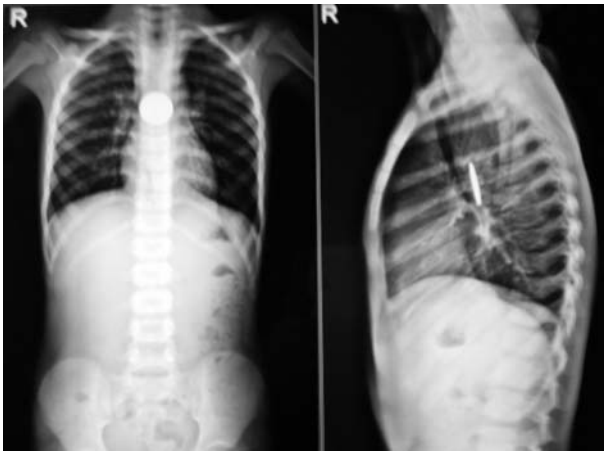

FIG. 1 *X-ray chest PA and Lateral view showing radio-opaque foreign body.*

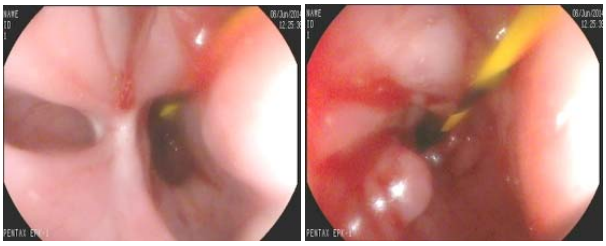

FIG. 2 *Stricture and diverticulum in esophagus.*

Retained esophageal foreign bodies are uncommon in pediatric practice and they should be endoscopically removed as soon as possible. In our patient, the appropriate management for coin ingestion was not done at the time of ingestion and thus led to retained foreign body and stricture formation. Esophageal stricture resulting from a long-standing lodgment of metallic foreign bodies has been reported earlier [3,4]. As retained esophageal foreign body can lead to stricture, a timely appropriate management should be done at the time of ingestion.

***MOHIT KEHAR AND #MALAY SHARMA**

Division of Pediatric Gastroenterology and Hepatology, Institute of Child Health ,
Sir Ganga Ram Hospital, Delhi; and #Jaswant Rai hospital, Meerut, UP. *mohitkehar86@yahoo.co.in.

REFERENCES

1. Wyllie R. Foreign bodies in the gastrointestinal tract. Curr Opin Pediatr. 2006; 18:563.
2. Uyemura MC. Foreign body ingestion in children. Am Fam Physician. 2005; 72:287.
3. Doolin EJ. Esophageal stricture: An uncommon complication of foreign bodies. Ann Otol Rhinol Laryngol. 1993;102:863-6.
4. Sheen TS, Lee SY. Complete esophageal stricture resulting from a neglected foreign body. Am J Otolaryngol. 1996;17:272-5.

Pamidronate for Long-term Control of Hypercalcemia Associated With Williams Syndrome

Hypercalcemia in Williams Syndrome is usually mild and transient, but in about 5% of patients, it may be severe, and associated with medullary nephro-calcinosis [1].

A 3-year-old boy, second born of non-consanguineous parents with uneventful perinatal history, presented to us with global developmental delay and failure to thrive. He had history of feeding difficulty, constipation, increased frequency of micturition, and increased irritability, and failure to thrive. Examination revealed facial features characteristic of Williams syndrome. Initial blood investigations revealed total serum calcium of 14.5 mg/dL and phosphorus of 6.2 mg/dL. Serum 25-OH vitamin D was 21.4 ng/mL, serum i-PTH was 2.5 pg/mL and urinary calcium creatinine (Ca/Cr) ratio was 2.4. Repeat values were consistent with PTH-independent hypercalcemia and hypercalciuria. Ultrasonography of kidneys showed bilateral dense medullary nephrocalcinosis. Genetic analysis using Fluorescence in situ hybridization (FISH) was done which confirmed deletion in region of 7q11.23.

