

 **Probiotics and childhood constipation** (*Int J Pediatr.* 2014;doi: 10.1155/2014/937212)

Data about the role of probiotics in the treatment of constipation in children are inconsistent. In this placebo-controlled trial to investigate the efficacy of probiotics in childhood constipation, 56 children aged 4-12 years received lactulose plus probiotic or lactulose plus placebo daily for four weeks. Stool frequency and consistency, abdominal pain, fecal incontinence, and weight gain were studied at the beginning, after the 1st week, and at the end of the 4th week in both groups. At the end of the fourth week, the frequency and consistency of defecation improved significantly in the probiotic group. At the end of the first week, fecal incontinence and abdominal pain improved significantly in intervention group but, at the end of the fourth week, this difference was not significant. A significant weight gain was observed at the end of the 1st week in the treatment group.

Are we discovering another magic bullet?

 **Congenital heart defects and maternal fever** (*J Perinatol.* 2014;doi :10.1038/jp.2014.76)

The aim of this study was to systematically review the relation between maternal fever in the first trimester and congenital heart defect (CHD) in offspring. Meta-analysis yielded a pooled odds ratio of 1.53 (95% CI=1.36, 1.73) for the magnitude of the relation between maternal fever in the first trimester and CHD in offspring. Subgroup analysis showed it to be associated with ventricular septal defects and right sided obstructive defects.

 **Growth hormone treatment and idiopathic short stature** (*J Pediatr Endocrinol Metab.* 2014;doi:10.1515/jpem-2013-0461.)

In 2003, the Food and Drug Administration (FDA) approved the use of growth hormone (GH) for idiopathic short stature (ISS). Several studies have evaluated the effect of GH in children with ISS, in whom improved growth velocities and height standard deviation scores (SDS) have been reported. However, clinical variables influence the height improvement. This retrospective study aimed to evaluate the effects of GH treatment on ISS, and to analyze clinical factors associated with growth velocity in prepubertal children (age <10 yr). Children diagnosed with ISS were divided into two groups: GH-treatment group and control group. Growth velocity of the GH-treatment group exceeded that of controls by 3.37 cm/year. After one year, the height of the GH-treated group exceeded that of the control group by 0.73 SDS. A negative correlation was found between age and growth velocity in the GH-treatment group.

 **External classroom noise and school performance** (*Int J Adolesc Med Health.* 2014; doi: 10.1515/ijamh-2014-0006.)

The present study investigated the effect of low, medium, and high traffic road noise as well as irrelevant background speech noise on primary school children's reading and mathematical performance. A total of 676 participants of the 4th and 5th elementary classes participated in the project. The participants (age 9-10 yrs) were enrolled in public primary schools from urban areas. Schools were selected on the basis of increasing levels of exposure to road traffic noise and then classified into three categories (low noise: 55-66 dB, medium noise: 67-77 dB, and high noise: 72-80 dB). Reading comprehension and mathematical skills were measured using a test designed specifically for the purpose of this study. Children in low-level noise schools showed statistically significant differences from children in medium- and high-level noise schools in reading performance ($P < 0.001$). Girls in general did better in reading score than boys, especially in schools with medium- and high-level noise.

 **Multidrug-resistant tuberculosis disease in children** (*Lancet* 2014;383:1572-9)

Multidrug-resistant tuberculosis threatens to reverse recent reductions in global tuberculosis incidence. Although children younger than 15 years constitute more than 25% of the worldwide population, the global incidence of multidrug-resistant tuberculosis disease in children has never been quantified. This study aimed to estimate the regional and global annual incidence of multidrug-resistant tuberculosis in children. The setting-specific estimates of multidrug-resistant tuberculosis risk and tuberculosis incidence were used to estimate regional and global incidence of multidrug-resistant tuberculosis disease in children in 2010. Ninety-seven studies met inclusion criteria for the systematic review of risk of multidrug-resistant tuberculosis. Thirty-one studies reported the risk of multidrug-resistant tuberculosis in both children and treatment-naive adults with tuberculosis and were used for evaluation of the linear association between multidrug-resistant disease risk in these two patient groups. It was identified that the setting-specific risk of multidrug-resistant tuberculosis was nearly identical in children and treatment-naive adults with tuberculosis, consistent with the assertion that multidrug-resistant disease in both groups reflects the local risk of transmitted multidrug-resistant tuberculosis. After application of these calculated risks, it was estimated that around 999792 children developed tuberculosis disease in 2010, of whom 31948 had multidrug-resistant disease.

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