

## Snippets

### **Snippets from the worldwide web**

*Sri Lanka Journal of Child Health*, 2012; 41(3): 139-140

#### **Elective Delivery of Twins at Week 37 May Be Safer**

Elective delivery of uncomplicated twin pregnancies appears to lower the risk for adverse outcomes for the infants compared with standard care (allowing the pregnancy to continue), according to a study published online June 13 in *BJOG*. Twin pregnancies extending beyond 37 weeks are associated with elevated risk for perinatal morbidity and mortality. Studies place the safest time for delivery at 36 to 38 weeks. To assess whether elective delivery at 37 weeks lowers risk, Jodie Dodd, MBBS, PhD, from the Australian Research Centre for Health of Women and Babies, Robinson Institute, University of Adelaide, Australia, and colleagues conducted the Twins Timing of Birth Randomised Trial.

<http://www.medscape.com/viewarticle/765857>

#### **Vaccinations Cleared in Babies' Celiac 'Epidemic'**

A surge in celiac disease cases among babies and toddlers in Sweden was not related to childhood vaccinations, a new study finds. Particular gene variants may make people susceptible to celiac disease. But researchers are still studying the environmental factors that influence whether certain people develop the disorder, while others do not. Between 1984 and 1996, Sweden saw an "epidemic" of celiac disease among children younger than two -- a sudden four-fold increase in the normal rate of the disorder. Overall, celiac disease is thought to affect about 1% of the population. The Swedish epidemic ended just as abruptly. And since then, researchers have been trying to figure out why.

<http://www.medscape.com/viewarticle/766451>

#### **Standardized Asthma Care for Kids May Not Improve Outcomes**

Emergency departments (EDs) that use evidence-based standardized protocols (EBSPs) to treat children with asthma have similar rates of hospital admissions as EDs that do not use EBSPs, according to a new Canadian study. The findings were published online July 9 in the *Archives of Pediatric Adolescent Medicine*.

<http://www.medscape.com/viewarticle/767089>

#### **Parenteral Methotrexate No Better Than Oral for Juvenile Idiopathic Arthritis**

Methotrexate is no better parenterally than orally for children with juvenile idiopathic arthritis (JIA), German researchers say. "Indeed, our results were unexpected," Dr. Ariane Klein from Asklepios Klinik Sankt Augustin told Reuters Health by email. "When we decided to make the analysis, we expected to observe superiority of parenteral methotrexate (MTX) over oral MTX, as it has been shown in adults."

<http://www.medscape.com/viewarticle/766032>

#### **Vesicoureteral Reflux Screening of No Help in Some Infant Candidates**

In children with low-grade hydronephrosis and otherwise normal kidneys and bladder, there might be no point to vesicoureteral reflux screening, Canadian researchers say. Dr. John-Paul Capolicchio and colleagues at McGill University Health Center in Montreal say vesicoureteral reflux may be fairly prevalent in urologically normal children and may often have a benign course. And the main test for vesicoureteral reflux - voiding cystourethrography (VCUG) - is invasive and painful, even traumatic, in youngsters.

<http://www.medscape.com/viewarticle/766781>

#### **Montelukast Does Not Improve Symptoms in Wheezy Infants**

The leukotriene-receptor antagonist montelukast does not improve respiratory symptoms or lung function in wheezy infants. Montelukast is used effectively in children with asthma, but there have been few studies in infants, and only one small study showed beneficial effects in a selected subgroup of wheezy infants. In a more recent trial reported online July 12 in the *European Respiratory Journal*, Dr. Anna S. Pelkonen from Helsinki University Central Hospital, Helsinki, Finland, and colleagues compared montelukast to placebo in 113 infants and very young children with at least one wheezing episode. Unfortunately, the number of symptom-free days (the primary endpoint) did not improve significantly with montelukast, nor did the number of exacerbations requiring systemic treatment.

<http://www.medscape.com/viewarticle/768629>

### ***Helicobacter pylori* Linked to Infantile Colic**

*Helicobacter pylori* infection was strongly associated with infantile colic in a small case control study. The study was published in the July issue of *Archives of Pediatrics & Adolescent Medicine*. "Numerous studies have elucidated the pathogenesis, immunology, and *H pylori* gastrointestinal-related disorders (in addition to extra-intestinal manifestations) associated with *H pylori* infection, but to my knowledge, none of these studies have investigated the role of *H pylori* in infantile colic," writes author Abdelrazak Mansour Ali, MD, from the Department of Pediatrics, at Al-Azhar University, Cairo, Egypt. The cause of infantile colic remains unknown, despite being relatively common. Its prevalence ranges from 5% to 40%, depending on estimates.

<http://www.medscape.com/viewarticle/766755>

### **Tablet Computer May Interfere With Shunt Valve Settings**

Researchers are reporting that proximity to a tablet computer can interfere with settings of magnetically programmable shunt devices, which are often used to treat children with hydrocephalus. The Apple iPad 2 (Apple Inc.) contains magnets that can change valve settings in the shunt if it is held too close to the valve, within about 2 inches. Such a change may result in shunt malfunction until the problem is recognized and the valve is readjusted to the proper setting. Patients and their caregivers should monitor use of the tablet computer to ensure that no change is made to the valve settings, researchers say.

<http://www.medscape.com/viewarticle/767167>

### **Low Vitamin D May Blunt Effectiveness of Asthma Treatment**

When using inhaled corticosteroids to treat patients with persistent asthma, vitamin D levels should be closely monitored and supplemented, if necessary, according to results from a multicenter placebo-controlled study of 1041 children with mild to moderate persistent asthma. Ann Chen, MD, MPH, assistant professor in the Department of Population Medicine at Harvard Medical School and Harvard Pilgrim Health Care Institute, Boston, Massachusetts, and colleagues found that children with asthma who are deficient in vitamin D show less improvement over the course of a year's therapy with corticosteroids than do children who have more normal levels.

<http://www.medscape.com/viewarticle/767342>

### **Neurally Adjusted Ventilatory Assist May Help Preterm Infants**

Neurally adjusted ventilatory assist, a new means of delivering mechanical ventilation, may benefit preterm infants, a new study has found. NAVA delivers a pressure related to the electrical activity of the diaphragm, pressuring on when the neural drive to the diaphragm begins to increase and cycling off when the neural drive to the diaphragm ends. Researchers have been finding that NAVA can improve ventilation in adults and children. The new data suggest it can also lower the peak inspiratory pressure and reduce respiratory muscle loading in preemies.

<http://www.medscape.com/viewarticle/767302>

### **Nasopharyngeal Specimens Allow Pulmonary TB Diagnosis in Children**

When induced sputum and culture are not available, nasopharyngeal specimens may be used for rapid molecular diagnosis of pulmonary tuberculosis in children, a new study shows. Optimally, the children would provide two induced sputum specimens on sequential days, for Xpert (rapid molecular diagnosis) and liquid culture. However, if that is not feasible then two nasopharyngeal aspirate specimens for Xpert are useful and will detect around two-thirds of children with culture-confirmed disease.

<http://www.medscape.com/viewarticle/767818>

### **Topiramate in Pregnancy May Boost Oral Clefts Risk**

Pooled data suggest that first-trimester use of topiramate monotherapy is associated with a small increased risk of cleft lip and cleft palate in offspring. These results are consistent with other reports. And translate into a very modest increase of about 5 per 1000 for any individual topiramate-exposed pregnancy. The drug is approved in the U.S. for epilepsy, migraine and, most recently, obesity when used in combination with phentermine.

<http://www.medscape.com/viewarticle/768297>

**B J C Perera**  
*Joint Editor*