Editorial

In this issue we have an interesting mix of articles on topics such as newborn hypothermia, septic shock and pediatric cardiopulmonary resuscitation. In 2010, the American Heart Association (AHA)permitted the use of a single dose of vasopressin to replace 1st or 2nd dose of epinephrine in pulseless arrest in adults as it had been found to be safe, acceptable and clinically useful in this age group. However, no such recommendation could be made for the use of this drug in pediatric cardiac arrest owing to a paucity of literature on this topic. The research paper on use of combination of vasopressin and epinephrine vs. use of epinephrine alone would definitely add to the scarce literature available on this topic and provide the platform for future adequately powered trials or observational studies on this topic so that a recommendation could be made on the use of this drug by the time the next Advanced Pediatric Life Support (APLS) guidelines are published.

Thermal care of newborn represents the basic care provided to the neonate. Hypothermia is regarded as one of the major causes of neonatal death in developing world. The article on hypothermia is an excellent attempt at reviewing the basic mechanisms of thermoregulation and treatment of any grade of hypothermia, particularly severe hypothermia, as a neonatal emergencyin the developed world.

Having reviewed the first line agents for pediatric septic shock in a previous issue of this journal, it was time to review the evidence for newborns as to which of the two agents i.e. dopamine or dobutamine would be appropriate for managing the hypotensive neonate as the physiologic states and response to disease states vary between these two populations. We hope the clinical query would provide answers to this very important clinical query in neonatal septic shock. Toeing on similar lines we have an interesting commentary on why children often present in late stages of septic shock in our country (or in similar resource limited settings) and often in decompensated state when death is inevitable, with a brief discussion of the surviving sepsis campaign guidelines (2008)in pediatric septic shock.

Finally a clinical image of bilateral basal ganglia lesions in a school going child is well illustrated and would certainly add to the literature on bilateral basal ganglia lesions in children.

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