e9 Leptospiral Pneumonia

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Abstract. Severe leptospirosis rarely presents with primary pulmonary manifestations, without any associated jaundice or renal dysfunction. The authors report a nine-year-old boy who presented with complaints of abrupt onset of high fever; with myalgia, headache, and pain in right chest region, productive cough with hemoptysis and vomiting developing over the past 72 hours. Chest radiograph showed consolidation in the right upper lobe with air bronchogram. A history of contact with sewage water and presence of conjunctival suffusion in a child with pneumonia made us suspect leptospirosis. Following prompt initiation of parenteral penicillin therapy the child's complaints resolved over the next five days. Dri-Dot test to detect anti-*Leptospira* antibodies was positive. The diagnosis of leptospirosis was confirmed by a positive microagglutination test to *Leptospira interrogans* serovar Australis by a fourfold rise in antibody titer in paired sera collected during convalescence. Leptospirosis presenting with pulmonary hemorrhage has been associated with significant mortality but it can be successfully treated with early clinical suspicion of alveolar hemorrhage and prompt therapy.
[Indian J Pediatr 2005; 72 (1) : e9-e12] *E-mail: karandesunil@yahoo.com*

e13 Cutaneous Tuberculosis Mimicking Sporotrichosis

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Abstract. The authors describe an unusual presentation of lupus vulgaris in a 5 year old boy. The lesions had a linear arrangement with proximal spread mimicking sporotrichosis. Histopathology of the lesions revealed tuberculoid granulomas. Tubercular etiology was confirmed by the demonstration of acid fast bacilli in the smears from the regional lymph node aspirate stained with Ziehl Neelsen stain, and growth of *Mycobacterium tuberculosis* in the aspirate culture. The patient showed marked improvement of his lesions on anti-tubercular treatment.
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e16 Pontine Cavernous Hemangioma Presenting with Horizontal Gaze Palsy

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Abstract. Pontine cavernous hemangioma presenting as horizontal gaze palsy is extremely rare. A 32 years old patient presented with left horizontal gaze palsy with left esotropia. A large pontine mass was present which was removed in-toto using a sub-occipital craniotomy. Post- operatively, the gaze palsy showed recovery and the diplopia decreased. Follow-up MRI showed no residual mass. **[Indian J Pediatr 2005; 72 (1) : e16-e18]** *E-mail: rohitsaxena80@hotmail.com*

e19 Undescended Thymus Presenting as Midline Neck Swelling

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Abstract. A seven month male child presented with midline neck swelling which was visible in the suprasternal notch when the child cried. Computed Tomography revealed that it was thymic tissue (solid). There was no thymic tissue in the normal position. Undesended thymus or ectopic thymus is a rare cause of neck mass. Solid type as seen in this case constitue 10% of ectopic thymic tissue ,90% being of cystic variety. Caution should be exercised in exisicion of such masses as they may be the only thymic tissue. **[Indian J Pediatr 2005; 72 (1) : e19-e20]** *E-mail : a_anju@vsnl.net*

e21 Waugh's Syndrome

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Abstract. A case of Waugh's Syndrome, association of malrotation and intussusception, is being reported. It is suggested that this possibility must be kept in mind and looked for, when a case of intussusception is being treated either by surgery or by hydrostatic reduction. If not when the child develops intestinal problems like obstruction, secondary to malrotation, in the post operative period, it could be misdiagnosed as recurrent intussusception.
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