

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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