ventricular septal defect and pulmonary stenosis were detected during Echocardiographic assessment.

After essential evaluation and preparation, the patient underwent surgery and a large mid-facial protrusion was resected. Pathology reported neoplastic tissue consisting of heterologous elements such as skin and its appendages, glandular structure, cartilage, marrow elements and bone with no evidence of neuroepithelial elements compatible with mature teratoma.

Nasal masses could be due to glioma, meningoencephalocele, encephalocele, congenital rabdomyosarcoma, and lymphatic malformations[5,6]. Tumor arising from hard and soft palate and Rathke's pouch are called epignathus teratomas.

Sometimes a fetus bearing teratoma is unable to swallow amniotic fluid due to its mass effect, thus polyhydramnios may be detected at about 15% of pregnant women[1].

The main treatment of teratoma is Surgery. The overall long term prognosis is excellent and relapses take place rarely. Despite benign nature of teratomas, routine follow-up is necessary in all cases[5]. In our patient in 1 year follow-up, no recurrence occurred and alfa fetoprotein (AFP) levels reduced after tumor resection.

Key words: Teratoma; Congenital Heart Anomaly; Neonate

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Midgut Volvulus Caused by Mesenteric Lipoma

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Lipoma is a benign neoplasm of adipose tissue. In children it rarely rises in mesentery or gastrointestinal tract and the secondary midgut volvulus caused by lipoma is very rare[1,2]. Herein, we report a 6-year-old girl with small bowel lipoma causing midgut volvulus.

The patient presented to emergency ward with a 2-day history of moderate central abdominal pain, colicky in nature accompanied with nausea and vomiting. No mass was touched on palpation. Routine blood tests showed normal white cell count, urea, creatinine, amylase and electrolytes. Plain abdominal X-ray showed a gasless pelvis and lower abdomen, but laterally deviated and dilated intestinal loops. Abdominal ultrasonography revealed a loose ill-defined lobulated mass quite isoechoic with mesenteric fat in right lower abdomen displacing the echogenic small bowel loops gas. Computed tomography revealed a well-capsulated, homogeneous mass with negative HU about lipid density, 13×3×5 cm in size, filling the right portion of the inferior abdomen and pelvis, deviating the intestinal loops (Fig. 1). Volvulus of midgut by twisted (about 360° clockwise) appearance of the main mesenteric vessels in their root was depicted (Fig. 2). The diagnosis of volvulus was confirmed in color Doppler ultrasonography, where superior mesenteric vein was observed to lie in the left side of superior mesenteric artery. At laparotomy, after detorsion, a mesenteric lipoma was identified in

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Fig. 1: Contrast enhanced CT scan showing a mass with lipid density filling the right portion of the inferior abdomen and pelvis, deviating the intestinal loops

the terminal ileum approximately 15 cm proximal to the ileocecal valve. Macroscopically a yellowish encapsulated, homogeneous mass measuring approximately 13×3×5 cm was revealed (Fig. 3).

Microscopically, the tumor was composed of a fibrous capsule and mature fat cells next to the intestinal wall. After the surgery all abdominal symptoms were alleviated and the patient remained symptom free for the next 8 months in follow up.

Lipomas are benign mesenchymal tumors, resembling normal fat with very low potential for malignant degeneration. They have been reported in children of all ages with no specific predilection[2,3]. In gastrointestinal tract lipomas mostly present as an insidious-growing, soft and mobile mass without penetration into surroundings[2,3]. Very infrequently they lead to intermittent abdominal pain, distension, small intestine volvulus, and constipation[1,2].

X-ray imaging reveals a well-demarcated, radiolucent area along with the intestinal obstruction, while ultrasonography and CT display more reliable information about the lipid basis of the tumor[1,3].

