



JAI SRI GURUDEV

# MILESTONES



A NEWS BULLETIN FROM THE DEPARTMENT OF PEDIATRICS  
ADICHUNCHANAGIRI INSTITUTE OF MEDICAL SCIENCES  
B.G. NAGARA - 571448



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With the divine blessings of Paramapoojya Jagadguru Sri Sri Sri Padmabhushan Dr. Balagangadharanatha Mahaswamiji and His Holiness Jagadguru Sri Sri Sri Nirmalanandanatha Mahaswamiji, we are bringing out our news letter "MILESTONES" (Jan 2016- Jun 2016).

Milestones denote well being of the child which is essential for the development of the child.

This gives a great opportunity for our department to bring out our department activities and also the publication and research work of our faculty members as well as post graduates.

Kindly mail your valuable comments and suggestions at:

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## DEPARTMENT OF PEDIATRICS



## Switch Day- April 25 ,2016

In May 2012, the World Health Assembly declared the completion of poliovirus eradication to be a “programmatically emergency for global public health” and called on the Director General of WHO to develop a comprehensive polio endgame strategy.

The Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan 2013-2018, approved by the Executive Board of WHO in January 2013, requires the removal of all oral polio vaccines (OPVs). The removal of OPVs must be done in a phased manner, from both routine programmes and campaigns, to minimize the risk of new polio cases. The first phase of OPV removal is a switch from the current trivalent oral polio vaccine (tOPV), containing antigens for poliovirus types 1, 2, and 3, to bivalent OPV (bOPV), containing only types 1 and 3.

The use of tOPV led to the eradication of wild poliovirus type 2, with the last detected case occurring in 1999. The global switch from tOPV to bOPV is expected to occur in April 2016. Prior to the switch, manufacturers will cease production of tOPV. The supply of tOPV will be finite leading up to the switch, and no tOPV will be available after the switch. The switch also must be a globally coordinated process. Any use of tOPV after April 2016 could jeopardize polio eradication by generating circulating vaccine-derived polioviruses from the type 2 component of the vaccine. To prepare for the switch in April 2016, it is imperative that all OPV-using countries begin switch planning during Q1-Q2 2015 and finalize a budgeted national switch plan by September, 2015.

Timely planning and implementation of a switch plan will increase the probability of a successful removal and disposal of tOPV, minimize tOPV wastage, and ensure a world free of circulating vaccine-derived polioviruses type 2.

Hence in our department ,we have stopped using tOPV and have switched to bOPV from april 25 and all the remaining Vials of tOPV has been returned to the office of District health officer as per protocol.



## PUBLICATIONS BY STAFF

### **Dr. Venkatamurthy M: Professor**

- Venkatamurthy M, Balaji MD, Kedarnath Reddy T. A study of effect of phototherapy on platelet count in neonates with hyperbilirubinemia in tertiary care rural hospital, *Int J Contemp Pediatr*. 2016 Feb;3(1):253-255
- Venkatamurthy M, Balaji MD, Kedarnath Reddy T. A study of effect of phototherapy on reticulocyte and total count in neonates with hyperbilirubinemia in tertiary care rural hospital. *Indian Journal of Trauma and Emergency Pediatrics* 2016;8(1):5-8.

### **Dr. Balaji MD: Associate professor**

- Balaji M.D., Rugmini Kamalammal. Study of Clinical Profile and Predisposing Factors in Children with Culture Positive UTI in the Age Group 1 month to 5 years *Indian Journal of Trauma and Emergency Pediatrics* 2016 Volume 8 Number 2, May - August 61-65
- Balaji MD, Kamalammal R. Comparative study of rotahaler with metered dose inhaler in administering salbutamol in children with bronchial asthma. *Int J Contemp Pediatr* 2016;3:229-33.
- Balaji M D, Sowmya S Asymmetric crying facies syndrome : Congenital Hypoplasia of depressor Angularis Oris Muscle; *Indian journal of trauma and Emergency Paediatrics* 2015 ;May-August 2016 vol 8 (2):147-48

