paediatric central venous haemodialysis lines: a randomised controlled trial", and that I have seen and approved the final version. I shared in designing the study, and writing the manuscript. I have no conflicts of interest.

I, John NS Matthews, declare that I participated in the study entitled "Comparison of alteplase and heparin in maintaining the patency of paediatric central venous haemodialysis lines: a randomised controlled trial", and that I have seen and approved the final version. I shared in designing the study, analysing the results and writing the manuscript. I have no conflicts of interest.

I, Malcolm G Coulthard, declare that I participated in the study entitled "Comparison of alteplase and heparin in maintaining the patency of paediatric central venous haemodialysis lines: a randomised controlled trial", and that I have seen and approved the final version. I shared in designing the study, analysing the results and writing the manuscript. I have no conflicts of interest.

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IMAGES IN PAEDIATRICS.....

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A case of familial unilateral tight shoe

An apparently healthy 13 year old girl noted progressive swelling of the left leg as her shoe was becoming increasingly tight. A general examination was unremarkable apart from non-pitting oedema of the left leg without any signs of inflammation. Further questioning revealed that her mother also had a similar "shoe problem" and was thoroughly investigated in 1980s without any specific diagnosis (fig 1). Her maternal grandmother who lives abroad was reported to be on diuretics for leg swelling.

Primary lymphoedema (praecox subtype) was confirmed by lymphoscintigraphy which showed markedly reduced lymphatic drainage from the left leg (fig 2).

Lymphoedema praecox is the most common type of primary lymphoedema and usually affects females. Although by definition it can present up to 30 years of age, it mostly manifests during puberty. About 70% cases are unilateral, with left lower extremity predominance.¹ In these patients lymphatic transport capacity is reduced due to hypoplastic lymphatic channels. This can be confirmed by lymphoscintigraphy which has become the investigation of choice.²

Management is usually conservative with weight loss, good hygiene and avoidance of local trauma/tight garments being

Figure 2 Lower limbs lymphoscintigraphy of the patient showing absence of lymphatic channels on the left leg.

most useful. Diuretics have not been found to be of much benefit. In severe cases surgery may be helpful.

Index case

Mother

Figure 1 Legs of the patient and her mother. Parental/guardian informed consent was obtained for publication of this figure.

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Parental/guardian informed consent was obtained for publication of the person's details in this report.

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