

CORRESPONDENCE : Letter to Editor

SPECTRUM OF CHILDHOOD ILLNESS IN OUTPATIENT CLINIC IN A REMOTE AREAS OF KASHMIR

To,
The Editor, JPMER

Sir,

Jammu and Kashmir was recently hit by one of the worst floods of the century. I got the opportunity to serve in a subdistrict hospital of "Sogam," one of the remote areas in Kupwara district. This small village has a population of 10,166 with 1319 households.¹ Sogam subdistrict hospital is the main hospital in Lolab valley and caters to the needs of over 4 lakh residents of the valley. The outpatient department (OPD) attendance in the hospital is over 150 patients per day from across 40 villages of the valley.² In this report, I present the spectrum of pediatric OPD cases in the remote areas of the Kashmir valley.

All consecutive children attending pediatric OPD from October 14 to 22, 2014, were included. A total of 563 children attended OPD during the study period. The spectrum of pediatric cases attending OPD was diverse. Majority of the children were brought with nonspecific symptoms, 191 (34%). Viral upper respiratory tract infections contributed to largest chunk of OPD visits, 164 (29%). It was followed by diarrhea 119 (21%), dermatosis 107 (19%), and history suggestive of helminthic infections 100 (18%). Other relatively uncommon diagnosis included failure to thrive, severe infections, such as pneumonia and meningitis, congenital malformations and developmental

delay requiring hospitalization. Large numbers of children with nonspecific symptoms were not unexpected, as there was no regular pediatrician in subdistrict hospital. Expectedly upper respiratory infections were commoner, due to closed living conditions secondary to cold climate. However, a large number of children with diarrhea, helminthic infections and dermatosis reflected poor sanitary practices of the population. Out of all children with diarrhea, five children were brought with some dehydration requiring 4 to 6 hours observation in hospital and no child was brought with severe dehydration. All children improved on oral rehydration solution; however, one child required intravenous fluids. Main dermatological manifestations were pyoderma and urticaria. Many children had more than one problem. It may be due to lack of regular pediatric facilities, where minor problems were ignored in earlier stages. It is quite possible that the situation in the other remote hilly areas of the country is quite similar to that of Sogam. The disease burden in the remote hilly areas of the country should be explored and public health measures should be upgraded to minimize the preventable illnesses. In conclusion, upper respiratory infection, diarrhea/helminthic infection, dermatosis were common presenting diagnosis in pediatric OPD cases of a remote areas in Kashmir. Many of these illnesses are preventable and public health programs should be oriented toward prevention of gastrointestinal and skin infections.

References

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Assistant Professor

Department of Pediatrics, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Corresponding Author: Shiv Sajan Saini, Assistant Professor, Department of Pediatrics, Postgraduate Institute of Medical Education and Research, Chandigarh, India, Phone: 0172-2756264, e-mail: sajansaini1@gmail.com

Shiv Sajan Saini