### **Dr. Rugmini Kamalammal**

- Kamalammal R, Rao S, Parameaswari PJ. Body mass index values for term newborns and its correlation with other anthropometric surrogates. *Int J Contemp Pediatr* 2016;3:120-4.  
Kamalammal R, Venkatamurthy M, Bandari AK. Osteogenesis imperfecta type 111. *Int J Contemp Pediatr* 2016;3:268-70.
- Kamalammal R, Sowmya S, Cholelithiasis in a neonate with Downs syndrome: a case report. *Pediatr rev. Int J Pediatr Res* 2016;3(3):203-205. doi:10.17511/ijpr.2016.3.13. 2.
- Kamalammal R, Balaji MD. Association between iron deficiency anemia and various red cell parameters with febrile convulsions in children of age group 3 to 60 months. *Int J Contemp Pediatr* 2016;3:559-62
- Kamalammal R, Venkatamurthy M, Niranjana M. Recurrent atelectasis in a preterm neonate. *Int J Contemp Pediatr* 2016;3:662-4.
- Kamalammal R, Balaji, Mohamed Sait Y. Age stratified Seroprevalence of Cytomegalo virus in children. *Int J Pediatr Res*. 2016;3(5):351-355. doi:10.17511/ijpr.2016.5.13.
- Kamalammal R, Lingappa SM, Rajalu P. Cervical meningocele with tethered cord. *Int J Contemp Pediatr* 2016;3:1132-4.
- Kamalammal R, Shivprakash N. C, Naveen K. S. Wolf-Hirschhorn syndrome. *Int J Pediatr Res*. 2016;3(7):517-519. doi:10.17511/ijpr.2016.7.09.

### **Dr. Sunil Kumar P: Associate professor**

- Neonatal thrombocytopenia associated with gestational hypertension, preeclampsia and eclampsia: a case - control study. *Int J Contemp Pediatr*. 2016 Feb;3(1):16-21

## CASE REPORT

### **A rare case of Loperamide toxicity in a neonate Venkatmurthy M<sup>1</sup>, Balaji M D<sup>2</sup>, Sneha M<sup>3</sup>**

A 25 days old term neonate born to a non consanguineously married couple was brought to our hospital with history of loose stools(3-4 episodes) since 2 days and decreased activity since 4 hours. No history of seizures, faulty feeding or aspiration present. On examination heart rate was 86 bpm, CRT was prolonged and bilateral pulses were well felt. The baby had severe gasping and spo<sub>2</sub> levels were falling upto 18% in room air. Hence it was immediately intubated and put on the ventilator in IMV mode. No signs of dehydration was present.

The pupils were pin point and not reactive to light. RS examination was normal except for absent respiratory efforts. Other systems were normal.

Investigations showed Hb-12.7gm/dl, TC – 9700 cells/cumm, ESR 18 mm/hr, platelet count-3.74 lakhs/cumm. CRP was negative. CSF analysis and culture was normal. RFT and thyroid profile was normal. S.glucose-149 mg/dl , S. sodium- 130 mEq/l , S. potassium – 4 mEq/l , S . Chloride-102 mEq/l. Arterial blood gases was normal, hence respiratory acidosis was ruled out. CT scan was done to rule out intracranial bleed and pontine hemorrhage which was normal. The baby was started on IV antibiotics and hyponatremia was corrected. Although, response was minimal and respiratory efforts did not improve.

On probing, the parents told that baby was treated with tablets and syrup by a local quack before admission. He has prescribed tab loperamide( 2 mg ) and syp. Colistin in view of diarrhea.

A diagnosis of loperamide toxicity was made and Naloxone was started immediately at a rate of 2 mg every 3 minutes intravenously. Gradual improvement was seen in respiration and baby was put on SIMV mode. Activity improved and pupils dilated after 24 hours and the baby was weaned off from the ventilator by 72 hours.

Use of loperamide as over-the-counter drug is common in many parts of India but the adverse effects in children are poorly documented. There are cases of overdose and toxicity reported in various parts. In our case respiratory depression in neonate can be ascertained to loperamide after ruling out all the other causes and improvement of condition by administration of its antidote-naloxone.

## ONGOING RESEARCHES

- Neonatal outcome in mothers with hypertensive disease of Pregnancy.
- Prevalence of obesity, hypertension and prediabetes in school going children of 10-18yrs of age in BG Nagar.
- Clinical profile of children presenting with first episode of seizure.
- Prevalence, complications and management of LBW and VLBW neonates in Tertiary care hospital.

## DEPARTMENT NEWS AND ACTIVITIES

- ❖ Department of pediatrics congratulates our old postgraduates Dr. Kedarnath Reddy, Dr. Satyabhama, Dr. Thouseef, Dr. RavichandraRao, Dr. Prashanth who passed with flying colors.
- ❖ Department of pediatrics wishes the PG Exam going students ,DrAdithya , Dr Naveen , Dr Naveen, Dr Divya Narayan Kutty all the very best for the RGUHS PG examinations 2016.
- ❖ Our department welcomes the new postgraduates, Dr Asha, Dr Shankar, Dr Vinay, Dr Harsha and Dr Sai Hari .
- ❖ Our postgraduates Dr Sneha and Dr Vishwas Rao attended the Advanced Neonatal resuscitation program held by IAP at Bangalore medical college.
- ❖ Our postgraduates Dr Sneha and Dr Adithya attended the Asthma training Module conducted by the IAP – Respiratory Chapter.
- ❖ Dr Sneha , Dr Swathi , Dr Soumya and Dr Vishwas Rao attended State PEDICON on June 2016.

### Quotes for life:

The best way to find yourself is to lose yourself in the service of others.