

hyperpigmented. There was cough impulse but no trans-illumination. A provisional diagnosis of frontal meningocele was made. Differential diagnoses included dermoid cyst, hemangioma, neurofibromatosis, rhabdomyosarcoma and encephalocele. Dermoid cyst, hemangioma, and neurofibromatosis are easily distinguished by their peculiar external appearance. Rhabdomyosarcoma is a rapidly progressing tumor; a relatively benign appearance of this tumor after a long period is against its diagnosis.

CT scan confirmed the diagnosis of right frontonasal encephalomyelocele with partial corpus callosal agenesis. He was referred to a higher center for surgical management.

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Ichthyosis Linearis Circumflexa

A 7 years old girl, born of a non-consanguineous marriage, presented with multiple asymptomatic dry and scaly patches over her body since infancy. The patches were constantly changing their shape and pattern, resolving in 2-3 weeks with mild transient hypopigmentation, and were recurrent. Lesions tended to get better in summer with aggravation in winter. On examination, she had multiple, erythematous annular and polycyclic scaly patches with double-edged scales at the periphery of the lesions. They were present bilaterally and in asymmetric manner over face, neck, trunk and extremities. Hair, nail and mucosa were normal (**Fig. 1**). Clinically the child was diagnosed as Ichthyosis linearis circumflexa (ILC). Routine investigations, KOH mount and Wood's lamp examination were unremarkable. Histopathological findings were consistent with this diagnosis. The child was treated with oral isotretinoin 10 mg a day for 1 month and lesions resolved within 2 weeks. No new lesions have appeared since then. ILC is a rare autosomal recessive disorder of keratinisation. Association of ILC, hair abnormality and atopic diathesis is called Netherton's syndrome (NS). Common differential diagnoses include erythro-dermic atopic/seborrhoeic eczema, staphylococcal/ Candida infection, tinea corporis and familial peeling skin syndrome. In neonatal period, intensive medical, nursing and nutritional care must be available to



FIG. 1 Lesions distributed symmetrically on trunk.

manage erythroderma and its complications. In older children, regular emollients (e.g. ammonium lactate 12%) are helpful.

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