sparked off inadvertently while suturing and securing the cannula.

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REVACCINATION WITH BCG IN THE POST HIV PERIOD

Dear Editor,

This is in reference to article 'National tuberculosis control strategy in the post HIV period' [1] and subsequent comments [2].

Efficacy of BCG vaccine has been associated with controversy. However it put in a proper perspective and in Indian context, the vaccine remains an important aid in prevention of tuberculosis. It is to be understood that adult tuberculosis forms the fountain head of Pediatric tuberculosis. Hence the foremost strategy to reduce the incidence of tuberculosis in children would be to identify infectious adult cases and adequately treat them.

Secondly there is no denial of the assumption that immunity induced by BCG vaccine continue to wane and makes children in the age group of 5 years and above prone for primary infection. However it has been noticed that the disease is of lower magnitude and the pattern of disease is more localised. Revaccination with BCG in school children and subsequently at hypothetical intervals has been suggested by several workers [4,5]. However by itself this strategy will not be of much benefit. The reason is very obvious and is linked to the incidence of 40-45 per cent of malnutrition in our country. It is well known fact that malnutrition per se impairs the cell mediated immunity and in turn makes the child more prone for infections such as tuberculosis. This is despite the fact that the child

received BCG as a newborn. Hence the second strategy i.e. improving the nutritional standards of school children has also to be implemented first.

In India the two strategies mentioned as above should form the basis of controlling prevalence of tuberculosis. Booster doses of BCG will not be of much value.

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ISOLATED UNILATERAL FRACTURE OF ZYGOMATIC ARCH

Dear Sir,

We would like to share our experience of treating a rare case of isolated unilateral fracture of zygomatic arch [1]. The zygomatic bone forms the most prominent part of the cheek. The temporal process of zygomatic bone articulates with the zygomatic process of temporal bone to form the zygomatic arch. Fracture of the zygomatic arch is usually associated with fracture of the zygomatico-maxillary complex. When arch is fractured, it generally im-

pings on the coronoid process and restricts mandibular movement [2].

A 54-year-old male serving soldier presented with complaint of pain in left pre-auricular region and inability to open mouth. The patient gave a history of fall in the bathroom one month back, where his face banged against a barrel. There was no history of loss of consciousness, bleeding from nose or ears. There was no clinical evidence of circumorbital ecchymosis, subconjunctival haemor-