

As in the 1960's, this bizarre clinical pattern deserves the attention of physicians to look for this illness and to continue the important investigations into etiology(8). This is, of course, due to the simple fact that dengue hemorrhagic fever commands a vast domain among infections forming part of the 'Great neglected disease of mankind', in a sense not 'neglected' but merely undiscovered(6).

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## Plasma Cell Granuloma of the Lung

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Plasma cell granuloma of lung is a rare condition characterized invariably by a benign course(1). Usually it is picked up as an asymptomatic mass lesion in the lung on routine chest X-ray, posing a diagnostic problem. It is a disease of young adults (average age 29.5 yrs)(2). Although cases have been reported in children below 10 yrs of age, it is extremely uncommon below 2 yrs. Only two older children have been reported from India(3). The relative rarity of this condition in infancy prompted us to report this case.

### Case Report

A one-year-old male child was admitted to the Pediatric ward of Holy Family Hospital, Delhi with history of fever and

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cough of one month duration. He had received various antibiotics prior to admission without any response. On admission except for anemia, examination was essentially normal. His Hb was 6 g/dl and ESR 80 mm in 1st hour. X-ray chest showed a dense homogeneous opacity in left lower lobe. Diagnosis of pneumonic consolidation of left lower lobe was entertained and child was treated with a combination of antibiotics for a week. However, his fever did not settle.

Repeat chest X-ray after 7 days showed no change in the opacity which was occupying apico-posterior segment of left lower lobe. Possibility of hamartoma or intrapulmonary sequestration was considered. CT Scan revealed a round solid intraparenchymal mass occupying the apico-posterior segment of left lower lobe. The likely possibilities suggested by CT Scan were intrapulmonary sequestration or arteriovenous malformation. However, none of the clinical features were in favor of the latter diagnosis.

Exploratory thoracotomy showed a solid hard mass 8 × 6 cm size occupying major portion of left lower lobe. Surrounding lung tissue could be inflated during ventilation. A few enlarged, discrete, fleshy lymph nodes were present in the main fissure over the bronchus going to lower lobe. Left lower lobectomy was performed along with removal of lymph nodes. Post-operative period was unremarkable and fever settled within two days of surgery. Child was discharged on 10th post-operative day.

On gross section, the tumour was greyish white in color, with no area of hemorrhage or necrosis. Bronchus was compressed by the tumor mass without any communication. Histopathological examination showed the mass comprised of parallel bands of collagen tissue with

numerous plump shaped fibroblastic cells in between. Marked infiltration by a large number of plasma cells, lymphocytes and occasional eosinophil was seen. Numerous thin walled small blood vessels were also seen in some areas. These findings were suggestive of plasma cell granuloma (Fig. 1).

