

**Significant iatrogenesis in neonatal intensive care units can be reduced with awareness programs** (*Pediatrics* 2008; 122: 550-5)

This interventional, multicentric study was done in Israel to determine the incidence of iatrogenic events in infants hospitalized in 4 NICUs and to determine whether awareness of iatrogenic events could influence their occurrence. In the first 3 months (observation period), the medical teams were unaware of the study; in the next 3 months (intervention period), they were made aware of daily ongoing monitoring of iatrogenic events by a designated 'Iatrogenesis Advocate'.

Although the prevalence rates of iatrogenic events were comparable in the observation and intervention periods (18.0 and 18.2 infants with iatrogenic events per 100 hospitalized infants, respectively), the incidence rate decreased significantly during the intervention period (3.2 and 2.4 iatrogenic events, respectively). Of all iatrogenic events, 7.9% were classified as life-threatening and 45.1% as harmful. There was no death related to an iatrogenic event. Eighty-three percent of iatrogenic events were considered preventable, of which 26.9% resulted from medical errors in ordering or delivery of medical care. Only 1.6% of all iatrogenic events were intercepted before reaching the infants, and only 47.0% of iatrogenic events were corrected.

**COMMENT** Awareness among the medical personnel can reduce the risk of iatrogenic problems associated with hospitalization.

**Early growth linked to adult blood pressure** (*Hypertension* 2008; doi: 10.1161/hypertensionaha.108.114256)

It is well established that low birthweight is associated with higher systolic blood pressure in later life. This study suggests that the rate of weight gain in first five months of life may help predict blood pressure in their mid-20s. Babies who put on weight the fastest during the postnatal period had

significantly higher systolic ( $P=0.007$ ) and diastolic ( $P=0.03$ ) blood pressure at 25 years of age compared with those who gained weight at a normal pace. Also, the rate of weight gain from 19 months through 5 years age was associated with higher systolic blood pressure later in life ( $P=0.01$ ). The findings were independent of birthweight. Height gain in the first five months of life ( $P=0.005$ ), as well as from age 19 months through five years ( $P=0.009$ ), were also associated with higher systolic blood pressure at about age 25 years. Height gain from ages five through 18 months was associated with higher diastolic blood pressure in adulthood ( $P=0.05$ ).

**COMMENT** When trying to understand why some people get high blood pressure in later life, we need to consider a life course approach that also considers early life risk factors.

**Routine earwax removal – a dangerous habit** (*Otolaryngol Head Neck Surg* 2008; 139: S1-S21)

The latest clinical guideline issued by the American Academy of Otolaryngology advised that earwax (cerumen) should not be routinely removed as it has both cleansing and protective functions. The wax should be removed in the case of cerumen impaction by use of dissolving agents, irrigation, and manual removal with suction devices or other special instruments. Unfortunately, many people feel the need to manually remove cerumen from the ears, which can result in further impaction and other complications to the ear canal.

**COMMENT** Pediatricians face this question quite often – What to do to remove 'Ear wax'? It is to be stressed that one should avoid inappropriate or potentially harmful interventions and instruments to remove cerumen. Parent education about the benefits of cerumen and a simple message 'Not to introduce anything in the ear' is a must.

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