kidney than the original low grade bacteriuria. Asymptomatic bacteriuria is considered to be a benign condition in school girls(6), and need not be treated.

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REFERENCES


Progeria

I was interested to read the recent report on Progeria. The authors refer to coronary heart disease as the cause of death. In this context, I would like to briefly report about the case of Progeria which we followed from age 7 years till her death due to coronary heart disease at the age of 15½ years in 1971. She weighed 10.9 kg and her height was 109 cm. She complained of episodes of left chest pain with radiation to the left shoulder for about a month accompanied by sweating. There was no cardiomegaly, the heart sounds were normal and there was no evidence of congestive heart failure. ECG showed depression of ST segment in precordial leads. SGOT and SGPT was 32 K units and 12 K units, respectively. She was treated symptomatically but expired at home during an episode of severe precordial pain accompanied by profuse sweating and shock.

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REFERENCE


Multiple Giant Mesenteric Cysts

Multiple mesenteric cysts involving the complete small bowel mesentery are rare. In fact, Colodny(1) could find only one such case from their records over 50 years. We report a similar case where we could excise multiple mesenteric cysts of various sizes completely with only a limited resection of adjacent proximal jejunum.

A five-year-old male child was admitted with acute abdominal symptoms of 5 days duration. Physical examination revealed a well defined cystic mass measuring 10 × 8 cm with minimal mobility in the transverse axis. Ultrasonography suggested a diagnosis of mesenteric cyst. On explora-