

“Illuminating”- Early Diagnosis of Intestinal Perforation in a Neonate

A preterm baby presented on day 5 of life with abdominal distension and bilious vomiting. The abdomen was distended and tender. X-ray abdomen showed dilated bowel loops with pneumatosis intestinalis but no pneumoperitoneum. Twenty-four hours later the abdominal distension increased and abdominal transillumination done at the bed side showed increased transillumination (*Fig. 1*) as compared to a normal abdomen transillumination (*Fig. 2*). This suggested a diagnosis of pneumoperitoneum which was confirmed with an X-ray abdomen.

Transillumination is commonly used by neonatologists as an emergency bedside procedure to detect pneumothoraces, especially when urgent needle aspiration is required to decompress a tension pneumothorax or when obtaining X-rays may take time. Abdominal transillumination is a simple bedside tool that can be used to diagnose pneumoperitoneum in neonates. Using this, a quick diagnosis can be made even before the X-ray becomes available. This tool will be especially useful in low resource settings, where X-ray facilities are unavailable or take time to organize and will also avoid the need for repeated radiographs in the diagnosis of perforation in the setting of neonatal necrotising enterocolitis.

VIJAY GUPTA, SUSAN MARY ZACHARIAH AND
NIRANJAN THOMAS

*Department of Neonatology, Christian Medical College,
Vellore 632004, India.
niranjan@cmcvellore.ac.in*



FIG.1 *Transillumination of the abdomen showing pneumoperitoneum.*



FIG.2 *Transillumination of a normal abdomen.*

Bullous Dermatitis Artefacta

A 14-year-old girl presented with bullous lesions over both thighs for 3 weeks. There were variably sized, discrete and coalescent, tense bullae surrounded by irregular erythema (*Figs. 1,2*) and linear and curvilinear

erosions at various stages of healing. She provided inconsistent history of evolution and had been treated with systemic steroids without improvement. Her skin biopsy showed necrosis of epidermis and direct immunofluorescence was negative for C3, IgG, IgA, IgM. A diagnosis of bullous dermatitis artefacta was made and psychiatric evaluation was sought. She was given a diagnosis of borderline personality disorder with poor