
 **Montelukast does not reduce post-bronchiolitis symptoms** (*Am J Respir Crit Care Med* 2008; Jun 26: Epub ahead of print)

A pilot study (Bisgaard, *et al.* 1993) had reported the efficacy of montelukast in post-RSV-bronchiolitic respiratory symptoms. To evaluate the efficacy and safety of montelukast in treating recurrent respiratory symptoms of post-RSV-bronchiolitis in children, a large multicentric double blind study was conducted in 979 children aged 3-24 months who were hospitalized for the first or second episode of physician-diagnosed and laboratory proven RSV-bronchiolitis. No significant differences were seen between montelukast 4 mg, 8 mg and placebo in % symptom free days.


COMMENTS This trial shows us three things: one, a pilot study should always be confirmed by a larger study, since the result maybe different. Two, it is important to know that negative results are as useful as positive results. And three, montelukast does not prevent post-bronchiolitis respiratory symptoms.

 **Room air should not replace oxygen for resuscitating preterm neonates** (*Pediatrics* 2008; 121: 1083-1089)

Preterm neonates resuscitated with room air do not achieve target oxygen saturation in the first minutes of life, finds a trial reported in the June issue of *Pediatrics*. Investigators enrolled in the prospective, randomized, controlled trial neonates with a gestational age of 23 to 32 weeks. They were assigned to resuscitation starting with 100% oxygen or with room air containing 21% oxygen. Analyses were based on 23 neonates in the oxygen group and 18 neonates in the room air group. All of the neonates in the room air group met rescue criteria requiring an increase in the fraction of inspired oxygen within the first 3 minutes of life. At 3 minutes of life, pulse oxygen saturation was lower in the room air group than in the oxygen group (55% vs 87%). However, there were no significant

differences in heart rate in the first 10 minutes of life or in secondary outcomes. The authors conclude that room air should not be used as an initial resuscitating gas for preterm neonates of <32 weeks, except for clinical trials.

COMMENTS There has been a lot of interest in recent studies suggesting that room air is adequate for resuscitating term newborns. This study clearly demonstrates that what is good for the goose, may not be good for the gander. Premies need to be assessed differently from term newborns whenever any significant interventions are being planned, especially during the neonatal period.

 **SIDS: Avoid head covering** (*Pediatrics* 2008; 121: e1478-e1483)

Analyses were based on data from a New Zealand study of SIDS (393 cases) and a German study of SIDS (333 cases) and aimed to identify risk factors for being found with the head covered and to determine if head covering appeared to be an agonal event or a causal event. Some 15.6% of infants in the New Zealand study and 28.1% of infants in the German study were found with their head covered. Head covering precedes the death and is causally related to SIDS was the conclusion as per the investigators. This supports the recommendation to avoid head covering as part of the SIDS prevention strategies.

COMMENTS In India, SIDS is not a commonly diagnosed condition, whether this is related to underdiagnosis, or fewer cases is not really known. Covering the head of the baby is generally an accepted cultural practice in most communities. It would be unwise to change this recommendation at present in our country, even though the present study suggests that further follow up may be needed.

Gaurav Gupta,
E-mail: drgaurav@charakclinics.com