Clippings

□ Would oral acyclovir (ACV) be useful in preventing clinical varicella? A study on 27 healthy infants and children susceptible to varicella who received oral ACV (40 mg/kg daily in four divided doses) for 5 days starting 9 to 11 days after exposure showed some effective prevention or modification of varicella (Pediatr Infect Dis J 1997; 16: 1162-1165). Among the 27 children in the treatment group, two (7.4%) developed the disease and seroconversion was observed in 17 subjects (63%).

□ Which of these two drugs could be better for children with Attention Deficit Hyperactivity Disorder (ADHD); methylphenidate (MPH) or dexamphetamine (DEX) (Pediatrics 1997; 100: e6). One hundred and twenty five children were recruited who received MPH (0.3 mg/kg twice daily) and DEX (0.15 mg/kg twice daily) for 2 weeks alternately. There were significant group mean improvements from baseline score on all measures for both stimulants. Overall, 46% of parents chose MPH as the preferred drug, compared with 37% who chose DEX. Authors concluded that children with ADHD improve significantly on both MPH and DEX. A slight advantage to MPH on most measures was observed.

□ For erythromycin, poor and erratic absorption after oral administration of formulations, increasing resistance of important pathogens, numerous undesirable side effects *{e.g.,* gastrointestinal intolerance) and the propensity to cause clinically important drug interactions are limiting its use. Azithromicin, a prototype of the new class of antimicrobials, the azilides has shown promise with a number of clinically important advantages over the macrolides including an improved patient tolerance profile, less frequent dosing requirement with potential for improved patient compliance and a lack of metabolism based drug-drug interactions. Azithromicin disposition is characterized by extensive drug accumulation in tissues and cells and a prolonged elimination half-life (> 50 h) supporting once daily dosing and a shortened course *(e.g.,* 5 days) for most infections. The spectrum of activity of the drug includes many of the pathogens that commonly cause upper and lower respiratory tract infections in infants and children like acute otitis media (AOM), pharyngitis and pneumonia. Some recent experience has demonstrated the efficacy of once daily administration for only 3 days in the treatment of otitis media. For streptococcal pharyngitis a higher dose therapy *(i.e.,* 10 mg/kg/day) for 5 days is recommended. An exhaustive review of this drug may interest the readers (Pediatr Infect Dis J 1997; 16: 1069-1083).

□ Once again Vitamin K and the newborn. The associated worries are not over as yet. The authors reviewed the hospital records of children 0-14 years resident in Scotland from 1991-1994 with a diagnoses of leukemia (150), lymphomas (46), CNS tumors (78), a range of other solid tumors (142), and a subset of acute lymphoblastic leukemia (129). Controls were *777* children matched for age and sex (Brit Med J 1998; 316:173-178). Odds ratios based on medical records showed no significant positive association with the administration of IM vitamin K. Another group reports an investigation of 685 children who were born and lived in the former Northern Health region

of England and who developed cancer before their 15th birthday and 3442 controls who were also born between 1960 and 1991 and matched only for date and hospital of birth. The investigators found no association between the administration of IM vitamin K and the development of all childhood cancers, but there was a raised odds ratio for acute lymphoblastic leukemia developing 1-6 years after birth. These authors conclude that it is not possible on the basis of currently published evidence to refute the suggestion that neonatal IM vitamin K administration increases the risk of early childhood leukemia.

□ Hepatitis C virus has been shown to be responsible for most cases of non-A, non-B, post transfusion hepatitis throughout the world. A study was conducted (Pediatr Infect Dis J 1997; 16: 1049-1093) to assess the response of children and young adults with chronic hepatitis C disease, including those affected by thalassemia major to high dose natural alpha-interferon (IFN-alpha). Efficacy was evaluated 6 months after the end of therapy. The results indicated that IFN-alpha could be used in children and young patients with chronic hepatitis C disease as well as in those affected by thalassemia major.

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