77.2% mortality. Puranin *et al.*(3) found 39 cases of Celphos poisoning in one year period, majority of them young. Except one, all cases were suicidal with 72.73% mortality. The presenting clinical features were profuse vomiting, epigastric pain, restlessness, drowsiness and shock. Our case too had similar clinical features.

S.H. Ahmad,
S. Fakhir,
S. Gupta,
R.K. Singh,
Department of Pediatrics,
JN Medical College,
Aligarh Muslim University,
Aligarh-202 001.

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Fanconi's Anemia

Fanconi's anemia is a rare familial disorder inherited as autosomal recessive condition with variable penetrance and characterised by pancytopenia, marrow hypoplasia or aplasia, multiple skeletal and visceral anomalies and chromosomal aberrations.

A female child was born of primigravida at full term in May, 1982. There was no history of consanguinity or drug intakes, exposure to radiation and exanthematous fever during antenatal period. At birth left thumb was absent and right thumb was rudimentary. Since the age of 4 years she presented with gradually increasing pallor and weakness and poor gain in weight and height. She also had hematuria and hematemesis after which there was history of easy bruisability off and on. Both parents and one younger sib were normal. Examination revealed short stature, small face, microcephaly, microphthalmia, marked pallor, absence of both thumbs, and hepatosplenomegaly. There was pancytopenia and marrow hypoplasia. *X*-ray showed absence of phalanges and metacarpals of both thumbs. Abdominal ultrasound was normal. The diagnosis of Fanconi's anemia was made on the basis of above phenotypic features and investigation. Since then patient is receiving androgen (Oxymetholone) and regular blood transfusion.

Fanconi(1) in 1927, in his original article described a familial type of aplastic anemia. Since then Fanconi's anemia has been widely reported. In these cases spontaneous or induced chromosomal anomalies have been demonstrated which may aid in prenatal(2) and postnatal(3) diagnosis of Fanconi's anemia. In our case chromosomal study was not performed because of non-availability of such facility. The patients are at increased risk of developing leukemia and solid tumors(4).

These patients demand the attention of pediatricians to search and provide some definite modality of therapy, *i.e.*, true bone marrow stimulants, bone marrow trans-

plantation, *etc.* which may actually provide longivity to such babies, so that they do not remain a burden to the parents.

M.L. Tater,
B.D. Gupta,
R.N. Singh,
R. Gupta,
Department of Pediatrics,
Regional Institute of Maternal and Child Health,
Umaid Hospital for Women and Children,
Jodhpur, Rajasthan.

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Gastric Teratoma

Teratoma of the stomach is exceedingly rare. Since the report of the first case in a 32-year-old male in 1922 only 48 cases have been reported so far(1). It predominantly occurs in males, only two cases have been reported in females(2,3). Most of the cases presented under one year of age(4), the youngest at the age of 5 hours only(5). The commonest presenting feature is an abdominal mass with progressive abdominal distension. Recently, we saw a 3½ month old baby with gastric teratoma presenting with dyspnea in addition to a huge abdominal lump. The lump was first noticed at 1½ months of age occupying the left upper quadrant of the abdomen. For the last one month it had rapidly increased in size and for the last one week the patient had developed dyspnea. The patient used to vomit occasionally with bile stained gastric content.

The abdomen was grossly distended and the lump was occupying almost the entire abdomen except the right flank with upper margin concealed under the costal arch. The lower margin was rounded and was halfway between the umbilicus and the pubic symphysis. The surface was irregular with soft to firm consistency. It moved with respiration and was dull on percussion. The straight *X*-ray of the abdomen showed a huge soft tissue mass with areas of calcified densities. An ultrasonographic study showed the mass partly cystic and partly solid, and the kidneys normally situated with normal size and shape. The excretory urogram did not show any abnormality.

On laparotomy, a firm mass, covered with the greater omentum, was found projecting in between the stomach and the transverse colon and was seen arising from the posterior wall of the stomach at its antral region close to the greater curvature. The tumor was excised alongwith 1.5 cm of healthy tissue around the gastric attachment. The stomach was repaired in two layers. The patient had a stormy postoperative period with severe gastroenteritis but he was relieved of dyspnea as it was