

Cost-effectiveness of epinephrine and dexamethasone in children with bronchiolitis. (*Pediatrics* 2010; 126 (4): 623-31)

Using data from the Canadian Bronchiolitis Epinephrine Steroid Trial this study assessed the cost-effectiveness of treatments with epinephrine and dexamethasone for infants between 6 weeks and 12 months of age with bronchiolitis. An economic evaluation was conducted from both the societal and health care system perspectives including all costs during 22 days after enrollment. The effectiveness of therapy was measured by the duration of symptoms of feeding problems, sleeping problems, coughing, and noisy breathing. Comparators were nebulized epinephrine plus oral dexamethasone, nebulized epinephrine alone, oral dexamethasone alone, and no active treatment. The combination of nebulized epinephrine plus oral dexamethasone was dominant over the other 3 comparators in that it was both the most effective and least costly. The average time to curtailment of all symptoms was 12.1 days (95% CI: 11-13) for the combination therapy, 12.7 days (95% CI: 12-13) for no active treatment, 13.0 days (95% CI: 12-14) for epinephrine alone, and 12.6 days (95% CI: 12-13) for dexamethasone alone. Treating infants with bronchiolitis with a combination of nebulized epinephrine plus oral dexamethasone is the most cost-effective treatment option, because it is the most effective in controlling symptoms and is associated with the least costs.

Surgical repair of incarcerated inguinal hernia in children: laparoscopic or open? (*European Journal of Pediatric Surgery, Oct 2010*)

The authors reviewed the notes of 63 consecutive children who were admitted to a single hospital with the diagnosis of Incarcerated Inguinal Hernia (IIH) between 2000 and 2008 [Open repair ($n=35$); Laparoscopic repair ($n=28$)]. The study found that open repair of incarcerated inguinal hernia is associated with serious complications. The laparoscopic technique appears safe, avoids the difficult dissection of an edematous sac in the groin, allows ins-

pection of the reduced hernia content and permits the repair of a contralateral patent processus vaginalis if present.

Fetal growth retardation linked to febrile Seizures. (*Pediatrics. Published online September 20, 2010*)

The study sample consisted of participants enrolled from early fetal life in a population-based, prospective, cohort study. Ultrasonography during the second and third trimesters allowed determination of fetal growth characteristics including femur length, abdominal circumference, estimated fetal weight, head circumference, biparietal diameter, and transverse cerebellar diameter (TCD). When participants were 12 and 24 months old, questionnaires were administered regarding occurrence of febrile seizures. Data were available and were analyzed for 3372 participants. The risk for the development of febrile seizures was maximum for children in the lowest tertile of estimated fetal weight.

Clarithromycin for the treatment of suboptimally controlled asthma. (*J Allergy Clin Immunol* 2010; 126 (4): 747-53)

PCR studies have demonstrated evidence of *Mycoplasma pneumoniae* and *Chlamydomphila pneumoniae* in the lower airways of patients with asthma. 92 Adults with an Asthma Control Questionnaire score ≥ 1.5 after a 4-week period of treatment with fluticasone propionate were entered into a PCR-stratified randomized, controlled trial to evaluate the effect of 16 weeks of either clarithromycin or placebo, added to fluticasone, on asthma control in individuals with or without lower airway PCR evidence of *M pneumoniae* or *C pneumoniae*. Clarithromycin did not improve lung function or airway inflammation but did improve air-way hyperresponsiveness. To conclude, adding clari-thromycin did not further improve asthma control.

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