

causing the same is still unravelled. Various mechanisms like increased Vitamin D sensitivity [2] and defective calcitonin synthesis and release [3] have been proposed. Recently, TRPC 3 channel was found to be overexpressed in intestine and kidneys of these patients, implying that over-absorption from these tissues as the cause of hypercalcemia [4]. Pamidronate acts by inhibiting osteoclast activity, thus reducing bone absorption and turnover. In our patient, similar to a previous report [5], hypercalcemia was well controlled with pamidronate therapy, speculating that increased bone metabolism might be the likely cause. Though pamidronate has not been approved for use in children, phase III trials are underway for its use in children with osteogenesis imperfecta.

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## REFERENCES

1. Committee on Genetics. American Academy of Pediatrics: Health care supervision for children with Williams syndrome. *Pediatrics*. 2001;107:1192-204.
2. Forfar JO, Balf CL, Maxwell GM, Tompsett SL. Idiopathic hypercalcaemia of infancy; Clinical and metabolic studies with special reference to the aetiological role of vitamin D. *Lancet*. 1956;270:981-8.
3. Culler FL, Jones KL, Deftos LJ. Impaired calcitonin secretion in patients with Williams syndrome. *J Pediatr*. 1985;107:720-3.
4. Letavernier E, Rodenas A, Guerrot D, Haymann JP. Williams-Beuren syndrome hypercalcemia: Is TRPC3 a novel mediator in calcium homeostasis? *Pediatrics*. 2012;129:e1626-30.
5. Sangun O, Dundar BN, Erdogan E. Severe hypercalcemia associated with Williams syndrome successfully treated with pamidronate infusion therapy. *J Pediatr Endocrinol Metab*. 2011;24:69-70.

## Branding – A Harmful Practice

'Branding' refers to a traditional practice whereby third degree burns are inflicted on the skin with a hot iron rod or metallic object, burning ropes and metal rings, to treat various conditions [1,2]. In several Asian and African societies where traditional medicine is still widely prevalent, branding is used. These ancient methods are crude and inhuman, causing the treatment to be more unbearable than the original complaint, and carry the risk of complications [1].

Recently, we witnessed two children with an unusual site, shape, indications and methods used for branding. A 9-year-old child was admitted with diagnosis of post traumatic neuropathy of right lower limb (due to intramuscular injection given in gluteal region). This patient had a circumferential deep branding mark in middle of the right leg (**Fig. 1a**). This branding was done by applying a thick thread (Known as *laccha*, a 'sacred' thread) immersed previously in boiling oil, circumferentially over the middle of affected leg.

Another child (6-year-old) residing at nearby village, admitted with hepatitis A, had a circular and deep branding mark on the dorsal aspect of distal part of upper arm (**Fig. 1b**). It was done by grandfather of the child despite unwillingness of both parents (both educated up



**FIG. 1** Circumferential (a) and circular (b) branding marks. (See color image at website)

to higher secondary). It was said to be done by circular coil made of copper wire kept in burning coal. According to father of the patient, many patients suffering from jaundice come to his father for branding every day.

In spite of great advances in medicine, crude and harmful methods of healing like Branding are still prevalent all over, especially among illiterate and poor people. It can cause acute infection, allergic reactions and sequelae arising from third-degree burns. Indian constitution provides immunity to our children by any 'Hurt' under the Juvenile Justice 'Care and Protection of Children' Act [3].

Stringent action must be taken to prevent these hazardous practices to protect our children.

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#### REFERENCES

1. Raza S, Mahmood K, Hakeem, Polsky S, Haemel A, Rai SA, *et al.* Adverse clinical sequelae after skin branding: A

case series. *J Med Case Rep.* 2009;3:25.

2. A Sick Cure. Available from: <http://www.india-today.com/itoday/20060123/branding.html>. Accessed September 20, 2014.
3. The Juvenile Justice (Care and Protection of Children) Act, 2000. The Gazette of India. Ministry of Law, Justice and Company Affairs (Legislative Department). Available from: <http://wcd.nic.in/childprot/jjact2000.pdf>. Accessed October 12, 2014.

## Severe Anaphylaxis to Egg at Two Months of Age

Egg allergy accounts for 7% of anaphylaxis in children [1]. We report the case of an infant with egg anaphylaxis at 2 months of age, who recovered by age of one year.

During the first month, this infant vomited immediately after a teaspoon of scrambled egg on two occasions. The third time, at two months of age, he rapidly developed anaphylaxis after an egg-based feed: urticaria, edema of the ears, dyspnoea, wheezing, grunting, laryngeal edema, and delayed refill time. Intramuscular epinephrine and hydrocortisone, inhaled oxygen, and intra-osseous fluids were provided. Symptoms rapidly improved with therapy.

At that time, the serum level of tryptase was 1 ng/mL; total and specific serum IgE (KUA/L) to ovalbumin were 9 and 1.08, respectively. One month after he was tested for egg allergy at our unit: total and specific IgE to ovoalbumin were 7 and 0.19, respectively. He was again evaluated at 12 months: specific IgE to egg were 17 and egg recombinants were 0.16, 0.01, 0.18 and 0.01 for Gald1, Gald2, Gald3, Gald4, respectively. At 14 months of age, the child tolerated a whole raw egg during an open challenge [2].

General advice for complementary food introduction is based on the possible existence of a window of immunological opportunity for natural tolerance. In this

infant, egg was introduced very early in comparison to other cases reported so far (two fatalities to egg at 3 months and 2 years) [3]. This is the youngest patient with anaphylaxis to egg reported so far.

The immune system is able to react to allergens through an IgE mediated mechanism at a very early age. Consequently, a premature intake of egg can be dangerous. According to the current recommendations [4,5], egg proteins should not be introduced at a very early age nor should their introduction be postponed for too long.

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#### REFERENCES

1. Tey D, Heine RG. Egg allergy in childhood: An update. *Curr Opin Allergy Clin Immunol.* 2009;9:244-50.
2. Nowak-Wegrzyn A, Assa'ad AH, Bahna SL, Bock SA, Sicherer SH, Teuber SS. Work Group Report: Oral food challenge testing. *J Allergy Clin Immunol.* 2009;123:S365-83.
3. Allen CW, Campbell DE, Kemp AS. Egg allergy: Are all childhood food allergies the same? *J Paediatr Child Health.* 2007;43:214-8.
4. American Academy of Pediatrics. Committee on Nutrition. Hypoallergenic infant formulas. *Pediatrics* 2000;106 (2 Pt1):346-9.
5. Fleischer DM, Spergel JM, Assa'ad AH, Pongracic JA. Primary prevention of allergic disease through nutritional intervention. *J Allergy Clin Immunol Pract.* 2013;1:29-36.