perforation and mortality appears to be related to failure to understand the significance of symptoms in preterm neonates resulting in delayed diagnosis. The diagnosis was established on necropsy in 56% of reported cases. In others, diagnosis was established only on laparotomy, and in none of the reported cases the diagnosis was suspected clinically. This condition should be seriously considered in the differential diagnosis of necrotizing enterocolitis. Neonates with a lump or erythema in the right iliac fossa, signs of intestinal perforation or peritonitis during early neonatal period should be suspected to have appendicitis. An early diagnosis and timely surgical intervention can reduce mortality in this otherwise uniformly fatal condition.

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Local Tetanus Initially Mistaken as Compressive Thoracic Myelopathy: A Case Report with Electrophysiological Findings

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Tetanus is an acute and often fatal disease caused by an exotoxin in a wound and characterised by generalized increased

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Fig. 1. Concentric needle EMG from calf muscles showing prolonged insertional activity with 'repetitive potentials'.

Fig. 2. Concentric needle EMG from quadriceps muscle showing prolonged activity with absence of the normal silent period after elicitation of knee jerk (arrow).

voluntary movements induce involuntary spasms. The limb becomes extended at the hip and knee and plantar flexed at ankle. This so called "extensor sign" is also evident while eliciting the plantar response. Deep tendon reflexes may be brisk or normal. No upper motor or sensory signs are evident(2). Spasms gradually decrease with time and eventually recovery is complete. Rarely the disease may become generalized, usually with a fatal outcome(2-4).
The electromyographic findings though non specific are highly suggestive in an appropriate setting. Motor unit potentials are of normal size and duration and occur as grouped discharges, the repetitive potentials. During spasms a continuous activity is recorded extending into the period of relaxation. Prolonged activity is also evident on eliciting a deep tendon jerk, i.e., shortened silent period(2,3,6,7).

The manifestations of tetanus are now known to result from spinal and brainstem disinhibition of motor neurons. Tetanospasmin reaches the spinal cord via retrograde axonal transport from nerve terminals and blocks presynaptic neurotransmitter release around motor neurons(4,8,9). Generalized tetanus may result from blood borne dissemination of tetanospasmin to other muscles and subsequent retrograde axonal transportation(3,8).

The diagnosis of local tetanus is easy, provided the possibility is considered. Variable rigidity and involuntary spasms are sufficiently characteristic. Paucity of other neurological findings and when present abdominal rigidity and opisthotonus clinch the diagnosis(2,3,10).

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Congenital Skull and Scalp Defect

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Congenital defects of bone and scalp are rare abnormalities. Scalp defects are more common than bony defects. Recently we came across a neonate with bone defect.

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