REFERENCES

- 1, Sperling MA. Diabetes Mellitus. *In:* Nelson Textbook of Pediatrics, 14th edn. Eds. Behrman RE, Kleigman RM, Nelson WE, Vaughan VC. Philadelphia, W.B. Saunders Company, 1992, pp 390-409.
- Lakshmi V, Sudharani T, Rao RR. Clinicomycological study of candidiasis. J Indian Med Assoc 1993, 91: 5-8.
- 3. Armstrong D. Candida species infection. *In:* Rudolph's Pediatrics, 19th edn. Eds, Rudolph AM, Hoffman JIE, Rudolph CD. Connecticut, Prentice Hall International Inc, 1991, pp 705-708.
- 4. Aly FZ, Blackwell CC, Mackenzie DAC, Weir DM, Clarke BF. Factors influencing oral carriage of yeasts among individuals with diabetes mellitus. Epidemiol Infect 1992,109: 507-518.

Recurrent Pain Abdomen Due to Biliary Calculus

In children pain abdomen due to biliary cholelithiasis is rare especially in preschool children. Gall stones composed of a mixture of cholesterol, bile pigment, calcium and inorganic matrix are the most common type encountered. Sometimes pure cholesterol or pure bile pigment may also occur.

A 4-year-old male child presented with recurrent generalized pain abdomen. There was no history of fever. The child did not like fatty foods. General and systemic examinations were unremarkable. The serum cholesterol was in normal range. Plain X-ray abdomen did not show any abnormali-

ty. Ultrasound of the abdomen revealed a solitary calculus floating inside the gall bladder. Cholecystectomy was performed and the patient is normal on follow up.

in pre-school(l) Biliary lithiasis children is rare and the reported causes include chronic hemolytic disease. prolonged fasting or rapid weight reduction, obesity, cystic fibrosis, chronic liver disease, prolonged parenteral and prematurity nutrition. complicated medical and surgical cause. None of these conditions were evident in the case reported.

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