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CASE REPORT

EOSINOPHILIC MENINGOENCEPHALITIS DUE TO TOXOCARA CANIS

R. Somasekar Professor, Department of Paediatrics, Sree Balaji Medical College and Hospital

Javeri Aarti Harish Post Graduate, Department of Paediatrics, Sree Balaji Medical College and Hospital

ABSTRACT Influenza infection is a worldwide problem, which affects millions of people globally despite the availability of efficacious vaccines.1 It is a common condition affecting numerous children annually. In most of the cases, especially in children less than 2 years of age and in those having severe chronic underlying condition, influenza can be complicated by entities, like lower respiratory tract infections, rhinosinusitis, acute otitis media, febrile seizures, dehydration, or encephalopathy.2 Influenza results in significant morbidity and mortality.

KEY WORDS : Case Profile: Influenza, Febrile Seizures, Rhinosinusitis Severe Chronic

A 3-year-old girl was brought to the outpatient department by her mother with the complaints of fever and chills for the past 5 days. The patient also had nonproductive cough and fatigue, and thus, she was very quiet and did not appear active. The mother stated that the patient was having difficulty sleeping because of persistent cough. The food intake had reduced marginally. She had taken the patient to a general practitioner, who had prescribed a few antibiotics, paracetamol, and a cough syrup. The patient received this treatment regimen for around 3 days, but her fever would subside only after administration of paracetamol and would recur once the medication was stopped. The patient had no history of febrile seizures.

Immunization history: The immunization schedule had been followed properly; however, the patient had never received a flu vaccination.

Family history: The grandfather of the patient had cough and cold, and he too had never been vaccinated for influenza.

Examination:
The patient was sitting quietly but was responding to verbal commands. Also, she was crying intermittently because of her cough.

The body weight was 12 kg.

General examination:
There were no rashes, cyanosis, or icterus. The lymph nodes were nonpalpable.

The body temperature was 101 °F, and the pulse rate was 102 bpm Examination of the upper respiratory tract Rhinorrhea was not present, and the nasal mucosa was normal.

The throat appeared erythematous, and the tonsils and adenoids were not enlarged. Systemic examination There was no neck rigidity.

The chest was clear; wheezing and congestion were absent.

The heart sounds were normal with no murmur.

The abdominal examination revealed no substantial findings.

Investigations:
The patient was advised CBC, which showed increased WBC count and neutropenia The urine routine was normal.

Diagnosis:
Influenza infection

MANAGEMENT:
The mother of the patient was advised to discontinue antibiotic formulation.

Oral paracetamol syrup was prescribed to be given 8 hourly.

Oral oseltamivir syrup 3 mg/kg of body weight was prescribed to be given twice daily for 5 days.

Follow-Up:
The patient was brought after 3 days by her mother; she stated that the patient was afebrile for more than 36 hours.

The vitals of the patient were normal, and she was playing in the clinic. It was advised to complete the 5-day treatment course of oral oseltamivir. Also, paracetamol syrup SOS was prescribed in case of fever.

The patient was brought by her mother on the eighth day; the patient had no symptoms. It was advised to give the patient influenza vaccine.

DISCUSSION:
Influenza infection is a worldwide problem, which affects millions of people globally despite the availability of efficacious vaccines.[1] It is a common condition affecting numerous children annually. In most of the cases, especially in children less than 2 years of age and in those having severe chronic underlying condition, influenza can be complicated by entities, like lower respiratory tract infections, rhinosinusitis, acute otitis media, febrile seizures, dehydration, or encephalopathy.[2] Influenza results in significant morbidity and mortality. It has a sudden onset and causes respiratory tract infection along with fever and mostly limits itself. However, it can also lead to complications, such as acute respiratory distress syndrome, meningitis, encephalitis, and similar life-threatening severe clinical situations. Although influenza leads to a simple respiratory tract disease along with fever, occasionally it involves various organs like the lungs, heart, brain, liver, and muscles and even severe life-threatening viral or bacterial pneumonia.[3] Influenza which causes both seasonal disease and epidemics and pandemics has a severe course in extreme-age patient groups (< 6 months or > 65 years) and in individuals with associated comorbidity. In such

Article History	Received	Accepted	Published
	11/02/2018	04/04/2018	20/05/2018

***Corresponding Author** Javeri Aarti Harish
Post Graduate, Department of Paediatrics, Sree Balaji Medical College and Hospital ,javeri_aarti@yahoo.com

populations, it requires hospitalization and even intensive care support.[3] Treatment and prophylaxis against influenza have been effective with the use of antiviral medications. Oseltamivir is effective in reducing the symptom burden in patients with influenza A or B infection, and is preventative against developing infection post exposure.[1] It is the most commonly studied influenza virus drug in children for the treatment as well as prevention of influenza.[2] In 1999, the FDA approved oseltamivir for the first time in children aged more than 13 years and adults for the treatment and prophylaxis of influenza. In 2000, the age limit in the treatment of influenza was reduced to 1 year, and prophylactic use in this age group also got its approval in 2005. In 2009 pandemic influenza period, oseltamivir usage was authorized transiently in babies who were 3 less than 1 year old. The drug is approved in more than 100 countries, and it is being used in more than 83 million patients since its existence in the market.[3] Oseltamivir treatment is recommended by the WHO in all patients having severe and progressive influenza. The WHO also recommends a higher dose and longer treatment duration based on the clinical response in patients with immunosuppression.[3] Oseltamivir is a prodrug with good bioavailability when administered through the oral route in contrast to zanamivir. Seventy-five to eighty percent of the dose given orally gets easily absorbed in the gastrointestinal system.[3] Oseltamivir treatment changes the prognosis favorably among patients in whom the treatment is started as early as possible, and there is a significant reduction in both complications and mortality rates. It is advised to start the oseltamivir treatment before the laboratory result is reported in cases where influenza infection is strongly suspected.[3]

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