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.

A. Bagga,

Assistant Professor,

Department of Pediatrics,

All India Institute of Medical Sciences,

New Delhi 110 029.

REFERENCES

- 1. Fine JS, Jacobson MS. Single dose versus conventional therapy of urinary tract infections in female adolescents. Pediatrics 1985, 75: 916-920.
- 2. Bailey RR, Abbott GD. Treatment of urinary tract infection with single dose of amoxycillin. nephron 1977, 18: 316-320.
- 3. Madrigal G, Odio CM, Moks E, Guevara J, McCracken GH. Single dose anti-biotic therapy is not as effective as conventional regimens for management of acute urinary tract infections in children. Pediatr Infect Dis 1989, 7: 316-319.
 - 4. Moffatt M, Embree J, Grimm P, Law B. Short course antibiotic therapy for urinary tract infections in children. Amer J Dis Child 1988, 142: 57-61.
 - 5. Verrier Jones K. Antimicrobial treatment for urinary tract infections. Arch Dis Child 1990, 65: 327-330.
 - 6. Newcastle Covert Bacteriuria Research Group. Covert bacteriuria in school girls in Newcastle on Tyne: a five year follow up. Arch Dis Child 1981, 56: 585-592.

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 151/2 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.

> Shanti Ghosh, 5, Sri Aurobindo Marg, New Delhi 110 016.

REFERENCE

1. Sahni A, Thapa BR, Mehta S. Progeria. Indian Pediatr 1990, 27: 995-997.

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-