

water but also with providone iodine and alcohol.

**P.S. Shekhawat,
R.N. Singh,
R. Shekhawat,
K.R. Joshi,**

*Departments of Pediatrics & Microbiology,
Regional Institute of Maternal and
Child Health,
S.N. Medical College, Jodhpur.*

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Unusual Presentation of a Suboccipital Lymphangioma

Lymphangiomas are mainly distributed over the posterior triangle of neck (75%) and axilla (20%). The remaining 5% are seen in the mediastinum, retroperitoneal area, plevis and groin. Diagnosis in a classical clinical setting poses no problems and ultrasonography or CT scan are usually

unnecessary. We report a rare case of suboccipital lymphangioma which was diagnosed as a sequestered meningocele, with the diagnosis being arrived at on the histopathological examination.

A 2½-year-old child had a progressively increasing swelling over the nape of the neck since birth. The midline swelling was soft, fluctuate and brilliantly transilluminant, in the suboccipital region extending down to C.4 spine. It measured about 12 cm × 10 cm in size. There was a doubtfully positive cough impulse. Neurological examination was normal. A clinical diagnosis of meningocele was considered. Plain X-rays of the skull and cervical spine were normal. Ultrasonographic examination of the swelling suggested a cystic lesion with the possibility of a suboccipital meningocele. CT scan revealed a low attenuation suboccipital mass with erosion of the underlying skull. However, iohexol CT-cisternography did not show any flow of the contrast into this sac (*Fig.*) At this stage, the possibility of a sequestered meningocele was considered in a classical clinical setting. A total excision of this suboccipital cystic lesion was carried out through a midline suboccipital incision. The cyst was multiloculated, contained hemorrhagic fluid (iatrogenic), and had a smooth and shiny wall. There was no evidence of any intracranial extension. Histopathological examination demonstrated it to be a lymphangioma. The postoperative course was uneventful.

Cystic lymphangiomas develop from the sequestration of lymph sacs during embryonic life(1). The present location of the lymphangioma is believed to be an ectopic variant resulting from sequestration and probable migration during embryogenesis. Common lesions mimicking a lymphangiomas are hemangiomas, dermoid



Fig. Iohexol CT cisternography showing outline of the cyst (small straight arrows) and contrast column not communicating with cyst (open arrow).

cysts and lipomas, but they are not transilluminant. A sequestered meningocele poses a major diagnostic challenge in such a clinical setting. MRI or direct aspiration(2) and injection of contrast medium may help to differentiate the two.

R.C. Thakur,
V.K. Kholsa,
V.K. Kak,
B.D. Radotra,

Post Graduate Institute of Medical
Education and Research,
Chandigarh 160 012.

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NOTES AND NEWS

NATIONAL WORKSHOP ON PROBLEMS IN PEDIATRIC UROLOGY

First National Workshop on Problems in Pediatric Urology will be held at AIIMS, New Delhi from *January 27-30, 1992*. Faculty will include Pediatric Surgeons from USA, UK and India. The Registration Fee is Rs. 500/-. The number of participants will be limited to about 40-50 only. Hostel type of accommodation near AIIMS will be provided on request on nominal charges.

For registration and further information, please contact:

Prof. M. Rohatgi,
Head, Department of Pediatric Surgery,
Room No. 4002, P.C. Block,
AIIMS, Ansari Nagar,
New Delhi-110 029.