immunity in children (68%) among 15 year olds, and seropositive children had higher mean number of household members compared to the seronegative ones. The rate in Tehran among school children was 22.3%,\(^3\) and 93.2% in a report from Delhi.\(^4\)

In our country, therefore, there is no need for routine vaccination against HAV virus in chronic liver disease except for younger patients and probably those who live in less populated families.

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References

Hepatitis A in pediatric acute liver failure in southern India

Analysis of 1612 subjects in different parts of India demonstrated that almost 50% of children under 5 years of age are at risk for hepatitis A.\(^1\) A recent report showed that the relative contribution of hepatitis A to acute viral hepatitis in children has increased to over 80% in 1994-1997 as compared to 51% in 1978-81.\(^2\) However, a number of studies in school children in northern and southern India have reported evidence of prior infection in up to 98% of 10-year-old children.\(^3\)\(^,\)\(^4\)

We retrospectively analyzed data of children between 0 and 15 years, admitted in our pediatric intensive care unit (ICU) between January 2001 and July 2004, with acute liver failure-related diagnoses. The total number of children admitted with such diagnoses was 55 (mean age 5.5 years). Of these, 22 children (40%) were admitted with hepatic encephalopathy. Other diagnoses included acute-on-chronic liver disease (n=12; 22%), acute liver failure (n=11; 20%), fulminant hepatitis (4; 7%) and neonatal hepatitis (4; 7%). One patient each had Reye’s syndrome and drug-induced hepatitis. Pre-existing liver disease was present in 17 of 55 patients.

IgM anti-HAV serology was positive in 13/27 (48%) patients tested; the mean age of patients who tested positive was 7.1 years. Two of the 13 (15%) had pre-existing liver disease. HBsAg was positive in only 1/33 (3%), anti-HCV in 1/10, and anti-HEV in 2/4 tested. Eleven patients died and two were discharged with poor prognosis. Two patients who died had evidence of acute hepatitis A.

This retrospective review showed a high incidence of acute hepatitis A infections of sufficient severity to require ICU admission in children with no pre-existing liver disease.

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References

Technical modification for difficult intubation during endoscopic variceal ligation

Endoscopic variceal ligation (EVL) has supplanted esophageal sclerotherapy because of greater efficacy and fewer associated complications.\(^1\)\(^,\)\(^2\)\(^,\)\(^3\) The present procedure for EVL includes diagnostic endoscopy followed by removal of endoscope, assembly of the multi-band ligating unit, followed by reintroduction of the endoscope. Occasionally it is difficult to negotiate the endoscope across the upper esophageal sphincter (UES) following the assembly of the ligating unit. We describe simple techniques to overcome this difficulty.

After assembly of the ligating unit, if it is not