

## Editor's Choice

Sinha et al from the Children's Hospital, University Hospitals of Leicester, UK, on page 550, describe in detail the procedure of Laparoscopic Percutaneous Endoscopy Gastrostomy (LAPEG), which will be very valuable for feeding children, not only those who have neurological and other problems in their feeding, but also others.

HIV infection can increase or precipitate any tuberculosis including abdominal tuberculosis. On page 553, SP Iyer et al from LTMG Hospital, Mumbai discuss the incidence of such patients of abdominal tuberculosis as compared to immuno-competent patients.

VB Shah et al from BYL Nair Hospital, Mumbai, on page 566, in their article "The different facets of haemolympathic malignancies-An autopsy of 10 cases" stress a very important observation that a patient having widespread dissemination of leukaemia and lymphoma can be misdiagnosed as a patient having infectious disease.

S Siraslewala et al from TN Medical College, Mumbai, on page 572, show that salivary phenytoin levels have a good statistical ( $P=0.00029$ ) correlation with clinical seizure control, as compared to serum levels.

In the past, we have had many facets of treatment brought out for treating bleeding piles in allopathic and alternative medicine. The observations of GD Bakhshi et al from Grant Medical College and JJ Group of Hospitals, Mumbai, on page 577, using Euphorbia Prostrata dry extract 10 mg tablets will have to be confirmed by others on a big scale including using double blind trials.

On page 592, U Padalia and C Modi from TN Medical College, Mumbai draw our attention to a very important fact that in falciparum malaria a patient is either cured or dies. They have stressed that relapse of falciparum malaria after malarial treatment is due to recrudescence, so fresh anti-malarial course is required.

On page 607, V Puri from Hinduja Hospital, Mumbai reviews a very important subject that how the presence of antibodies in the blood can help us to diagnose, treat and even give the severity and activity of the various illnesses. But for the cost of the test (not mentioned in the article), these blood tests are at times even more useful, than the money spent on imaging in making a diagnosis.

Children having urinary infection must be investigated for primary or secondary vesico-ureteral reflux, which can now be managed either by medical or surgical treatment. VM Rege from HN Hospital and Breach Candy Hospital, Mumbai, on page 611, discusses the surgical management of primary vesico-ureteral reflux in detail, where he has put forward his experiences of the various surgical techniques.

On page 620, HL Dhar from Bombay Hospital, Mumbai stresses the value of meditation, which should be taught to all patients to keep their mental health in good shape since there are no medicines available for the same.

On page 638, S Pandya et al from Bhagwati Hospital, Mumbai present an interesting case of an electric cable as a very long foreign body in the urethra and bladder.

M Gajre et al from GS Medical College, Mumbai, on page 641, discuss an unusual case report

of Moya Moya disease masquerading as transient ischaemic attack.

On page 646, AC Pinto et al from Holy Family Hospital, Mumbai have reported a case of giant tubulo-villous adenoma of rectum presenting as rectal prolapse.

R Barot et al from Rajiv Gandhi Medical College and CSM Hospital, Thane, on page 651, present an interesting case report of giant solitary, encapsulated, venous-lymphatic malformation (Cavernous Haemangioma) in the orbit.

On page 657, NU Shanbhag et al from DY Patil Medical College, Navi Mumbai report a cysticercosis mimicking as dermoid in the upper lid.

A Jhavar and SK Gupta from MGM Medical College, Indore, on page 660, discuss a rare case of sino-nasal haemangiopericytoma.

On page 663, BM Subnis et al from JJ Group of Hospitals, Mumbai describe an interesting case of a paraovarian cyst mimicking as mesenteric cyst.

On page 669, GD Bakhshi et al from Grant Medical College, Mumbai present a rare condition of diffused liver haemangiomatosis in an adult.

AH Bhandarwar et al from JJ Group of Hospitals, Mumbai, on page 672, discuss a rare case of parotid haemangioma in a child treated by sclerotherapy using bleomycin.

AD Borisa et al, also from JJ Group of Hospitals, Mumbai, on page 679, have reported the rare entity of ileal enteroliths mimicking as bladder calculi.

And finally, on page 684, S Srivastava et al from Terna Medical College, Navi Mumbai report an interesting case of malignant mixed tumour of cutaneous origin, which is a rare tumour arising from sweat glands.