Letters to the Editor

Prevalence of Obesity in Affluent School Boys in Pune

Prevalence of childhood obesity is rising around the world(1). It may predispose to heart disease, hyperlipidemia, hyperinsulinemia, hypertension and early atherosclerosis in later life(2). It is now increasingly being reported from the developing world including India(3). We conducted this pilot study to document the prevalence of overweight and obesity amongst school boys in the city of Pune and to compare it with national and international data. A total of 1228 boys between the age of 10 to 15 years studying in 5th to 10th standards were studied in two affluent schools chosen by stratified random sampling. Weight was recorded electronically to the nearest 100 g. Standing height was measured with the Child Growth Foundation Stadiometer to the accuracy of 1 mm. BMI was calculated using the standard formula. The international criteria for body mass index were used for classifying children as overweight and obese (BMI analogue for age and sex of 25 kg/m^2 and more but less than 30 kg/m^2 for overweight and BMI of 30 kg/m^2 and more for obese)(4). Indian standards for 85th and 95th percentile were taken from Agarwal, *et al.*(5).

The prevalence of obesity according to the international cut off points (BMI criteria) was found to be 5.7% whereas the prevalence of overweight was 19.9%. When Indian standards were used, the incidence of obesity was 8.1% and 25.1% (*Table I*). Ninety-fifth and eighty-fifth percentile values of study population are higher than National figures and are comparable to International standards. Mean BMI of the study population {(18.3 [10 yrs], 19.4 [11 yr], 19.4 [12 yr], 19.7 [13 yr], 20.2 [14 yr], 19.9 [15 yr]), was significantly higher than the National standards (16.1 [10 yr], 16.6 [11 yr], 17.1 [12 yr], 17.7 [13 yr], 18.2 [14 yr], 19.2 [15 yr]).

TABLE I–*Prevalence of Obesity in School boys of Pune*

Age	n	Prevalence of overweight		Prevalence of obesity		95 percentile comparison		
		by Indian standard(5)	by International standard(4)	by Indian standard(5)	by International standard(4)	Present study	Agarwal *et al.*(5)	Cole *et al.*(4)
10	64	11((17.2)	11(17.2)	8(12.5)	5(7.8)	24.1	22.1	23.4
11	244	64(26.2)	48(19.7)	20(8.2)	17(7.0)	25.1	23.4	24.6
12	257	77(29.9)	68(26.5)	28(10.9)	15(5.8)	25.8	23.8	25.6
13	244	61(25.0)	42(17.2)	18(7.4)	15(6.1)	26.77	25.3	26.4
14	217	46(21.2)	41(18.9)	16(7.4)	11(5.1)	26.84	25.3	27.3
15	202	49(24.3)	34(16.8)	9(4.5)	7(3.5)	27.0	27.3	27.9
Total	1228	308(25.1)	244(19.9)	99(8.1)	70(5.7)			

* Figures in parentheses indicate percentages.

The mean BMI values of our study population are higher than the national standards published for children from affluent schools, the data in the Agarwal study was collected during the years of 1988-91. It thus seems that over the last decade or so the overall BMI of children is increasing suggesting a worrying trend of a whole adolescent population shift towards higher weights and BMI.

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REFERENCES

1. Micic D. Obesity in children and adolescent – A new epidemic? Consequences in adult life. Pediatr Endocrinol Metab 2001; 14: 1345-1352.
2. International Focus: Initiative Cooperative to Share Information and stem Epidemic. The PAN Report: Physical Activity and Nutrition, USA, International Life Sciences Institute, 2000; 2: p 5.
3. Kapil U, Singh P, Pathak P, Dwiwedi S, Bhasin S. Prevalence of obesity amongst affluent adolescent school children in Delhi. Indian Pediatr 2002; 39: 449-452.
4. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing standard definition for child overweight and obesity world wide: International survey. BMJ 2000; 320: 1240-1255.
5. Agarwal KN, Saxena A, Bansal AK, S Agarwal DK. Physical growth assessment in adolescence. Indian Pediatr 2001; 38: 1217-1235.

Embryonal Rhabdomyosarcoma of Lower Lip

Rhabdomyosarcoma (RMS) is an aggressive malignant striated muscle neoplasm and accounts for 50% of all pediatric soft tissue sarcomas. Within the head and neck, common sites are orbit, paranasal sinuses and soft tissue of cheek and neck. Paraoral RMS is rarely reported(1,2). Tumors developing in a preexisting lesion are very rare(3,4). Here we describe a case of Embryonal Rhabdomyosarcoma arising from a congenital lesion involving the lip.

A 2½-year-old female child presented with history of a lower lip swelling since birth. The lesion increased in size over 2 months. On physical examination a 1.5 × 1 cm lobulated lesion, with multiple, small raised, irregular flesh colored rugae was present on the lower lip. It was nontender, and nonerythematous (*Fig. 1*). No lesions were present on the mucosal surface and the mass did not cross the midline of face. Staging work up was done. Her hemogram, biochemistry, MRI of head, face, orbit and brain, bone marrow and bone scans were all normal.

The lesion was biopsied and histology reported as Embryonal Rhabdomyosarcoma, intimately associated with small nerve twigs. The tumor cells were strongly immuno-reactive for desmin and small areas positive for S-100 and neuron specific enolase.