When do paediatricians get sued?
In February 2011 we published a paper from France describing the pattern of successful litigation claims in children, accompanied by a commentary from Harvey Marcovitch, former Editor-in-chief of Archives. Coincidentally, Rainé was doing a similar study in the UK, published in this issue. Although the UK paper derives its data from the National Health Service (NHS) litigation authority while the French study came from the records of medical insurance companies, nonetheless the findings are remarkably similar. Parents sue for delays in diagnosis and treatment, and substandard care. Most of the diagnoses involved are as expected (sepsis, meningitis etc) but there is one surprise: anorectal malformation was missed on six occasions. These studies serve as timely reminders of what types of cases can come back to haunt us. See page 838

VZIG or Aciclovir?
Many papers end with a call for a randomised controlled trial (RCT) to answer a specific question, but rarely can the need be so obvious as with the question of what post-varicella exposure prophylaxis to give immunocompromised children. This challenge can present to any paediatrician, not just oncologists. The question also arises for immunocompromised children who do not have a malignancy. Bate and colleagues ‘triangulated’ the problem by looking not just oncologists, but also recorded varicella susceptibility rates and varicella-zoster immune globulin (VZIG) usage. Oncologists were divided down the middle between Aciclovir-givers and VZIG-givers. This surely qualifies as ‘equipoise’, the starting justification for an ethical RCT. Considering how diligent the paediatric oncology community have been in doing multi-centre RCTs, it seems surprising that this question has gone unanswered for so long. See page 841

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New treatment for haemangiomas
The Drug Therapy section carries a review by Starkey and Shahidullah on the growing use of propranolol to treat infantile haemangiomas. Like many new treatments, its efficacy was discovered by serendipity when a child who happened to have a haemangioma was given propranolol for something else. Several trials are ongoing and there seems little doubt about its effectiveness, but toxicity, particularly hypoglycaemia, remains a concern. Because of this, the authors warn against yielding to pressure from parents to use it to treat lesions for purely cosmetic reasons. See page 890

In this month’s F&N
Those interested in the long-term follow-up of preterm neonates will find a wealth of papers: Rathalli and the Trent group find improving outcomes in extreme preterms over a decade; the EPINAGE study from France looks at growth, and finds systemic steroids in the neonatal period to be a strong predictor of short stature; Logan et al reassuringly find no association between numerically low blood pressure and poor neurodevelopmental outcomes; and a review by Zeitlin and Ancel guides us on how to interpret all this data.

REFERENCES