

Small ears, long ears and large ears form important features of many syndromes(1,2). A few conditions are mentioned here for ready reference.

Small ears are seen in syndromes like Crouzon, Apert, Cranio-oculo-dental, Treacher Collin's, Bixler, Goldenhar, hemifacial microsomia, Klippel-Feil, Cleidocranial dysplasia, Fanconi, Trisomy 21 and 13 and Rubella.

Small ears have been found to be the most consistent clinical characteristic apart from hypotonia in making the diagnosis of Downs syndrome(7) and are the most clinically apparent malformation in mandibulofacial dysotosis and hemifacial microsomia.

Long ears are important features in chromosomal anomalies like XXY, monosomy G, Trisomy 18 and Trisomy 13.

Large area (macrotia) are seen in Trisomy 8⁺ syndrome, Langer-Giedion syndrome, Cerebro-oculo-facio-skeletal syndrome, Leprechaunism and Marfan syndrome.

The data presented in this communication, may serve as reference standards for Indian newborn babies of difference gestational ages.

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Pyocolpos

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A case of hydrocolpos which got converted into pyocolpos following fulminant infection of the branding marks is being reported.

Case Report

A one-month-old female baby had gradually increasing lump in lower abdomen since birth. She underwent branding marks ritual at her village in order to get

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rid of the illness. Several marks were placed on both sides of anterior abdominal wall and these full thickness burn wounds got severely infected. There was sudden increase in the size of mass with high grade fever, constipation, retention of urine and respiratory distress subsequently. She was taken to a polyclinic where ultrasound showed two cystic masses. Cystourethrogram showed pressure effect on bladder and bladder neck obstruction by a mass (Fig. 1). The general condition of the patient deteriorated and the child was referred to us. Purulent discharge from infected branding marks grew *Klebsiella* organisms on culture. Perinatal examination showed an obvious bulge over the vaginal introitus caused by imperforate hymen. Rectal examination revealed a cystic mass anterior to rectum. Plain X-ray abdomen showed soft tissue mass causing displacement of bowel loops. Aspiration using plastic cannula through bulging membrane recovered 600 cc of foul smelling purulent material which also grew *Klebsiella* on culture and injection of dye showed huge distention of vagina (Fig. 2).

She was managed by initial drainage via



Fig. 1. AP and lateral films of cystogram



Fig. 2. Plain and contrast studies of the lesion.

plastic cannula with periodic irrigation of local antibiotics and systemic antibiotics. This was followed after a period of one week by hymenoplasty using a vertical central stem incision with short side incisions alternating on each side. Accurate suturing of vaginal and hymen mucosa was performed to give natural appearance to the hymen with excellent cosmetic appearance.

Discussion

Hydrocolpos, the fluid distention of vagina, results due to congenital vaginal obstruction in combination with maternal hormonal stimulation of fetal cervical glands and is a rare lesion(1). Such cases causing complete pelvic outlet obstruction and respiratory distress are unusual and sometimes may lead to rupture of bladder causing urinary ascites if not treated promptly(2). Infection of branding marks caused septicemia and converted it into pyocolpos which is a surgical emergency with very high mortality(3).

Lack of awareness of this lesion and failure to perform careful perineal examination resulted into error in the initial diagnosis. It is our observation that hymeno-

plasty (with accurate apposition of flaps of vaginal and hymenal mucosa as described above) gives excellent cosmetic result than hymenotomy (simple incision only) or hymenectomy (excision of membrane). In an orthodox society of ours, it is recommended as the procedure of choice. However, adequate control of infection and enough experience in neonatal surgery are the pre-requisites.

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Serum Iron and Total Iron Binding Capacity in Anemias in Children

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Anemia results in significant morbidity and mortality in children and constitutes a public health problem of considerable importance. Majority of anemic children have some nutritional deficiency, the iron defi-

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ciency being the most common(1). Therefore, the present study was conducted to know the significance of serum iron, total iron binding capacity and transferrin saturation in differentiation of anemias in children.

Material and Methods

The study was conducted in the Department of Pediatrics, Regional Institute of Maternal and Child Health, Dr. Sampurnanand Medical College, Jodhpur, from May to December, 1988. Forty anemic (28 males and 12 females) children were selected and lower normal values of hemoglobin were taken as the cut off point in different age groups, as suggested by Pearson(2), i.e., upto 2 weeks 13.0, 2 weeks to 6 months 9.5, 6 months to 6 years 10.5, and 6 to 12 years 11 g/dl. Hematologic investigations like hemoglobin, total leucocyte count, differential leucocyte count, peripheral blood film, total red blood cell count, packed cell volume, mean corpuscular volume, mean corpuscular hemoglobin, mean corpuscular hemoglobin concentration, serum iron(3) and total iron binding capacity (TIBC)(4) were done in all the cases, while bone marrow examination, fetal hemoglobin and reticulocyte count were carried out whenever indicated. Twenty five normal age matched healthy children (19 males and 6 females) served as controls.

Transferrin saturation below 16% formed the basis of diagnosis of iron deficiency anemia(5,6) while dimorphic anemia was diagnosed on the basis of red cell morphology in peripheral blood smear(2).

Results

The values of serum iron, TIBC and