

This Month in
**THE JOURNAL OF
PEDIATRICS**

July 2008 • Volume 153 • Number 1

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THE EDITORS' PERSPECTIVES

A new disease—the late preterm infant

Pediatricians recognize the considerable risks for the poor developmental outcomes for very preterm infants. However, the majority of infants born preterm are between 32 and 36 weeks gestation. Most of these infants have few acute problems and are discharged from nurseries with the Good Housekeeping stamp of approval as normal. There have been recent concerns about short-term morbidities, particularly in relation to late preterm cesarean section deliveries. The other lingering concern is that these infants may not be normal. After all, they did deliver preterm for some reason, which is generally not identified. In this issue of *The Journal*, Chyi et al provide us with school age outcomes to grade 5 for infants born at 32-36 weeks gestation. The late preterms had lower math and reading skills and more need for special education than did comparison full-term infants. The causes of late preterm labor are not understood, nor are there prevention strategies to decrease late preterm deliveries or to improve the outcomes for these infants. The multiple problems with and questions about the late preterm infant are summarized in the accompanying editorial by Jain. These late preterm infants represent over 10% of all deliveries in the US and are generally called normal, but they are not.

—Alan H. Jobe, MD, PhD
page 25 (article)
page 5 (editorial)

Developmental problems in school age children with congenital heart defects

There have been ongoing questions regarding the developmental status of children who have undergone surgery for a congenital heart defect. Most previous studies have not had very long follow up. In this issue of *The Journal*, Majnemer et al report on a cohort of children who underwent surgery at Montreal Children's Hospital who were followed up with at age 5 years. Few children had restriction of mobility. Mean IQ scores were in the low normal range and behavioral difficulties were common. A range of developmental difficulties were observed at school entry that increases the risk for difficulty in school. These children and their families may need increased support to identify developmental problems early and begin intervention to improve ultimate performance in school.

—Stephen R. Daniels, MD, PhD
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DNA microarray assays enlighten possible viral causes of respiratory tract infections in children

A pan-viral DNA microarray-based assay was compared with polymerase chain reaction (PCR) and direct fluorescent antibody (DFA) testing of clinical specimens from 222 children with acute respiratory tract illnesses in San Francisco. Performance of the microarray-based assay was superior to DFA, similar to virus-specific PCR, and the assay detected a substantial number of viruses not routinely tested for by DFA or PCR, as well as missed dual infections. It remains to be seen whether major use in the future will be to inform research or clinical care or both. The excellent patient-centered study by Chiu et al begins the conversation.

—Sarah S. Long, MD
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The Journal of Pediatrics (ISSN 0022-3476) is published monthly by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Business and Editorial Offices: 1600 John F. Kennedy Blvd., Suite 1800, Philadelphia, PA 19103-2899. Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Periodicals postage paid at New York, NY, and additional mailing offices. POSTMASTER: Send address changes to The Journal of Pediatrics, Elsevier Periodicals Customer Service, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.