

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.

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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