Reviewing therapy of chronic urticaria: a simple, modern approach (*Ann Allergy Asthma Immunol. 2014;doi: 10.1016/j.anai.2014.02.014*.)

This review examined the available treatment choices for chronic spontaneous urticaria (CSU) and discuss a new paradigm for treating such patients, focussing attention on the most recent evidence. Omalizumab has been found to have considerable efficacy in phase 2 and phase 3 trials in more than 900 patients. A response rate of 65% was seen in patients resistant to antihistamines as well as to histamine-2 blockers and leukotriene antagonists, and 40% of patients were completely free of hives as long as therapy was continued. In addition, serious adverse events were not seen. Only cyclosporine and corticosteroids can match this response rate, but the adverse effect profile (blood pressure and renal function), in comparison, is high. The mechanism by which omalizumab works in CSU is not clear because the response rate is unrelated to the autoimmune profile and can occur within a few days. The authors conclude that omalizumab has exceptional efficacy for antihistamine-resistant CSU with an excellent safety profile.

Can otitis media delay reading skills in children? (*Int J Pediatr Otorhinolaryngol. 2014;78:670*)

This study investigated the relation between otitis media and delayed language acquisition and reading skills. Participants were 40 children (age 7-10 yrs); half had a history of otitis media anytime between birth and the age of 3 years, and half were free of the disease. These children were tested with the Stanford Binet and Arabic Dyslexia Assessment Test. Children with a history of otitis media scored over a year below grade level in reading, and significantly lower than controls on Arabic Dyslexia Assessment tests and Verbal IQ factor on the Stanford Binet test. The study suggests that children with early onset otitis media tend to be at greater risk for delayed reading than age-matched controls.

Mean platelet volume as an indicator of disease activity in juvenile SLE (*Clin Rheumatol. 2014 Feb 25. [Epub ahead of print])*

This study assessed mean platelet volume (MPV) in children with systemic lupus erythematosus (SLE) at the active and inactive stages. Twenty children with SLE and 30 age- and gender-matched controls were enrolled. Demographic data, SLE disease activity index (SLEDAI), erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), MPV, complement 3 (C3), complement 4 (C4), urine protein (Up), and urine creatinine (Ucr) values upon reactivation and remission phases were recorded. MPV was statistically higher in patients than in controls, and significantly increased in active phase compared to inactive phase. A MPV level of 8.4 fL was determined as predictive cut-off value of activation of SLE (sensitivity 75%, specificity 90%). MPV was positively correlated with SLEDAI, ESR, CRP and Up/Ucr, and negatively correlated with C3, albumin and hemoglobin. MPV has the potential to be used as an early indicator of reactivation in children with SLE, and seems to be more accurate than ESR, CRP, and C3 for this purpose.

Does oseltamivir (Tamiflu) really work in Influenza? (*BMJ 2014;348:doi: http://dx.doi.org/10.1136/bmj.g2545*)

This updated systematic review described the potential benefits and harms of oseltamivir by reviewing all clinical study reports of 83 randomized placebo controlled trials. In treatment trials on adults, oseltamivir reduced the time to first alleviation of symptoms by 16.8 hours (95% CI 8.4 to 25.1 h). There was no beneficial effect in children with asthma, but there was an effect in otherwise healthy children (mean difference 29 hours; 95% CI 12 to 47 hours). In treatment trials, there was no difference in admissions to hospital in adults; data were sparse in children, and for prophylaxis. In adult treatment trials, oseltamivir reduced investigator-mediated unverified pneumonia but the effect was not statistically significant in the five trials that used a more specific definition of pneumonia. The effect on unverified pneumonia in children, and for prophylaxis was not significant. There was no significant reduction in risk of unverified bronchitis, otitis media, sinusitis, or any complication classified as serious or that led to withdrawal from study. Oseltamivir increased the risk of nausea and vomiting. In prophylaxis studies, oseltamivir increased the risk of psychiatric adverse events during the combined 'on-treatment' and 'off-treatment' periods, and there was a dose-response effect. Oseltamivir also increased the risk of headaches, renal events, and nausea.

The evidence suggests that there are insufficient grounds to support the use of oseltamivir in preventing person-to-person spread of influenza. The trade-off between benefits and harms should be borne in mind when making decisions to use oseltamivir for treatment, prophylaxis, or stockpiling.

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