

The effect of the object varies with its nature and shape. Perforation, abrasion, pressure necrosis and local vaginitis result in ulceration of the vaginal walls. This can involve neighboring structures to cause urinary and fecal fistulae.<sup>5</sup> Ascending infection may lead to salpingitis and peritonitis. Rarely, neglected pessaries can cause severe ulceration of posterior fornix and later vaginal carcinoma.<sup>3</sup> The predominant symptom is an offensive blood stained discharge, as was observed in our patient. The foreign body must be removed, which may be easy, although in young children a narrow illuminated endoscope may be needed. The vaginal wall heals by itself after removal, as was observed in our case.

The presence of vaginal foreign body may be an indication of sexual abuse. Though this is not always the case, the possibility should be kept in mind while examining any child with vulvovaginal symptoms.<sup>6</sup> In the present case, whether this was abuse by an adult or a childish prank by other children in the neighborhood or curiosity on the part of the child herself, is a question which still remains unanswered.

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## Castellani's paint

Sir,

It was interesting to read the article Castellani's paint<sup>1</sup> (CP) which is still a very useful, but rarely used antifungal paint, especially for the intertriginous areas.

I would like to point out one serious side effect of CP which we have published in 1990<sup>2</sup> that has not been mentioned in the above article. A 35-year-old man developed severe methemoglobinemia within minutes of application of outdated CP. CP decomposes on storage and becomes a contact poison, which in turn induces even fatal methemoglobinemia. Hence the patient should be instructed to use only freshly prepared CP which can be kept for a maximum period of 2 weeks only.

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## Klippel Trenaunay Parkes-Weber Syndrome

Sir,

A 5-year-old girl was referred with the complaints of enlargement of the right upper limb and multiple bluish-red swellings since birth, and recurrent episodes of fever, pain and bleeding in the affected limbs for the last 4 years. There was no history of any systemic complaints. The antenatal history was not significant, and there was no family history of similar complaints.

Examination of the child revealed a conscious, slightly distressed child with moderate pallor and fever.