An eleven years old male child, completely vaccinated, resident of Orangi town, shifted from neurosurgery emergency to the paediatric intensive care unit (PICU) with a history of fall from a height of 6 to 8 feet about two hours prior. The child was bleeding from the mouth (fresh blood), about 1 tea-spoon in quantity, and had two episodes of vomiting about half a cup in quantity, containing blood clots, along with drowsiness. On examination, the child was of average height and built, having lesions on right lower lip, lying on the bed with the following vitals; heart rate of 120/min, respiratory rate of 26/min, blood pressure of 90/70 mmHg (between 25th-75th percentile) and afebrile. Anthropometric measurements showed that the weight was 26 kg (<5th centile) and the height was 136 cm (between 10th-25th percentile). Throat was normal, no ear discharge, but clear discharge from nasal cavity. No cyanosis, clubbing, oedema, lymphadenopathy or dehydration. Central nervous system examination showed that his Glasgow Coma Score was 15/15, pupils were bilateral and equally reactive to light, fundus copy was normal, tone was normal in all four limbs, power was 5/5, reflexes normal and planters down going. Rest of the systemic examina-

Fig. 1 and 2. CT scan brain

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Q.1: What is your diagnosis?
A. Skull fracture
B. Cerebral contusion
C. Pneumocephalus

Q.2: What would be the most serious complication?
A. Shock
B. Hypertension
C. Meningitis

Q.3: What would be the treatment strategy for this case?
A. Conservative management
B. Surgical management
C. Conservative and surgical management both

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