were having allergy while 60 were healthy children or children with minor health problems. Faecal samples were gathered and the activity of human pancreatic faecal elastase1 concentration in stools was detected by Pancreatic elastase1 monoclonal ELISA test (ScheBo®, Germany). Moderate to mild exocrine pancreatic insufficiency was considered if the concentration of elastase1 was 100-300 microg/g stool. Statistical analysis: χ^2 test

Results: Mild or moderate exocrine pancreatic insufficiency according to the concentration of elastase1 was found in significantly higher percentage of allergic patients compared to children without allergy 14%(7/49) vs. 1%(1/60); $p=0.03$ (OR=9.8; CI: 1-87).

Conclusions: Moderate to mild exocrine pancreatic insufficiency according to the concentration of elastase1 was more often observed in patients having allergy compared to the control group, suggesting that a subgroup of allergic patients could have pancreatic dysfunction. Factors contributing to it should be studied further.

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KAPOSI VARICELLIFORM ERUPTION

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Kaposi varicelliform eruption or eczema herpeticum is a potentially life-threatening viral infection that arises in pre-existing skin conditions. The vast majority of cases is caused by herpes simplex viruses and occurs concomitantly with atopic dermatitis.

We report the case of a 14 year-old adolescent, with atopic dermatitis, who presented with extensive vesicular eruption of the head and neck. The diagnosis of Kaposi varicelliform eruption was made based on clinical features, tzanck smear examination and polymerase chain reaction assay of the vesicle content. The patient responded adequately to oral acyclovir therapy without any complications.

Kaposi varicelliform eruption is a rare condition and the severity varies from mild transient disease to a fulminating fatal disorder involving the visceral organs. Mortality ranges from 1 to 9%, with reported rates as high as 75% before the advent of effective antiviral drugs. Antiviral treatment is very effective

and should be instituted without delay to avoid significant morbidity and mortality.

Thus, high clinical suspicion for Kaposi varicelliform eruption should be maintained in children with atopic dermatitis who have a vesicular eruption.

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COMMON CAUSE OF CHRONIC COUGH IN CHILDREN

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Background: Chronic cough, defined as a daily cough more than 4 weeks, is one of most common complaints of childhood with different causes.

The aim of this study is evaluation of different etiologies of chronic cough in children.

Methods: In a descriptive, cross sectional study in a 6 month period, all children referred to allergy and ENT clinics with the chief complaint of chronic cough without recovery were evaluated. After accurate observation about type of cough, onset time of cough and exact physical examination, the most common signs and symptoms in this period were recorded and necessary evaluation based on probable diagnosis were made.

Results: 108 children with the average age of 6.33 ± 2.79 including 76 (70.4%) males and 32 (29.6%) females were studied. Productive cough and post nasal discharge were the most common clinical findings. Diffuse pulmonary hoarseness was the prevalent findings in pulmonary examinations. Maxillary sinusitis and pulmonary hyperinflation were the most common findings in x-ray. Sinusitis (55%) along with allergic disorders (44%), asthma (31%) and foreign body aspiration (16%) were the most common causes of chronic cough. Pollens and mites were the most allergens in patients with allergic disorders. With recognition of underlying causes, recovery was observed through one to three months.

Conclusion: Considering the common causes of chronic cough can be helpful in prompt diagnosis and effective treatment of such patients. Also exact observation and physical examination can be useful in diagnosis.

By accurate diagnosis, in the most of patients, recovery could be obtained through one month.