Clippings

❑ Coins are the most commonly encountered foreign body ingestions presenting to the emergency department (ED). The purpose of this study was to retrospectively evaluate a new protocol in which healthy patients with acute (less than 24 h) coin ingestions located below the thoracic inlet were observed at home with next-day follow-up. Of 31 patients with esophageal coin ingestions, 15 had coins below the thoracic inlet. Six out of 15 had spontaneous passage of coin within 24 hr during home observation. There were no complications in any of the patients who underwent delayed coin removal either due to the procedure itself or to a delay in therapy. The authors conclude that patients with acute esophageal coin ingestions may experience spontaneous coin passage and therefore, patients with coins located below the thoracic inlet with minor symptoms may be candidates for next-day follow-up. (Pediatr Radiol 2003; 33: 859).

❑ What is the efficacy of the newly introduced 9-valent pneumococcal conjugate vaccine in developing countries? In a RCT in South Africa, 19922 children were vaccinated at 6, 10, and 14 weeks of age with 9-valent pneumococcal vaccine while 19,914 children received a placebo vaccine. The vaccine reduced the incidence of a first episode of invasive pneumococcal disease due to serotypes included in the vaccine by 83%; first episodes of radiologically confirmed pneumonia were reduced by 20%. The study provides evidence to support the wider development and use of this vaccine to prevent invasive pneumococcal disease, reduce antibiotic resistance among pneumococcal strains, and diminish the incidence of pneumonia in children. (N Engl J Med 2003; 349: 1341).

❑ Magnesium sulfate administered to women prior to preterm birth shows potential as a neuroprotective agent for fetuses younger than 30 weeks' gestation, according to the findings of a randomized controlled trial. The researchers analyzed data of the 1047 children at the corrected age of 2-years. This showed that the magnesium sulfate group had statistically significant reductions in substantial gross motor dysfunction (3.4%) compared with placebo (6.6%) and in combined death or substantial gross motor dysfunction (17.0% versus 22.7%). There were no substantial differences in infant morbidity in both groups. The author recommends caution in interpreting these results till further trials are conducted. JAMA 2003; 290: 2669

❑ Effectiveness of Penicillin for sore throat! The purpose of a RCT in Netherland was to determine the effectiveness of penicillin in shortening the duration of sore throat, reducing non-attendance at school, or reducing recurrence of sore throat in the following six months. Among 156 children, the authors concluded that no rationale exists for treatment with antibiotics in most children with sore throat, irrespective of the presence of streptococci, and that penicillin was not effective in reducing the acute morbidity of sore throat! However this conclusion may not valid for developing countries due to a higher incidence of rheumatic fever. BMJ 2003; 327: 1324

❑ *Helicobacter pylori* in idiopathic thrombocytopenic purpura (ITP). Recent reports have suggested that *H. pylori* infection potentially contributes to the development and persistence of Chronic ITP. This prospective

study included 22 children with chronic ITP. All patients had persistent thrombocytopaenia (</= 50 ´ 10^9/L) and either normal or increased marrow megakaryocytes. *H. pylori* infection was monitored using a new, noninvasive commercial enzyme immunoassay for H. pylori antigens in faeces. Nine patients were found to be infected with *H. pylori* and were subsequently treated with amoxicillin (50 mg/kg), clarithromycin (15 mg/kg) and omeprazole (1 mg/kg) for 7 days. All infected patients were HpSA negative within 1 month of treatment. Partial or complete remission was achieved in 5 patients within 6 months after treatment. Remission was sustained in these patients for a median of 16 months. The authors suggest that "triple therapy of *H. pylori* can be associated with an increase in platelet counts and a satisfactory eradication rate in some children with chronic ITP." (Acta Paediatr 2003; 92: 1153).

❑ Between 10% to 25% of children with septic arthritis have residual dysfunction that causes bone growth abnormalities, joint mobility limitations, etc. To test the efficacy of dexamethasone to treat residual dysfunction in children with haematogenous septic arthritis, a double-blind placebo-controlled trial was done in 123 children. Compared to the control group, children treated with dexamethasone had a significant reduction in residual dysfunction at the end of 4-day treatment (p=.000068), as well as at 6 months (p=.00007) and at 12 months (p=.00053). The authors conclude that short-course, low-dose dexamethasone given early for the treatment of residual dysfunction benefits children with haematogenous septic arthritis. (Pediatr Infect Dis J 2003; 22: 883).

❑ One of the challenges of pediatric OPD practice is management of pre-schoolers with viral cold associated episodic wheeze. Is there any role of a short course of parent-initiated oral prednisolone in these children? The efficacy of a 5 day course of oral prednisolone (20 mg per day) in children between 1-5 years old having undergone admission for viral wheeze was tested. The researchers reported no difference between the prednisolone (n=109) and the placebo groups (n=108) in mean daytime and night-time respiratory symptom scores. The study suggests that for preschool children with viral wheeze oral steroids may not be indicated, since there are no clear benefits to balance potential risks. (Lancet 2003; 362: 1433).

Gaurav Gupta,
Consultant Pediatrics, Apollo Clinics,
Chandigarh,
India.
E-mail: gauravg@sify.com