

2. Khar AK, Sen JK. Lymphatic cyst of the greater omentum. *J Indian Med Assoc* 1975, 65: 308-309.
3. Montgomery AH, Wolman IJ. Lymphangiomas of the greater omentum. *Surg Gynecol Obstet* 1935, 60: 695-702.
4. Fitts WA, Harvie F. Primary omental cyst: a rare cause of abdominal symptoms. *Surgery* 1951, 30: 706-708.
5. Mukhopadhyaya B, Ghosh A, Biswas U, Majumdar P. Omental cyst in infancy and childhood. *Indian J Surg* 1990, 52: 295-296.
6. Raffensperger JG. Omental and mesenteric cysts. In: "Swenson's Pediatric Surgery", 4th ed. Ed Raffensperger JG. New York, Appleton-Century Crofts, 1980, p 153.

Childhood Obesity and Hypertension

The recent article on childhood obesity and hypertension was timely and an eye opener(1). I would like to express the following comments.

During the follow up period of six months, only nine out of sixteen children with persistent hypertension could be investigated. Of these six had hypercholesterolemia. It remains to be clarified whether these six children were obese or not, because if so, the said metabolic disorder becomes additional high risk factor in the etiopathogenesis of hypertension.

In a review of 404 children studied prospectively, the authors conclude that most obese 5% of children at age 6-7 years were all in the most obese 10% of 13-14 year-old and, retrospectively, 44% of the most obese 10% of 13-14-year-old were in the most obese 5% of age at 6-7 years. This shows very accurate tracking of the most

obese children remaining in the same obese state over the span between ages 6 and 14 years(2). After the age of 5 years, there is a statistically significant tendency for fat children to become fat adults(3). These observations add to the significance of early therapeutic intervention and advice to families with obese children, so aptly brought out by authors of the study referred to in the beginning(1).

T.S. Raghu Raman,

Department of Pediatrics,

No. 5, Air Force Hospital, C/o 99 APO.

REFERENCES

1. Gupta AK, Ahmad AJ. Childhood obesity and hypertension. *Indian Pediatr* 1990, 27: 333-337.
2. Sohar E, Scapa E, Ravid M. Constancy of relative body weight in children. *Arch Dis Child* 1973, 48: 389-392.
3. Mullins AG. The prognosis in juvenile obesity. *Arch Dis Child* 1958, 33: 307-314.

Parental Attitudes to Pediatric Intravenous Procedures

Acute illness and intravenous procedures may be one of the major event in a child's life. A search of medical literature yields limited data on the parental attitudes and preferences for these procedures(1). We conducted this study to find out parental attitudes towards basic pediatric procedures of intravenous sampling and/or intravenous placement and whether parents would prefer to remain present with the child during these procedures.

The parents of children who were admitted to pediatric wards in the Depart-