

Editor's Choice

VB Dohe *et al* from BJ Medical College, Pune, on page 18, write about their experience of two test strategy for the diagnosis of leptospirosis and correctly draw our attention to the laboratory test to be done for diagnosis of leptospirosis in private practice, which should be ELISA test and not Typhi dot test.

D Velankar from DY Patil Medical College, Navi Mumbai, on page 26, writes her experience of maternal factors contributing to low birth weight babies from an urban slum community in her article after studying 282 pregnant women. We are all interested to reduce the problem of low birth weight babies.

PP Prabhudesai and RVP Singh from Lilavati Hospital and Research Centre, Mumbai, on page 63, review the very important topic of multi-drug resistant tuberculosis. No General Practitioner can practice without knowing the treatment of multi-drug resistant TB.

On page 68, HL Dhar from Bombay Hospital, Mumbai, who has already written many articles in the journal on Aging, summarizes the approach to anti-aging for the benefit of General Practitioners.

HL Trivedi and R Venkatesh from BYL Nair Hospital, Mumbai, on page 80, report an interesting case of true anophthalmos in a two year old girl.

On page 85, PD Nichat *et al* from JJ Hospital, Mumbai, report an unusual presentation of a patient having isolated appendix, which was due to rotation of the appendix, which did not arise from its usual caecal position.

Hydatid Cyst in India is known to occur in any organ. On page 88, AD Borisa *et al* from JJ Hospital report a Case of Hydatid Cyst of Pancreas.

S Wahab *et al* from PGIMER, Chandigarh on page 94, present a case of radial club hand, highlighting the approach to diagnosis in multisystem evaluation and have reviewed the management of such patients.

SV Agale and AR Chitale from Jaslok Hospital, Mumbai, on page 97, show excellent slides of electron microscopy in making a diagnosis of pigmented neurofibroma in their case Report.

SV Agale *et al* from Grant Medical College, Mumbai, on page 104, present a very interesting case of idiopathic granulomatous mastitis masquerading as carcinoma.

Since skin grafting in ulcer management is not always possible, AK Misro *et al* from Alluri Sita RamaRaju Academy of Medical Sciences, Eluru, on page 107, write their experience about human epidermal growth factor promoting wound healing.

WA Ansari *et al* from Asir Central Hospital, Saudi Arabia, on page 112, present a very interesting case of ruptured renal artery in a young female, where nephrectomy had to be done, which of course, was the treatment of choice in the past.

K Patil *et al* from MG M Medical College, Navi Mumbai, on page 118, report an unusual presentation of a patient having a hyper-mobile caecum. The patient was a 22 year old male, who presented with acute abdomen without having any volvulus.

JG Saluja *et al* from Saifee Hospital, Mumbai, on page 120, report an unusual case of ganglioneuroma at the coccyx.

And finally, most of us have not seen dumping syndrome for many years because surgery for peptic ulcer has reduced dramatically. K Hemalatha, K Jagdeesan and team, from KJ Hospital, Chennai, report a case of iatrogenic dumping syndrome, on page 135, where the patient had not undergone any surgery.