitation in prevention of FHF cannot be overemphasised.