



FIG. 1 (a, b) Large hemangioma.

This lesion can present with Kasabach Merritt phenomenon which is difficult to manage. Surgical excision for small superficial hemangioma while cryoreduction and graded interferon alpha 2a for large hemangioma remains treatment of choice. Propranolol and steroids might reduce the size.

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## Cecoureterocele

A 10 months old female child was brought with the complaints of a mass coming out through her urethra ( *Fig. 1* ) when the child passed urine since last two months. The child was not able to pass urine whenever the mass prolapsed. There was no history of fever, hematuria, chronic cough or constipation. A diagnosis of cecoureterocele was made based on the presence of cystic mass at the external urethral meatus and urinary retention. Ultrasound showed a cystic mass at the end of ureter with or without hydronephrosis and voiding cystourethrogram demonstrated smooth round filling defect.

An ureterocele is a congenital saccular dilatation of the terminal portion of the ureter. Cecoureterocele is an uncommon type where the ureterocele is elongated beyond its orifice by tunneling under the trigone and the urethra .

Common complications include urinary tract infection, symptoms of obstructive voiding, urinary



FIG. 1 Cecoureterocele.

retention, failure to thrive and abdominal pain. Untreated, these may lead to hydronephrosis or pyonephrosis, A cecoureterocele presenting as a prolapsing mass at urethral meatus should be differentiated from urethral prolapse presenting with bleeding, spotting, dysuria, urinary frequency, introital pain, and urinary incontinence or retention; and sarcoma botryoides which presents as a firm grapelike vaginal mass protruding through the introitus with occasional bleeding.

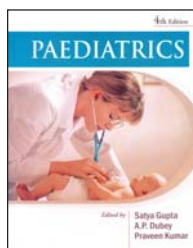
Treatment is aimed at relieving obstruction and preservation of renal function. Main indications for surgical intervention include recurrent UTI, ureteral calculi and renal compromise. Endoscopic decompression followed by bladder and renal tract reconstruction may be necessary.

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## BOOK REVIEWS

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**Paediatrics**  
 SATYA GUPTA, AP DUBEY AND  
 PRAVEEN KUMAR  
*Atlantic Publishes &  
 Distributors (P) Ltd, Delhi.*  
*Pages: 1078, Fourth edition; 2009*  
*Price: Rs. 1125/-.*

The fourth edition of this popular book by the very experienced author has been thoroughly updated and expanded. The addition of two new co-editors and many new contributors representing the experience from major medical centers of India, definitely adds value to the book. The book is unique in concept and approach, with chapters like changing priorities in pediatrics, pediatric gynecology, pediatric radiology, that are rarely seen in pediatric textbooks in India.

The book is in three volumes, which makes it handy and compact. However, absence of index in each volume hampers its utility. Contents in volume one are very detailed but 'contents at a glance' is missing from other volumes. Annexures are exhaustive with details of procedures, National programs, IMNCI, health indicators etc; almost everything an undergraduate or postgraduate may require to refer in a hurry. The production quality and editing are spot-on with good pictures. All-in-all an exhaustive book which would be helpful for the undergraduates and general practitioners, but the postgraduates also can't give it a miss.

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**An Approach to Pediatric Problems**  
 SK MITTAL, VIJAY AGARWAL AND RAVI MALIK  
*CBS Publishers and Distributors, New Delhi.*  
 Fifth Edition  
*Pages: 374, Price: Rs 295/-.*

This book is concise but very informative to family practitioners on common pediatric problems, without overburdening them with unnecessary controversial literature. Authors have applied their minds in giving a practical and analytical approach. Presentation in question and answer format maintains the curiosity of the reader.

This book provides insight into the management

of common diseases occurring in the children. However it does not contain a separate chapter on recognition of sick child and scenarios for early referral, after necessary emergency treatment. Even though these issues are covered to a significant extent in the individual chapters.

The authors should be congratulated for a very good effort to simplify Pediatrics for practitioners. I personally feel that it is also a useful light reading for pediatric post graduates.

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