

Overweight and Obesity in Children

I read with interest the recent article(1) on obesity in affluent adolescent girls in Chennai. The prevalence of obesity and overweight among adolescent girls were found to be 6% and 10% respectively. I am worried that these figures may under-represent the real figures. The sample size included only one school and that may not be representative of the entire adolescent population. Relatively lower figures of obesity may also be due to the fact that they studied only girls.

The prevalence of obesity has been found to be lower among girls (6%) as compared to boys (8%) in an earlier study(2). A recent study done by Nutrition Foundation of India among 5000 children aged 4-18 years in a Delhi private school found that 29% of them

were overweight with a body mass index above 25(3). These studies point towards the fact that obesity among children in India has become a public health problem (prevalence >5%).

Sudhir Kumar,

*Department of Neurological Sciences,
Christian Medical College Hospital,
Vellore, Tamilnadu-632 004, India.
E-mail: drsudhirkumar@yahoo.com*

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What Should Mothers be Counselling About the Care of a Child's Foreskin?

"Cleanliness is next to godliness", said Mahatma Gandhi. However, in India there is a dearth of knowledge both among the medical fraternity and the lay public when it comes to the care of a child's foreskin. Poor penile hygiene can lead to balanitis, balanoposthitis and ascending urinary tract infections. Very rarely, it can even result in childhood penile cancer(1). Non-retractile foreskin, balanoposthitis and smegma collection comprises a significant number of referrals by pediatricians and general practitioners to

pediatric surgical centers. A good number of children are referred for accumulation of "pus" between the glans and the foreskin. Although some foreskins do not become fully retractable until late childhood, in 90% of uncircumcised males, it becomes so by the age of 3 years, when keratinisation of subpreputial epithelium is completed.

Routine circumcision in neonates and infants is unnecessary in any case for medical reasons. However, inability to retract the foreskin and keep the area clean runs the risk of smegma collection and inflammation from infection of inadequately cleaned secretions. Chronic posthitis later in life can lead to adhesions between the glans and prepuce

causing closure of orifice of preputial sac. This can even cause deposition of preputial calculi. There is also a high association of strictures of the terminal urethra with poor genital hygiene in males attending Urology clinics(2).

While one way to avoid all these problems is to perform circumcision, in general this surgery can be avoided if good hygiene is maintained. A simple method, which can be done by the parents at home to release these adhesions gradually, is therefore advised and is as follows:

The mother should positively be instructed to observe the stream of urine. Normally this should be a good stream and not dribbling. There should not be any preputial ballooning. If there is, the child should be shown to a doctor for gentle, manual retraction. The mother should also be encouraged to look for the symmetry of the presence of both the testes.

During the first year of life, the parent should clean only the outside of the foreskin and the meatal area without trying to retract it. From the 2nd birthday, the mother should be encouraged to gently retract the foreskin while bathing the child and washing the area with

simple soap and water. This will make the foreskin open up, revealing the end of the glans. During retraction, the exposed part of the glans should be cleansed with water and any whitish material found there (i.e. smegma) wiped away. Soapy water should not be left behind under the foreskin because this can cause irritation and swelling. After cleansing, the foreskin should be always pulled forward to its normal position to avoid the risk of paraphimosis. An older child is also encouraged to retract the foreskin while passing urine and to wash the area later regularly during bathing. This should become a life long habit for every child.

Prema Menon,

K.L.N. Rao,

Department of Pediatric Surgery,

Post Graduate Institute of Medical

Education and Research,

Chandigarh, India.

E-mail: klnrao@hotmail.com

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