

**References**

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**Commentary**

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The hyperoxia or nitrogen washout test is used to differentiate pulmonary disease from cardiac disease in the cyanotic neonate. A timely reminder that a major rise in systemic arterial oxygen tension

(>150 mmHg) does not always exclude the presence of a basically cyanotic lesion is given above, and the lesion described is not the sole lesion responsible for this response in the first few days of life.

A more common failure of differentiation occurs in the presence of pulmonary disease associated with a cardiac lesion. In the very young neonate increasing the ambient oxygen concentration does not invariably overcome pulmonary venous desaturation, so that clinically inapparent lung disease may limit the rise in systemic arterial saturation, and an apparently minor chest radiological abnormality can be associated with so profound a change in pulmonary circulatory physiology that there is no rise in systemic arterial saturation under the conditions of the test.

The result of the test may only be appropriately interpreted if the arterial samples are taken from the right arm (assuming situs solitus), the carbon dioxide tension is normal, and the infant exhibits no clinical features of respiratory distress. The chest radiograph should be carefully scrutinised for any pulmonary abnormalities. Remember a change in ductal calibre may lead to a different result on repeat testing. Cross sectional echocardiography is an essential examination in the differentiation of pulmonary from cardiac disease and in delineating the nature of any cardiac lesion in the neonatal period. In experienced hands it is the more reliable examination.

## Vanishing earrings

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**SUMMARY** Four children who presented with impacted earrings are described. We suggest that the insertion of earrings in children under 10 years has hazards and recommend the use of sterling silver or 9 ct gold if the procedure is to be done in young children.

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Parents are under increased pressure to accede to requests for ear piercing from very young offspring. As paediatricians we are sometimes asked to arbitrate in these matters when children are known to us. We have recently seen four children where ear piercing resulted in impaction.

**Case histories**

**Case 1.** A child of 8 years who was known to have asthma and mild eczema had her earlobes pierced with a paediatrician's blessing six weeks before presenting to the hospital. Sterling silver earrings were used. Three weeks after the procedure she demanded and was permitted a pair of gold plated ornamental studs. Within a week the right earlobe became itchy and crusty. The condition resolved after removal of the studs. A few days before she presented, however, she had replaced the studs. The right earlobe became mildly itchy again, and one morning the lobe was found to be extremely swollen and painful. The earring could not be located and was thought to have fallen out.