USE OF CHLORAMPHENICOL

Dear Editor,

This is in reference to case report "Pneumococcal Dacryocystitis" (MJAFI 1995; 51: 62-5). The authors report that *Streptococcus pneumoniae* isolates were sensitive to penicillin, tetracycline, chloramphenicol and erythromycin in all the three cases yet they were treated with oral chloramphenicol.

Drug of choice for *Streptococcus pneumoniae* is penicillin. Alternatively erythromycin can be used in penicillin sensitive patients. Though chloramphenicol is effective in a wide variety of Gram-positive and Gram-negative organisms its use should be restricted because of its potential haemopoietic toxicity like bone marrow suppression and irreversible aplasia (idiosyncratic and dose related).

Hence chloramphenicol is indicated in treatment of specific infections where it is the drug of choice like enteric fever, Rickettsiae, ampicillin resistant *H. influenzae* and in severe life-threatening infections where its

potential toxicity can be justified.

Maj K SHANMUGANANDAN

Graded Specialist Medicine

170 Military Hospital, C/O 56 APO

REFERENCES

1. Bailey TC, Powderly WG. Treatment of Infectious diseases. In: Woodly M, Whelan A. editors. Manual of medical therapeutics. 27th ed. Little Brown Company 1992; 250-68.
2. Neu HC. Therapy and prophylaxis of bacterial infections. In: Wilson, Braunwald, Isselbacher, Petersdorf, editors. Harrison's principles of internal medicine. 12th ed McGraw Hill 1991; 478-93.
3. Chambers HF, Grahaks M. Infectious diseases Bacterial & chlamydia. In: Schoroder SA, MA Krupp, Tillrey LM. editors. Current Medical Diagnosis and Treatment 1990; 891-906.

ECLAMPSIA : AN EXPERIENCE OF A CIVIL HOSPITAL

Dear Editor,

This refers to the article 'Eclampsia : An experience of a civil hospital' [1]. The author compares parenteral magnesium sulfate with lytic cocktail in the management of eclampsia. Successful therapy of eclampsia must correlate with the status of fetus and mother, gestational age, and later on the status of the newborn. The principles of therapy include prevention of seizures, prevention of maternal hazards (such as stroke) and prevention of hazards for the fetus (i.e. still birth or neonatal death). There is no therapy that is beneficial to both mother and fetus, but the one that affects the fetus the least and gives the mother the greatest benefit is parenteral magnesium sulfate. Apart from preventing convulsions, the drug also reduces platelet aggregation and increases uterine blood flow. Hence it has a protective effect on the fetus [2].

Lytic cocktail, an ataractic mixture, is a combination of drugs that creates a feeling of 'serenity' when administered. In a study on the use of lytic cocktail in eclampsia, seizure recurrence was observed similar to the present experience. Pharmacologically, this has been attributed to phenothiazines lowering the seizure threshold and reduction of cerebral blood flow [3]. Equally important is the fetal risk, when lytic cocktail is used in the dosages recommended by the author during labor, resulting in significant fetal hypoxia and neonatal respiratory depres-

sion [4].

Hence there is a need to clarify the following :

- (a) Is it appropriate to use 'lytic cocktail' in the management of eclampsia?
- (b) What was the correlation between perinatal mortality and the type of therapy chosen?
- (c) Was the dose of magnesium sulfate reduced when nifedipine was added? The drug is known to potentiate the neuromuscular blockade action of magnesium sulfate resulting in greater side effects on the fetus.

Wg Cdr TS RAGHU RAMAN

Associate Professor, Dept of Paediatrics

Armed Forces Medical College, Pune - 411040

REFERENCES

1. Alam M. Eclampsia : An experience of a civil hospital. Medical Journal Armed Forces India 1995; 51: 245-6.
2. Current therapy in Obstetrics and Gynecology [4]. Zuspan, Quillagan, editors, 1994, Philadelphia : WB Saunders 277-81.
3. El-Kadre D. The 'lytic cocktail' induces recurrences of fits in the treatment of eclampsia. Am J Obst Gynecol 1985; 151: 143-5.
4. Meperidine. In: Drugs in pregnancy and lactation. Briggs GG, Freeman RK, Yaffe SJ. editors. 4th ed, Baltimore: Williams & Wilkins 1994; 543-5.