

rare and is associated with vaccination soon after birth and in children with immune deficiency(3). In the present case there was no evidence of immune deficiency as indicated by the family history, history of recurrent infections and abnormal lymphocyte count. This case presented with evidence of chronic infection in the form of fever, poor feeding, irritability and crying. A similar case reported by Marks *et al.*(4) did not have history of recurrent infections. This child did not respond to treatment with INH, rifampicin and ethambutol along with steroid and continued to show enlargement of cervical lymph nodes with cold abscess formation. The poor response could be explained due to drug resistance or an underlying immune deficiency(1).

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Lymphangioma of Scrotum

An 8-year-old boy was admitted with a gradually increasing painful scrotal swelling of 2 weeks duration (*Fig.*). Examination revealed a tense cystic, transilluminant



Fig. Clinical photo showing the scrotal swelling.

swelling 5 cm in size involving the right scrotal sac. Testis could be felt separate from the swelling. At exploration the swelling was found to be multiloculated cystic lesion with hemorrhage into some of the loculi. It was adherent to the skin and extended up to the urethra. It was excised *in toto*. Histopathology of the excised specimen confirmed it to be a lymphangioma.

About 95% of lymphangiomas occur in the neck and axilla and the remaining are scattered at various sites like mediastinum, mesentery, retroperitoneum, *etc.* The scrotal location is quite uncommon and only 25 cases were reported in the literature till 1979(1,2). The mass is usually separate from the testis and the spermatic cord, but can be adherent to the overlying skin(2). Hydrocele and spermatocele are the usual

differential diagnoses for such cases. The treatment of scrotal lymphangioma is total excision. Though Mylcahy *et al.*(2) emphasised the need for excising the overlying skin, in our child the skin could be spared while the lymphangioma was excised *in toto*.

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NOTES AND NEWS

THIRD COMMONWEALTH CONFERENCE ON DIARRHEA AND MALNUTRITION

The Third Commonwealth Conference on Diarrhea and Malnutrition is to be held in Shatin, New Territories, Hong Kong from *November 11th-14th, 1994*. This conference is organized jointly by the Department of Pediatrics, The Chinese University of Hong Kong and the Hong Kong Pediatric Society. Participation by over 300 delegates from throughout the Commonwealth is anticipated and, in this special meeting, we will be joined by colleagues from China.

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