

Danger of Contrast Enhanced CT Scan

A ten-year-old male child was admitted with attacks of fall, myoclonic jerks and progressive physical and mental deterioration for the last one year. On examination, the vital functions were normal. He was conscious but demented. Speech was infrequent and intelligible. Frequent myoclonic jerks involving mostly the extremities and trunk were noted. There was no obvious focal deficit. Fundus was normal. Other systems did not show any abnormality. Clinically SSPE was suspected. Routine examinations of blood, stool, urine and CSF were normal. Samples of blood and CSF were sent for measles antibody titres, and the child was awaiting EEG. At that point a CT scan was planned. Conray 280, which contains meglumine iothelamate, was used for the contrast study. Following the CT scan the child went into deep coma. Soon he developed hypotension, shock and oliguria. Then he developed ventricular tachycardia and died about 48 hours after the scan. The CT scan report, however, turned out to be normal. We feel that the rapid deterioration and death in this child was due to the side effects of the contrast media.

Haslam *et al.*(1) reported rapid deterioration and also death following contrast enhanced CT in 4 brain tumor cases. They have attributed this to neurologic complications of meglumine which has been shown to produce seizures and neuronal

depression in animal experiments. The present case probably died because of neurologic as well as circulatory complications. The iodinated contrast agents are known to cause a variety of adverse effects which include anaphylaxis, hypersensitivity reactions, hypotension, circulatory failure, cardiac arrhythmia, cardiac arrest, convulsion and renal failure(2). It thus appears that contrast enhanced CT is not as safe as the plain CT. It may probably be omitted where no additional information is going to be obtained from it, as also suggested by Haslam *et al.*(1).

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REFERENCES

1. Haslam RHA, Cochrane DD, Amundson GM, Johns RD. Neurologic complications of contrast computed tomography in children. *J Pediatr* 1987, 111: 837-840.
2. Reynolds JEF. Martindale-The Extra Pharmacopoeia, 28th edn. London, The Pharmaceutical press, 1982, pp 434-445.

Ileocecal Lymphoma Presenting as an Epigastric Mass

Intestinal lymphomas are relatively rare and the third common small bowel tumors(1). Anomalies of midgut rotation account for about 1% of all intestinal