Cerebral Aneurysmal Arteriopathy in HIV Infected Children

We read with interest the article on cerebral aneurysmal arteriopathy in Human Immuno-deficiency virus infected children(1). Both the text and in the legend for figure 1 it has been mentioned as showing "T2W coronal section of Magnetic Resonance Angiography (MRA)…" We wish to point out that the said image is not an angiographic sequence i.e. it is not an MRA. It is just a coronal T2W section showing a large flow void in a portion of left internal carotid artery. The assertion about it being ectatic is also not clear in the given figure.

This is a very obvious and glaring error which does not befit an esteemed journal like *Indian Pediatrics.*

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REFERENCE

1. Thakker A, Bhatia S. Cerebral aneurismal childhood arteriopathy: a rare complication of pediatric HIV. Indian Pediatr 2009; 46: 914-915.

Pamidronate for Fibrous Dysplasia due to McCune Albright Syndrome

Fibrous dysplasia (FD) is a rare disorder wherein scar tissue replaces normal bone-tissue, weakens the bone, causing deformity and intense pain. We present 2 cases of FD due to McCune Albright Syndrome (MAS) showing remarkable clinical improvement with pamidronate.

An 8 year-old girl presented with excessive weight gain since 3 years after fracture of right tibia/fibula following a trivial trauma; early fatigue, generalized bone pains and inability to bear weight due to extreme right leg pain. She weighed 45 kg with body mass index of 26.6 kg/m^2. Her height was 118 cm. She had multiple café-au-lait spots and bilateral genu valgum. Her pubertal status was B2P1A1M0, indicating early puberty. Serum calcium (9.6 mg/dL), phosphorus (4.8 mg/dL), parathyroid hormone (42 pg/mL, normal range: 9-65 pg/mL) and 25-hydroxyvitamin D (25OHD3) (21 ng/mL, normal range: 12-40 ng/mL) were normal, while alkaline phosphatase (ALP) (609 IU/L) (range: 40-240 IU/L) was high. Skeletal survey showed healing fracture of tibia with distal tibial cystic lesion, generalized osteopenia of foot bones with cortical thinning of leg bones (***Fig.*1**). Radiograph of shoulders revealed patchy sclerotic areas in proximal ends of both humerii with 'cotton wool' appearance. The diagnosis of FD was confirmed by MRI of right ankle and Dexa and bone scan (***Fig.*1**).

The second case was a 2 year-old female child with complaints of limping, bony pains, flat foot, and deformity of right ankle since 1 and a half years of age, which gradually progressed to right leg lengthening at presentation to our institute. She weighed 16.6 kg while her length was 82.3 cm. She had multiple café-au-lait spots (>6 mm with irregular borders). Parathyroid hormone levels were 19.6 pg/mL (normal range: 9-65 pg/mL). ALP was 585 IU/L (normal range: 40-240 IU/L) while calcium and