There are several causes of infectious and non-infectious urticaria recognized. Reports described association with streptococcus, mycoplasma pneumoniae, parvovirus B19, enterovirus, hepatitis A or B and plasmodium falciparum and urticaria. Norovirus is a recognised albeit rare cause of urticaria. Leiste A et al. have published two cases identified on Norovirus-related urticaria in adult patients. There are no cases yet described in paediatric population on Norovirus related urticaria. Following is the unique case of norovirus related urticaria in paediatric patient.

A two year old, male patient was admitted to the paediatric ward with a sudden episode of generalised florid rash proceeding with multiple episodes of diarrhoea and vomiting. There was no involvement of mucous membranes and joints. The rash was erythematous, with widespread wheals spreading all over the body associated with intensive pruritus which left excoriating marks. The rash and pruritus was subsided with a course of antihistamines. There was no pyrexia documented during the episode and there was no history of atopies. He attends crèche and there was recent acute gastroenteritis in a crèche attendee. On physical examination, the only positive finding was mild to moderate dehydration with no evidence of shock thus intravenous fluid was commenced. His blood investigations done included full blood count, C-reactive protein, renal profile, blood cultures, extended viral panel on nasal swab were normal though stool culture was positive for norovirus. It is found in all age group and more prevalent in the winter dates for kidney transplant, with similar rates of survival and transplantation. Patients with BWS rendered anephric due to chemotherapy and was resected using nephron sparing surgery technique. Three months into adjuvant chemotherapy, another tumor developed in the lower lobe of right kidney. This progressed despite an intensified chemotherapeutic treatment and a nephrectomy was carried out rendering the patient anephric. Radiation to the abdomen with a boost to the site of the right kidney was offered to the boy, while he was on dialysis. Within 2 months of completion of radiation, a new right sided mass was described on follow-up abdominal imaging. At that point all further oncologic treatment was deemed futile and the boy passed away 6 weeks later.

A review of our 30 year patient registry revealed 295 patients diagnosed with nephroblastoma between July 1988 and December 2018. There were 7 children with clinically suspected Beckwith-Widemann syndrome, 2 of those confirmed genetically. All but one were successfully treated without relapse, synchronous or metachronous malignancy.

Unlike other tumour predisposition syndromes, the increased risk of malignancy in BWS reduces sharply after 8 years of life. Synchronous or metachronous malignancy in this population remain exceedingly rare, making our patient an unfortunate exception. Patients with BWS rendered anephric following bilateral nephroblastoma resection have to remain in complete remission for 2 years post completion of oncological therapy before being considered for a renal transplant. Should they remain without evidence of disease, they are good candidates for kidney transplant, with similar rates of survival and graft rejection to other transplants.