Grebe syndrome

We report a neonate with skeletal abnormalities, born at full term to a 21 year old primigravida mother. The child weighed 2000 g and measured 42 cm in length. There was marked distal limb reduction and the digits of both upper and lower limbs were markedly shortened. Legs were shorter than arms. Differential diagnosis include achondroplasia. However, short digit attached like grapefruits to the palms and foot (***Fig* 1**) helped in making the diagnosis of Grebe's syndrome. The condition has a normal lifespan.

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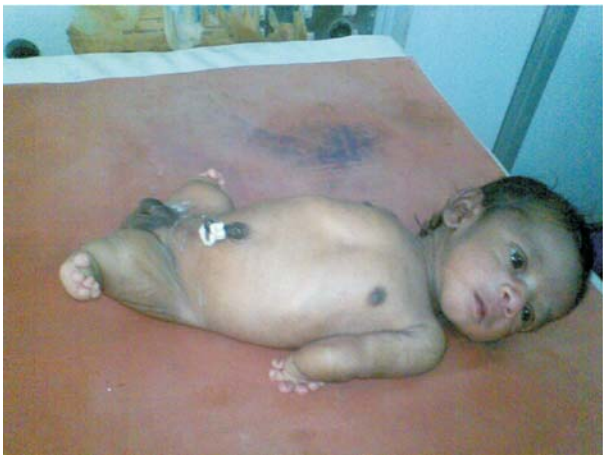

FIG. 1 *Neonate with Grebe's syndrome.*

Lymphangioma Circumscriptum

An 8 years old girl presented with multiple persistent grouped vesicles over right thigh since infancy. She was born with few vesicles only but developed more such lesions later on. There was intermittent spontaneous and traumatic discharge of both clear and hemorrhagic fluid from the lesions. Rest of the history was unremarkable. On examination, multiple grouped vesicles were seen in zosteriform pattern over right thigh (***Fig* 1**). Most of the vesicles were discrete, tense and red black. Few fresh vesicles containing clear fluid were seen. They were smaller and were slightly yellowish. Rest of the mucocutaneous examination was unremarkable. Based on history and clinical findings, diagnosis of lymphangioma circumscriptum was made.

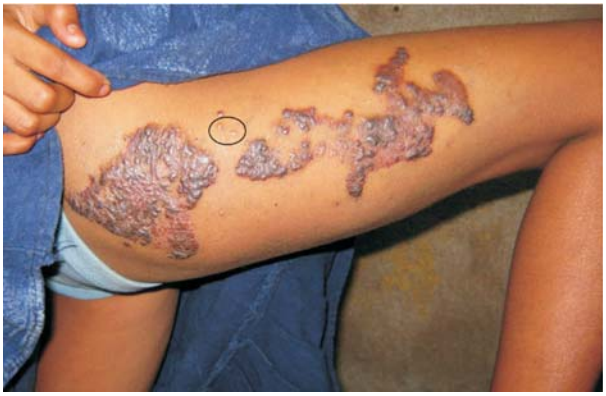

FIG. 1 *Multiple grouped red black coloured vesicles over right thigh. Note fresh vesicles (encircled).*

Lymphangioma circumscriptum is a microcystic lymphatic malformation that is localized to an area of skin, subcutaneous tissue & sometimes, muscle. It usually presents with persistent clustered vesicles containing clear fluid. The vesicles may be discrete or may be grouped into structures resembling "frog spawn". It may appear red-black when they contain blood, a frequent finding. Common differential

diagnoses include herpes simplex (usually has a prodrome of fever), herpes zoster (associated with pain and burning sensation at lesional site) and angiokeratoma circumscriptum (verrucous papules, more frequent history of bleeding). Treatment of choice is radical surgery.

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Giant Hemangiomas in a Newborn

A term newborn presented with large, well defined swellings, approximately 8cms × 10cms, bilaterally over the anterior chest wall. Overlying skin showed bluish discoloration. Multiple small bluish swellings were also present on the right upper limb **(*Fig* 1)**. A diagnosis of multiple hemangiomas with giant chest wall hemangiomas was made. No visceral lesion was found on ultrasonography. Baby died on third day of life due to haemorrhage and shock. Biopsy findings were consistent with hemangioma.

Hemangiomas occur in 1.1 to 2.6% of the neonates . They can be classified as superficial , deep or mixed. Deep hemangiomas need to be differentiated from lymphatic or venous vascular malformations. MRI can help distinguish between a vascular malformation and hemangioma.

Majority of hemangiomas involute without intervention. Giant hemangiomas can however present with complications such as cardiac failure, haemorrhage, platelet trapping and disseminated intravascular coagulation and may require early intervention. Modes of therapy employed include surgical excision, steroids, embolisation, radiotherapy and pneumatic compression. An early surgical intervention may have improved the outcome in this neonate.

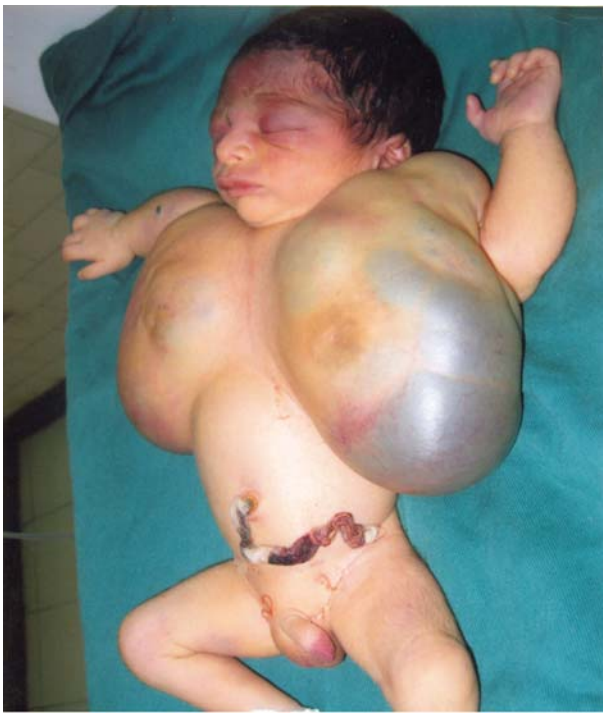

FIG.1 *Giant bilateral chest wall hemangiomas.*

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