

laparoscopy may have an important role in the diagnosis of these patients. In the present case, the lesion was cystic and intimately attached to the cecum at the ileocecal junction. Hence, the surgical procedure involved only local resection with a primary anastomosis so as to relieve the patient's symptoms and prevent recurrence. Cecal duplications may also present as a part of long tubular duplications of the colon which may be treated by either excising the lesion along with the normal colon, enlarging the existing communications with the normal bowel, or by excising a portion of the common wall of the cyst and the normal colon.

Although rare, alimentary duplications are an important differential diagnosis to consider in children and especially neonates who present with a palpable abdominal mass. The other possibilities are mesenteric, ovarian, pancreatic or choledochal cysts. Undiagnosed intestinal duplications may cause a bowel obstruction or may undergo malignant transformations in adults. The results of surgical management of duplication depend upon its type, site, extent, attachment to alimentary structures and presence of complications.

**Amar Shah,**

**Anirudh Shah,**

*Department of Pediatric Surgery,  
N.H.L. Municipal Medical College,  
K.M. School of Postgraduate Medicine &  
Research, V.S. Hospital,  
Ahmedabad, India.  
E-mail: anirudhshah@icenet.net*

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### **Cold Chain System in Chandigarh During Intensified Pulse Polio Immunization 2001-2002**

Since the inception of the Immunization Program there has been a great need of strict maintenance of Cold Chain System for all the vaccines from the site of production to the point of consumption. India has attained a immunization coverage of >85%(1) and to sustain high level of immunization coverage,

there is need for strict monitoring of the existing immunization program(2,3) as especially improving cold chain system. The present study was aimed on evaluation of Cold Chain System in UT, Chandigarh during IPPI campaign in 2001-2002.

This study was conducted one week prior to National Immunization Day (NID) and on NIDs. A Pre-tested questionnaire was used(4). We visited different vaccination storage centers and 20 vaccination (PPI) posts in Chandigarh. There was one trained refri-

erator technician to attend the complaints relating to malfunctioning of Deep Freezer / Ice line Refrigerator. Cold chain sickness rate for January, 2002 was found to be 9.7%.

Ten deep freezers (DFs) were examined; though temperature was recorded twice daily but only one register was checked by the Supervisor. Of 13 ILRs examined, two ILRs were kept in a room which received direct sunlight. Three ILRs were not defrosted periodically resulting in >6mm thick ice layer on the walls. We also found that 5% vaccine carriers (VCs) had cracks in the wall lining. 10% health workers neither secured lids tightly nor kept VCs in shade during immunization session.

The maintenance of a high quality cold chain system is vital for the eradication of poliomyelitis as being envisaged by Government of India and various international agencies(2,3). Our study has shown that temperature maintenance was good, but there is a room for improvement as supervision was poor. ILRs, DFs and vaccine carriers must be placed in areas, which do not receive direct sunlight(3,5). ILRs must be defrosted regularly.

Hence it is concluded that the know-ledge and practice of vaccine storage and their

handling is inadequate among the health functionaries. It is, therefore, recommended that more emphasis is to be given to proper maintenance of Cold Chain system to enhance the knowledge and correct practice of handling the vaccines during the orientation training program organised just before IPPI program.

**N.K. Goel,  
H.M. Swami,**

*Department of Community Medicine,  
Government Medical College,  
Chandigarh, India.*

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