Angiokeratoma Circumscriptum Neviforme

A 10 years-old boy presented with multiple small bluish-red papules on the scrotum for the past 2 years. These lesions were gradually increasing in number and had a tendency to bleed after minor trauma. On examination, multiple discrete smooth surfaced bluish-red papules were found unilaterally on scrotum. (Fig. 1) Palpation ruled out varicocele or inguinal hernia. Rest of the mucocutaneous examination was unremarkable. Skin biopsy from a papule showed mild hyperkeratosis with large, numerous, dilated capillaries in papillary dermis. USG pelvis and scrotum were done to rule out any vascular anomaly. Considering clinical feature and histopathology, the patient was diagnosed as angiokeratoma circumscriptum neviforme (ACN).

Angiokeratomas are characterized by asymptomatic, 2-5 mm, blue red hyperkeratotic papules. Histologically, they are composed of ectatic thin-walled vessels in the superficial dermis with overlying epidermal hyperplasia. Angiokeratoma can be localized or generalized. The generalized form, angiokeratoma corporis diffusum, is usually associated with a metabolic disorder, the most common being Fabry disease. The localized forms are solitary angiokeratoma (typically occurs on the legs and follows trauma), localized angiokeratoma of the scrotum and vulva (Fordyce type), Mibelli type (bilateral angiokeratomas on the dorsa of the fingers and toes), and angiokeratoma circumscriptum neviforme (multiple, hyperkeratotic, papular and plaque like lesions, usually unilaterally on the lower leg, foot, and buttock). The major differential diagnosis is angiokeratoma Fordyce type (middle aged persons, bilateral lesions) and lymphangioma circumscriptum (yellowish grouped vesicles containing clear fluid). Herpes zoster and herpes simplex (short duration) too need to be differentiated. The principal problems are intermittent bleeding, anxiety, and overtreatment due to misdiagnosis. It is treated by various locally destructive modalities including electrocoagulation, excision, cryotherapy, or LASER therapy.

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Images

This edition has been extensively revised and updated throughly. The chapters on electrolyte and acid base disorders and common kidney disorders of childhood like nephrotic syndrome, urinary tract infection, voiding disorders and neonatal renal disorders have been expanded. A new chapter on prevention of kidney diseases has been added. The edition is well illustrated with tables, figures and flow charts. The key points in text provide essential features to the reader for clear take home message. The book is printed in such a way to enhance its visual appeal and make reading an enjoyable experience. The appendices have included very useful information. The book has proved its usefulness over the years. This edition has further enhanced its value in understanding and managing kidney disorders in children. The book is strongly recommended to postgraduate students, practicing pediatrician and faculty members.

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There has been felt need for a textbook dealing with the vast subject of Pediatric HIV. This volume is an effort to fill in this gap. This comprehensive textbook deals with almost all the aspects of pediatric HIV in six sections. The chapters have been contributed by leading experts in the field. The text is well referenced. The liberal use of good quality figures is commendable. Algorithms and flow charts are also well used. Many chapters have case discussions, which will help the reader understand the practical issues well. Issues in perinatal HIV have also been discussed in detail. The provision of list of organizations supporting care of HIV infected children is a useful resource. The quality of publication is excellent. However, it would have been useful to have a separate chapter on antiretroviral therapy in children, with discussion of the regimens recommended in the country program. The practical aspects of initiation of antiretroviral therapy also needs strengthening. I strongly recommend this book to all health care professionals involved in the care of HIV infected children and women, and also for the postgraduates in pediatrics.

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Principles of Pediatric & Neonatal Emergencies
PANNA CHOUDHURY, ARVIND BAGGA, KRISHAN CHUG, SIDDARTH RAMJI AND Piyush Gupta
Jaypee Brothers Medical Publishers
2011, New Delhi.
Pages: 786, Price: Rs. 1095/-.}

In the rapidly changing cutting edge field of Emergency Medicine, the need is always for incorporation of the latest research in to day-to-day practice. The book scores in this aspect by including the most recent guidelines, including those by the Indian Academy of Pediatrics, which adds to the topicality of the book. Although the 8 sections viz., Organization of Emergency Department, Resuscitation and Life-threatening Emergencies, Pediatric Medical Emergencies, Environment problems, Toxicological Emergencies, Neonatal Emergencies, Surgical Emergencies, and Emergency Procedures, continue from the previous edition; the subject-treatment is refreshingly different. With the addition of new contributors and new editors, the book appears to wear a new look. The detailed contents, better page quality, the two-color printing, and the enhanced table format make for easy reading. The addition of new color plates, which are placed separately at the beginning, is a welcome addition. More prominent headers placed at the lateral margin of the pages would have possibly improved readers’ accessibility to the desired section. Similar to the previous edition, Section 3 on pediatric medical emergencies is too long. Editors need to look into dividing it in 2 sections in future editions. All-in-all, a complete book on emergency pediatrics. It would be of help to both the residents, and also all physicians who handle sick patients at the first contact.

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Approach to Pediatric Emergency
JAYDEEP CHOUDHURY AND JAYANTA BANDYOPADHYAY
Jaypee Brothers; New Delhi: 2011.
Pages: 509, Price: Rs. 495/-.}

This book aims to equip the pediatric caregiver with the essential real time knowledge to provide effective care to children in an emergency setting. The text spans the full scope of pediatric emergencies — from trauma care to neonatal, neurologic, surgical, dermatologic and ophthalmic emergencies — with sufficient detail, yet still maintains a concise, easy to read presentation, ideal for use in the emergency department or pediatric clinic. The chapters are complemented by pictures, charts, diagnostic algorithms and tables, thus ensuring the book will make crucial clinical information easy to find and apply.

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Angiokeratoma circumscriptum naviforme (ACN) are sharply circumscribed hyperkeratotic vascular lesions that are often located on the lower extremities. It is called as naevoid (naviforme) since it is seen at birth or after birth and it is the rarest type of angiokeratomas. ACN is not related with other systemic diseases. Lesions of the disease are usually located in the lower extremities and are unilaterally localized. Angiokeratoma circumscriptum - a rare condition characterised by a group of lesions on a small area of the leg or trunk. Normally found at birth but can arise in childhood or in adults. Over time lesions may darken in colour and change shape and size.

Angiokeratoma corporis diffusum - this is the dermatological hallmark of several rare inherited lysosomal disorders. Angiokeratoma Circumscriptum Neviforme. A 10 years-old boy presented with multiple small bluish-red papules on the scrotum for the past 2 years. These lesions were gradually increasing in number and had a tendency to bleed after minor trauma.