Silvia Rosina, MD, PhD
COVID-19 Hospital
Clinica Pediatrica e Reumatologia

Carlotta Pastorino, MD
Dermatology Unit

Elisabetta Bondi, MD
COVID-19 Hospital
Infectious Diseases Unit

Mohamad Maghnie, MD, PhD
COVID-19 Hospital
Department of Pediatrics
IRCCS Giannina Gaslini

Head of Pediatric Endocrinology, Diabetes and Metabolism
University of Genoa, Genoa, Italy

References

1. Kanitakis J, Lesort C, Danset M, Jullien D. Chilblain-like acral lesions during the COVID-19 pandemic ("COVID toes"): histologic, immunofluorescence, and immunohistochemical study of 17 cases. J Am Acad Dermatol 2020;83:870-5.
2. Freeman EE, McMahon DE, Hruza GJ, Lipoff JB, French LE, Fox LP, et al. Timing of PCR and antibody testing in patients with COVID-19 associated dermatologic manifestations. J Am Acad Dermatol 2020 Sep 10. https://doi.org/10.1016/j.jaad.2020.09.007
3. Zhao Q, Fang X, Pang Z, Zhang B, Liu H, Zhang F. COVID-19 and cutaneous manifestations: a systematic review. J Eur Acad Dermatol Venereol 2020 Jun 28. https://doi.org/10.1111/jdv.16778
4. Denina M, Pellegrino F, Morotti F, Coppo P, Bonsignori IM, Garazzino S, et al. All that glisters is not COVID: low prevalence of seroconversion against SARS-CoV-2 in a pediatric cohort of patients with Chilblain-like lesions. J Am Acad Dermatol 2020;83:1751-3.

Paroxysmal Tonic Downgaze: A Pseudo Sunsetting Sign

A 30-day-old boy, born full-term, presented with a 1-day history of abnormal eye movements characterized by frequent, brief episodes of intermittent downgaze with vertical nystagmus that occurred while awake (**Video** [available at www.jpeds.com] and **Figure**). These episodes occurred both in supine and upright position without clear triggers. The neurologic examination was otherwise normal. Increased intracranial pressure was considered owing to the similarity to the sunsetting eye sign, although our patient had preserved upgaze, and his downgaze was intermittent but not persistent. Magnetic resonance imaging of the brain and spine were normal. Video electroencephalography was normal both between and during the eye movements. Urine homovanillic acid and vanillylmandelic acid were measured and found to be normal, excluding neuroblastoma and opsoclonus myoclonus syndrome, even though our patient's abnormal eye movements occurred only in the vertical plane.

These abnormal eye movements resolved spontaneously after 2 weeks, and his subsequent neurodevelopment has been normal. This child was thus diagnosed with paroxysmal tonic downgaze of infancy. These types of eye movements have been hypothesized to result from immature myelination of the corticomesencephalic vertical gaze pathways.[1,2] This benign self-limited disorder has similarities with paroxysmal tonic upgaze.[2] Both disorders are rarely associated with neurodevelopmental impairment, especially in children with preexisting neurologic dysfunction.[3,4] Transient, benign neonatal and infantile paroxysmal eye gaze disturbances

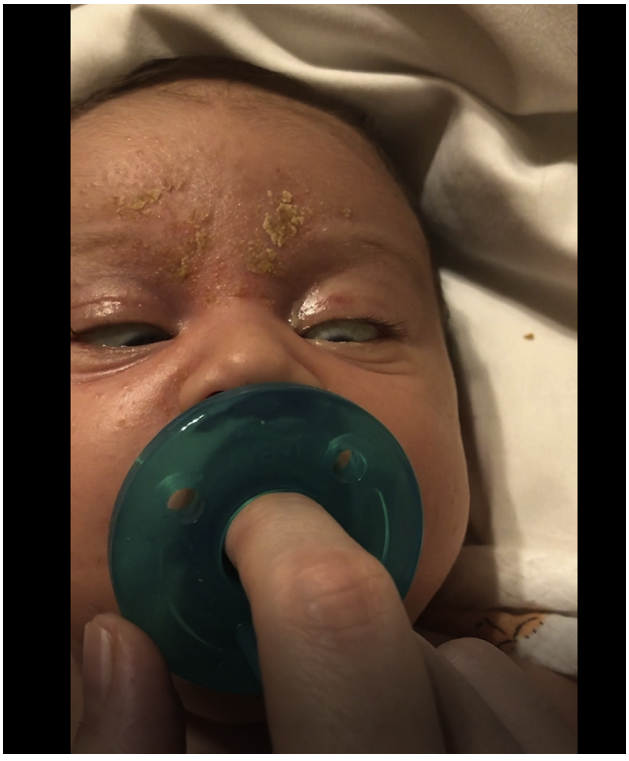

Figure. Episodes of downward eye deviation (resembling setting sun eye phenomenon) with vertical nystagmus lasting 10-15 seconds, occurring in both supine and upright positions with no clear triggers. The neurologic examination was normal.

The authors declare no conflicts of interest.

