

 **Cyproheptadine controls dyspeptic symptoms in children** (*J Pediatr.*2013 Feb 16; doi:10.1016/j.jpeds.2012.12.096)

Cyproheptadine, a potent serotonin antagonist, has been used as an appetite stimulant and for migraine. There are no reports of its use to improve gastric accommodation or to treat dyspeptic symptoms, although there's data to suggest it might help with functional abdominal pain in children. This retrospective, open-label study was conducted in a group of younger children and adolescents to evaluate the safety and efficacy of cyproheptadine in children with refractory upper gastrointestinal symptoms (eg, nausea, early satiety, vomiting, retching after fundoplication, abdominal pain). Although cyproheptadine is not approved for this indication, it was found that it is safe and effective for treating dyspeptic symptoms in children, particularly in young children and those with early vomiting and retching after fundoplication. Definitely, some more research is needed in this regard.

 **The Global School Adaptation Score: A new neurodevelopmental assessment tool for very preterm children at five years of age** (*J Pediatr.*2013 Feb 28; doi: 10.1016/j.jpeds.2013.01.052)

This was done to determine the usefulness of a neurodevelopmental assessment tool consisting of a questionnaire administered to teachers to measure the Global School Adaptation (GSA) scores of very preterm children at the age of 5 years. A sample of very preterm children (<35 weeks of gestation) was assessed at 5 years of age using GSA and IQ scores. According to the consistency between the scores, children were determined to be well classified, intermediately classified, or misclassified. The GSA score was highly or intermediately consistent with the IQ score for 89.2% of the children, and 10.8% were considered misclassified. Children with a higher GSA than IQ score had more autonomy and self-confidence and those with a lower GSA than IQ score had more behavioral problems. Analysis by logistic regression showed that sex and gestational age significantly affected the consistency between the 2 scores. Thus, girls were less likely to have a lower GSA than IQ score and a lower gestational age significantly increased the likelihood of having a higher GSA than IQ score. GSA score appears to be a simple, inexpensive, and reliable screening tool for assessing neurodevelopment in very preterm children at 5 years of age.

 **Top 10 strategies for patient safety outlined** (*Annals Intern Med.* 2013; 158: 365-8)

There are 10 ways to prevent nosocomial infections and overt medical errors that have been proven to work and that should be followed in all healthcare facilities, a group of researchers said.

Strategies “strongly encouraged” by the group are listed below for immediate adoption:

1. Preoperative checklists and anesthesia checklists to prevent operative and postoperative events.
2. Bundles that include checklists to prevent central line-associated bloodstream infections.
3. Interventions to reduce urinary catheter use, including catheter reminders, stop orders, or nurse-initiated removal protocols.
4. Bundles that include head-of-bed elevation, sedation vacations, oral care with chlorhexidine, and subglottic suctioning of endotracheal tubes to prevent ventilator-associated pneumonia.
5. Hand hygiene.
6. The do-not-use list for hazardous abbreviations.
7. Multicomponent interventions to reduce pressure ulcers.
8. Barrier precautions to prevent healthcare-associated infections.
9. Use of real-time ultrasonography for placing central lines.
10. Interventions to improve prophylaxis for venous thromboembolisms.

 **Beta-blocker clears infancy hemangiomas** (*AAD 2013*)

Infantile hemangiomas occur in as many as 3% of newborns in the U.S. and the world over. Historically, corticosteroids have represented first-line therapy. If that is not successful, other modalities of the treatment is usually surgical only. This study, an international randomized trial, presented at the annual conference of the American Academy of Dermatology throws light on the use of Propranolol for this condition successfully. The rationale for using propranolol to treat the pigmented vascular lesions is based on at least three mechanisms by which the beta-blocker might clear hemangiomas: vasoconstriction, inhibition of angiogenesis, and induction of apoptosis. A primary endpoint of complete or near-complete resolution of a lesion at 24 weeks was decided for the treatment success and a secondary endpoint was defined as minimal telangiectasia, erythema, skin thickening, soft-tissue swelling, or anatomical distortion. The result is encouraging and may prevent other invasive form of treatment like surgical removal etc. as a majority of infantile hemangiomas had complete or near-complete clearance within 6 months after treatment with propranolol.

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