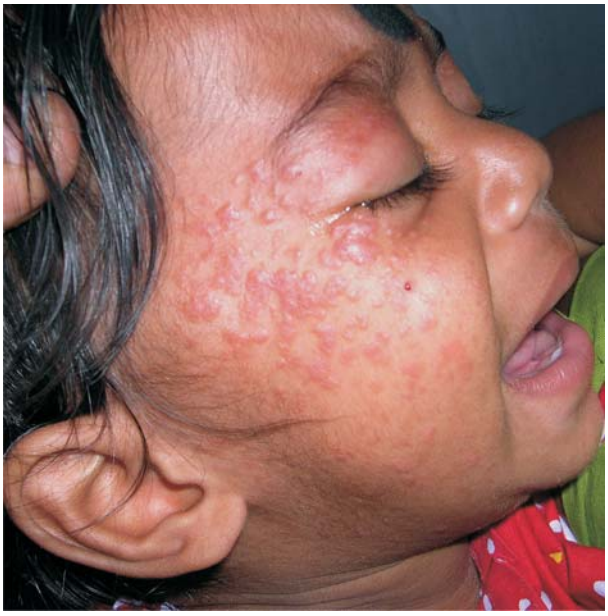

Fig. 1 *Erythematous papules of benign cephalic histiocytosis.*

Benign cephalic histiocytosis is a rare, self-limiting non-Langerhans cell histiocytic proliferative disorder of young children, primarily affecting the face. The average age of onset is 15 months. Asymptomatic erythematous macules and papules on the face gradually become reddish-brown and may spread to the neck, trunk, and upper limbs; mucous membranes are not involved. The differentials include Langerhans cell histiocytosis (red-brown papules that show erosion, hemorrhage and crusting), juvenile xanthogranuloma (orange/yellow papules often with mucosal/ocular involvement), urticaria pigmentosa (yellowish papules turning into weals on firm stroking), and generalized eruptive histiocytoma (recurrent crops of hundreds of yellowish/red-brown papules on face, trunk, and extensors). The eruption clears spontaneously after a variable period of time and requires no treatment.

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Pneumoscrotum

A 5-day-old term male neonate presented with scrotal swelling, which was brilliantly transilluminant (even without the use of torch), with shiny overying skin (***Fig.*1**) and gross abdominal distension (inset image). It was soft to touch, easily reducible with characteristic refilling with air. This differentiated it from hydrocele of tunica vaginalis and lymphangioma of inguinoscrotal region. There was history of rectal instrumentation for delayed passage of meconium, following which the symptoms gradually developed. As clinical signs of perforation peritonitis with pneumoscrotum were evident, an exploratory laparotomy was performed, which revealed a rent in the recto-sigmoid. The scrotal swelling spontaneously reduced as the peritoneal cavity was opened, which again differentiated it from hydrocele. Repair of perforation was done after taking biopsy from margins. Histopathological examination of the specimen ruled out Hirschsprungs disease. Patient had unevenful recovery and was discharged on 9th day.

Pneumoscrotum secondary to recto-sigmoid perforation following rectal instrumentation is extremely rare. Management must be directed towards its cause. Rectal irrigation must be performed gently with small volume (5-10 mL) of normal saline, using soft red rubber catheter to prevent such complications.

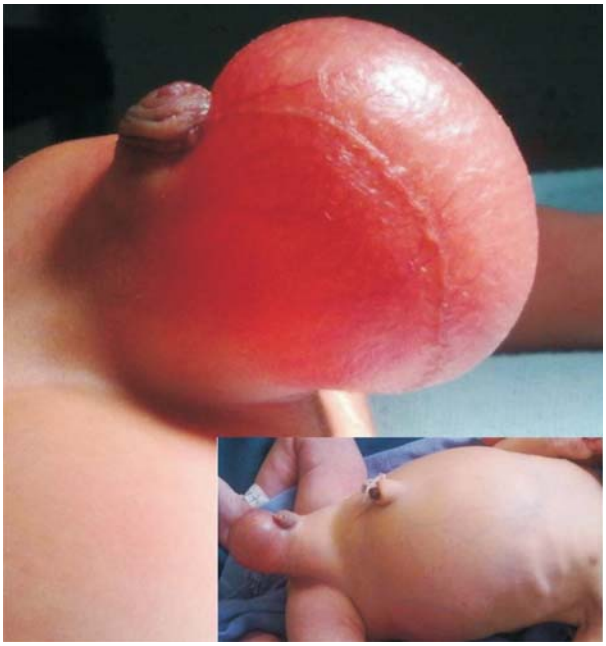

***FIG.*1** *Brilliantly transilluminant scrotum suggestive of pneumoscrotum.*

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