



Fig 2. Radiographs of hands showing gross widening of the metaphyses of the phalanges with particular osteoporosis. Epiphyses of the metacarpals are enlarged. Evidence of soft tissue contracture seen at proximal interphalangeal joints. Note absence of soft tissue swelling around the joints.

Discussion

Involvement of hands in this disorder has several features which differentiate it from inflammatory arthritis involving joints, *i.e.*, lack of bony erosions, no periosteal reaction and absent soft tissue swelling around the joints (Note that the enlargement of small joints of hands is due to widening of metaphyses and not due to soft tissue swelling) (*Fig. 2*). Clinically absence of pain and tenderness around the joint is a pointer against the diagnosis of inflammatory arthritis.

This disorder also has several distinguishing features from the more frequently encountered spondylo-epiphyseal dysplasia tarda: symptoms of this disorder begin at an early age (3 to 8 years versus 12 to 13 years in case of spondylo-epiphyseal dysplasia tarda), typical involvement of

hands with enlargement of epiphyses and metaphyses, and soft tissue contractures of small joints of hands with particular osteoporosis. The major clinical difference is that the patient of this disorder presents with involvement of hands unlike patients of spondylo-epiphyseal dysplasia tarda who present with shortness of stature.

We believe that the differential diagnosis of spondylo-epiphyseal dysplasia tarda with progressive arthropathy should be suspected in all cases presenting as atypical juvenile arthritis.

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Pattern of Pediatric Malignancies in Rajasthan

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Various Welfare Programmes for children in our country; aimed at reducing morbidity and mortality due to communicable and nutritional diseases, are bound to

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draw pediatrician's attention to the problem of childhood cancer(1). There is a lack of authentic data about incidence, relative distribution and survival rates of childhood cancer, from our country(2). We are presenting the pattern of childhood malignancies in Rajasthan.

Material and Methods

The present study is a retrospective analysis of 245 cases of proven childhood malignancies in the age group of 0-14 years admitted during January, 1987 to December, 1989 in SPM Child Health Institute, SMS Medical College, Jaipur. The diagnosis was based on clinical manifestations alongwith hematological, radiological and histopathological studies.

Results

Of 39,724 admissions during this specific period; 245 (0.6%) had malignancies. On analysis, it was found that cases were maximum under five years of age and prevalence was equal in both sexes. The commonest malignancies observed were lymphoma followed by leukemias, Wilm's tumor, neuroblastoma, and gonadal tumors in descending order (Table I). Of 78 cases of lymphoma, 53 (67.9%) were Hodgkins and 25 (32.1%) non-Hodgkins. Acute lymphoblastic leukemia was diagnosed in 56 (87.7%) of 64 cases of leukemias, acute myeloblastic leukemia in 5 (7.9%), chronic myeloid leukemia in 2 (3%) and erythroleukemia in 1 (1.4%) case.

Discussion

Considering that a child has 1:595 chance of developing cancer during first 14

TABLE I—Pattern of Pediatric Malignancies

Malignancy	Number	%
Lymphoma	78	33.2
Leukemia	64	27.2
Wilm's tumor	39	16.6
Neuroblastoma	32	13.6
Gonadal tumor	14	5.9
Brain tumor.	4	1.7
Retinoblastoma	3	1.3
Miscellaneous (Soft tissue tumors, Epithelial carcinomas)	11	4.7
Total	245	100.0

years of life in USA(3), and their being a lack of authenticated, scientific reliable pediatric malignancy registry in our country(2), it became important to compare incidence of childhood malignancies in various regions of the country.

After analysis of 245 cases of childhood malignancies, reticuloendothelial malignancies were present in 62.1% cases, while others(4-7) reported an incidence of 33.8-38.1%. After lumping Wilm's tumor and neuroblastoma together in a group of abdominal tumors it was second most frequent (30.2%) in this study. Similar observation was reported by Paul *et al.*(5) (35.6%), while Nair *et al.*(4) and Pathak *et al.*(7) reported a lower incidence of 20.4 and 13.5%, respectively. Retinoblastoma was present only in 1.3% in this study, while a high incidence 17.2% was reported by Thaper *et al.*(6) CNS tumors were present in only 1.7% cases. Thaper *et al.*(6) reported a similar observation (2.5%), while a higher incidence (12.1-14.9%) recorded by others(4,5,7).

Our study reaffirms the view expressed

by reports from other regions of India(4-7) that the incidence of reticuloendothelial malignancies is highest in distribution of childhood cancer, and in our country we have a pattern of increasing trend of leukemia, medium glioma and medium lymphoma(7).

We conclude, that because of smaller number of children presenting with childhood malignancies at Medical Colleges, development of Regional Pediatric Oncology Centres are needed.

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Cerebral Cavernous Angioma

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Cerebral cavernous angiomas are rare lesions. Approximately 350 cases have been reported in the literature and of these only 70 cases (20.6%) were eighteen years old or younger(1-3). Because of its rarity in children, the present case is being reported.

Case Report

A 14-year-old female child was admitted with complaints of recurrent episodes of diffuse, severe headache alongwith vomiting for two and a half years duration. These episodes used to occur at an interval of about 2 months and would last for about one and a half hours. There was no history of associated loss of consciousness or visual disturbances or tinnitus or parasthesias.

On examination, the higher mental functions, cranial nerves, upper limbs and lower limbs were normal. On investigating, hemogram and urinalysis were normal. ESR was 5 mm in 1st hour. Plain X-ray skull was normal. CT scan showed a high

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