

Marden-Walker syndrome and Trevor disease. Short feet are seen in Prader-Willi syndrome, 15q+ syndrome, various types of brachydactyly and other syndromes with short metatarsals like Cohen syndrome, Coffin-Siris syndrome, Roberts, syndrome, Weaver syndrome, etc.

The mean values for foot length increased from 5.25 cm at 28 weeks to 8.06 cm at 41 weeks in Israeli infants(1). The corresponding values in our study were 5.66 cm and 7.5 cm, respectively, indicating lack of ethnic difference in values of foot length as against well known ethnic differences in the facial measurements(5).

James *et al.* studied foot length measurement in the newborn as a method of estimating other anthropometric indices(2). They noted a positive linear correlation between foot length and other indices of body size in light for date and appropriate for gestational age babies of all gestational ages. They suggested that birth weight and crown heel length of premature babies can be estimated from the measurement of foot length that is performed simply and rapidly. Another advantage of foot length measurement is that the foot is usually accessible for measurement of its length even in premature babies nursed in incubators receiving intensive care (intravenous infusion lines, attachment to monitors and ventilators) in whom the measurement of body weight, body length and head circumference is virtually impossible because of lack of access to these babies for these anthropometric measurements(2).

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Gangrenous Stomatitis Following Measles

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Gangrenous stomatitis (Cancrum oris/Noma) is a necrotizing infection involving skin, subcutaneous fascia and bone. This is an infrequent complication noted in young malnourished children below 5 years of age after measles. we report below two children above 5 years of age with cancrum oris after measles.

Case Reports

Case 1: A 7-year-old unimmunized female child weighting only 13 kg, had

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fetid purulent discharge from the left cheek, noted 40 days after measles. The child was brought to the hospital one month later. The opening of the mouth was less than 0.5 cm. Alveolus of mandible on the left side was devoid of any tissue cover from second premolar and posterior extent was not seen. There was a fibrous band palpable over the cheek mucosa. The sequestrum was removed from maxilla and mandible. No organism was isolated from the discharge. She responded to high dose of intravenous crystalline penicillin and gentamicin given for 14 days besides good nutritional support. She awaits definite plastic surgical repair.

Case 2: A 10-year-old unimmunized boy weighing merely 14 kg, presented with fetid purulent discharge from a swelling over the left side of the mandible 15 days after measles. He was brought to the hospital after 40 days. The ulcer over the left mandible was covered with necrotic tissue (Fig.). Greyish looking masseter muscle was hanging loose at one end exposing mandible with a black discolored base. He had bronchopneumonia with no evidence of tuberculosis. The pus yielded a mixed growth of *Pseudomonas aeruginosa* sensitive to penicillin, cefotaxime and *Citrobacter* sensitive to ampicillin, gentamicin and chloramphenicol. He responded to intravenous crystalline penicillin, gentamicin and metronidazole given for 14 days besides adequate nutritional care. He is awaiting surgical repair with osseomyocutaneous flaps.

Discussion

Gangrenous stomatitis (cancrum oris) with extensive tissue loss has not been adequately reported in older children as a



Fig. Photograph of the patient (Case 2) with gangrenous stomatitis after measles. A necrotic ulcer exposing part of the left mandible is seen.

post measles complication. A prospective study of thousand cases of measles from Madurai, South India, reported only three children below 3 years of age with cancrum oris(1). No case was found in a study from Delhi(2). Stomatitis following measles was reported in 3.2% of 609 Afghan children but there were no cases of cancrum oris(3).

Cancrum oris is usually seen in young malnourished children after measles. It can occur as a complication of other illnesses like kala-azar, *Staph. aureus* septicemia, leukemia and in individuals with catalase deficiency(4,5). This infection due to *Fusobacterium fusiformi* or *Borrelia vincenti* starts as an ulceration on the gingiva and

spreads over and into the bone of jaw. From the gum it spreads into the inside of cheek and then through to the skin producing a large area of full thickness tissue loss. There may be sloughing away of the whole bone. This painful condition is associated with mixed aerobic and anaerobic infections.

Early intervention is necessary to prevent death and extensive tissue loss. Treatment of choice is with megadose of penicillin and metronidazole with or without aminoglycosides. High protein diet rich in vitamin helps in rapid recovery. In the acute phase local wound dressing with 5% sodabarbonate solution is useful. Plastic surgical repair after debriding all scar tissue is undertaken at the appropriate time with lined tube pedicle flap or osseomyocutaneous flaps with mouth wide open.

In South India, there is always a delay in seeking medical care during or after an attack of measles due to the strong belief that "measles will worsen if taken out of the house due to the wrath of Goddess". These cases constantly remind us of the continuing morbidity associated with measles despite increasing immunization coverage under Universal Immunization Programme in all developing countries.

Adequate nutritional support, immunization, early medical care and health education will prevent this post measles morbidity with extensive tissue loss.

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Chylous Mesenteric Cyst: An Unusual Cause of Neonatal Intestinal Obstruction

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Mesenteric cysts present more often in adults than children, and very rarely in neonates. Of the mesenteric cysts, chylous cysts are most uncommon. We report a neonate who presented with intestinal obstruction due to a chylous mesenteric cyst.

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