

CORRESPONDENCE:

USE STEROIDS SPARINGLY ESPECIALLY IN CHILDREN

Dear Sir,

I write to support Dr Phillip Lyn's call for more careful use of steroids among practitioners (*Med J Mal* 1984; 39: 300-305). I illustrate the point with a case report.

A two-week old neonate was referred to a general practitioner because of generalised flaking of his skin. A diagnosis of ichthyosis was made and the infant was prescribed some betamethasone cream. This resulted in some improvement; unfortunately, the prescription was repeated several times at the request of the parents, without having had the child examined.

Four weeks later, the child was admitted with severe dyspnoea and generalised swelling. Examination revealed a grossly cushingoid baby (Figs. 1, 2) in gross heart failure. Transfer to the

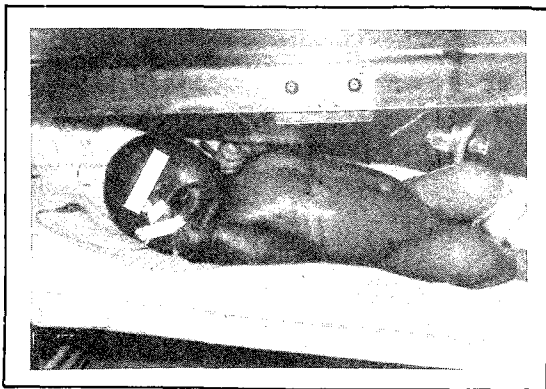


Fig. 1 The neonate with iatrogenic cushings.



Fig. 2 Close-up of the neonate.

hospital for continuing treatment resulted in mild improvement but the baby succumbed to an intercurrent chest infection in the ward.

This case illustrates the failure of many practitioners to appreciate the bypassing of the "first pass effect" of steroid metabolism when these are given for the skin. It also demonstrates that systemic absorption especially when there is a break in the skin, is considerable.

I would like to make a call to general practitioners to use steroids sparingly especially in children.

Yours faithfully

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