diagnosis and prediction of recovery. Among the various modalities of imaging, spinal ultrasound appears to be very promising and hence is recommended as the first modality of imaging(4). However, it should be remembered that changes are known to occur in the lesion over time and a single ultrasound may not pick up all lesions. Hence, it is not surprising that ultrasound of the cervical spine was found normal in *Case 1*. If ultrasound findings do not correlate with the clinical features, a second imaging technique such as MRI should be done. Skeletal lesions seen on plain radiograph of the spine or CT are relatively uncommon(l,4).

Infants with upper cervical SCI need long term life support for survival. Prediction of long term outcome is important before exercising the option of sustained life support measures, especially when resources are limited. From long term follow up studies of patients with upper cervical SCI, MacKinnon *et al.* (4) have found that those who are likely to recover fully will do so rapidly (usually by 3 weeks). Patients with very slow or no recovery of breathing or limb movements at 3 months of age, usually have a poor outcome. Associated intracranial lesions and infection, as in *Case 1,* also adversely affect the outcome.

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# Congenital Gingival Granular Cell Tumor of Newborn

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Congenital granular cell tumor is a rare benign tumor involving gingiva in the neonatal period(l-3). The tumor has characteristic large granular cell histology, without any potential for recurrence or metastasis. Simple excision is the treatment of choice, however, spontaneous regression

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has also been recorded when left untreated. The classic location of granular cell tumor, also known as granular cell myoblastoma is tongue. A few congenital examples of this tumor have been reported; majority in gingiva(l-3). There is a strong predilection for females.

## Case Report

An eight-hour-old female neonate, weighing 3 kg, was admitted with a large soft mass arising from the lower alveolar margin projecting out of mouth. The baby was first born and delivered at full term normally. There was no history of any drug intake during pregnancy and congenital anomalies in the family. The mass was excised. The patient is at present one year of age and is thriving well without any recurrence.

*Pathology*

There was a irregular fleshy mass of bright pink colour measuring 5 cm x 10 cm and was anchored to lower alveolar margin in the midline. The small "remnant of the lesion at the excision site disappeared completely within a week.

Microscopic examination revealed irregularly arranged strands, solid clumps and nests of large densely granular, round or polyhedral, slightly acidophilic cells with small vesicular or hyperchromatic nuclei without any evidence of mitotic figures. The overlying epithelium showed mild hyperplasia. The cells showed positivity with the PAS reagent and were diastase resistant. The histopathology showed features of granular cell myoblastoma *(Fig.1).*

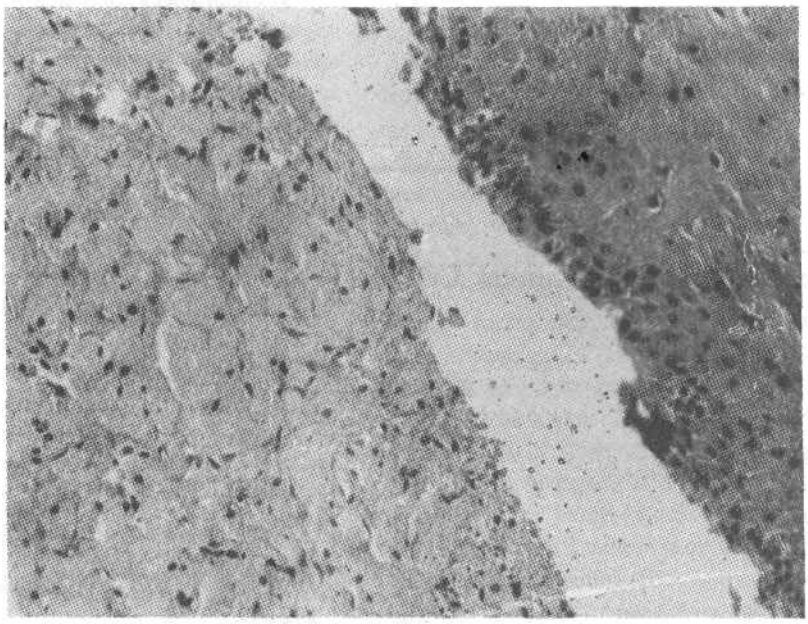

*Fig. 1. Microphotograph showing sheets of large polyhedral cells with granular eosinophilic cytoplasm with overlying epithelium. (H & E ×40.)*

**Discussion**

Congenital granular cell myoblastoma is one of the very rare tumor seen in pediaric age group. The female preponderance and failure to grow postnatally suggests the hypothesis of some intrauterine stimulus, Estrogen derived from fetal ovaries under the stimulus of chorionic gonadotropins may be this intrauterine stimulus. Various theories of the histogenesis of these neoplasms have been suggested ranging from lontogenic, fibroblastic, histiocytic, myogenic and neurogenic as reviewed by Blair and Edwards(4). The electron microscopic and immunocytochemical studies have indicated it to be of Schwann cell origin.

The present case was seen in an eight hour old neonate and was treated by complete surgical excision without recurrence after one year of excision which is in agreement with earlier experienced). The case presented characteristic histology of a benign granular cell myoblastoma.

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## Spontaneous Gastric Perforation in a Neonate

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Spontaneous gastric perforation of the newborn is a rare entity with just over 200 cases reported in literature(l). Although the condition entails a very high mortality, its pathogenesis is greatly debated. Congenital absence of the gastric wall musculature(2), stress ulceration secondary to neurogenic difficulties(3) and ischemia of the gastric wall secondary to vascular shunting(4) have been proposed as etiologic factors. We report a case of spontaneous gastric perforation seen by us in a one-day-old baby.

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**Case Report**

A one-day-old male presented with fast respiration and abdominal distension since birth. There was no history of vomiting and the baby had passed meconium. The baby