Secondly, the height SD of a proportion of the short normal participants is now above the original centile band defining short stature. Such a phenomenon has been reported in other studies.20 Few, however, had a height above the 25th centile and our results are from a sample of young adults who for the majority of their lives have been shorter than their peers, having been recruited at the critical age for treatment decisions.

In summary, no significant differences in personality functioning or aspects of daily living were found which could be attributable to height. This study should not be interpreted as indicating that people with short stature will not experience problems in their development, but that they are no more likely to do so than those who are taller. This study is unique as it reports on the effect of both childhood height on adult functioning and the effect of adult height on functioning in the same sample.

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Steroids for Kawasaki disease

Standard initial treatment for Kawasaki disease in the USA is a single dose of intravenous immunoglobulin (IVIG) 2 gm/kg plus aspirin 80–100 mg/kg/day. The role of steroid treatment is controversial. Steroids have been used either as initial therapy or as rescue therapy after failure of IVIG and aspirin. Most studies have documented clinical improvement with steroids but there has been a suggestion that the risk of coronary abnormalities might be increased. A small trial in Boston, Massachusetts of pulsed-dose intravenous methylprednisolone added to IVIG and aspirin as initial treatment has confirmed that clinical resolution is quicker with steroid therapy (Robert P Sundel and colleagues. Journal of Pediatrics 2003;142:611–6, see also editorial, ibid 601–3).

Thirty-nine children were randomised on day 4–10 (median, day 7) of illness to IVIG 2 gm/kg over 10 hours plus aspirin either with or without pulsed-dose intravenous methylprednisolone, 30 mg/kg prior to the IVIG. The methyl prednisolone group had a shorter duration of fever after starting treatment (1.0 vs 1.9 days), shorter hospital stay (1.9 vs 3.3 days), and lower ESR and C-reactive protein at 6 weeks. Coronary artery dimensions after treatment did not differ significantly between the two groups but numbers were small.

The authors of this paper call for a large, multicentre trial. An editorialist advises that in the meantime there is not enough evidence to justify the routine use of steroids in primary therapy. For rescue therapy he also considers the evidence to be inadequate but prefers to use a second, or even a third, dose of IVIG if necessary.
Steroids for Kawasaki disease

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