

**What are the causes of chronic cough in pediatric outpatient practice?** (*Chest* 2009 Jun 30 [Epub ahead of print])

Children presenting with chronic cough are common to the primary care physicians but data on the etiology are scant. The authors evaluated 40 children (5-12 years) with chronic cough (> 8 weeks duration) with no obvious cause and referred by the primary care physicians. All patients underwent an extensive multispeciality workup. Gastroesophageal reflux disease (27.5%); allergy (22.5%) and asthma (12.5%) accounted for >60% of the likely etiological factors of chronic cough in children, besides infection (5%) and aspiration (2.5%). Appropriate treatment for these factors resulted in a significant improvement in cough.

**COMMENT** No ground breaking discovery here, however it may be pertinent to try and remember how many times we look for these causes and call for appropriate referrals in our outpatient practice.

**Can montelukast cause psychiatric disorders in children?** (*Pharmacoe-pidemiol Drug Saf* 2009 Jun 23 [Epub ahead of print])

There have been concerns about the use of montelukast and adverse drug reactions (ADRs) in children. The authors of this study analyzed all reports of psychiatric disorders during treatment with montelukast in children (<18 years) in the Swedish ADR database SWEDIS (1998-2007). A total of 48 reports of psychiatric disorders in children during treatment with montelukast were documented. Psychiatric disorders reported more than once included nightmares ( $n = 15$ ), unspecified anxiety ( $n = 11$ ), aggressiveness ( $n = 11$ ), sleep disorders ( $n = 10$ ), insomnia ( $n = 3$ ), irritability ( $n = 3$ ), hallucination ( $n = 3$ ), hyperactivity ( $n = 3$ ), and personality disorder ( $n = 2$ ). Time from exposure to ADR was less than 1 week. Psychiatric ADRs can occur during montelukast treatment in children; further studies are needed to establish the magnitude of the problem.

**COMMENT** This study raises an interesting observation that should make us more open to evaluate the possible 'unrelated' side-effects of the newer drugs that we routinely prescribe.

**Does antibiotic use predispose to the recurrence of acute otitis media?** (*BMJ* 2009; 338: b2525).

A primary care based, double blind, randomized, placebo controlled trial with three year follow-up was conducted at 53 general practices in the Netherlands. 168 children aged 6 months to 2 years with acute otitis media received amoxicillin 40 mg/kg/day in three doses compared with placebo. Acute otitis media recurred in 63% (47/75) of children in the amoxicillin group and in 43% (37/86) of the placebo group.

**COMMENT** Recurrent acute otitis media occurred more often in the children originally treated with amoxicillin. This is another argument for judicious use of antibiotics in children.

**Managing an ingrown toe nail** (*Eur J Pediatr Surg* 2009 Jun 30 [Epub ahead of print])

Ingrowing toenails cause significant discomfort for children and adults alike. Where conservative treatment fails, a surgical approach is usually adopted. Many surgical procedures have been described with varying complexity and outcome. The authors report a novel, simple technique which involves wedge excision of the ingrowing nail, and bipolar diathermy of the nail bed. 353 procedures were carried out on 302 patients during the study period. The re-operation rate for recurrence is 9.9%, which compares favorably with other techniques.

**COMMENT:** A simple easily available intervention that has the potential to reduce the recurrence rate of surgery in this very painful condition.

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