
Clippings

□ Evidence is rapidly accumulating that screening for hearing assessment of newborns is desirable. In a recent study. (*Pediatrics* 1998; 101(1); p. e4) a total of 41796 infants were screened using automated auditory brainstem response, otoacoustic emission testing, or conventional auditory brainstem response, with follow-up testing performed on those infants who failed initial screening. The incidence of bilateral congenital hearing loss (at least 1 in 500 infant screened) was found to be alarmingly greater than the combined incidence of all newborn screening tests currently performed on blood samples. The sensitivity of the screening was demonstrated to be at or near 100%, with positive and negative predictive values ranging between 5-19% and 2-6%, respectively. It was concluded that universal newborn hearing screening is feasible, beneficial, and justified, as indicated by the frequency of the disease, the accuracy of screening tests, the ability to provide early intervention, the improved outcomes attributable to early amplification, and the recovery of all screening costs in the prevention of future intervention costs.

□ The Glasgow Coma Scale has been widely adopted in the management of adult and pediatric coma. It should however not be tried in intubated patients or small children as the verbal component is inappropriate. In a recent paper (*Arch Dis Child* 1997; 77: 519-522) an adaptation of the Glasgow coma scale has been presented which uses grimace score for use in these children. The scoring used was: G5, spontaneous normal facial/oromotor activity; G4, less than usual spontaneous activity or only response to touch; G3, vigorous grimace to

pain; G2, mild grimace or some change in facial expression to pain; and G1, no response to pain. The grimace component appears to be more reliable than the verbal component.

□ Inhaled glucocorticoids have become important in the management of chronic asthma. Although effective, the long term effects of such treatment are not known. Oral theophylline however has been used in asthma for over 50 years, but its popularity is on the decline. In a double blind, placebo controlled trial (*NEJM* 1997; 337: 1412 - 1418) 68 patients were randomly assigned to receive 400 meg of inhaled budesonide (low dose) with oral theophyllin or 800 meg of inhaled budesonide (high dose). All doses were administered twice daily for 3 months. For patients with moderate asthma and persistent symptoms, low dose inhaled budesonide with theophylline and high dose inhaled budesonide produced similar benefits. When combined with budesonide effects were even achieved at theophylline concentrations below the recommended therapeutic range. Although, inhaled corticosteroids remain central to the treatment of chronic asthma, combining theophylline and inhaled glucocorticoids may be a more attractive and cheaper option than using high doses of glucocorticoids.

□ Children with bacteremia have on aggregate higher temperature, total leukocyte count, and acute phase reactants than patients without bacteremia. A recent multicentric prospective study (*Pediatr Em Care* 1997; 13: 317-319) sought to determine if the duration of fever prior to evaluation, was related to the presence of bacteremia.

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Participants included children of 3-36 months of age with a temperature of $> 39^{\circ}\text{C}$ and a nonfocal illness, being managed as outpatients. Of the 6619 patients, the median duration of fever in patients with bacteremia ($n = 192$) and without bacteremia ($n = 6427$) was the same (1 to 2 days) but a significantly greater proportion of patients with fever of < 1 day duration had bacteremia than patients with fever of > 1 day duration. It was concluded that children with occult bacteremia have significantly shorter duration of fever than patients without bacteremia, but this difference is small and not clinically useful.

□ Heparin is commonly added to the umbilical catheter or arterial line infusates despite its controversial benefits in infants in the Neonatal Intensive Care Unit. Heparin infusion has been shown to be associated with increased risk of intraventricular hem-

orrhage specially in preterm neonates. In a randomized double blinded trial (*J Pediatr* 1997; 131: 362-366) 113 preterm infants (< 31 wks gestation) of < 5 days of age were assigned to receive in the umbilical catheter infusate either 1 unit of heparin per ml or no heparin. They were followed up using serial cranial ultrasound and coagulation profile. No significant difference in the intraventricular hemorrhage, or significant alteration in the coagulation profile between the heparin and the no heparin group was detected. The practice of using heparin in the infusates can be continued.

lived, extending throughout childhood into young adulthood.

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