
 **Vitamin supplementation and school performance** (*J Am Diet Assoc* 2010; 110:1089-93)


To determine the effect of multivitamin/mineral supplementation on academic performance, students in grades three through six (age range 8 to 12 years) were recruited from 37 schools in New Jersey and randomized to receive either a standard children's multivitamin/mineral supplement (MVM) or a placebo in school only during lunch or snack period, by a teacher or study personnel who were blinded to group assignment. Participants receiving MVM supplements showed no statistically significant improvement for percentile total scores, number of days absent from school, tardiness, or grade point average. It was concluded that daily consumption of a multivitamin supplement to school children did not lead to improved school performance based upon standardized testing and grade point average.

 **Propranolol for hemangiomas** (*Arch Otolaryngol Head Neck Surg* 2010; 136: 658-65)

Three consecutive infants with extensive, symptomatic airway infantile hemangiomas were treated with propranolol. They also had facial cutaneous hemangiomas and developed stridor that progressed to respiratory distress, which was confirmed to be caused by extensive subglottic hemangiomas. These patients underwent follow-up during their course of therapy, ranging from 3 weeks to 15 months. Patient 1 failed to respond to systemic corticosteroids, laser ablation, and intravenous vincristine for her airway hemangioma and had to undergo tracheotomy. She was given propranolol after her tracheotomy and had a significant reduction in her subglottic airway obstruction. Patient 2 developed progressive stridor secondary to airway hemangioma at age 6 1/2 months following tapering of systemic corticosteroids prescribed for her periorbital hemangioma. Systemic corticosteroids were restarted with the addition of propranolol. The stridor improved within 24 hours, and she was able to be weaned off corticosteroids. Patient 3 was also treated with initial combined therapy of systemic corticosteroids and propranolol. He had a significant reduction in stridor within 24 hours and was weaned off corticosteroids.

 **Sleep and hypercholesterolemia** (*Sleep* 2010; 33: 956-61)

This study explored the relationship between sleep duration in adolescence and hypercholesterolemia in young adulthood. Sleep deprivation could increase the risk for hypercholesterolemia by increasing appetite and dietary consumption of saturated fats, decreasing motivation to engage in regular physical activity, and increasing stress and resultant catecholamine induced lipolysis. No previous published population studies have examined the longitudinal relationship between sleep duration and high cholesterol. Adolescents (n = 14,257) in grades 7 to 12 at baseline (1994-95) and ages 18 to 26 at follow-up (2001-02) were studied. Among females, each additional hour of sleep was associated with a significantly decreased odds of being diagnosed with high cholesterol in young adulthood. Additional sleep was associated with decreased, yet not statistically significant, odds ratios for hypercholesterolemia in males.

 **Dental examination by school teachers.** (*Community Dent Health*; 2010 Jun; 27(2): 89-93.)

This study aims to investigate the reliability of examinations performed by teachers and by a dental assistant in detection of cavitated tooth surfaces. A sample of 168 students, aged 5-14 years, attending a public school in Rio de Janeiro, was examined by persons with three different training backgrounds: a dentist, a dental assistant, and schoolteachers. Examinations were performed in the school with the aid of a tongue blade under natural light. The findings suggest satisfactory agreement with the dentist, with kappa values of 0.730 and 0.781 for the teachers and the dental assistant, respectively. The absence of cavities was easily detected. More caution is required in positive results indicated by the teachers or the dental assistant because these were not always confirmed subsequently by the dentist.

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