

Theme: Pediatric Allied Specialities

Video game vision syndrome in children. (*J Pediatr Ophthalmol Strab.* 2017;54:346-55)

In this era of technology, children are usually hooked to their gadgets such as video games, computer games, cellphones and other electronic devices. In this observational, cross-sectional study on Italian children using video games, the dominant eye was identified using the Dolman method, and stereoscopic vision was assessed on Lang-Stereotests I and II. Two groups of the children were formed. Control group children (who played video games for <30 minutes/d and not every day) and Video game group children (who played video games for 30 minutes/d) were divided into two subgroups: children using other types of electronic screens (eg, televisions, computers, tablets, and smartphones) for less than 3 hours daily (low electronic use subgroup) and children using other types of electronic screens for 3 hours or more per day (high electronic use subgroup).

It was observed that Asthenopia (especially headache, eyelid tic, transient diplopia, and dizziness), absence of fine stereopsis, and refractive errors were more frequent (mainly in the dominant eye) in children in the Video game group. These are probably a part of still undefined Video Game Vision Syndrome. It is important to recognize these signs as possible functional disorders to avoid erroneous diagnostic and therapeutic interventions. It is also important to convey this message to the parents and teachers and make them realize that more screentime is harmful for the children.

Better acceptability of neurosurgical procedures with unshaven hair on cranial surgery site infection. (*Pediatr Neurosurg.* 2018;53:18-23)

It is a common practice to shave the hairs for any cranial surgery. Cranial surgical site infection is a significant cause of morbidity and mortality in hospitals. Preoperative shaving of surgical incision sites using traditional surgical blades without properly washing the head has the potential to cause infections at surgical sites.

This retrospective comparative study evaluated patients who underwent unshaven cranial surgery with absorbable sutures for scalp closure. Data of patients who underwent surgery with the traditional protocol were also analyzed for comparison. It was found that a rapid protocol in which the scalp remains unshaven and absorbable sutures are used for scalp closure with early postoperative shampooing is equally good, and did not result in more infections. This protocol may also have a positive psychological effect. It can help patients accept neurosurgical procedures and improve their self-image after the operation.

Topical coconut oil in very preterm infants. (*Neonatology.* 2018;113:146-51)

In very preterm infants, various emollients and creams are used to take care of the skin as the immature fragile skin of preterm infants represents an inadequate protective barrier. Whether

coconut oil is appropriate to use on the skin of very preterm infants of <30 weeks' gestation was studied in this open-label randomized controlled trial in preterm infants <30 weeks' gestation.

The emollient and anti-infective properties of coconut oil make it a potentially beneficial topical agent for this population. Enrolled infants were randomized to receive either routine care or topical coconut oil (5 mL/kg) twice daily for 21 days, starting within 24 h of birth. The neonatal skin condition was assessed using the Neonatal Skin Condition Score (NSCS) on days 1, 7, 14, and 21. The number of coconut oil applications was recorded to assess clinical feasibility and all enrolled infants were monitored for adverse effects of topical coconut application, such as skin irritation. Topical application of coconut oil was feasible and without adverse effects. The NSCS was maintained in the coconut oil group throughout the intervention period and there were no differences in common neonatal outcomes, including sepsis, necrotizing enterocolitis, retinopathy of prematurity, chronic lung disease, and mortality. Thus, using topical coconut oil maintained a better skin condition in very preterm infants without adverse effects.

Comparison of three different adenoidectomy techniques in children. (<https://doi.org/10.1016/j.ijporl.2017.11.012>)

Pharyngeal tonsillar hyperplasia is the most frequent cause of nasal obstruction and chronic mouth breathing during childhood and adenoidectomy is the procedure of choice for the relief of symptoms. Nowadays newer techniques are developed, which use various smart devices, and there is always a debate about the usefulness of conventional technique (blind curettage) compared to the newer techniques.

This prospective observational study of adenoidectomy using three different techniques in children was done to determine the best technique. Patients were followed up for a period of 3 months after surgery. The patients were divided into 3 different groups, according to the adenoidectomy technique: Group A (conventional technique - blind curettage); Group B (video-assisted adenoidectomy with microdebrider); Group C (video-assisted adenoidectomy with radiofrequency - Coblation). The surgical time of each procedure was measured and postoperative complications were analyzed. The questionnaire for quality of life OSA-18 was on the day of the surgery and 30-90 days after the procedure was applied to all caregivers.

It was found that the adenoidectomy resulted in improvement of quality of life, and there were no major postoperative complications, for all operated children, regardless of the technique used. The conventional technique was faster when compared to the more modern adenoidectomy techniques.

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