

“Illuminating”- Early Diagnosis of Intestinal Perforation in a Neonate

A preterm baby presented on day 5 of life with abdominal distension and bilious vomiting. The abdomen was distended and tender. X-ray abdomen showed dilated bowel loops with pneumatosis intestinalis but no pneumoperitoneum. Twenty-four hours later the abdominal distension increased and abdominal transillumination done at the bed side showed increased transillumination (*Fig. 1*) as compared to a normal abdomen transillumination (*Fig. 2*). This suggested a diagnosis of pneumoperitoneum which was confirmed with an X-ray abdomen.

Transillumination is commonly used by neonatologists as an emergency bedside procedure to detect pneumothoraces, especially when urgent needle aspiration is required to decompress a tension pneumothorax or when obtaining X-rays may take time. Abdominal transillumination is a simple bedside tool that can be used to diagnose pneumoperitoneum in neonates. Using this, a quick diagnosis can be made even before the X-ray becomes available. This tool will be especially useful in low resource settings, where X-ray facilities are unavailable or take time to organize and will also avoid the need for repeated radiographs in the diagnosis of perforation in the setting of neonatal necrotising enterocolitis.

VIJAY GUPTA, SUSAN MARY ZACHARIAH AND
NIRANJAN THOMAS

*Department of Neonatology, Christian Medical College,
Vellore 632004, India.
niranjan@cmcvellore.ac.in*



FIG.1 *Transillumination of the abdomen showing pneumoperitoneum.*



FIG.2 *Transillumination of a normal abdomen.*

Bullous Dermatitis Artefacta

A 14-year-old girl presented with bullous lesions over both thighs for 3 weeks. There were variably sized, discrete and coalescent, tense bullae surrounded by irregular erythema (*Figs. 1,2*) and linear and curvilinear

erosions at various stages of healing. She provided inconsistent history of evolution and had been treated with systemic steroids without improvement. Her skin biopsy showed necrosis of epidermis and direct immunofluorescence was negative for C3, IgG, IgA, IgM. A diagnosis of bullous dermatitis artefacta was made and psychiatric evaluation was sought. She was given a diagnosis of borderline personality disorder with poor



FIG. 1 Tense, hemorrhagic bullae, bizarre shaped, crescent shaped and linear superficial erosions over the thigh.



FIG. 2 A tense blister with linear erythema and vesiculation indicating streaking.

impulse control and admitted to inducing lesions with chemicals and pinching. She was kept under observation and treated with Olanzapine and topical antibiotics with counseling which led to healing of lesions.

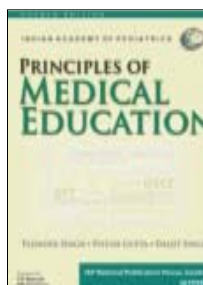
Dermatitis artefacta is a disorder of self-injurious behavior for psychological gain. There is predominant involvement of adolescent females. Bullous dermatitis artefacta can be differentiated from immunobullous diseases by the erratic history, overnight onset and presence of bizarre, linear or geometric lesions and superficial erosions. The lesions can be induced by

picking, pinching, burning, scalding with chemicals, suctioning or cryoinjury. The management should include avoidance of confrontation, behavioral therapy, and appropriate pharmacotherapy. A high index of suspicion can ensure timely psychiatric intervention.

D PANDHI AND A SINGAL

*Department of Dermatology and STD,
University College of Medical Sciences and
Guru Tegh Bahadur Hospital,
University of Delhi, Delhi, India.
deepikapandhi@rediffmail.com*

BOOK REVIEW



Principles of Medical Education

**TEJINDER SINGH, PIYUSH GUPTA
AND DALJIT SINGH**

*Jaypee Brothers; New Delhi
Pages: 210; Price: Rs. 295/-.*

This is an excellent compilation of every possible aspect of medical education; needs of both the learner and the teacher have been attended to. Complex concepts have been made comprehensible through generous use of examples. I particularly enjoyed the chapters that dealt

with clinical teaching, and with assessment. We teachers are sorely in need of reminding that there is a method to the madness of teaching, and many advantages to learning how to teach effectively. Medical students must get the best learning deal possible to ensure they become competent, humane, and ethical medical practitioners. This book is a big step in that direction.

UPREET DHALIWAL

*Professor of Ophthalmology,
University College of Medical Sciences; and
Dean, Faculty of Medical Sciences,
University of Delhi, Delhi 110 095, India.
upreetdhaliwal@yahoo.com*