

cases(3,4). Though the number of atria may vary (1 to 4) there were 2 atria in this case that could be demonstrated.

Polyhydramnios which is usually present in the majority was not evident here. The large lower ventral defect was manifesting as omphalocele. The other often associated anomalies such as neural tube defects and orofacial defects were also absent. Thoraco-omphalopagus associated with omphalocele ends up in inevitable death(5). Conjoined heart prohibits surgical separation. These fetuses died immediately after the cesarian section.

If correctly diagnosed the decision for separation is determined by the site of fusion, organs shared, presence of correctable or associated other anomalies, extent of damage to connecting structures and the general well being of each fetus(5).

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## Brain Stem Abscess

A ten-year-old male child was admitted with headache and diplopia for five days. There was no history of fever, convulsions, headache or trauma and no past history of similar attack. On admission child was conscious and vital signs were maintained. Neurological examination revealed left sixth and seventh nerve palsy with slight weakness of left upper and lower limb and a clonus at left ankle joint. There were no signs of raised intracranial tension and fundus was normal. The skull X-ray and cerebrospinal fluid analysis were normal. The neurological status deteriorated over the next one week. The weakness on the left side increased markedly with dysphagia and urinary retention. The CT scan revealed a lesion in the brain stem, compressing and displacing the fourth ventricle and without any hydrocephalus. A diagnosis of brain stem abscess was made. The patient was put on conservative management. The sensorium further deteriorated with inter nuclear ophthalmoplegia and features of raised intracranial tension. A surgical intervention was done and the abscess was drained; 6 ml of yellowish green pus was obtained which revealed Gram

positive organisms but the culture was sterile. The child showed remarkable improvement clinically as well as on CT scan and was discharged. No behavioral problem or neurological deficit was identified on follow up of two years.

Brain stem abscess can occur at any age and in any part of the brain. Boys are affected more often than girls. An abscess in the brain stem is rare and carries grave prognosis, if not treated promptly(1). The clinical presentation is variable and depends on the site of abscess. Headache and focal neurological signs may be the sole presentation without fever or leucocytosis(2). A primary focus of infection could not be detected in this case. CT scan is an important diagnostic tool to detect brain abscess(3). A combination of chemotherapy and surgery results in a dramatic recovery with no neurological deficit(4). In the long term follow up behavioral disturbances have been noted in some of these cases but it is too early to comment in this case(5). In conclusion a high index of suspicion, early diagnosis especially with availability of CT scan, conservative and surgical management have resulted in a better outcome in this condition.

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### Unusual Presentation of Tuberculous Peritonitis

We read with interest the case report 'Unusual Presentation of tuberculous peritonitis' by Raghu Raman and Jalpota(1). We would like to comment, as below:

It is not clear from the case report whether the ascitic fluid tapped was exudative or transudative and the raised total leucocyte count with polymorphonuclear leucocytosis, Gram Positive cocci and culture growth of *Staphylococcus aureus* was from blood or peritoneal fluid. The authors have not mentioned histopathology of mesenteric lymph nodes and peritoneum that confirmed tuberculosis (caseating granuloma and/or acid fast bacilli) in their case.

The authors suggestion of explorative laparotomy as a primary diagnostic procedure in suspected cases of acutely presenting tubercular peritonitis (ascitic variety) appears to be inappropriate. Tubercular etiology should have been thought of as a strong possibility as this child had presented with fever, generalized lymphadenopathy, hepatosplenomegaly, exudative