

## In Pediatrics

### All unexplained infant cry is not colic .....

Infantile colic is a poorly understood and over diagnosed condition in young infants. Recurrent episodes of discomfort ,typical age group ,abrupt start and cessation ,absence of physical signs of ill health ,well thriving infant ,a normal physical exam are important aspects of the diagnosis.

However in the real world scenario, infantile colic is over diagnosed and medicated ,even though evidence based interventions to decrease colic intensity or duration are not available. A 3 mo old male infant presented with recurrent episodes of excessive,unexplained irritability of 2 weeks.

He was born term after an uneventful pregnancy and was exclusively breast fed . No fever ,pain or discomfort during voiding ,supplementary formula usage ,diarrhea ,ear discharge,reflux or failure to thrive were noted .

A physical exam showed bilateral soft tissue swelling in the jaw area over the mandibular angles .

The ear ,scalp ,nose and throat exam were normal. A screening investigation revealed elevated platelets and ESR . Radiograph of the face showed increased cortical thickness over the mandibles . This presentation and physical findings ,supplemented by labs and radiology make the diagnosis of **Caffeys disease** most likely.

Caffeys disease,also called infantile cortical hyperostosis ,is a inherited disorder of collagen metabolism characterised by the triad of painful bony swelling,elevated ESR and thickening of the periosteum of typical bones like clavicle ,ribs,scapula, mandible. Most cases represent sporadic mutation even though the mode of transmission is autosomal dominant.

Most children respond well to a course of NSAIDS .The long term prognosis remains good for most children.

**Dr. Aswath**