
Clippings

■ To evaluate the duration of humoral antibody persistence after varicella vaccination and the incidence of chickenpox after seroconversion, the authors (Pediatrics 1997; 100: 761-766) followed up 143 and 138 children in two groups, who received two different lots of Varicella vaccine. Seroconversion rates in two groups were 97.9% and 93.5%, respectively. Over the next 10 years, there were 25 cases of chickenpox among 137 seroconverters in group I and 22 among 129 seroconverters in group II. The rate of occurrence and the severity of modified chickenpox did not increase with time since vaccination. Authors presented a mathematical model to eradicate the disease in the US that would be possible if all 12-month-old children and susceptible older children and adults are vaccinated. Authors predicted that 760,000 cases of chicken pox would be there if coverage was 70%.

■ Data on neonatal outcome from multiple and singleton gestations in 572 infants (369 singleton, 203 multiple gestation) of gestational ages 24 to 32 weeks was analyzed (Am J Obstet Gynecol 1997; 177: 853-859). The incidence of respiratory distress syndrome and BPD was similar but RDS was more frequent in infants of multiple gestations at 30-32 weeks. Infants of multiple gestations from 27-29 weeks were likely to have at least one of the following complications: patent ductus arteriosus, intraventricular hemorrhage, necrotizing enterocolitis, or retinitis of prematurity. After further analysis, authors suggested that this increase is unlikely to cause a difference in long-term outcome. The survival to discharge at 24-26 weeks was 79% in the multiple pregnancies and 81% in singletons

and at 30-32 weeks it was 98% in the multiples and 96% in singletons. It was concluded that incidence of significant neonatal problems in very premature infants from multiple gestations who are born alive are not much different from those of singletons.

■ To determine the long term benefit of ribavirin therapy in children hospitalized for respiratory syncytial virus (RSV) lower respiratory tract infection, fifty-four children were enrolled in a prospective follow-up study. In the first 5 years after RSV, 54% of the ribavirin group and 50% of the placebo group reported wheezing. No significant differences in pulmonary function were detected by tests of oxygen saturation, peak expiratory flow and spirometry. No significant difference in the type, frequency or timing of recurrent lower respiratory tract infection was observed in ribavirin and placebo groups. Children in the ribavirin treatment group did not have exacerbated respiratory symptoms compared with those in the control group, and their pulmonary function measurements were equal to those of the placebo-treated group, suggesting no long term adverse effect or benefit of ribavirin therapy. (Pediatr Infect Dis J 1997; 16:1023-1028).

■ A study was undertaken to know the linkage of exposure of magnetic fields and acute lymphoblastic leukemia (ALL) (New Eng J Med 1997; 337: 1-7). In 638 children who had ALL and 620 controls, all under 15 years of age, magnetic fields generated by nearby power lines were measured for 24 hours in their bedrooms and for 30 seconds in 3 or 4 other rooms and outside the front door. Similar measurements were

done in homes where family lived during the mother's pregnancy. No evidence was found to link this exposure and ALL.

- An easy and useful method of removal of adhesive dressings is described. Start with a small edge of the dressing, slowly applying alcohol pad to wipe the skin at the leading edge of the dressing as it is removed. Alcohol evaporates and no solvent is left over the skin when second dressing may have to be applied. (J Am Acad Dermatol 1997; 37:114-115). Any takers?

- To study the role of Acyclovir in herpetic gingivitis a double blind placebo controlled study was conducted on 61 children of 1-6 years of age. (Brit Med J 1997; 314: 1800-1803). Acyclovir (15 mg/kg) on placebo was given for 7 days. Children who were receiving acyclovir, had oral lesions for a shorter period than placebo (4 vs. 10 days), earlier disappearance of signs and symptoms; less fever (1 vs. 3 days), less lesions outside mouth (0 vs. 5.5 days), less eating difficulties (4 vs. 10 days) and less drinking difficulties (3 vs. 6 days). Viral shedding was also shorter when treated with acyclovir (1 vs. 5 days). One more routine indication for acyclovir therapy.

- Is oral Dextromethorphan (DM) use in children totally safe? A case of dystonic reaction is reported in a 30-month-old girl who accidentally ingested 3 ounces of DM containing cough syrup-equivalent to 38 mg/kg of DM and came to the emergency room one and a half hour later (Pediatr Emerg Care 1997; 13: 214-215). She had opisthotonus, ataxia and bidirectional nystagmus. There was no change after giving naloxone. Diphenhydramine helped in clearing opisthotonus but ataxia and nystagmus persisted. In sufficient doses, DM may have dopamine receptor blocking

activity to cause dystonic reaction. Be careful!

- To know more about the genetic basis of asthma, a large study was conducted in 5864 twins (Am J Respir Crit Care Med 1997; 156: 43-49) who were followed from infancy to 25 years. Environment shared by them in the family is expected to be similar like air pollution, number of siblings, parental smoking, mites, pets, indoor air exposures and other factors associated with socio-economic status. No evidence of these shared factors was found on these subjects. Rather 75% of the variation liability for asthma was explained by genetic factors and the remaining variation was due to non shared environmental influences. The authors concluded that familial risk for asthma is primarily genetic.

- In a multicenter randomized, double-blind, placebo-controlled trial, 101 previously healthy infants and children (2 years or less) with RSV infection of the lower respiratory tract were given either 1500 mg/kg of RSVIG or albumin placebo. No evidence was found that treatment with RSVIG resulted in reduced hospitalized and reduced ICU stays in all children with RSV disease. The authors (Pediatrics 1997; 100: 937-942) concluded by stating that the modest difference between the treatment and control groups on duration of hospitalization was neither medically nor statistically significant. Ribavirin treatment of RSV infection has little hope and the present study on RSVIG seems to be of limited use. We look forward to the development of an effective vaccine.

Arun Gupta,

Chairman,

Department of Pediatrics,

Jaipur Golden Hospital,

Delhi.