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## Reply

The authors appreciate the interest taken by Dr. Chandra in our study. The question whether malnourished children should be included or excluded for defining normative values of blood pressure in any study on establishing norms of blood pressure in a given population, is quite relevant.

The present study was carried out in a large population of apparently healthy school children to establish normative values for systolic and diastolic blood pressures in Indian population. All attempts were made to include children from varying socio-economic backgrounds so that the final data is applicable to all children of different socio-economic categories. It is well known that increase in body weight is associated with increasing blood pressure(1). The mean values for systolic and diastolic blood pressure in the present study were lower as compared to that found in the Task Force Committee Report(2) since the 50th percentile of Indian children for body weight is significantly lower than those of Western children(3,4). No doubt that inclusion of malnourished children has resulted in lower normative values in the present study; however, the normative values as established by us are applicable to normal childhood population irrespective of nutritional status. In conclusion our data is in the form of a bell shape normal distribution which is

true for any epidemiological study on establishing norms(5).

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## Demonstration of Brain Lesions in Acute Lymphoblastic Leukemia by Magnetic Resonance Imaging

We report brain lesions demonstrated on magnetic reassurance imaging (MRI) in a patient of acute lymphoblastic leukemia (ALL).

An 11-year-old male, diagnosed case of

ALL for last three years, was referred for MR study as he developed altered sensorium, gradually diminishing vision and hearing on both sides despite chemotherapy. CT performed twice over a gap of three weeks was reported to be normal. The MR examination was performed on 1.5 Tesla superconducting system in spin echo pulse sequences. T1 to T2 weighted images were produced in axial and coronal plane. The study revealed small hyperintense patchy lesions in centrum semiovale and in periventricular region. The lesions were low to isointense in T1 WI. Thrombosis of left ophthalmic vein, right sub-dural collection and thickening of both acoustic nerves was also observed (Fig. 1).

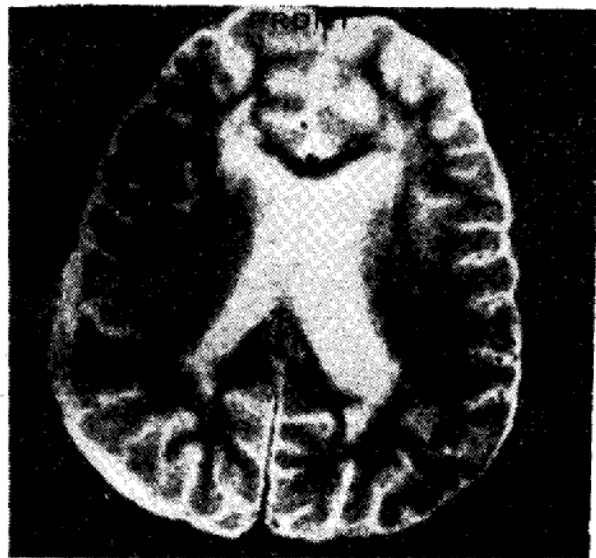


Fig. 1. Axial T2 image (Spin echo, TE/TR 90/2000 msec) showing hyperintense patches along the tips of lateral ventricle. A small subdural collection on right side is also seen.

Bitti *et al.* observed periventricular hyperintense lesions in 8 to 34 patients of ALL(1). There are conflicting opinions about etiology and pathology of these lesions. These may be due to leukoencephalopathy or to disease itself. The effect of drug especially methotrexate or radiation induced edema as a cause of these MR changes also cannot be ruled out(2,3).

The sub-dural collection may be due to leukemic cells of recurrent bleeds. The thickening of both acoustic nerves in the present case may be attributed to infiltration of subarachnoid space around the nerves by the leukemic cells.

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