

suggests that both children were immunocompromised despite their previously apparent good health.

Occasional reports of cytomegalovirus infection in immunocompromised children have been reported from elsewhere, including, one other case of life threatening gastrointestinal haemorrhage.⁶ The cases reported here emphasise that particularly where there is the likelihood of HIV infection, cytomegalovirus enteritis must be considered in an infant presenting with rectal bleeding. It is unlikely that a definitive preoperative diagnosis will often be made, though a less acute presentation may permit time for mucosal biopsy.² Retinoscopy may help if coexisting cytomegalovirus chorioretinitis is present. At laparotomy the presence of widespread ulcerative lesions should alert the surgeon to the possibility of the diagnosis.

In both cases the clinical problem was one of exsanguinating haemorrhage, and at laparotomy the absence of a focal lesion that could be

excised. In the first case the haemorrhage continued, and though the infant survived the initial operation he died of perforation of the remaining lesions, which indicated the progressive nature of the disease. If arteriography is available it could be used to localise the site of bleeding, thereby permitting the correct operation to be done and antiviral treatment to be given to control the infection.

- 1 Jacobson MA, Mills J. Serious cytomegalovirus disease in the acquired immunodeficiency syndrome (AIDS). *Ann Intern Med* 1988;108:585-94.
- 2 Culpepper-Morgan JA, Kotler DP, Scholes JV, Tierney AR. Evaluation of diagnostic criteria for mucosal cytomegalic inclusion disease in the acquired immune deficiency syndrome. *Am J Gastroenterol* 1987;82:1264-70.
- 3 Morris DJ. Is human immunodeficiency virus (HIV) rather than cytomegalovirus the cause of retinitis and colitis in HIV-infected patients? *Rev Infect Dis* 1990;12:557-9.
- 4 Mok J. HIV infection in children. *Br J Hosp Med* 1990;43:247-51.
- 5 Hira SK, Kamange J, Bhat GJ, et al. Perinatal transmission of HIV-1 in Zambia. *BMJ* 1989;299:1250-2.
- 6 Schwartz DL, So HB, Bungarz WR, et al. A case of life-threatening gastrointestinal haemorrhage in an infant with AIDS. *J Pediatr Surg* 1989;24:313-5.

Scalp tumours mimicking encephaloceles

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Abstract

Two neonates presented with benign scalp tumours that mimicked encephaloceles. In the more recent case ultrasonography confirmed that the tumour was extracranial.

Congenital tumours of the scalp are rare, only three being reported in an extensive survey of congenital mesenchymal tumours.¹ Two neonates with such tumours, both of which mimicked encephaloceles, have been referred to our unit during the last 20 years.

Case reports

CASE 1

A 1 day old boy was referred in 1971 with a firm lesion, 6 cm in diameter, and covered with skin, which lay over the left side of the lambdoid suture. It did not transilluminate, and we could not assess from skull radiographs whether there was any intracranial extension (fig 1).

At operation on the third day of life the tumour was found to be entirely extracranial, and was easily excised. Macroscopically the cut surface was uniformly grey-white. Microscopy showed a hamartomatous mass of predominantly smooth muscle. The patient was followed up for five years during which time there was no recurrence of the tumour.

CASE 2

In 1985 a 2 day old boy was referred; routine antenatal ultrasound screening at 16 weeks' ges-

tation had been reported as 'normal', but the serum α fetoprotein concentration was 2.5 times the reference value, though a week later it was found to be within the reference range.

The family history included one cousin in whom a brain tumour had been diagnosed at 5 months of age, and another who had had hydrocephalus.

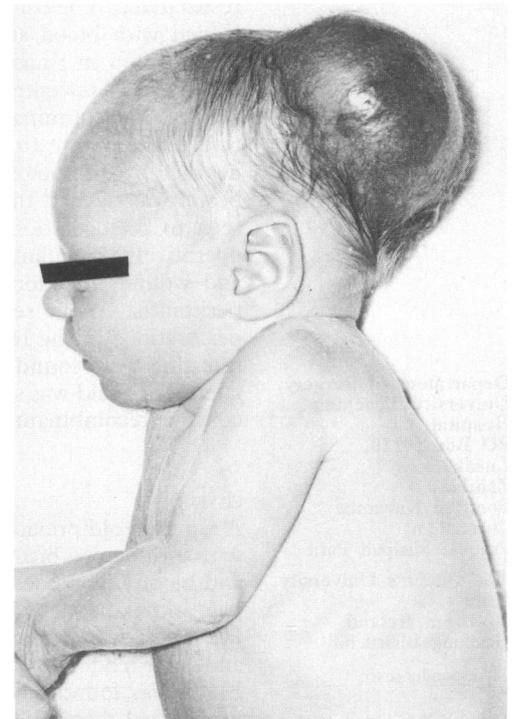


Figure 1 Case 1, aged 1 day.

