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*The Journal of the British Paediatric Association*

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## LUCINA

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A positive RAST test to the yeast *Pityrosporum orbiculare* was found in 26 (21.8%) of 119 Swedish children with eczema (*Acta Dermato-Venereologica* 1995; 75: 300-4). Severe eczema, and especially severe itching, was associated with yeast sensitisation. Whether the sensitisation causes severe eczema or is simply a concomitant of it is not clear. Skin colonisation with *P orbiculare* usually occurs during the second decade of life in normal people in Sweden but has been found to be common in young children in Mexico.

*Antisense technology attempts to influence gene expression by developing specific oligonucleotides that are capable of reaching, binding to, and inhibiting the function of targeted lengths of DNA. The most promising molecules are the phosphorothioate oligodeoxynucleotides, which are currently being studied as potential treatments for leukaemia, inflammation, and infections due to cytomegalovirus, papillomavirus, and human immunodeficiency virus. There is much scientific debate about whether the mechanisms involved are true antisense mechanisms but from the patient's point of view it may not matter. (Nature Medicine 1995; 1: 1116-8 and 1119-21).*

Hopes of eventually treating diabetes with an external non-invasive 'artificial pancreas' seem to be increasing. Blood glucose monitoring using reverse iontophoresis has been done in California with electrolyte chambers applied to the skin (*Nature Medicine* 1995; 1: 1198-1201 and 1132-3) and gives results that correlate well with venous samples but with a 20 minute lag period. Near infrared spectroscopy is a competing technology that could make iontophoretic methods obsolete. Non-invasive techniques for completing the circuit by supplying appropriate amounts of insulin have yet to be developed.

*Lucina was reminded of how dreadful an illness measles can be, especially in malnourished children, by a report from Israel (Archives of Pediatrics and Adolescent Medicine 1995; 149: 1237-40). Two epidemics resulted in 237 children being admitted to hospital and 15 to the paediatric intensive care unit. Fourteen of the 15 were bedouin children and 11 were malnourished. Four died of pneumonia or its complications, four had severe long term sequelae, and seven survived intact. Acute complications included pneumothorax, 'adult respiratory distress syndrome', hypocalcaemia, thrombocytopenia, thromboses, coagulopathy, encephalopathy, sepsis, shock, and fibrosing alveolitis. The long term sequelae were chronic lung disease, subacute sclerosing panencephalitis, hemiplegia, and partial limb amputation.*

*Guerir quelquefois, soulager souvent, consoler toujours..... et prévenir?*

A study in Italy has shown that babies born preterm after prolonged rupture of membranes are nearly six times as likely to suffer from severe cerebral palsy or cognitive impairment than are babies of the same gestational age born without prolonged membrane rupture (*British Journal of Obstetrics and Gynaecology* 1995; 102: 882-7). In these babies there was a significant relationship between duration of membrane rupture and the occurrence of severe intraventricular haemorrhage or cystic periventricular leucomalacia. Either subclinical intrauterine infection or pulmonary hypoplasia could be the underlying factor.

*A case-control study in Oxford has shown the main risk factors for cerebral palsy in very preterm babies to be chorioamnionitis, maternal infection, and prolonged membrane rupture (Lancet 1995; 346: 1449-54). The authors call for randomised controlled trials of the effects of management aimed at these problems.*

Lucina notes that gastro-oesophageal reflux does not seem to be a common cause of respiratory problems during anaesthesia. Anaesthetists in Sydney, Australia, performed oesophageal pH monitoring on 120 children undergoing minor surgery under general anaesthesia (*Anaesthesia and Intensive Care* 1995; 23: 587-90). Only three children showed significant gastro-oesophageal reflux during the procedure and in none of the three was it associated with an 'adverse respiratory event'.

*Anaesthetists have reacted against a Food and Drug Administration approved recommendation to restrict the use of suxamethonium in paediatric anaesthesia after reports of hyperkalaemic cardiac arrest in children with unrecognised myopathy. A British anaesthetist writing in the British Journal of Anaesthesia (1995; 75: 675-7) concludes that suxamethonium has unique advantages. The risk can be reduced by taking a history for familial myopathies, considering the possibility of myopathy in any child with learning difficulties, and using intravenous rather than inhalation induction before giving suxamethonium. Most cases of cardiac arrest with suxamethonium are due to vagal overactivity in a non-atropinised child.*

Further data from a New Zealand national case-control study show that infants sleeping without an adult in the room are at four or five times the risk of SIDS (*Lancet* 1996; 347: 7-12) and that non-sharing is associated with prone sleeping. Both together increase the risk by a factor of 17. Extra children in the room make no difference. Should we advise that all parents keep their babies in their own bedroom or is that jumping the gun? Lucina finds it difficult to think of a good reason for baby banishment in the early months.

*A study in Leicester (British Journal of Anaesthesia 1995; 78: 678-82) has shown that a quarter of women in late pregnancy had overnight arterial oxygen saturations of less than 90% for 20% or more of the time. Hypertensive women may have been more at risk of hypoxia. The significance of this for the fetus remains to be shown.*

Papers from the Netherlands and Australia in the *New England Journal of Medicine* (1996; 334: 225-30 and 231-8) relate analyses of neuroblastoma tissue to prognosis. Factors associated with poor prognosis were loss of chromosome 1p, extra chromosome 17q material, N-myc amplification, and high multidrug resistance-associated protein gene expression.

*Malignant hyperthermia precipitated by anaesthesia is an autosomal dominant condition. Candidate genes are at 19q (ryanodine receptor gene, RYRI) and at 17q (adult muscle sodium channel  $\alpha$ -subunit). Analysis of a large family has shown linkage to the RYRI gene but there appears to be considerable genetic heterogeneity (Anaesthesia 1996; 51: 16-23). The diagnosis of malignant hyperthermia susceptibility depends on the in vitro muscle contracture test in which the muscle response to caffeine and halothane is measured. The UK Malignant Hyperthermia Investigation Unit is at St James's University Hospital in Leeds.*

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- Models of good practice that include a description of the service before medical audit, the standards developed, a descrip-

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  - 1 Donn SM. Alternatives to ECMO. *Arch Dis Child* 1994; 70: F81-3.
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- 1 International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *BMJ* 1991; 302: 338-41.
- 2 Anonymous. Research involving children - ethics, the law, and the climate of opinion. *Arch Dis Child* 1978; 53: 441-2.
- 3 International Committee of Medical Journal Editors. Protection of patients' rights to privacy. *BMJ* 1995; 311: 1272.

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