Pseudoallergies can only be diagnosed via a strict exclusion diet.

Role of allergens in pathogenesis of nephrotic syndrome have already been elucidated in the literature. Fanconi, et al. [3] suggested that allergens could be the triggering factor in the development of proteinuria. There are several case reports exemplifying the role of food allergens in minimal change disease. Laurent, et al. [4] studied the effect of allergen-free diets in steroid-dependent or steroid-resistant idiopathic nephrotic syndrome. Although there is dearth of data on role of pseudoallergens in diet as a triggering factor in nephrotic syndrome, our case suggests the possibility. Further research is needed to confirm this correlation.

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Subcutaneous Calcification at Honeybee Sting Site

Children very frequently become victims of honeybee sting because of their limited self-defence and curiosity. Clinical manifestations are usually acute, and chronic complications are extremely rare [1]. We report late onset, local subcutaneous calcification following an apparently uneventful honeybee sting.

An 8-year-old girl presented with a subcutaneous mass over the left suprascapular region for 7 months. There was a history of sting by honeybee at the same site 10 months back. The child had mild self-limiting pain following the incident. A slowly progressing mass was noticed by the parents three months after the sting. On examination, the mass was 25 mm x 7 mm in size, irregular, firm, mobile and nontender (**Fig. 1a**). The overlying skin was free, with a small visible hypopigmented swelling. Chest X-ray revealed subcutaneous calcification. Ultrasonography over the swelling revealed a subcutaneous, hyperechoic deposit with a linear morphology that produced an acoustic shadow which was suggestive of calcific lesion. The lesion was measuring 18mm x 8mm, without any evidence of vascularity (**Fig. 1b**). Serum calcium levels were normal. A diagnosis of subcutaneous calcification secondary to honey bee sting was



Fig. 1 *a*) Crescent shaped left suprascapular swelling measuring 2.5×0.7 cm.; *b*) High resolution ultrasonography image showing subcutaneous, hyperechoic deposit with a linear morphology (white arrow) and acoustic shadow suggestive of calcific lesion.

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made. Parents were counseled regarding the benign nature of the lesion.

In honeybee sting, the stinger is detached from the body following sting which leads to death of the insect [1]. The clinical features following honeybee sting may comprise of allergic reactions, organ dysfunction and rarely, late manifestations like formation of granuloma and subcutaneous tissue calcifications [2,3].

Unlike honeybee sting, subcutaneous calcifications have been reported following sting by other insects belonging to Hymenoptera [4]. Both dystrophic and metastatic calci-fications can occur due to toxic reactions by the venom, direct inoculation of bacteria and secondary to immune reactions. Hyperphosphatemia, raised levels of TNF- α and corticosteroid use have been linked to the metastatic calcification following the sting [4].

Long term follow up is necessary in these cases in view of the possibility of granuloma formation and calcification. Clinicians should be aware of this rare and late complication in order to avoid misdiagnosis and unnecessary treatment in affected children.

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