rise to bruit probably due to turbulent flow.

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Dandy Walker Malformation: A Cause of Developmental Retardation

Delayed motor development is a common symptom in infancy. Dandy Walker malformation is a developmental anomalies of IV ventricle and cerebellum and occurs in approximately 1 in 30,000 live births. There is paucity of literature on this malformation in India(l,2).

A $1^{1/2}$-year-old boy was admitted with history of not growing well since 1 year. He was born to a nonconsanguinous marriage at full term with birth weight of 2.8 kg. Antenatal, natal and immediate postnatal history was uneventful. The child was emaciated, weight being 50% of expected, head circumference 46 cm, and length 75 cm. Head was dolicocephalic with fontanelle 2x2 cm and pulsatile. Ears were low set, palate high arched and pectus excavatum present. The posterior portion of the head was abnormally enlarged and there was pronounced shelf in occipital area. CNS examination revealed developmental quotient of 3 months, poor response to sound, nystagmus present with searching eye movements. Examination of fundus revealed retinal hypoplasia. Pyramidal signs were present. Lateral view of skull showed large posterior fossa. CT scan head showed absence of vermis, hypoplastic lateral lobes of cerebellum and cystic dilatition of IV ventricle which communicated with spinal canal. The III and lateral ventricles were normal. These findings were characteristic of

Dandy Walker malformation. The child was sent to Pediatric Surgery Department for further management, where he was lost to follow up.

Numerous brain abnormalities accompany the Dandy Walker malformation including agenesis of corpus-callosum, polymicrogyria, agyria, aqueductal stenosis, Klippel Feil syndrome, microcephaly, syringomyelia, *etc(3)*. None of these were seen in our case. It may also be associated with maternal exposure to isotretinoin in first trimester of pregnancy. Familial forms have been reported with autosomal recessive inheritance(4,5).

It is recommended that any infant presenting with delayed motor development having dolicocephalic head with prominent occipital shelf, a cranial ultrasonography or CT scan head should be done to rule out any surgically remedial cause. It is also important from the point of view of prognosis and early diagnosis prenatally in the next prenancy(2).

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Thin Meconium Stained Liquor—What is the Right Approach ?

Suresh *et al.(1)* in their article on meconium stained liquor (MSL) have again kicked the dust that was settling down. The current consensus is that thin meconium stained liquor shall be considered as similar to clear liquor and may not require postnatal endotracheal suctioning other than intrapartum