We report a 6 year old female child, who presented with history of right sided recurrent headache for four months. On diagnostic nasal endoscopy, a metallic foreign body was seen impacted between superior turbinate, middle turbinate and nasal septum which was removed using pediatric nasal endoscope. Following removal, the symptom of unilateral headache subsided. Possibility of a foreign body should always be ruled out while evaluating a child with recurrent, unilateral headache.

Key words: Foreign body, Nose, Secondary headache, Unilateral headache.

DISCUSSION

In this patient, even though, the foreign body was there in the nasal cavity for four months and was causing recurrent headache, yet it remained undiagnosed due to its unexpected presentation.

The mechanism involved in headache due to foreign body in nose can be explained by the fact that pressure exerted on sensory nerves of adjacent lateral wall, can produce pain [1]. This concept was first elaborated by Sluder, and the resultant condition has been called ‘The anterior ethmoidal nerve syndrome’ [2]. In addition to their direct neurological effects, reflex changes perhaps

![FIG. 1 X-ray AP and lateral view of Skull demonstrating the foreign body (metallic screw).](image-url)
CASE REPORTS

Evolving Biliary Atresia with Cytomegalovirus

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Multiple studies have been conducted to demonstrate the role of viruses in causing biliary atresia. Although cytomegalovirus (CMV) is known to cause intrahepatic bile duct destruction, its role in biliary atresia is not proven. We report two cases of CMV infection, initially presenting with intrahepatic cholestasis, who subsequently developed biliary atresia.

Key words: Biliary atresia, CMV, Liver biopsy

Extrahepatic biliary atresia (EHBA) occurs in 1 in 10,000 live births, more commonly in Asians. 65-90% of EHBA cases are post-natal, and in these, a role for infectious agents in causing bile duct obliteration is suggested [1]. Although cytomegalovirus (CMV) is known to cause intrahepatic bile duct destruction and paucity, its role as a cause of EHBA has been a topic of much debate.

Over a period of 2 years, 32 EHBA cases were seen at our Pediatric Hepatobiliary Clinic. Out of the 13 who were tested for associated CMV infection, 11 tested positive for CMV either by positive CMV IgM or CMV PCR (Polymerase Chain Reaction) [2]. We present two cases of cholestatic jaundice, tested positive for CMV and had rising titres of CMV IgG on follow-up. Although the biliary tree was found to be patent at presentation, both children subsequently developed biliary atresia.

CASE REPORT

Case 1: A 5 months old infant, exclusively breastfed, immunized and well-developed for age, presented with jaundice since birth with high coloured urine without clay colored stools. On examination she had jaundice with...