

hepatosplenomegaly(2) and ear discharge(2). This practice is common in the normal neonates in Daspalla rural block of Orissa and the beliefs behind doing this and its consequences are reported here.

A total of 219 out of 2764 neonates (7.9%) who attended Pediatric Out-door of Daspalla Rural Hospital for different ailments during January, 1987 to December, 1989 had branding over abdomen. Of these cases, 11 had developed septicemia following the manoeuvre and were admitted. Three of them expired. Branding is done in this area by touching the skin with a red hot nail, iron rod or spoke of a bicycle wheel. In the present series, branding was done in 87 cases as a treatment of superficial veins over abdomen and in rest 132 cases as a measure to prevent future abdominal complaints.

Unfortunately, branding is done to healthy neonates in this area. Superficial veins are normally seen over abdomen of neonates. People believe this to be an ailment and inflict multiple burns by a red hot nail along the line of veins to cure that. They also believe that branding, once-for-all, over abdomen during neonatal period prevents all types of abdominal problems for the rest of life. Thus healthy neonates are unnecessarily exposed to this hazardous practice and steps should be taken at all levels to discourage this.

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#### REFERENCES

1. Kushwaha KP, Mathur GP, Mathur S, Singh Y Sati TR. Superstitious therapy

during illnesses of preschool children. *Indian Pediatr* 1986, 23: 163-168.

2. Taneja DK, Singhal PK, Dhawan S. Superstitions in pediatric illnesses among rural mothers. *Indian Pediatr* 1988, 25: 447-452.

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### Cholecystitis with Cholelithiasis in a Male Child

Inflammation of the gall bladder with cholelithiasis is a rare condition in childhood, more so in a male child. In a survey of 3,222 cholecystectomies, seven were in children less than 15 years old(1). We report such a case.

A 12-year-old boy was admitted with intermittent attacks of right upper quadrant abdominal pain for last 2 years. There was no radiation of pain to any other part of abdomen. there was no history of fever, jaundice, flatulence or food intolerance. Physical examination was normal except for tender hepatomegaly which regressed after a course of (Metronidazole) and a palpable globular mass in the right hypochondrium.

On investigation, hemoglobin was 10.5 g/dl, leukocytes 10,800/mm<sup>3</sup>, neutrophils 68%, lymphocytes 32%; peripheral blood smear on three occasions did not show any hemolysis and reticulocyte count was 2%. Urine and stool cultures were sterile. Repeated stool examinations for ova/cyst were negative. Culture of bile did not grow any organism. Serum bilirubin and other live function tests were normal. Upper gastrointestinal radiologic examination using contrast medium showed non-visualization of gall bladder on initial and double dose oral cholecystogram. Ultrasonography

revealed multiple stones in gallbladder with thickened walls.

Cholecystectomy was done. There were no associated stones in the bile duct. Post-operative convalescence was normal and the child remained normal in follow-up to one year. Histological report revealed mixed calculi with chronic cholecystitis.

The etiology of cholecystitis and cholelithiasis is as uncertain in children as in adults. However, their association with chronic hemolytic disease(2), parasitic infestation with *ascaris* or *Giardia lamblia*, and bacterial infection with *E. coli*(3), has been documented. The frequencies of pigmented and cholesterol gall-stones in children are approximately equal. Factors predisposing to the formation of lithogenous bile in children include obesity, familial tendencies, cystic fibrosis and functional or anatomical decrease in ileal function(4). The increased incidence of all stones in female patients at puberty has been attributed to hormone induced alteration of gall bladder motility. However, no such predisposing factor was present in the patient under report and despite all the detailed investigations no definite etiology could be established.

Appendicitis, intussusception and volvulus are the three surgical differential

diagnoses which are to be considered for this condition. Simple awareness on the part of the pediatrician that cholecystitis and cholelithiasis do occur in children, is the single most important factor aiding in the diagnosis.

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#### REFERENCES

1. Glenn F, Hill MR. Primary gall bladder disease in children. *Ann Surg* 1954, 139: 302-304.
2. Lächman BSD, Lazerson J, Starshak RJ, *et al.* The prevalence of cholelithiasis in sickle cell disease as diagnosed by ultrasound and cholecystography. *Pediatrics* 1979, 64: 601-604.
3. Maki T. Pathogenesis of calcium bilirubinate gall stone, role of *E. coli*, beta glucuronidase and coagulation by inorganic ions, polyelectrolyte and agitation. *Ann Surg* 1964, 164: 90-95.
4. Grace N, Rodgers B. Cholecystitis in childhood. *Clin Pediatr* 1977, 16: 179-180.