

Vaginal Rhabdomyosarcoma

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A 8-month old girl presented with a protruding mass per vagina along with blood stained discharge for 2 weeks. Examination revealed a non-ulcerated polypoid vaginal mass (**Fig. 1**). On investigation, she had no other abnormality. Biopsy of the excised mass showed a malignant growth showing small round cells consists of undifferentiated mesodermal cells and few striated muscle fibres-rhabdomyoblasts.

Vaginal rhabdomyosarcoma or botryoides variety of sarcoma is a rare type of childhood malignancy. It is a variety of soft tissue sarcoma originating from lower genital tract in female infants and girl children before the age of 5 years. Treatment of vaginal rhabdomyosarcoma can be done with chemotherapy (vincristine, cyclophosphamide and



actinomycin D/doxorubicin), surgery or combination depending upon the stage.

Spina Ventosa

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A 7-year old boy presented with a painless swelling associated with serosanguinous discharge in the left ring finger for 1 month. He also had cough and fever which was not documented. He had received multiple courses of antibiotics before coming to us. On examination, a non-tender, fusiform swelling of the left ring finger discharging serosanguinous fluid

was seen (**Fig.1**). X-ray revealed a lytic lesion with little periosteal reaction in the middle phalanx (**Fig.2**). X-ray chest revealed bilateral heterogenous opacities and hilar and paratracheal lymphadenopathy. The Zeil–Neilson staining of the discharge from the swelling demonstrated acid fast bacilli.

Tubercular infection of metatarsals, metacarpals and phalanges is usually associated with active



FIG. 1 Spindle shaped swelling of the finger.



FIG. 2 Lytic lesion evident on the radiograph.

pulmonary involvement. Tubercular infection involving the phalanges results in characteristic spindle shaped swelling of fingers, a condition known as spina ventosa. *Spina* is a latin word for “short bone” and *ventosa* is a latin word for “inflated with air”. The differential diagnosis of such a swelling includes syphilis and sickle cell dactylitis. Syphilis can involve the metaphysis or diaphysis. Syphilis, though rare now-a-days, can involve bone as a late manifestation of congenital syphilis or as

acquired secondary syphilis in cases of sexual abuse in children. On X-ray, a zone of sclerosis or periosteal reaction is seen. Sickle cell dactylitis leads to an acute painful swelling of fingers or toes. Most patients with sickle cell disease suffer from hemolytic anemia. Vaso-occlusion causes recurrent episodes of painful crisis. The X-ray shows periosteal new bone formation followed by medullary resorption, coarsening of trabeculae and cortical thinning.

Naproxen Induced Pustular Eruption

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A 10-year old girl diagnosed as polyarticular JIA (Juvenile Idiopathic Arthritis) was treated with Naproxen (15 mg/kg/day). Three days later, she developed multiple well circumscribed, painless,

mildly pruritic, pustular eruptions all over the body (**Fig. 1**). They appeared in crops, involving all parts of the body within a span of 6-8 hours, each pustule having diameter of 3-4 mm with few bigger ones. None of them had any sign of surrounding erythema