dermatophytic infection was reported by Khare *et al.* It presents as one or several circular erythematous patches with a papular, scaly, annular border and a clear centre or it may be inflammatory throughout(1,7). Diagnosis is confirmed by microscopy of potassium hydroxide preparation from the lesion. Cultures are usually not necessary for diagnosis(7). In the first case, the mother was the obvious source of infection who had extensive *Tinea corporis* whereas in the second case no source of infection was evident. One of the many visitors who have handled and cuddled the baby could have transmitted the disease to the baby. Moreover, the baby had the insults of obstructed labor, severe birth asphyxia and administration of broad spectrum antibiotics.

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Freeman Sheldon Syndrome with Bilateral Simian Crease and Malpositioned Second Toes

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The Freeman Sheldon Syndrome, also known as whistling face syndrome or cranio-carpo-tarsal dystrophy, was first described in 1938 by Freeman and Shel-

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don(1). Common manifestations in this syndrome include small puckered mouth, H-shaped groove on chin, and camptodactyly with ulnar deviation of fingers. Here we describe a case with two additional features bilateral simian crease and malpositioned 2nd toes.

Case Report

The patient was a five month old male child born to nonconsanguinous Hindu parents. The mother had taken some indigenous abortificient during the second month of pregnancy. On examination the child was retarded {weight 4 kg (<4th centile), length 60 cm (3rd centile), head circumference 40 cm (within 2 SD)}. He had typical facial manifestations of Freeman Sheldon Syndrome, in the form of deep seated eyes, low set ears, prominent bridge of nose, hypoplastic nasal alae and long philtrum (*Fig.1*). The mouth had puckered appearance and the opening was small. There was micrognathia and two parallel grooves were present on centre of the chin. The fingers had flexion contractures with ulnar deviation at metacarpophalangeal and proximal interphalangeal joints. In addition, simian crease was present on both hands and second toes of both feet were proximally placed and deviated medially (*Fig. 2*). The father was of an average built. He had difficulty in opening the mouth.

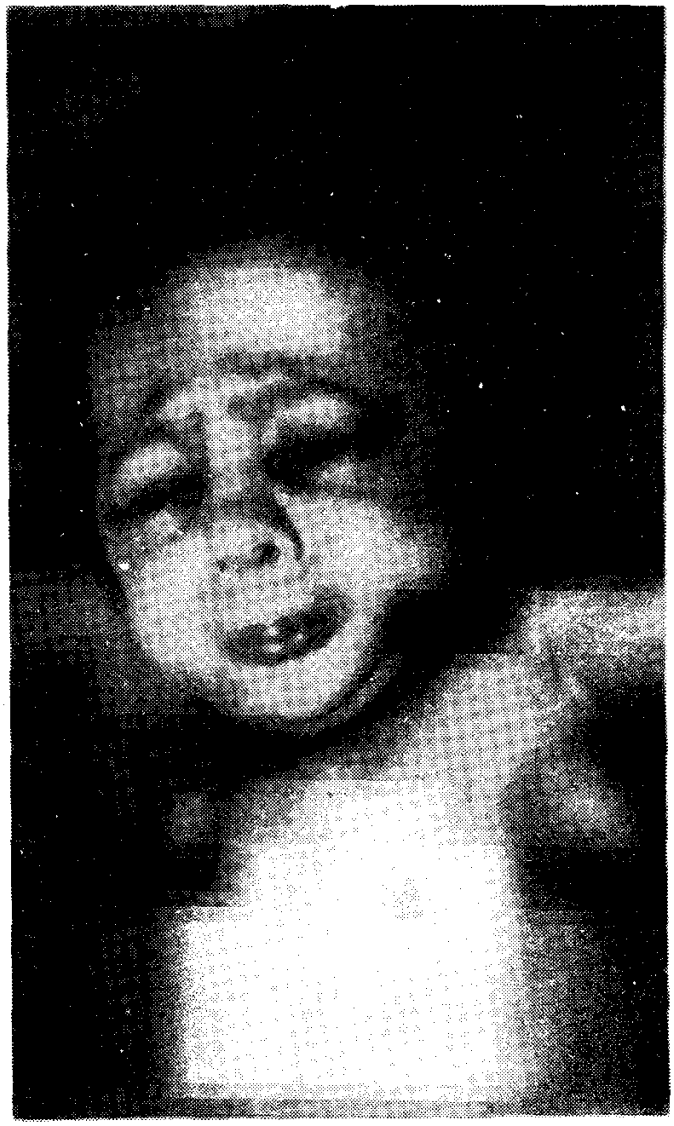

Fig. 1. Photograph of the face showing puckered mouth, deep seated eyes and H-shaped groove on the chin.

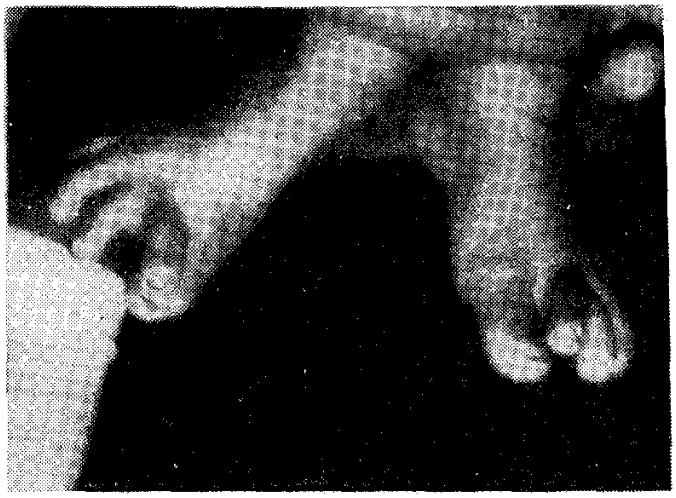

Fig. 2. Photograph of foot showing the malpositioned 2nd toe.

His eyes were deep seated and palpebral fissures were small. He also had bilateral simian crease. There were no abnormalities of hands and feet. The mother did not have any obvious deformities.

Discussion

The diagnostic features of Freeman Sheldon Syndrome include cranial, carpal and tarsal anomalies. The patient reported here had classical whistling face and hand abnormalities. However, several other malformations such as convergent strabismus, kyphoscoliosis(2), blepharophimosis, antimongoloid eye slant(3) limited mobility at shoulders and elbows, decreased pronation, supination(4), colobomata of nostril(5) and renal abnormality(6) were absent in this patient.

The condition is genetically heterogeneous. In most cases the mode of inheritance is autosomal dominant. However, an autosomal recessive mode of inheritance has also been suggested(4). In this case the father had restriction opening of mouth although no other stigmata were present. If it is taken as *fornae frustee,* the possibility of dominant mode of inheritance in this case can be considered.

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Askin Rosai Tumor

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Askin Rosai tumor is one of the rarest of the rare group of chest wall tumors in the pediatric age group. It is a small round cell malignancy with a differential diagnosis of neuroblastoma, rhabdomyosarcoma, Ewing's sarcoma and malignant lymphoma. However, it can be differentiated from these by absence of certain light microscopic findings and by doing other special tests. Two cases of Askin Rosai tumor diagnosed by wedge biopsy are reported here. Both these children presented with a firm to hard mass on the posterior thoracoabdominal wall.

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