The whole surgical procedure is performed easily. The procedure is completed bilaterally with symmetrical result (Figure 3). This is a simple and effective procedure. It avoids the possibility of permanent skin marking/tattooing, which can occur sometimes.

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Unilateral blue sclera: A diagnostic enigma?

Sir,
We had occasion to see a 5-year-old girl, who had this extraordinary appearance of her right eye (Figure 1). She was a relative of one of our patients, and was asymptomatic. We were amazed by this appearance of her eye, (which was present since birth), and were prompted to review the available literature. The differential diagnosis offered in literature is:

1. Marfan's syndrome.
2. Ehler Danlos syndrome.
3. Hallerman Strieff syndrome.
4. Incontinenta pigmenti.
5. Iron deficiency anemia.
6. Associated with myasthenia gravis.
7. Blue sclera syndrome (Van der Heave syndrome)
8. Osteogenesis imperfecta.

However in all these conditions, there are associated abnormalities of the musculoskeletal system, or connective tissue, none of which was present here. In addition, in all these cases, the sclera is presumably bilaterally involved. Wiernik\(^1\) has cited a familial incidence in 6 out of 24 members of a family in Japan. He also suggests a relation between myasthenia gravis, and osteogenesis imperfecta. Smith\(^2\) has reported an isolated cellular blue naevus of sclera, along with retinal detachment. However, there was an island of tissue involved and not the entire sclera.

The puzzle continues.
Letter to Editor

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New look Indian journal of plastic surgery

Sir,
It was with great surprise and pleasure that I received the “upgraded” edition of the Indian Journal of Plastic Surgery. When I looked at it, it seemed like a plastic surgery journal of some considerable standing. As I went through the published papers, I was even more impressed that this was the case. I think that the Indian Association now has a journal which is a cause for pride, rather than something for which one always makes excuses.

The journal is like the APSICON Meeting; it goes from strength to strength because of the enthusiasm of the wonderful group of young, and not so young, Indian plastic surgeons who are totally up-to-date in their knowledge. They are experimenting with new ideas and some are beginning to be involved in research projects. It is this wave of enthusiasm which will continue to produce improvement at the APSICON Meetings and consequently in the journal content.

Mukund Thatte and his Advisory Board have much to be proud of. What I particularly liked when I read over the names in the various Boards and Committees, it is mainly an array of the young and upcoming plastic surgeons, many of whom have trained elsewhere, together with the trustees who form a wonderful foundation for this whole edifice.

I am honored to be a member of the Association of Plastic Surgeons of India, and I am now proud and pleased to have such a good publication representing the Association. I would ask all of those who are young, and not so young, to support the journal wholeheartedly and to submit their articles and to be proud when they have them published. A journal is like an exotic and precious plant, it requires constant attention by the Editor and it needs to be maintained in its best possible condition by fertilization with ideas, opinions, experimental work, and clinical studies mainly from within India but one would hope also from those who love everything that India has to offer and who hold Indian plastic surgery in high regard.

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REFERENCES

Proboscis lateralis: Comments

Sir
I have read article by Bhavsar et al with considerable interest. Regarding the dilatation of the central canal of the proboscis which we do before starting reconstruction, you expressed some reservations that, “repeated dilatation at regular intervals, the proboscis will loose its suppleness”.

I would like to point out that we do a “rapid” dilatation method each lasting about one minute. This is done daily and we accomplish it in one week. The nearest one can get to the technique is to watch our gynaecology colleague do a D & C procedure. The cervix uteri of a nulliparous patient is like the proboscis with its central canal. We increase the size of the Hegar dilator by 2 mm diameter each time we dilate. The dilatation is spread over a week for fear of tearing the delicate tissues of the child. Once the series of dilations is completed, the proboscis is split longitudinally from its root to the rim and it is attached to the contralateral hemi-nose. After this rapid dilatation