

Seizure as a presenting manifestation of vitamin D dependent rickets type 1

Sir,

With reference to the interesting case report by Rani *et al.*,^[1] vitamin D dependent rickets type 1 (VDDR-I) has been increasingly reported in the Indian subcontinent.^[2] Apart from the suggestive clinical picture of rickets, hypotonia, muscle weakness, growth failure, and hypocalcemic seizures in early infancy, certain characteristic laboratory features of increased serum concentrations of parathyroid hormone, and low or undetectable serum concentrations of 1,25-dihydroxyvitamin D (1,25(OH) 2D) despite normal or increased concentrations of 25-hydroxyvitamin D (25-OHD) in addition to genetic mutational studies, must be sought to confirm the diagnosis of VDDR-I.^[3-4] I realize that such confirmation was not feasible in the studied patient by Rani *et al.*^[1] in the view of financial constraints and lack of availability. It is wellknown that nutritional rickets is a major public health problem in many parts of the world, particularly developing countries. Even in the Indian context, it has been reported to be present in the majority of children in spite of the wide availability of sunlight.^[5] I presume that Rani *et al.*,^[1] through their case report, sent a sound message to pediatricians in developing countries with limited financial resources to consider therapeutic trial of 1 α calciferol in children with rickets who fail to respond

to conventional doses of cholecalciferol combined with calcium supplements before referring them to pediatric endocrinologists to exclude hereditary-related rickets.

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