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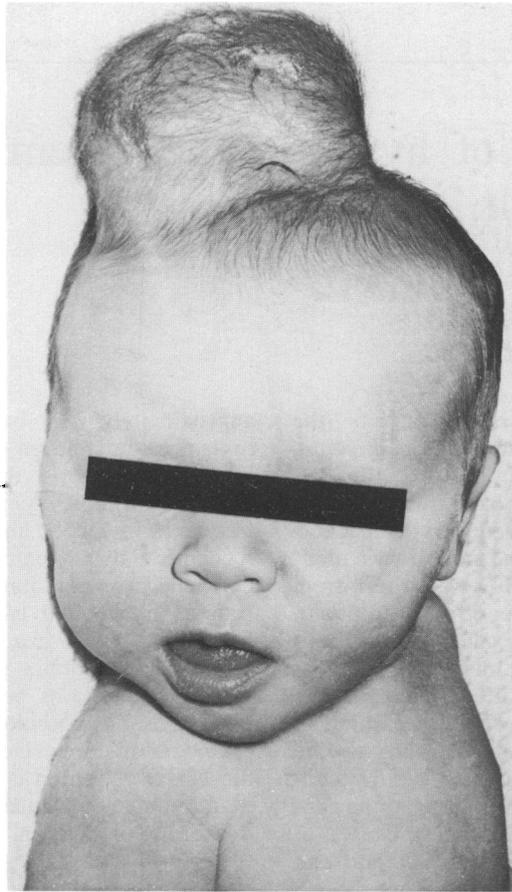


Figure 2 Case 2, aged 2 days.

The baby was delivered at term by caesarean section because his mother had undergone a previous section for cephalopelvic disproportion. At birth a solid, skin covered, lesion 5 cm in diameter was noted in the parietal region, it did not transilluminate. The anterior fontanelle was normal (fig 2).

Ultrasound examination showed a uniformly dense lesion with no intracranial extension and

normal cerebral ventricles. At operation the tumour was easily excised, and histological examination showed dermatofibroma. There was no evidence of recurrence of the tumour five years later.

Discussion

Subcutaneous tumours commonly present at birth and in infancy.^{1 2} In a survey of 120 congenital tumours, only two were solitary scalp tumours, one a 'fibroma', and the other a rhabdomyosarcoma. The two tumours reported here can probably be included in Enzinger's group of 'fibrous hamartoma of infancy', in which he reported a definite prevalence among boys.² These tumours can develop during infancy, or be present at birth. It is likely that the lesion in our second case developed after the 16th week of gestation, which would suggest that the initial α fetoprotein result was unimportant.

Encephaloceles arise as a result of failure of normal development of the neural tube, and so they lie in, or immediately adjacent to, the midline.³ In both our patients the diagnosis of encephalocele was considered because of the proximity of the tumours to the midline. Tumours that are separate from the midline are unlikely to be encephaloceles. A further differentiating feature is that, in contrast to our second case, there is usually no hair over an encephalocele.³

The use of ultrasonography in case 2 provided a simple method of showing that the lesion was entirely extracranial; this is consistent with the experience of others who have investigated extracranial masses.⁴

- 1 Kauffman SI, Stout AP. Congenital mesenchymal tumours. *Cancer* 1965;18:460-76.
- 2 Enzinger FM. Fibrous hamartoma of infancy. *Cancer* 1965; 18:241-8.
- 3 McLaurin RL. Parietal cephalocele. *Neurology* 1964;14: 764-72.
- 4 Fisher AQ, Leibrock LG, Anderson JC. Evaluation of congenital extracranial masses by waterbath ultrasonography. *Pediatric Neurology* 1985;1:117-9.