


Sir,

Vitamin K Deficiency Bleeding in Infancy

Vitamin K deficiency bleeding in infancy (haemorrhagic disease of infancy) is an uncommon entity. It may mimic relatively commoner diseases like immune thrombocytopenic purpura, leukaemia, and haemophilia; therefore, the entity is likely to be missed or overlooked. In this communication 10 infants of late hemorrhagic disease of infancy detected during a 14 months period (June 1994–August 1995) are reported.

Ten infants aged 2½–11 months (mean age 6 months) were diagnosed to be suffering from vitamin K deficiency bleeding. Infants with a bleeding disorder satisfying the following criteria were included:

1. Prolonged prothrombin time (PT) and partial thromboplastin time (PTT) which normalised within 24 h of intravenous administration of 5 mg of vit K.
3. Absence of septicaemia or liver disease.

As presenting symptoms, 9 out of 10 infants had skin bleeds viz petechiae, purpura and ecchymosis. Three infants had associated subcutaneous tissue bleeding presenting as nodular purpura and one had right-sided hemiparesis. One patient presented with generalized seizure with gradually progressive pallor. Five were malnourished, none had received vitamin K at birth, and all infants were exclusively or predominantly breastfed. Two patients with CNS manifestations presented with intracranial haemorrhage. In one patient right subdural haemorrhage was revealed on cranial ultrasonography and in another CT scan delineated left fronto-parietal intracerebral bleed along with right subdural haematoma. Eight infants improved, one who was severely malnourished and anaemic expired, and one was lost to follow up.

The clinical picture of vitamin K deficiency bleeding in infancy varies from predominantly skin bleeds with nodular purpura to life-threatening intracranial haemorrhage. The disease is much more common in exclusively breastfed babies as vitamin K content is least in human milk. The associated malnutrition and diarrhoea are important predisposing factors. Through reasons largely unclear parenteral vitamin K given at birth is an important protective mechanism of this hemorrhagic disorder. The American Academy of Pediatrics also recommends the use of prophylactic vitamin K to all neonates. It has much more clinical relevance in developing countries like India where exclusive breastfeeding is continued for very long periods and, moreover, there is increased incidence of diarrhoea, undernutrition, and abuse of antibiotics which are important risk factors for its deficiency.

SUNIL GOMBER MD, DCH, MNAMS
UCMS & G.T.B. Hospital, Delhi, India

Acknowledgements

The author wishes to express his gratitude to Professor K. N. Agarwal, Head of the Department of Paediatrics of this institute for his valuable suggestions, guidance, and critical review of the manuscript.

References