REPLY

Dear Editor,

I thank the authors for reading the article with keen interest, appreciating the work and sending their expert suggestions. Comments about their observations are as under :

1. Necrotizing soft tissue infection is a dreaded disease and requires early recognition, prompt, aggressive and repeated debridement. Mortality rate in this condition has been reported high by some authors in literature as mentioned during the past decade. This is related to the delayed surgical intervention, advanced age and in patients with concurrent diabetes mellitus. Recent studies have reported a mortality rate of 9-20% in patients treated by prompt, aggressive surgery, broad spectrum antibiotics and hyperbaric oxygen therapy [1]. Cabrera et al have reported survival rate upto 87% in necrotizing gangrene of the genitalia and perineum [2].

2. Diverting colostomy may be required in some patients of perineal and scrotal involvement and the surgeon should be experienced for the same, but this was not considered necessary in these patients and there was no significant contamination of the wound to warrant diversion.

3. Repeated blood transfusions were given in twelve patients in this study after the aggressive debridement and there was significant improvement in the general condition of these patients but this remains an adjunct therapy.

4. Penicillin G [3] and clindamycin have a definite role in streptococcal and clostridial necrotizing soft tissue infections and have shown good results in combination with high doses of ampicillin and third generation cephalosporins. The IV metronidazole used in combination produces equally good results. However, in this study emphasis was on aggressive, early surgical debridement and available broad spectrum antibiotics were used with good results. The best outcome is obtained in patients where surgery was aggressive and broad spectrum antibiotics were used as adjunctive therapy combined with blood transfusions and hyperbaric oxygen therapy if readily available.

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NICU ENVIRONMENT. CAN WE BE IGNORANT?

Dear Editor,

This is in reference to a very important issue related to patient care in the article titled "NICU environment. Can we be ignorant?" [1].

1. At the outset authors and editorial staff need to be congratulated in focusing attention on a sub sect of patient population urgently needing attention. However, in the art of referring why have the authors felt shy of quoting Indian references? The said subject has been discussed in two review articles in an internationally recognized journal [2,3]. Can we be ignorant of our own colleagues?

2. The following friendly measures were adopted at Command Hospital (Air Force) NICU to improve the environment on valid scientific principles and found to be very effective. We would like to share the ideas.

(a) Mothers of neonates in NICU are co located in adjacent room to be able to provide nursing and continue breast feeding. This aspect is often not practised in majority of our service hospitals.

(b) Exclusive breast feeding even in preterm and intra uterine

growth retarded neonates is the policy adopted under the programme of baby friendly hospital initiative. Data based on experience for last two years have been encouraging as regards growth and development in the first three months.

(c) Improving communication with parents and ensuring that the messages are given on basis of consistency and non-conflicting.

(d) Management of neonates in NICU has been on evidence based protocols. This important measure has a direct bearing on the immediate environment of NICU graduates.

References

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REPLY

Dear Editor,

We appreciate the points expressed in paragraph 2 of the above letter. The publication by Indian authors are well acknowledged, the omission has been inadvertent.

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