Letters to the Editor

Femoral Hypoplasia-Unusual Facies Syndrome

Femoral hypoplasia - unusual facies syndrome (FH-UFS) is characterized by femoral hypoplasia with characteristic facies(l,2). Till date this entity has not been reported from India. Recently we admitted one case of FH-UFS in the nursery of our institution.

A male patient, second of dizygous twin was born preterm (35-36 weeks), small for gestational age (birth weight 1.25 kg) by normal vaginal delivery. The pregnancy was uneventful. The first twin, a female baby was normal. There was no history of drug intake, X-ray exposure, diabetes or TORCH infection in the mother. The baby had micrognathia, cleft palate, thin upper lip, long philtrum, depressed nose, upward slant of eyes, short stature, small proximal segment of lower limb, small

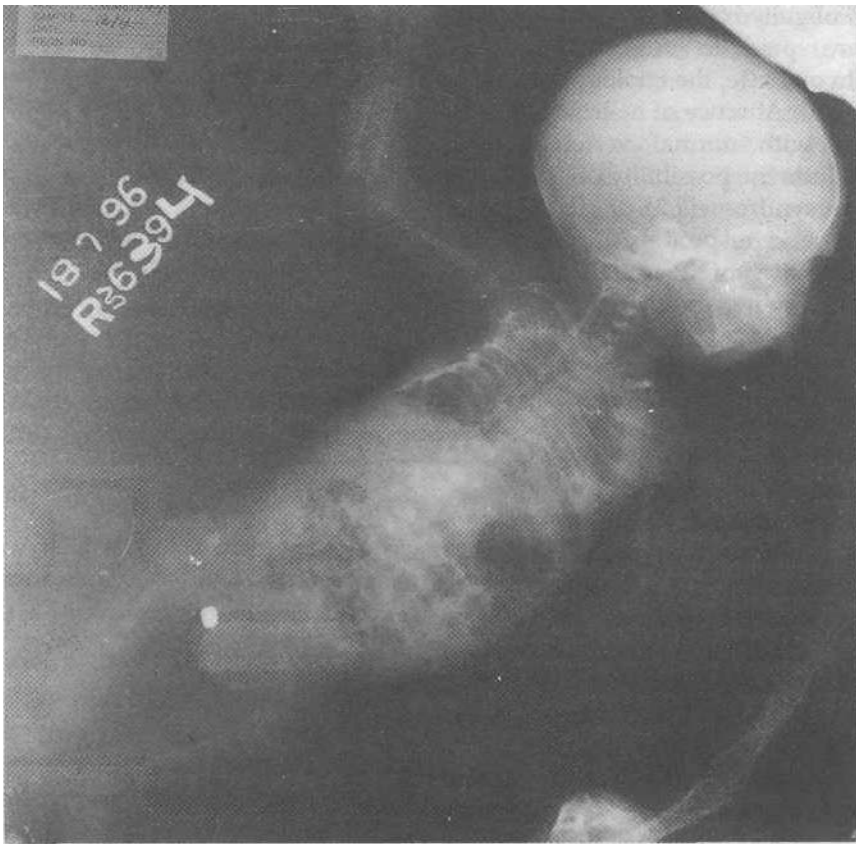

Fig. 1. *X-ray showing micrognathia, hypoplastic left humerus, bilateral femoral hypoplasia, variable intercostals spaces with crowding and fusion of ribs.*

proximal segement of left upper limb with varus deformity and limited movement of left elbow joint. Investigations revealed normal hemogram, liver function tests, kidney function tests, serum electrolytes and ultrasound skull. Ultrasound abdomen showed small right kidney with normal echotexture. X-ray of the baby showed micrognathia, hypoplastic left humerus, bilateral femoral hypoplasia, variable intercostal spaces with crowding and fusion of ribs *(Fig, 1).*

FH-UFS is a distinct clinical entity(l-2). The findings in our case were typical of FH-UFS. In majority of the cases, the etiology is unknown but maternal diabetes mellitus, fetal constraint deformation (for example, oligohydramnios) and genetic factors are possible suggested etiologies(l,2). In our case, the etiology could not be established. Absence of neurological abnormalities with normal vertebrae and sacrum exclude the possibility of caudal regression syndrome(2,3). Lack of glossoptosis and respiratory difficulty exclude possibility of Pierre Robin syndrome^). Crowding and fusion of multiple ribs and unilateral small kidney were additional findings in our case and they do not form an essential component of this syndrome. The majority of cases of FH-UFS are normal in intelligence and have normal life span(l-3). Treatment is symptomatic.

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Intraosseous Infusion in a LBW Neonate

Intra-osseous infusion (IOI) refers to the administration of fluids namely crystalloids, blood, blood products and drugs into the medullary cavity of the long bones. This procedure utilizes the rich vascular net work of long bones as a non-collapsible vein. Its utility in critically ill children in whom vascular access may not be possible in an emergency situation is well documented(l,2). This communication reports successful adoption of IOI in a LBW neonate.

An intrauterine growth retarded (1.6 kg) male baby presented with septicemic shock and sclerema. Immediate venesection attempts were unsuccessful. Ultimately successful IOI was achieved in the upper end of the left tibia and this could save the baby. Afterwards venous