group comprised mixed referrals to his unit; our patients were term mature infants.

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References


Nonhormonal case of adrenal cortical carcinoma

Sir,

Further to the two articles by Marsden *et al.* and Visconti *et al.* regarding adrenal carcinoma in infants (*Archives, 1978, 53, 341 and 342*) may we add the following account of a child with this extremely rare condition.

A 17-month-old white girl was admitted with a 20-day history of malaise, pallor, and high fever (39°C). She was born after a normal pregnancy and delivery, to a 25-year-old gravida 2, para 2 woman. Physical examination on admission showed anaemia; both liver and spleen were 2 cm below the costal margins. No signs of precocious puberty were present, and the clitoris was not enlarged. Blood pressure was normal.

Hb was 7.8 g/dl, red blood cells being hypochromic; ESR 90 mm in the 1st hour; serum iron 28 µg/100 ml (5 µmol/l), TIBC 275 µg/100 ml (49 µmol/l). Urine analysis normal. Blood and urine culture negative. Urinary VMA 6.2 mg/24 h (normal 0-6-7). Bone marrow aspirate showed good cellularity with active myelopoiesis. Blood chemistry—including total protein, bilirubin, sugar, urea, cholesterol, electrolytes, and uric acid was normal. Chest x-ray normal.

Four days after admission the patient developed redness and oedema of both eyelids, and on the left frontal region. At that time we also found a palpable lobular mass 6 cm below the right costal margin. Skull x-ray revealed a well defined osteoporotic lesion corresponding with the mass in the left frontal region. A second x-ray of the skull 3 days later showed at the same site a picture of osteolysis, and an osteolytic lesion of the left humerus was also present. Intravenous pyelogram showed the right kidney to be displaced downwards. Urinary 17-hydroxyxteroids were 0.9 mg/24 h (3.1 µmol/24 h) (normal for age 1-3.5 mg/24 h; 3.5-12 1 µmol/24 h), and 17-ketosteroids were zero. Plasma cortisol was 5 µg/100 ml (138 nmol/l) in the morning and 4.5 µg/100 ml (124 nmol/l) in the evening.

Complete excision of the tumour of the right adrenal was achieved surgically. It was covered by a thin capsule, and measured 12 × 8 cm. The cut surface was reddish-brown and showed areas of recent and old haemorrhage and evidence of necrosis. Histologically, there were cells with pleomorphic nucleus and a variable amount of cytoplasm, which confirmed adrenal cortical carcinoma. Postoperative chemotherapy with adriamycin was unsuccessful and the patient died 2 months later. Urinary 17-hydroxyxteroids, 17-ketosteroids, and plasma cortisol, measured 10 days after surgery, were within normal levels.

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Effect of storage and heat on antimicrobial proteins in human milk

Sir,

Nonhormonal case of adrenal cortical carcinoma.

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