TABLE I–*Number of polio cases in 2004.*

As on	5.6.04	14.8.04	11.9.04
Representative period	First 3 months	First 6 months	First 7 months
Virologically confirmed	10	33	54
Compatible	45	95	121

remedial measures, if feasible be taken, otherwise some alternate strategy for polio eradication be formulated.

Yash Paul,
A-D-7, Devi Marg,
Bani Park,
Jaipur-302 016, India.
E-mail : dryashpaul2003@yahoo.com

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Bilateral Communicating Intralobar Pulmonary Sequestration

A one-month-old female child presented with recurrent respiratory tract infections since birth. *X*-ray chest showed haziness of the right lower and middle zones and also of the left lower zone. Bronchoscopy revealed a normal tracheobronchial tree. Post bronchoscopy *X*-ray showed partial clearing of the opacities. Spiral CT scan showed intra lobar sequestration of right and left lower lobes. MRI angiogram showed aberrant arterial feeder from celiac trunk supplying both right and left sequestrations. Gastrograffin studies showed gastro-bronchial communication arising as a single trunk from lesser curvature of the stomach and dividing into two supplying both sequestrations (*Fig.1*).

Laparotomy and division of the gastro-bronchial communication was done. Vascular supply was inacessible and so were not divided. Right thoracotomy showed right lower lobe and middle lobe sequestration. Both lobes were resected. Left lower lobe sequestration was left as such since resection of the left lower lobe along with right lower and middle lobes would have caused severe respiratory insufficiency. Vascular supply to the left side was identified and divided. Histopathological examination confirmed the diagnosis of intralobar sequestration. CT scan after 6 months showed that left lower lobe sequestration had disappeared.

This is a communicating type of sequestration where the sequestration communicates with the fore gut. Savic, *et al.*(1) reported that only 2.2% were in the middle or upper lobes. In our case both right and left lower lobes as well as middle lobe were involved making it an extremely rare presenta-

tion. Communication through the Pores of Kohn leading to partial aeration of the sequestration was responsible for the partial aeration seen after bronchoscopy. Srikanth, *et al.*(2) reviewed 57 cases and reported that bilateral communicating sequestrations occurred only in 7% of cases.

Treatment consists of lobectomy with division of fistulous communication. Embolisation has been tried with varying results. In our case bilateral lower lobectomies and middle lobectomy would not have been compatible with life. Spontaneous occlusion of the vascular supply has been reported with no untoward effect(3), which prompted us to ligate the blood supply to the left side along with ligation of the gastro-bronchial communication. This combined modality of resection of most infected side with ligation of fistula and vascular supply to the other side may be helpful in similar cases.

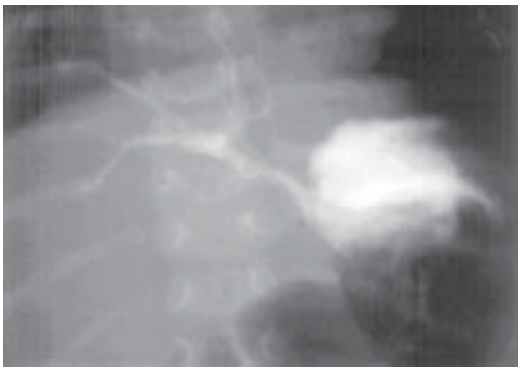

Fig. 1. Gastrograffin study showing gastro bronchial fistula.

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Joy M.G.,
Mohan K. Abraham,
Department of Pediatric Surgery,
Amrita Institute of Medical Sciences,
Amrita Lake,
Elamakkara,
Kochi 682 026, Kerala, India.
E-mail:mohanabraham@aimshospital.org

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Analgesic Effects of Breastfeeding on Heel Lancing

Pain is routinely experienced in hospital settings by healthy term newborns having a long lasting effect in form of exaggerated reactivity(1). Clinical interest was generated when it was observed that natural interventions like skin-to-skin contact and breastfeeding are effective at a time when many pharmacological interventions are not(1-3). The objective of this study was to assess the efficacy of such a natural intervention *i.e.*, breastfeeding as an analgesic.

This was a prospective randomized case