

Don't hold a child in your lap on playground slides (*J Pediatr Ortho* 2009; 29: 606-608)

This study conducted at Winthrop University Hospital, USA, reviewed children with fractures of tibia, over eleven months and found that 13.8% of the tibia fractures were sustained while sliding down a slide on an adult's lap. It was found that a child has more probability of getting tibia fracture when in an adult's lap while sliding; the leg of the child is thus fixed and gets twisted, creating a torque that leads to a fracture in the lower extremity.

COMMENTS Many parents think it is actually safer to hold their toddler while going down a playground slide. The study gives a clear message contrary to this popular belief. Do not hold a child in your lap on playground slides.

Antipyretic agents may not prevent febrile seizures (*Arch Pediatr Adolesc Med* 2009; 163: 799-804)

This randomized, placebo-controlled, double-blind study was done in Finland. Children with their first febrile seizure were observed for 2 years to assess the effectiveness of different antipyretic agents and their highest recommended doses for preventing febrile seizures. During follow-up, all febrile episodes were treated first with either rectal diclofenac or placebo, and after 8 hours, treatment was continued with oral ibuprofen, acetaminophen, or placebo. The primary endpoint of the study was recurrence of febrile seizures.

The rate of febrile seizure recurrence was 23.4% in those receiving antipyretic agents and 23.5% in those receiving placebo (difference, 0.2; 95% confidence interval [CI], "12.8 to 17.6; $P=0.99$). Independent of the medication given, fever was significantly higher during the episodes with seizure versus those without seizure (39.7°C vs. 38.9°C; difference, 0.7°C; 95% CI, "0.9°C to "0.6°C; $P<0.001$).

COMMENTS Antipyretic agents are not effective for the prevention of recurrences of febrile seizures in children with a febrile episode that leads to a recurrent febrile seizure. Parents should be informed about the inefficacy of antipyretic agents during a febrile episode and reassured about the benign nature of febrile seizures.

Relation between abdominal obesity, waist circumference, body mass index, and echocardiographic measures in children and adolescents (*Congenital Heart Dis* 2009; 4: 338-347)

A total of 49 clinically normal children aged 3-19 years, including 17 with abdominal obesity, underwent detailed echocardiographic assessment to explore the associations between waist circumference (WC) and cardiac function. Compared to subjects without abdominal obesity, those with abdominal obesity had increased left atrial dimensions, posterior wall thickness, and left ventricular (LV) mass index 2.7 ($P<0.05$ for each comparison). Those with abdominal obesity also had altered LV filling patterns at the septal, lateral, and inferior wall. WC was the sole predictor of, and was negatively associated with the ratios of early/late peak velocity at the septum, inferior wall, and right ventricle; these associations were independent of LV mass ($P<0.001$ for each comparison). Both BMI and WC were independent predictors of left ventricular mass index ($P= 0.001$ and 0.05, respectively).

COMMENTS This study suggests that otherwise normal children and adolescents with abdominal obesity has altered left ventricular diastolic function and these differences are better predicted by waist circumference than by BMI.

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