**Introduction**  Migration refers to the movement of persons or children from an origin place to a destination place across some predefined, political boundary. Since the 1990s after war, Bosnia and Herzegovina has continued being a country of mass children immigration from Sandjak, Kosovo, Serbia, Montenegro and sporadic immigration from China.

**Methods**  The presence of tuberculosis disease in the Immigrants children or foreign-born child should prompt the pediatricians to collect appropriate specimens to recover an organism. We conducted a secondary data analysis focusing on immigrants children sampled in the 1995 through 2010 versions of the National Bosnian Children Health Records Survey.

**Results**  The increase in tuberculosis among Gypsy children in Sarajevo coincided with similar increases in immigration into Bosnia and Herzegovina. Medical records were available for review to assess adequately potential missed opportunities to prevent tuberculosis in children from Sandjak in only 1.5% of cases and Gypsies in 33% cases. Most children with drug-resistant tuberculosis were Gypsy (18.1%) or Chinese Asian (11.2%), and 16.4% of children or their parents were from a Bosnia and Herzegovina region in which tuberculosis is highly endemic as Sarajevo Canton mountain area.

**Conclusions**  Pediatricians should be aware of the special health problems as tuberculosis for which immigrant children are at risk. Immigration poses unique stressors on children and families. There were no significant differences in the incidence of tuberculosis and resistance to therapy between children from Sandjak and Bosnia but that differences were higher in cases of Gypsy children.

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**Background**  Immaturity of antioxidant defense coupled with oxidant load is suspected to induce the development of bronchopulmonary dysplasia (BPD) in premature infants. Peroxide load from total parenteral nutrition (TPN) is associated with oxidative stress in this population. We hypothesis that the oxidative stress and, consequently, the severity of BPD, both increase in function of duration of TPN infusion.

**Objective**  To document the relation between the duration of TPN as well as the redox potential of glutathione measured in blood and the severity of BPD.

**Design/methods**  GSH and GSSG from whole blood sampled at 36 weeks of corrected age in 51 infants less than 29 weeks of gestational age, were measured by capillary electrophoresis in order to calculate the redox potential (Nernst equation). Severity of BPD was classified according to NICHI guidelines (Job and Bancalari, 2001). Means (s.e.m). (n = 5–21 per group) were compared by ANOVA.

**Results**  The duration of TPN in days was strongly associated (p<0.001) with the severity of BPD. A logistic regression model confirmed the independent effect of TPN.

**Conclusions**  The duration of the oxidant load from TPN exacerbates the oxidative stress in preterm infants as observed with the more oxidized status of the redox potential in infants having received TPN for a longer time. The strong relation between severity of BPD and duration of TPN could be explained by this oxidative stress generated by the TPN.