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Re-evaluation of Congenital Hypothyroidism

I read with much interest the work done by Nair, *et al*. [1] in evaluating children with congenital hypothyroidism and the effect of stopping/withholding thyroxine by 3 years of age. I would like to highlight that with a smaller sample and non-normal distribution of data, reporting of medians may be more relevant, as in the case of age at diagnosis. In addition, since repeated measurements of TSH, T4 and T3 were available, repeated measures analysis of variance (RMANOVA), would have been a more appropriate test to be used. If the

assumption of fixed interval between repeated measures is violated or differences are non-normal, Friedman test may be applied. The conclusions drawn that permanent and transient hypothyroidism had significantly different TSH values to begin with and different dosing requirements of thyroxine may still be valid and biologically plausible.

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Esophageal Diverticulum: An Unusual Cause of Recurrent Vomiting and Dysphagia

Symptomatic esophageal diverticula are rare in infants and children [1]. We report a 6-year-old boy with esophageal diverticulum who presented to us with dysphagia, frequent vomiting, and chest pain since one year of age, mimicking a simple gastroesophageal reflux.

On physical examination, his growth was normal. A barium esophagram showed a sac-shaped esophageal diverticulum arising from the left side of the lower third of the esophagus (**Fig 1**). Esophagoscopy demonstrated a broad-based esopha-



FIG. 1 The barium esophagram showed one diverticulum (arrow) arising from the left side of the lower third of the esophagus.

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geal diverticulum with grossly normal mucosa. Surgery was recommended but his family refused. He did not receive any medication. However, he changed his eating habits and chewed solid food well before he swallowed it. One-year later, he still vomited sometimes but had no dysphagia or chest pain.

Esophageal diverticula are unusual small lesions that are asymptomatic at first. As with our patient, retention of a food within a diverticulum probably contributes to the progressive enlargement of the pouch and may cause regurgitation or vomiting, dysphagia or chest pain [1]. The mild and uncomplicated reflux-like symptom usually delays the prompt diagnosis in children with esophageal diverticulum. Treatment is generally reserved for symptomatic patients and surgery is the mainstay, when nutritional or respiratory complications are

present [2,3].

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