

Bronchiectasis in cystic fibrosis

—Robert W. Wilmott, MD

Studies of infants identified by newborn screening for cystic fibrosis have shown that the pulmonary diseases start early, prior to the development of clinical symptoms. In this issue of *The Journal*, Stick et al from the Australian Respiratory Early Surveillance Team for Cystic Fibrosis (AREST CF) have studied bronchiectasis in young children with cystic fibrosis diagnosed by newborn screening. They found a prevalence of 22% which increased with age, so current treatment of infants with cystic fibrosis does not always prevent the development of permanent pulmonary sequelae. The authors propose that bronchiectasis would be a clinically relevant endpoint for future intervention trials in infants with cystic fibrosis.

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Effect of gastric acid inhibition in cystic fibrosis

—Robert W. Wilmott, MD

Many patients with cystic fibrosis receive gastric acid inhibition with proton pump inhibitors, or histamine-2 receptor antagonists, to either increase the efficacy of pancreatic enzyme replacement therapy or for gastroesophageal reflux disease.

In this issue of *The Journal*, van der Doef et al from the University Medical Center in Utrecht have studied whether patients on gastric acid inhibition have increased risk of bacterial colonization or an altered rate of decline in pulmonary function. There were no significant differences in the group who received gastric acid inhibition for fat malabsorption, but the group with gastroesophageal reflux disease had earlier acquisition of *P aeruginosa* and *S aureus* and significantly reduced pulmonary function tests at 10 years old.

These data suggest that gastroesophageal reflux disease should be energetically pursued and treated in people affected by cystic fibrosis.

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Parents' preferences for topics discussed during adolescents' healthcare visits

—Sarah S. Long, MD

This sample from a national audience of parents of adolescents shows that parents have specific preferences for content areas that clinicians propose to discuss with their children. Although adolescent healthcare often is focused on preventing high-risk behaviors, Dempsey et al found that parents most often rank as “very important” topics such as diet and nutrition, exercise and sports, and the physical changes of puberty. Investigators also found that although parents valued physician time alone with their adolescents, they were less prepared (46%) to respect the dialogue as a privileged conversation.

For several reasons, the methodologic findings in this study are not generalizable to the US population. But we think that this is precisely the authors' point. Parents' preferences are not generalizable. We need to understand better what anticipatory guidance given in what manner respects parents' wishes *and* optimizes the impact of adolescents' preventive healthcare visits. The findings also demonstrate that clinicians need to better help parents understand why private communications between clinicians and adolescents are an important part of a comprehensive strategy to promote positive behaviors in teenagers.

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Looking for lead in all the right places

—Thomas R. Welch, MD

This issue of *The Journal* contains a very important and likely controversial article by Lozoff et al from the University of Michigan. The study examines data from three separate studies of lead levels in infants for which data on breast feeding duration was available. The three studies (performed at very different times and in very different areas) all suggested a relationship between infant lead levels and duration of breast feeding.

As a stand-alone observation, this study would be somewhat interesting but certainly not convincing. It must be read, however, with the knowledge that there is

a plausible biologic mechanism for increased levels of lead in the milk of mothers in areas of elevated environmental lead; lactation may mobilize skeletal lead and permit its transfer into milk.

The study is put into perspective in an accompanying editorial by Weitzman and Kursmark, which provides further background on the problem. The editorialists agree with the authors that these observations should not be considered as an indictment of breast milk, but should stimulate studies to identify women at particular risk of having elevated body lead burdens and developing evidence based guidelines for them.

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“That node” (Nontuberculous mycobacterial facial lymphadenitis)

—Sarah S. Long, MD

Pediatric infectious diseases specialists and pediatric ear-nose-throat specialists are occasionally referred toddlers-to-3-year-olds with a persisting facial lesion that has baffled their experienced pediatricians. After soliciting a history of wellness and confirming an otherwise normal physical examination, we say “Oh, *that node*.” This lymph node—always in the subcutaneous space anterior to the masseter and lateral to the angle of the mouth—is the drainage site for the lateral buccal mucosa, lips, and skin of the nose and lower face. Non-tuberculous mycobacteria (NTM) are almost always the cause of chronic enlargement. The lesion has a typical history, characteristic findings, and a course similar to that of NTM submandibular lymphadenitis, although facial lesions are smaller (1-2 cm) and possibly have a higher rate of spontaneous resolution. Facial site, however, raises cosmetic concerns.

In this month's issue of *The Journal*, we publish 7 cases of NTM facial lymphadenitis collected by Haimi-Cohen et al, at a medical center in Tel Aviv, to raise awareness among pediatricians of this uncommon condition, and to allow them one more “see-and-say” diagnosis when they encounter “that node.”

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Maternal asthma and atopic disease in offspring

—Robert W. Wilmott, MD

Few studies have examined the relationship between atopy in children and maternal asthma during pregnancy. Over 26 000 singletons born in Quebec to mothers with and without asthma were studied by Martel et al from the University of Montreal. Maternal asthma during pregnancy was associated with a small increased risk of atopic dermatitis but not of allergic rhinitis. However, maternal allergic rhinitis and intra-nasal corticosteroid use during pregnancy were associated with an increase risk of childhood allergic rhinitis. The authors suggest that children of mothers with asthma or allergic rhinitis during pregnancy should be closely monitored for the emergence of symptoms of atopy.

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Apnea and RSV- associated bronchiolitis

—Sarah S. Long, MD

Although hypoxemia and length of hospital stay have been the focus of RSV-associated morbidity, apnea is a relatively common associated symptom that surprisingly has not been studied carefully, even though apnea has the potential to cause death. Authors of this systematic review point out that although apnea alone or risk of apnea may lead to some RSV hospitalizations because of concern for complications or even death, definition of apnea has not been standardized, apnea has not been studied prospectively, nor has the risk of death been established or prevention of occurrence by administration of monoclonal antibody evaluated. Ralston and Hill help us realize that, even after decades of investigation (and an annual billion dollars spent in ameliorating symptoms), we know less about pathophysiology of symptoms due to RSV and co-factors potentially responsible for severe disease and death than we would think.

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