

Insomnia, nervousness, loss of appetite, vomiting, urticaria, prolonged diarrhea, constipation, flatulence and verminous intoxication. Symptoms may be confused with those of hookworm, amebiasis, or acute appendicitis.¹ Oxidative stress as a mediator of tissue damage concurrent with *T. trichiura* infection was investigated. Levels of MDA were significantly increased in patients infected with *T. trichiura*. The results of our study strongly suggest that one of the main reasons for high MDA levels in patients infected with *T. trichiura* could be decreased activity of defense system protecting tissues from free radical damage. However, in the patients and control group, no correlation was found between age and MDA levels both in females and males. In addition, no significant correlation could be found between MDA levels of both females and males for *T. trichiura* infected and control groups. These results for patients infected with *T. trichiura* could possibly be explained as that with high MDA activity in all ages. As a result, the high infection/control ratio of MDA concentration and the significant correlation strongly indicate the occurrence of oxidative stress and lipid peroxidation as a mechanism of tissue damage in cases of *T. trichiura* infection.

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Hydatid cyst of the cervical region in a child. *A rare location*

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Hydatid disease is caused by parasitic infestation and is still common in under developed countries of sheep rearing regions. But in western countries scrupulous measures have almost eradicated this scourge.

The causative organisms are cosmopolitan parasites, most commonly known as *Echinococcus granulosus* which requires 2 hosts for completion of its life cycle. The dogs and some carnivores are definite hosts harboring mature tapeworm in their intestines. The feces of these hosts contain eggs that become adherent to their body surfaces for dissemination also contaminates the grass and vegetables. The intermediate hosts (humans, sheep and cows) get infected by eating eggs present in feces of dogs. In duodenum, within 8 hours, the hexacanth embryos are hatched out which bore their way through the intestinal wall and are drained to liver by entering the tributaries of portal vein. Mostly these larvae are arrested in the hepatic sinusoidal capillaries (liver acts as first filter). Some larvae escapes through hepatic sinusoids and enter the pulmonary circulation. These are filtered out in the lungs (lungs acts as second filter). A few larvae even pass through the pulmonary capillaries and enter the general blood circulation. These can lodge in various organs including the skeletal muscles. In this study, we are reporting a case of hydatid cyst that presented as a mass in the neck, which is a very rare site.

A 5-year-old female Saudi child was referred by the primary health care center to the Pediatric Surgery out patient clinic of King Khalid General Hospital Hafer, Al-Batin, Kingdom of Saudi Arabia. There was a history of gradually increasing cervical soft tissue swelling for the last 3 years. The findings of the local examination of the neck revealed a single soft to firm mass in the posterior cervical triangle with ill-defined margins, measuring 2.5 x 2 cm. It was relatively mobile horizontally and less vertically. The rest of the clinical systemic examination was unremarkable. The routine laboratory tests were within normal range. Indirect hemagglutination (IHA) test and Casoni's test were carried out postoperatively had a negative result. The x-ray chest, abdominal ultrasound and pelvis were normal. In the out-patient department, fine needle aspiration was performed which had yielded a 3 cc of whitish fluid that revealed mature lymphocytes, eosinophils and polymorphs. A

pre-operative diagnosis of lymphangioma or possibly a branchial cyst was considered. On exploration and followed by histopathology this neck mass proved to be an intramuscular hydatid cyst. The patient was discharged from the hospital on oral treatment of mebendazole in 3 divided doses for 3 months. Three years follow up revealed no recurrence.

Hydatid disease is endemic in North East area of Saudi Arabia (near the Iraq border) where Hafer, Al-Batin is situated. The main occupation of people of this area is sheep rearing.¹ Hydatid disease is mostly acquired during childhood. It remains dormant for a long time due to slow rate of growth. It is estimated that the size of cyst increases from 1-30 mm per year.² It usually presents as a clinical problem in third to fourth decade of life. Mostly (72%) it involves a single organ but rarely presents as a disseminated disease in early childhood.³ The most commonly involved organs are liver (65-75%) and lung (20-25%). It rarely involves muscles (5%).⁴

Our patient's father was a shepherd by occupation, living in the desert with poor hygienic conditions. The child had a frequent contact with sheep and dogs. The disease had involved only on the skeletal muscles of the neck with a history of slow growing swelling for approximately 3 years. The age of the child at presentation of the disease was 5 years that means the child had the a clinical infestation around the age of 2 years. There are several reports in Saudi literature of hydatid disease in very young children. In one such report, the child age was 3.5 years.¹ In another report, a 2-year-old child had disseminated abdominal visceral and lung hydatidosis.³ However, in early childhood intramuscular hydatid disease in the neck region had rarely been reported.⁵ Therefore, this case will be a valuable addition to already reported cases of hydatid disease where it involves unusual sites in early childhood. As far as the various diagnostic tools are concerned, routine hematological and biochemical tests may not be helpful in the initial diagnosis. However, serology and imaging study can establish the diagnosis of hydatid disease.⁴ In this case, the IHA test and Casoni's test were negative. Both these tests have limitations, and different factors, which may cause false negativity such as calcification, infection, non-cracked cysts or stored reagents for long time and site of the hydatid cyst.¹ In a study, the sensitivity of serological test varies with site of the hydatid cyst. Enzyme-linked immunosorbent assay tests sensitivity in liver hydatid disease is 80-100%, which drops to 50-56% in the case of pulmonary cysts, and further decreases to 25-56% in hydatid

cysts involving the other organs.⁴ In our case, as the cyst was single and deeply seated. This may be the reason for postoperative negative serology.

We conclude that in endemic areas such as Hafer, Al-Batin; hydatid disease should be considered in the differential diagnosis of mass lesion regardless of the age of the patient and site of the swelling.

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Malaria awareness among medical and non-medical undergraduate students

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Malaria is the world's most prevalent vector-borne disease. Approximately 41% of the world's population are at risk of infection. Each year 300 - 500 million clinical cases of malaria are reported worldwide. The majority of malaria-endemic countries now have malaria control programs at various stages of implementing realistic plans of action. The implementation of these plans has resulted in a marked reduction in malaria morbidity and mortality in some countries (example, Brazil, Colombia, Egypt and Oman), and has allowed others (including countries in north Africa, Cyprus and Tunisia) to maintain their malaria-free status.¹

Malaria is a serious disease transmitted to humans by the bite of an infected female *Anopheles* mosquito. Symptoms of malaria may include fever