According to the CT findings, other fat attenuation processes associated with the mesentery are considered as differential diagnosis, including liposarcoma, lipoblastoma, lymphangiomas, and the cavitating, mesenteric lymph node syndrome. Mesenteric lipomas are encircled with a uniform matrix. Liposarcomas usually have a mixed heterogenous fat and soft tissue structure[4]. Lipoblastoma is a benign tumor of embryonal fat cells and its nonhomogeneous, septated, and hyperechogenic appearance on ultrasonography and CT makes it easy to differentiate from a lipoma[4,5]. Mesenteric lymphangiomas are multilocular or unilocular fat or fluid attenuation masses with thin walls[6]. Cavitating mesenteric lymph node syndrome is recognized as lipid-containing

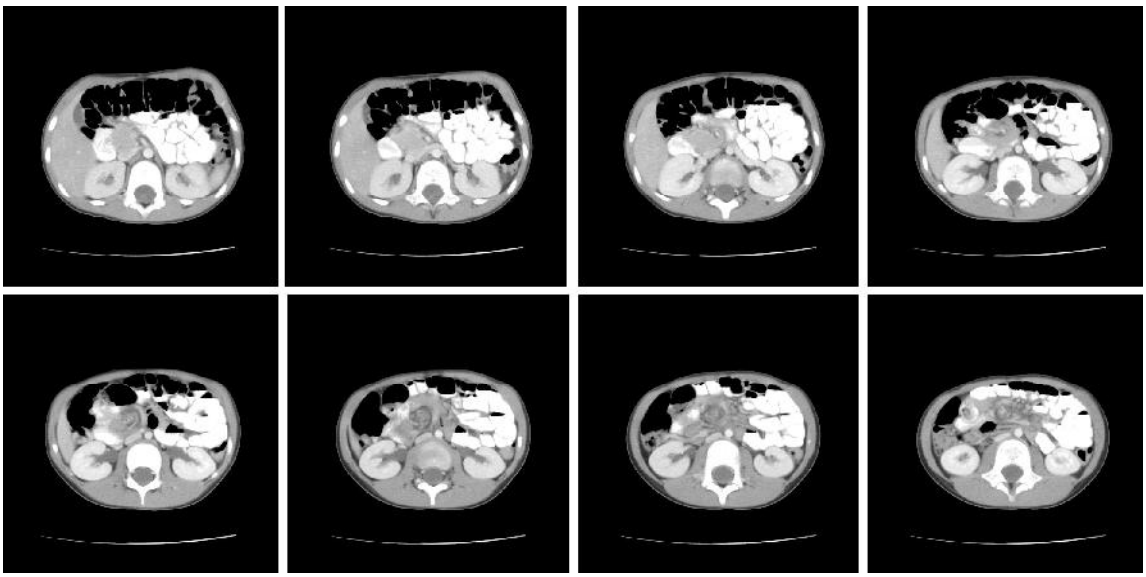

Fig. 2: Contrast enhanced CT scan showing twisted appearance of volvulus of midgut (about 360° clockwise) around the mesenteric vessels

Fig. 3: Gross view of lipoma at antimesenteric border of terminal ileum, before resection

mesenteric nodal masses and may be found in patients with celiac sprue[7].

Key words: Lipoma; Midgut Volvulus; Abdominal Pain

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Increasing Trend of Low Birth Weight in Rural Areas of Iran: a Warning

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Low birth weight (LBW) is usually defined as birth weight less than 2500 grams; it is an important risk for morbidity and mortality especially in infants and children under 5 years and even is a risk factor for morbidity in older age groups[1].

Despite significant improving trend in most of health indicators in rural areas of Iran[2,3], there is a slow increase in LBW among newborns. Based on official data extracted form vital statistics of rural areas in Iran, LBW was 2.9% in 1994 with coverage of 83.9% in newborns; In 2004, LBW was 4.7% (coverage: 96.2%) and in 2009, it was 5.1% with a complete (100%) coverage of rural newborns (Fig 1). This increasing trend of LBW is statistically significant (*P*-value for trend: 0.0001). LBW is a