MECONIUM PERITONITIS PRESENTING AS A PSEUDOCYST

Dear Editor,

This refers to the article "Meconium peritonitis presenting as a pseudocyst" (MJAFI 1995; 51: 211-12). A meconium pseudocyst follows when a perforation in the gut proximal to the atresia is not immediately sealed-off in utero and the meconium continues to enter the peritoneal cavity, which was perhaps the sequence of events in this case.

The post-mortem findings revealed "the colon along its entire length as well as the terminal ileum was cord-like

and atretic with a narrow lumen". To set the records right, "narrow lumen" and "atretic" are not synonymous. Distal to any gut atresia, the gut is commonly pencil thin with a narrow lumen. As there was evidence of narrow distal ileum and unused microcolon, this was evidently a case of distal ileal atresia and not a colonic atresia. A pseudocyst is one of the logical conclusions of an associated perforation of the distended proximal ileum in the prenatal period.

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Authors reply

Dear Editor,

We agree with the comment that "narrow lumen" and "atretic" are not synonymous. During post-mortem we found it difficult to delineate the exact atretic segment in

view of extensive adhesions with a cord-like large gut which was probably unused microcolon.

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NIGHT SHIFT INTOLERANCE IN NURSING OFFICERS - REASSESSED

Dear Editor,

The idea that night shift work may be hazardous for ones health is not new. Studies have shown that such work is associated with symptoms of sleep disturbance, persisting fatigue, behavioural changes and digestive symptoms. This cluster of symptoms has been named as shift intolerance [1-3]. In addition, increasing attention is now being paid to the consequences for others health and safety as investigators have implicated sleep deprivation in several widely publicized mishaps. In 1984, the unexpected death of a patient admitted to a New York hospital triggered an investigation which led to recommendations for changing the work schedules of residents and interns to lessen the effects of chronic sleep deprivation on medical judgement. A few studies have shown that changes in night schedules can reduce fatigue and benefit workers and employers [4].

Nursing officers in Military Hospitals also work on night shift. An earlier study established that 48.3 per cent of 60 nursing officers showed symptoms of intolerance to night shifts [5]. A study was conducted at Military Hospital Meerut from 10 July 95 to 5 August 95 to reassess the incidence of night shift intolerance after 15-day schedule of night shifts had been introduced. Thirty nursing officers who had performed night duty under the new schedule of night shift were questioned about the symptoms of shift intolerance as in the earlier study [5].

In the present study only two subjects reported sleep disturbance beginning in the first 2-3 days of night shift and lasting for 10 days. One of them used hypnotics to overcome this problem. None of the subjects of the present study had night shift intolerance.

The reduction of the duration of night shift from 30 days to 15 days resulted in a dramatic reduction in the incidence of night shift intolerance from 48.3 per cent to 0 per cent. These findings are in agreement with earlier studies [1-4] and emphasize the fact that the disabling effects of night shift work can be ameliorated by devising alternative schedules of night shift work.

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REVACCINATION WITH BCG IN THE POST HIV PERIOD

Dear Editor,

This is in reference to the article 'National Tuberculosis Control Strategy in the Post HIV Period' [1]. The authors contend that revaccination with BCG between 12 to 15 years of age will help prevent severe forms of tuberculosis if an individual later on becomes HIV positive. In this regard, two aspects need to be considered.

Firstly, the need for revaccination with BCG is itself a controversial issue. In Hungary, tuberculin negative individuals are revaccinated at 3, 6, 10, 14, 17 and 20 years of age. Their data has shown more significant reduction in the incidence of childhood tuberculosis than that of adult disease [2]. In our country tuberculosis is endemic. Booster doses are therefore not recommended because natural infection maintains the level of immunity [3,4]. Hence, the entire logistic and financial burden of revaccination can be avoided.

Secondly, the aim of BCG vaccination is to induce a benign, artificial primary infection which stimulates cell mediated immunity (CMI) against subsequent infection with virulent tubercle bacilli [5]. It is also a fact that the CD4/CD8 ratio keeps decreasing through the course of HIV seropositivity till a stage comes when opportunistic infections like tuberculosis sets in. Thus a revaccinated individual who becomes HIV positive may, at worse, have no resistance to tuberculosis or, at best, develop tuberculosis later than a non-vaccinated individual. There is no available literature to suggest that BCG revaccination

retards the suppression of CMI in individuals who subsequently become HIV positive. However, CD4/CD8 ratios in HIV positive tuberculosis patients have shown improvement after short-course chemotherapy [6].

With the available data on BCG vaccination schedules and the effect of HIV infection on CMI it is felt that revaccination with BCG between 12 and 15 years of age would not, in our country, confer any significant advantage.

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Authors Reply

Dear Editor,

BCG has been administered to more than 2 billion personnel as a vaccine against tuberculosis. It is clearly safe but its efficacy in preventing adult forms of tuberculosis is in dispute. However, the disseminated forms of tuberculosis which have higher mortality rates among children have been virtually eliminated.

More often than not disseminated forms of tuberculosis are the terminal events in AIDS patients a situation not unlike childhood forms of tuberculosis which develop mostly in children who have not been protected by BCG vaccination.

Suggestion to administer BCG primary/booster doses at 12-15 years of age which is generally prior to their likely exposure to HIV through sexual contact is based on the following :-

- a) With an additional BCG inoculation, prior to the sexual exposure of the individual to the HIV infection, the manifestation of disseminated tuberculosis as a terminal event in AIDS patients could be hypothetically prevented.
- b) Since no studies or controlled trials are available on this issue it is suggested that we may undertake such studies among the Armed Forces controlled population.

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