

## *Clippings*

- An increasing number of children with cancer now survive and reach reproductive age. However, the risk of cancer (other than retinoblastoma) in the offspring of survivors of childhood and adolescent cancer is uncertain. In a recent study (NEJM 1998; 338: 1339 - 1342), using data from cancer and birth registries of Scandinavian countries, 5847 children of patients of cancer were followed up for cancer. There were 44 malignant neoplasms with the standardized incidence ratio being, Retinoblastoma 37; Brain and nervous system neoplasms -2.0; and other sporadic cases 1.3. It was concluded that there is no evidence of a significantly increased risk of nonhereditary cancer among the offspring of survivors of cancer in childhood.
- A study was conducted in Philadelphia (Pediatrics 1998; 101: e2) to evaluate the effects of exposure to alcohol in mother's milk on infant sleep and activity. Infants were administered 100 ml of breast milk flavored with alcohol (32 mg) on one testing day and breast milk alone one week later on the other day. The infants sleep and activity pattern was monitored using a computerized movement detector called an actigraph placed on the infant's leg. The infants spent significantly less time sleeping during the 3.5 hours following consumption of alcohol-flavored milk (56.8 minutes compared with 78.2 minutes after feeding alcohol free breast milk). This reduction was apparently attributable to a shortening in the longest sleeping bout for sleeping and the amount of time spent in active sleep. Although, the mechanisms underlying the reduction in sleep remain to be elucidated, this study shows that short-term exposure to small amounts of alcohol in breast milk produces distinctive changes in the infant's sleep-wake patterning.
- A study was recently conducted in Germany (Eur J Pediatr 1998; 157: 391-394) to compare the spread of pertussis in children and adults who were secondary contacts after household exposure. The study was nested in an efficacy trial of an acellular pertussis vaccine. The spread of the disease was also monitored with respect to gender and antibiotic therapy. Four hundred and fifty three index cases of pertussis had contacts with 173 unvaccinated children aged 6-47 months, and 101 adults). Detection of the bacteria or a significant increase of specific antibodies confirmed the diagnosis of pertussis. A secondary spread of the disease was assumed when a household member coughed for 7 days or more and had laboratory evidence for pertussis. It was observed that 69% of children and 31% of adults (more women than men) contracted the disease. Erythromycin reduced the number of infections in household contacts, but did not alter the clinical course in those who contracted pertussis.
- Influenza vaccine is used infrequently in healthy children, even though the rates of influenza in this group are high. In a recent multicentric, double-blind, placebo controlled trial (NEJM 1998; 338: 1405-1412), a live attenuated, cold-adapted, trivalent influenza virus vaccine was tested in children 15 to 17 months old. The strains included in this intranasal vaccine were antigenically equivalent to those in the inactivated influenza vaccine used. The vaccine was accepted and well tolerated. The vaccine efficacy was detected to be 93% and the antibody titers were seen to have increased by a factor of 4 in most children

who were initially seronegative. It was concluded that a live attenuated, cold adapted intranasal influenza vaccine is safe, immunogenic and effective against influenza A and B in healthy children.

- Inspite of knowledge to the contrary, some physicians routinely administer antibiotics to patients with upper respiratory tract infections (URI). An interesting paper (Arch Pediatr Adolesc Med 1998; 152: 349-352), has examined physician characteristics associated with being a high prescriber of antibiotics for pediatric URI. Primary care physicians were stratified into low (< 25th percentile) and high (> 75th percentile) antibiotic prescribers according to the proportion of their patients with URI receiving antibiotics. The high prescriber group had a mean prescribing rate of 80% (16% in low presenting group). High prescribers were significantly more years away from medical school graduation (27 vs 19 years) and had managed significantly more URI episodes than low prescribers (229 vs 98). Compared with pediatricians, the odds ratios of being a high prescriber were 4.09 for family practitioners and 3.18 for other primary care physicians. With the rise of antibiotic-resistant bacteria, more focused training regarding treatment of URI is warranted in residency and in continuing medical education forums.
- Heel lancing has hitherto been the method of choice for screening tests of

inborn errors of metabolism in neonates. There seems to be no practical method that effectively alleviates the pain caused by heel lancing. A study (Pediatrics 1998; 101: 882-886) was conducted to investigate whether other methods, such as venipuncture of the dorsal side of the hand, are less painful and more efficient than heel lancing in neonates. One hundred twenty healthy full-term infants **who** underwent testing for phenylketonuria were randomized into venipuncture group, small lancet group, or a large lancet group. The response of the infants to pain were then analyzed. The efficacy of the method was assessed by the time taken to complete the PKU test and number of times the skin had to be punctured. Compared to other groups, the venipuncture group had a lower Neonatal Facial Coding System Score (score to assess pain in infants) and a less **number** of infants crying during first 1 minute after the prick. Also, with the venipuncture method, significantly lesser number of pricks and lesser time was required to complete the test. It was concluded that venipuncture is more effective and less painful than heel pricking for blood tests in neonates.

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