1132 Cleary, Green

REFERENCES

- Shevell MI, Ashwal S, Donley D, et al. Practice Parameter: Evaluation of the Snevell MI, Ashwal S, Donley D, et al. Practice Parameter: Evaluation of the child with global developmental delay: Report of the quality standards subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. Neurology 2003;60:367-80.
 Majnemer A, Shevell MI. Diagnostic yield of the neurologic assessment of the developmentally delayed child. J Pediatr 1995;127:193-9.
- 3 Curry CJ, Stevenson RE, Aughton D, et al. Evaluation of mental retardation: recommendations of a consensus conference:
- American College of Medical Genetics. Am J Med Genet 1997:**72**:468-77
- 4 Gringras P. Choice of medical investigations for developmental delay: a questionnaire survey. Child Care Health Dev 1998;24:267–76.
 5 Cleary MA, Wraith JE. Management of mucopolysaccharidosis type III. Arch
- Dis Child 1993;69:403-6.
- 6 Zytkovicz TH, Fitzgerald EF, Marsden D, et al. Tandem mass spectrometric analysis for amino, organic and fatty acid disorders in newborn dried blood spots: a two-year summary from the New England Newborn Screening Program. Clin Chem 2001;46:1945–55.

IMAGES IN PAEDIATRICS.....

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Erythema induratum of Bazin and episcleritis in a 6 year old girl

6 year old girl of Nigerian extract presented with a three month history of tender lesions on the backs of her legs. Some of these lesions had superficially ulcerated (fig 1). She also had a non-painful red right eye for approximately one month.

She was born in Nigeria, having arrived with her family in Ireland the previous year. She received the BCG vaccination in Nigeria. She was systemically well, afebrile, with normal growth parameters. Noone in her immediate family had any evidence of active tuberculosis.

She had a nodular episcleritis in her right eye which responded to beclomethasone drops. A 2TU tuberculin skin test performed on admission was very strongly positive with an area of induration in excess of 3 cm in diameter. This later blistered and ulcerated.

The skin lesions fitted the description of erythema induratum of Bazin (EIB), one of a group of cutaneous hypersensitivity reactions to internal tuberculosis infection known as tuberculids. This was confirmed by histological report on a punch skin biopsy which revealed the classical granulomatous dermatitis and lobular panniculitis (fig 2). No organisms were seen on staining, and polymerase chain reaction for tuberculosis was negative. A chest radiograph was normal.

EIB is uncommon in children, but cases have been reported even in infants.1

Unlike erythema nodosum, it occurs more often on the posterior aspect of the legs, can ulcerate, and typically has a more prolonged course.2 It necessitates a thorough investigation for tuberculosis and responds well to appropriate antituberculous medications.

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Figure 1 Area of shallow ulceration on medial aspect of left leg.

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References

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- Chang MW, Lawrence R, Orlow SJ. Erythema induratum of Bazin in an infant. Pediatrics 1999; 103:498-9.
- 2 McNutt NS, Moreno A, Contreras F. Inflammatory disease of the subcutaneous fat. In: Lever's histopathology of the skin, 8th edn. Philadelphia, PA: Lippincott-Raven, 1997:429-40.

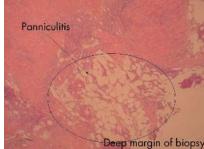


Figure 2 Skin biopsy from leg lesion with granulomatous inflammation and panniculitis (H & E, 100×).