

## Green Pigmented Teeth

A male child born with rhesus-isoimmunisation was treated with double volume exchange transfusion followed by phototherapy for 96 hours. On day 10, he was found to have conjugated hyperbilirubinemia which gradually progressed (maximum value, 42 mg/dL; conjugated fraction, 32 mg/dL on day 30). Hepatobiliary-iminodiacetic-acid (HIDA) scan showed delayed clearance. He received phenobarbitone for five days, keeping the possibility of inspissated bile plug syndrome. Gradually the bilirubin level decreased to 6mg/dl by 2 months of age. The baby had eruption of deciduous teeth at 7 months of age which were green-to-black stained. At current age of 18 months, all the teeth are green-to-black stained (**Fig. 1**).

Hyperbilirubinemia causes reversible staining of all tissues except the teeth. In the latter, bilirubin is permanently trapped because of loss of metabolic activity after maturation. Differential diagnosis of green teeth includes – neonatal cholestasis (*e.g.*, biliary atresia, sepsis, pathological hyperbilirubinemias, and metabolic diseases), hemolytic-anemia, congenital hypothyroidism, hepato-biliary problems, and drug administration. Treatment options include; composite resin restorations,



**FIG.1** Green-to-black stained deciduous teeth.

bleaching techniques, and use of transillumination with ultraviolet light.

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## Erythematous Vesicular Lesion

An eleven- year -old boy presented with erythematous lesion over the left post auricular region for one day. There was history of an insect seen over the area of rash on previous night. On examination, he was afebrile and had erythematous rash with vesicles over the posterior aspect of the left auricle and mastoid area (**Fig. 1**). The findings of systemic examinations were normal. His complete blood count was within normal limits. Based on the history, presence of typical kissing lesions a diagnosis of *paederus* dermatitis was made. The child was treated with topical steroid ointment. Skin lesions healed completely within one week.



**FIG.1** Vesicles over auricle.