

particularly good working partnerships, so encouraging prevention work.

- (3) Providing a database of injury prevention activities involving members; they could briefly describe their work on the BPSU monthly return card, along with their contact details.
- (4) Currently the BPSU does collect information regarding non-accidental abdominal injuries; its remit could be widened to study a particular form of injury and then, with the support of other agencies, study the effect of injury prevention strategies on a national basis.

The last RCPCH based meeting on paediatric accidents was in 1991; one of the authors of the publication of the meeting held under the auspices of the Royal College of Physicians was the current President Elect of the RCPCH, Professor Alan Craft. He wrote in the opening chapter "Improvements in accident rates will be slow and will come about as a result of environmental change by education. Both are needed, but the education needs to be correctly targeted. The doctor undoubtedly has a role to play in this change."<sup>17</sup>

Accident prevention needs paediatricians being involved at local level and for the RCPCH to appear more active in injury prevention.

## APPENDIX

The Department of Trade and Industry website ([www.dti.gov.uk](http://www.dti.gov.uk)) provides advice on regulatory guidance, consumer protection, environmental issues, and product safety, as well as containing the home safety network.

Other helpful government websites include the Health and Safety Executive ([www.hse.gov.uk](http://www.hse.gov.uk)) and the Health Development Agency ([www.had-online.org.uk](http://www.had-online.org.uk)) which comes under the Department of Health ([www.doh.gov.uk](http://www.doh.gov.uk)).

The Scottish Executive and National Assembly also have a wealth of informative sites which can be accessed via [www.scotland.gov.uk](http://www.scotland.gov.uk) and [www.wales.gov.uk](http://www.wales.gov.uk).

*Arch Dis Child* 2003;**88**:275–277

## Authors' affiliations

**I Maconochie**, Department of Paediatric Emergency Medicine, St Mary's Hospital, London, UK

Correspondence to: Dr I Maconochie, Department of Paediatric Emergency Medicine, St Mary's Hospital, South Wharf Road, London W2 1NY, UK; [i.maconochie@ic.ac.uk](mailto:i.maconochie@ic.ac.uk)

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## IMAGES IN PAEDIATRICS.....

### Cloacal exstrophy

This newborn baby was referred to us for malformed lower abdomen since birth. On examination the umbilical cord was displaced downward and the lower abdominal wall was replaced by a large red coloured mass. The mass had a thin, red, protruding tubular structure in the middle resembling an elephant trunk, and five visible orifices. External genitalia could not be identified (fig). A diagnosis of cloacal exstrophy was made.

Cloacal exstrophy is the rarest and most extreme form of the exstrophy–epispadias complex that occurs once in 200 000 to 400 000 births.<sup>1</sup> Embryologically four separate folds—cephalic, caudal, and right and left lateral—each of which has a splanchnic and somatic aspect, form the anterior abdominal wall. Failure of the caudal fold to close results in cloacal exstrophy.<sup>2</sup> Classically it consists of an exstrophic central bowel field flanked by two hemi-bladders. Omphalocele is present in 90% of cases. There are 3–4 orifices in the central bowel field, which is an ileocaecal region. The proximal orifice leads to the terminal ileum, which often prolapses, producing an elephant trunk deformity. The distal orifice leads to a short, blind ending colon segment. One or more appendiceal orifices may be present. The anus is imperforate, and external genitalia have a wide range of anomalies, including absent penis/clitoris, absent scrotum, epispadias, hemiscrota, etc.<sup>1</sup>



**R A Reddy, B Bharti, S C Singhi**

Dept of Pediatrics, Advanced Pediatrics Centre, PGIMER, Chandigarh, V., India; [drsinghi@glide.net.in](mailto:drsinghi@glide.net.in)

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