
 **Early cord clamping increases blood lead levels besides decreasing the iron status** (*JPediatr* 2007;151:506-512)


The practice of immediate umbilical cord clamping after delivery can give rise to elevated blood lead levels in infancy, in part by decreasing iron status, according to US and Mexican researchers. The present study randomized 266 prospective mothers to 10-second (early) or 2-minute (late) umbilical cord clamping at the time of delivery. Early clamping increased the infant blood lead concentration in (i) infants with higher placental blood lead concentration, and (ii) breast-fed infants not receiving any iron-fortified formula or milk at 6 months. Upregulation of divalent metal transporter 1 in response to lowered iron status, resulting in greater uptake of lead was suggested as the most plausible underlying mechanism.

COMMENTS Clamping the cord immediately (within the first 10 to 15 seconds after birth) not only decreases infant iron levels, but may increase infant blood lead levels. Both iron deficiency and elevated blood lead levels are independently and negatively associated with infant mental development. Waiting a few minutes to clamp the cord at birth can help prevent both.

 **Azithromycin: A new therapeutic strategy for acne in adolescents** (*Dermatol Online J* 2007; 13:4)

Division of Dermatology, University of Bologna, Italy, conducted an open-label, non-comparative trial to study the efficacy, safety, and compliance of azithromycin (500 mg thrice weekly for 8 weeks) to treat moderate to severe papulo-pustular acne vulgaris in 52 adolescents. A majority of patients (47/52) showed remarkable improvement in the first 4 weeks with a more than 20% reduction of their inflammatory papulo-pustular lesions. Maximum clearance was observed in 32 patients at 8 weeks. Slow improvement with eruptions of new lesions was seen in 6 patients. Adverse events, such as heartburn and nausea, were reported by 3 patients. All patients completed the 8-week study period. The beneficial effect was maintained at 4 months after the conclusion of treatment.

COMMENTS Acne vulgaris is a common inflammatory disorder occurring mainly in adolescence. Early and adequate treatment helps to reduce psychological stress caused by acne lesions and the long-term risk of scarring. Diverse therapeutical options are available for treatment of acne. Antibiotic therapy has long been found useful in the management of moderate-to-severe acne vulgaris. Commonly prescribed antibiotics include tetracyclines, doxycycline, minocycline, limecycline and erythromycin. This study has added azithromycin as another tool to this arsenal, with excellent patient compliance.

 **Desmopressin nasal spray is no longer indicated for bed-wetting** (*Medwatch*, December 04, 2007-Information for Healthcare Professionals – FDA)

The US Food and Drug Administration (FDA) warned healthcare professionals that desmopressin acetate intranasal formulations are no longer indicated for the treatment of primary nocturnal enuresis (PNE) because of the risk of severe hyponatremia leading to seizures and death. The change in recommendation was based on a review of data from 61 postmarketing cases of hyponatremia-related seizures, 2 of whom died. A large percentage of these cases (41%) occurred in children and adolescents younger than 17 years receiving intranasal desmopressin, most commonly for PNE.

COMMENTS All desmopressin formulations should be used cautiously in patients at risk for water intoxication with hyponatremia. Risk factors include habitual or psychogenic polydipsia and use of medications such as tricyclic antidepressants and selective serotonin reuptake inhibitors. We must warn patients and caregivers regarding the need to monitor water intake while receiving desmopressin therapy, particularly when taking concurrent medications that increase dry mouth, during hot weather or following strenuous exercise that increases thirst, and during periods of illness with severe vomiting/diarrhea or fever.

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