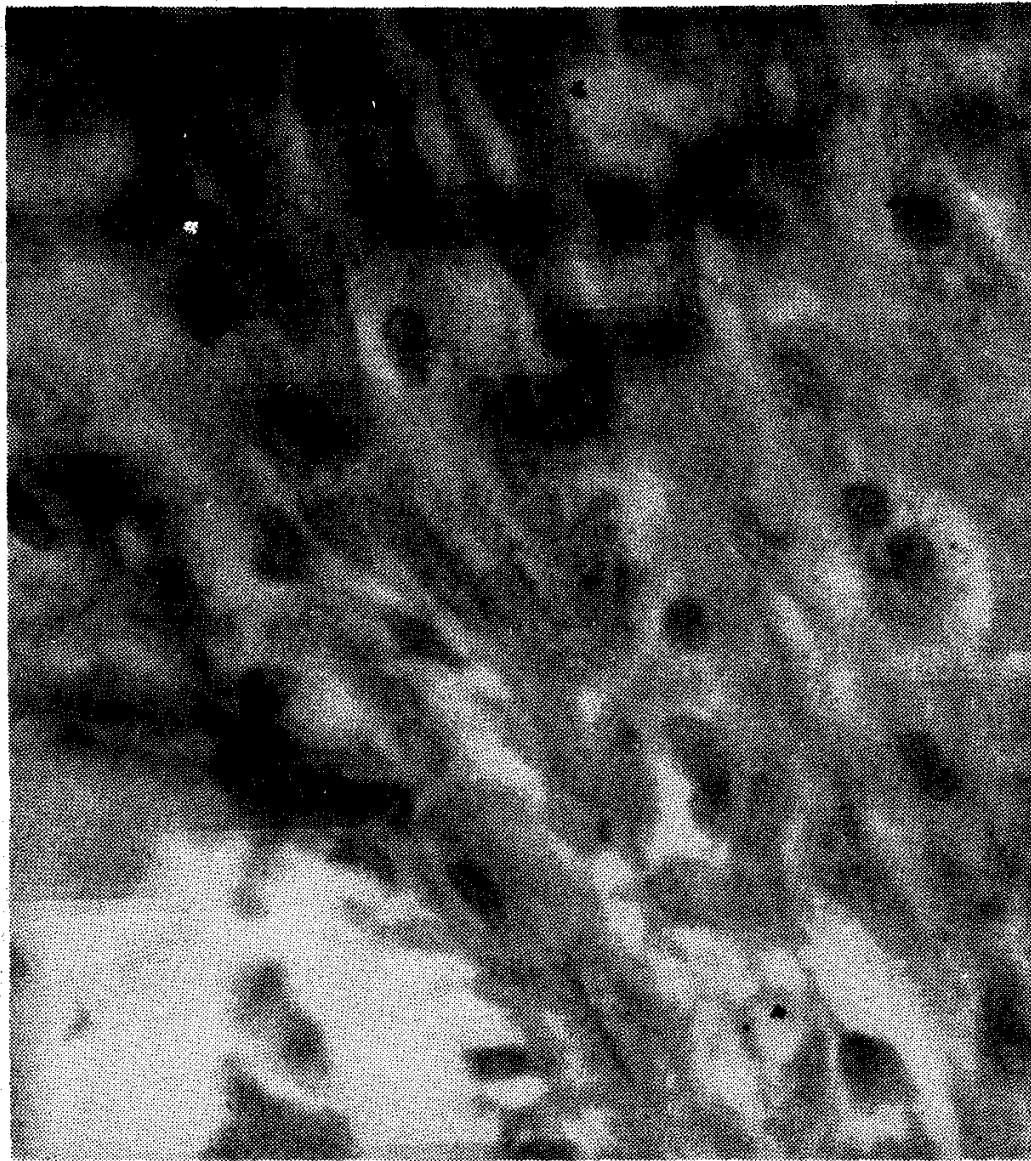
### Discussion

Plasma cell granuloma usually involves lower respiratory tract(1) and occurs mainly in young adult, though it has been reported in almost all age groups without any sex predilection(4,5). Only one case has been reported in a child below 2 years of age(2). Plasma cell granuloma are usually asymptomatic, and when symptomatic, they present with cough, fever, chest pain, weight loss or with non-specific symptoms suggestive of respiratory tract infection(1).

Chest X-ray usually shows a solitary well circumscribed opacity with no surrounding reaction(2). However, there is no radiological feature which is pathognomic of this tumor(6). Organised pneumonia(7) and noninfective granuloma of lung(8) should be considered in differential diagnosis.

Pneumonic consolidation was the initial diagnosis in our case and after failure of response to adequate antibiotic treatment, the possibility of benign tumor of lung was considered. Calcification in tumor mass on chest X-ray has been described(6), but was absent in our case.

The preoperative diagnosis of plasma cell granuloma is very difficult. The only way to diagnose this tumor is to keep it in differential diagnosis. It must be distinguished histologically from sclerosing hemangioma(9), pseudo lymphoma(10), as well as from malignant proliferation of plasma cells. It is generally agreed that



most appropriate treatment of plasma cell granuloma is surgical removal, which is curative as this tumor is benign and no instance of malignant change is known. Rarely in certain surgically unresectable cases, radiation can be used.

According to WHO and recent reports, the term inflammatory pseudotumor seems preferable to plasma cell granuloma(1).

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## Nutritional Status of Tribal and Urban Slum Preschool Children (3-4 Years)

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Even after forty two years of independence, tribals remain aloof from the general prosperity of the nation in the lowest strata of society. Exploited for generations, and in the firm grip of a subsistence economy, the life of the majority and the scheduled castes and tribes has been characterised by servitude, poverty and misery. There is paucity of factual data regarding their nutritional status, developmental maturity and socio-economic conditions.

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Slum dwellers comprise 25% of the total population of the large metropolitan cities of India. The growth and development of slum children is jeopardized by economic poverty and social impoverishment. Malnutrition is a major health problem of the developing world, with 85% preschoolers undernourished and 15-35% showing moderate to severe malnutrition in the Indian subcontinent(1). The 3-6 years olds are particularly vulnerable in this respect(2). The present study is an attempt to evaluate the nutritional status of 3-4 year old tribal and urban slum children and compare them with their average Indian and western peers.

### Material and Methods

A random sample of 400 children aged 3-4 years; 200 from a tribal area and 200 from the urban slums located within the Corporation limits of Jabalpur City were studied. They were divided into 3 age groups: 36±1 month; 42±1 month; 48±1 month. Those grossly malnourished, mentally retarded, acutely ill or having overt congenital malformations were excluded. The nutritional grading was done according to the classification of the Indian Academy of Pediatrics only after the developmental maturity of the child was ascertained.

Tribals belonged to Bijadandi and Narayangunj block of the Mandla district. The 25 villages are typical of those found in this part of Madhya Pradesh—hilly terrain surrounded by forests; economy based on agriculture with only one harvest a year and no major industries nearby; and average annual per capita income of Rs 500 supplemented by felling tress and selling wood.

In the urban slums of Jabalpur (9 Mohallas were surveyed) the residents