J Pediatr 2021;230:263-4.

https://doi.org/10.1016/j.jpeds.2020.12.009

should be considered after evaluation for serious conditions such as hydrocephalus and seizures. ■

Deepa Sirsi, MD
Dallas Armstrong, MD
Division of Pediatric Neurology, Department of Pediatrics
University of Texas Southwestern Medical Center at Dallas and Children's Medical Center of Dallas
Dallas, Texas

References

1. Tzoufi M, Sixlimiri P, Makis A, Siamopoulou-Mavridou A. Another case of paroxysmal tonic downgaze in infancy. J Neuroophthalmol 2009;29:74-5.
2. Wolsey DH, Warner JE. Paroxysmal tonic downgaze in two healthy infants. J Neuroophthalmol 2006;26:187-9.
3. Hayman M, Harvey AS, Hopkins IJ, Kornberg AJ, Coleman LT, Shield LK. Paroxysmal tonic upgaze: a reappraisal of outcome. Ann Neurol 1998;43:514-20.
4. Yokochi K. Paroxysmal ocular downward deviation in neurologically impaired infants. Pediatr Neurol 1991;7:426-8.

Transient Angioedema of the Small Bowel because of Intravenous Nonionic Iodinated Contrast Media

A 14-year-old girl was referred to our hospital for suspected accessory spleen torsion. There was no history of allergy or medication use. Abdominal multiphase contrast-enhanced computed tomography (CT) was performed. The patient had mild abdominal discomfort after intravenous administration of nonionic iodinated contrast media (CM) for CT. CT images in the arterial phase showed normal proximal small bowel (**Figure 1**); however, CT images in the venous phase revealed that the proximal small bowel had circumferential thickening of the wall including the duodenum (**Figure 2**). There was no accessory spleen torsion. We believed that the abdominal discomfort was caused by bowel angioedema during CM injection. The symptom resolved conservatively without any treatment.

There are several adult case reports on small-bowel anaphylactic angioedema induced by CM administration.[1-3] In an adult study, the incidence of CM-associated bowel angioedema ranged from 1.7% to 3.3%.[4] CM-associated bowel angioedema rapidly develops in the small intestine, particularly the proximal segment, owing to the richer supply of vessels[1] and, in this case, only the duodenum was affected in the venous phase. Although most patients with CM-associated bowel angioedema tend to complain of mild abdominal discomfort, this symptom usually does not require any specific treatment.[3] Moreover, no pericentric infiltration, mesenteric edema, free fluid, or vascular abnormality was observed with CM-associated bowel angioedema.[4]

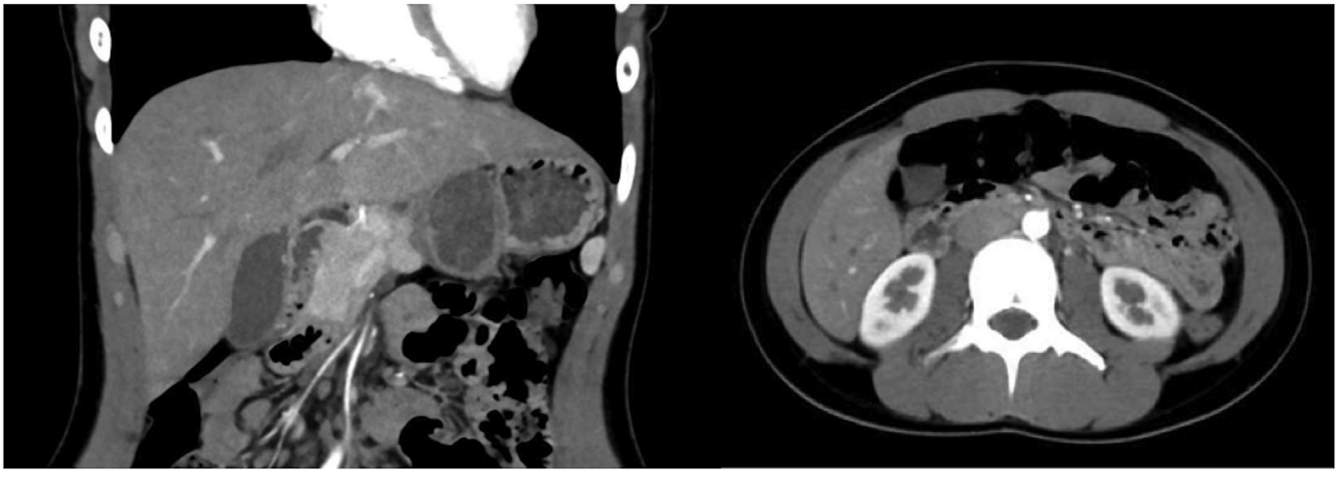

Figure 1. Arterial phase computed tomography. **A,** Nonthickening of the first to second segment of the duodenum. **B,** Nonthickening of the third to fourth segment of the duodenum.

The authors declare no conflicts of interest.

J Pediatr 2021;230:264-5.

https://doi.org/10.1016/j.jpeds.2020.11.043