unconsciousness in selected subgroups of children.

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MYXOID ADRENAL CORTICAL CARCINOMA – A RARE VARIANT OF ADRENOCORTICAL CARCINOMA

Dear Sir,
Adrenocortical carcinomas are malignant neoplasms of the adrenal cortex generally affecting patients in their fourth and fifth decades of life. Myxoid change is a very rare phenomenon in adrenocortical carcinoma, and only 11 similar cases have been reported to date. Myxoid changes in adrenal cortical neoplasm can be present in adrenocortical adenomas also. A 49-year-old male while being investigated for hypertension was found to have right adrenal tumour on ultrasonography. Physical examination was negative. There was no hypokalemia and the metabolic workup for pheochromocytoma was negative. Computerized tomography scan revealed heterodense right adrenal tumour of size 6 x 5 cm. There was no evidence of invasion to adjacent structures. Right adrenalectomy was performed. The tumour was well encapsulated and resected without any difficulty. Cut section demonstrated circumscribed tumour with uniform myxoid appearance [Figure 1]. On histopathology examination there were features of malignancy like necrosis, vascular invasion, 4–5 mitotic figures/high power field. The tumour cells showed a pseudo glandular pattern with myxoid material inside [Figure 2]. Staining done with mucicarmine and Per-iodic acid Schiff (PAS) showed focal staining for myxoid matrix [Figure 3]. The patient is alive after a follow up period of 1 year with out any evidence of local recurrence and metastasis. Myxoid adrenocortical carcinoma is a rare variant of adrenocortical carcinoma. The presence of myxoid changes in adrenocortical neoplasms usually raises the possibility of malignancy. Tang et al first described this variety in 1979. Myxoid changes have also been reported with adrenal adenoma and these were mostly metabolically normal. The differentiation of benign and malignant tumours can be made by presence of necrosis, vascular invasion, capsular invasion and greater than three mitosis per high power field. The recent literature is replete with articles evaluating the potential role of growth factors, markers of proliferation (Ki 67 and MIB), tumour suppressor genes (p53 Rb-1 and p27) and apoptotic regulators (bcl-2) in differentiating adenaoma and carcinoma. Some of these may have prognostic value also. The histochemical stains done are Alcian Blue, PAS, Mucicarmine. The histochemical profile of the myxoid material in our study is consistent with that of previous reports. In vast majority of the cases immunohistochemical staining shows vimentin, synaptophysin and inhibin positivity, which is typical of adrenocortical neoplasms. The differential diagnosis of myxoid tumours in retroperitoneum includes chordoma, myxoma, lipoma, liposarcoma, benign and malignant nerve sheath tumours. The 5 years survival rate for malignant myxoid adrenocortical tumour is 50% while that for the adenomas it is 100%. The common sites of metastasis are liver and lungs. Local recurrences have also been reported in 2/10 cases reported previously.

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WHO AND NOVARTIS DELIVER FREE LEPROSY TREATMENT FOR ALL PATIENTS WORLDWIDE

All leprosy patients in the world will continue to benefit from free medicines under an agreement signed today by the World Health Organization (WHO) and the pharmaceutical company, Novartis AG. This extends the current agreement until the end of 2010 and is valued at between US$ 14.5 and US$ 24.5 million depending on the number of cases detected over the next five years. The first phase of the donation (2000 to 2005) has led to the cure of about 4 million patients and was worth US$ 40 million.

The lower amount of drugs supplied under the new agreement is due to the impressive progress being made in the struggle to eliminate leprosy as a public health problem in all countries. As of the beginning of 2005, the number of cases of leprosy worldwide was 286 000, a drop of 38% from the beginning of 2004. The number of new cases detected during 2004 was also substantially lower (down 21% than in the previous year, providing further evidence that the backlog of previously undetected cases has finally been reached and treated.

The rapid progress in recent years is largely due to improved coverage of leprosy services, with the integration of leprosy treatment into the general health system. This has made multidrug therapy (MDT), donated by Novartis and made available by WHO free to all disease endemic countries, easily accessible even in the most remote areas and amongst underserved communities most affected by the disease. Since 1985, more than 14 million patients have been cured of leprosy through the use of multidrug therapy (MDT). The greatest credit for the progress rests with committed governments, and the staff of national programmes.

"The excellent news is that millions of people have been cured of leprosy and saved from a life of disability and stigma through the use of this simple, effective treatment," said Dr LEE Jong-wook, WHO Director-General. "This success story demonstrates once again the value of integrating leprosy services into the public health system, and making MDT treatment truly available to everyone. WHO will work closely with all member states to sustain this process of integration, and maintain the crucial political commitment required, in the