

Drug therapy in Pediatric Scrub Typhus - Is 'not Giving Azithromycin' a Risk Factor for PICU Admission?

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Dear Editor,

We read the article titled "Clinico-Laboratory Profile, Complications and Therapeutic Outcome of Scrub Typhus in Children" by Chapagain RH et al with great interest.¹ Authors have reported a well conducted prospective study to describe the clinical profile, laboratory features, complications and outcomes of Scrub typhus in Children.

Authors have concluded that crepitations on chest auscultation at the time of presentation and treatments other than azithromycin are the risk factors for PICU admission. However authors have not mentioned the specific indications for using either doxycycline or azithromycin in study population. It appears that convenience sampling method was used where decision to start either drug was decided by the treating physician as currently there are no standard guidelines for choosing either Doxycycline or Azithromycin. The conclusion of authors gives a wrong notion that 'not giving azithromycin' at admission is associated with increased risk of PICU admission. This might lead to paediatricians preferring azithromycin for all cases of pediatric scrub typhus in order to avoid PICU admission, which is erroneous. This might also indirectly encourage empirical use of Azithromycin in all cases of fever suspected to have scrub typhus which may be unwarranted. Many studies have confirmed the superiority of Doxycycline over Azithromycin and the same has been included in the evidence based IAP Guidelines on Rickettsial Diseases in Children.^{2,3} However, Azithromycin has been found to be an effective alternative to Doxycycline in the treatment of Pediatric scrub typhus.^{2,3}

Authors have documented eschar in only 6% of study population which is less compared to other similar studies.^{3,4} Regional lymphadenopathy is a vital clue to the possibility of evolving eschar in the drainage areas

of lymph node.⁴ Though authors have mentioned about lymphadenopathy, they have not specified if it is related to the eschar in draining areas.

This study addresses a very important and relatively unknown area of 'pediatric scrub typhus' which is a rapidly re-emerging acute infectious disease and one the leading causes of morbidity and mortality in pediatric age group.⁵ Large scale studies are needed to understand Pediatric scrub typhus better.

REFERENCES

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