

Calcinosis is a hallmark sequelae of JDM [1]. Alum, alendronate, diltiazem and rituximab are few drugs used for treatment of calcinosis [3]. Pamidronate is a nitrogen-containing bisphosphonate which inhibits bone resorption used to treat osteoporosis [4]. Although the mechanism of action of pamidronate is unclear, it was chosen based on available adult studies [1,4,6]. A significant decrease in calcinosis was found in two cases whereas there was complete clearance in one case. Aggressive treatment with disease modifying anti-inflammatory agents (DMARDs) early in the course of disease seem to be effective in good disease control as was evident from case 1 and 3. Prompt diagnosis and early intervention prevents further calcinosis. Our results suggest that treatment with pamidronate infusion may achieve good disease control in prevention of further calcinosis in JDM.

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Electrical Injury Causing Facial Nerve Palsy in a Toddler

Although electrical injuries are one of the common injuries encountered in clinical practice, low voltage electrical injuries presenting as focal neurological deficits are rare. We report the case of a 3-year-old boy who presented with right facial palsy and hemotympanum after electrical injury.

Keywords: *Childhood injuries, Electric shock, Paralysis.*

The curiosity of children to explore new things increases their risk of childhood accidents [1,2]. The most common sources for electrical injuries in children are electric sockets, faulty appliances, and live wires [3].

A 3-year-old boy was brought to us for consultation with deviation of angle of the mouth and inability to close his right eye for a day. Neurological examination showed deviation of angle of mouth to left side, absence of wrinkling of forehead on the right side, and incomplete closure of the right eye, with rest of the central nerve system and systemic examination was normal. Initially, idiopathic Bell palsy was considered as the diagnosis,

but when a detailed history was elicited, a history of electric injury 1-day back was revealed which was thought to be irrelevant by the parents and hence was not initially revealed by them. The child did not have any history of trauma to the right ear or face, and there were no symptoms suggesting infection of right ear. Ooscopic examination revealed the presence of reddish-blue ear drum suggesting hemotympanum. Blood cell counts, creatinine kinase, urine analysis, renal and liver function tests, and electrocardiogram were within normal limits. Prothrombin time, activated partial thromboplastin time, bleeding time and clotting time were also found to be within normal limits.

The child was diagnosed as having Grade IV of House Brackmann lower motor neuron (LMN) type facial nerve palsy of right side with hemotympanum due to low-voltage electric current injury. Patient was started on low-dose oral steroids, eye lubricant and eye bandage to prevent exposure keratitis. The child was discharged after 3 days on low-dose oral steroids. On reviewing after one week, there was improvement of the facial palsy (grade 3). At follow-up, almost three months following the incident, the child had fully recovered with no residual facial nerve palsy or hemotympanum.

Low-voltage electricity, commonly used for household purpose, is the most common type of electric injury in children. Low-voltage current transmits through tissues like blood vessels and CNS tissue offering low resistance [4]. Low currents can induce fatal injuries, especially in children due to their increased body surface area to volume ratios, reduced overall fat content, thinness of skin and slowed withdrawal from the source of electric currents [5]. The injury sustained by the patient described in this report is unusual, the current being delivered at the right hand causing hemotympanum and facial palsy as it traversed the middle ear. Unilateral facial nerve palsy is commonly idiopathic, followed by traumatic, infectious, malignancy, familial and rarely congenital; it following a low voltage electric injury is extremely uncommon [6].

Electrical injuries are one of the commonest accidental household injuries in children and almost always preventable. Adequate adult supervision is always advised whenever the children are around potential electrical hazards [2]. Electrical injuries may present with an obvious external injury or it can remain hidden from an unsuspecting eye. Thus, it is important to elicit this history carefully from parents in suspected cases.

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