We started the child on calcium-restricted diet, intravenous fluids for hydration, and furosemide to reduce serum calcium levels. Despite these measures, there was no decrease in serum calcium levels for 48 hours and the repeat serum calcium level was 15.2mg/dL. We administered single dose of pamidronate (1mg/kg) as intravenous infusion over 6 hours. Gradually the serum calcium levels decreased over a period of 3 days to 10.2 mg/dL. On subsequent follow up visits, at 2,4, 8, 12 weeks, and 6 and 12 months, the serum calcium level and urinary calcium creatinine ratio were in normal range. His irritability, feeding difficulty and constipation resolved, and he was gaining weight.

Though the association of Williams syndrom with hypercalcemia is well established, the exact mechanism

causing the same is still unravelled. Various mechanisms like increased Vitamin D sensitivity [2] and defective calcitonin synthesis and release [3] have been proposed. Recently, TRPC 3 channel was found to be overexpressed in intestine and kidneys of these patients, implying that over-absorption from these tissues as the cause of hypercalcemia [4]. Pamidronate acts by inhibiting osteoclast activity, thus reducing bone absorption and turnover. In our patient, similar to a previous report [5], hypercalcemia was well controlled with pamidronate therapy, speculating that increased bone metabolism might be the likely cause. Though pamidronate has not been approved for use in children, phase III trials are underway for its use in children with osteogenesis imperfecta.

JAVED ISMAIL
Department of Pediatrics, AIIMS, Ansari Nagar, New Delhi, India. javedisi86@gmail.com

REFERENCES

1. Committee on Genetics. American Academy of Pediatrics: Health care supervision for children with Williams syndrome. Pediatrics. 2001;107:1192-204.
2. Forfar JO, Balf CL, Maxwell GM, Tompsett SL. Idiopathic hypercalcaemia of infancy; Clinical and metabolic studies with special reference to the aetiological role of vitamin D. Lancet. 1956;270:981-8.
3. Culler FL, Jones KL, Deftos LJ. Imparied calcitonin secretion in patients with Williams syndrome. J Pediatr. 1985;107:720-3.
4. Letavernier E, Rodenas A, Guerrot D, Haymann JP. Williams-Beuren syndrome hypercalcemia: Is TRPC3 a novel mediator in calcium homeostasis? Pediatrics. 2012;129:e1626-30.
5. Sangun O, Dundar BN, Erdogan E. Severe hypercalcemia associated with Williams syndrome successfully treated with pamidronate infusion therapy. J Pediatr Endocrinol Metab. 2011;24:69-70.

Branding – A Harmful Practice

'Branding' refers to a traditional practice whereby third degree burns are inflicted on the skin with a hot iron rod or metallic object, burning ropes and metal rings, to treat various conditions [1,2]. In several Asian and African societies where traditional medicine is still widely prevalent, branding is used. These ancient methods are crude and inhuman, causing the treatment to be more unbearable than the original complaint, and carry the risk of complications [1].

Recently, we witnessed two children with an unusual site, shape, indications and methods used for branding. A 9-year-old child was admitted with diagnosis of post traumatic neuropathy of right lower limb (due to intramuscular injection given in gluteal region). This patient had a circumferential deep branding mark in middle of the right leg (***Fig.* 1a**). This branding was done by applying a thick thread (Known as *laccha*, a 'sacred' thread) immersed previously in boiling oil, circumferentially over the middle of affected leg.

Another child (6-year-old) residing at nearby village, admitted with hepatitis A, had a circular and deep branding mark on the dorsal aspect of distal part of upper arm (***Fig.* 1b**). It was done by grandfather of the child despite unwillingness of both parents (both educated up to higher secondary). It was said to be done by circular coil made of copper wire kept in burning coal. According to father of the patient, many patients suffering from jaundice come to his father for branding every day.

(a) *(b)*

FIG. 1 *Circumferential (a) and circular (b) branding marks. (See color image at website)*

In spite of great advances in medicine, crude and harmful methods of heeling like Branding are still prevalent all over, especially among illiterate and poor people. It can cause acute infection, allergic reactions and sequelae arising from third-degree burns. Indian constitution provides immunity to our children by any 'Hurt' under the Juvenile Justice 'Care and Protection of Children' Act [3].

Stringent action must be taken to prevent these hazardous practices to protect our children.

Acknowledgement: Dr Mamta Dhaneria, Professor, Department of Pediatrics, RDGMC, Ujjain.