

IS IT A MELANOMA?

Most new or changed naevi are unlikely to be melanomas, according to Australian researchers. However, a new or changed naevus in an older patient is much more likely to be a melanoma than one in a younger patient. Jeremy Banky and colleagues followed 309 patients (age range, 16–74 years) at high risk for melanoma for an average of nearly 3 years, using baseline photography and dermatoscopy. Overall, 262 new pigmented lesions, 311 changed naevi, 86 completely regressed naevi and 18 melanomas were detected. Patients younger than 50 years of age did have a higher rate of new pigmented lesions and of changed and regressed naevi compared with patients older than 50 years; however, they also had a lower incidence of melanomas. In patients younger than 50 years of age, less than 1% of all new lesions and 3% of changed lesions were melanomas, whereas in patients older than 50 years, 30% of all new lesions and 22% of changed lesions were melanomas.

Arch Dermatol 2005; 141: 998-1006

HARRY POTTER HELPS OUT

A familiarity with JK Rowling's Harry Potter books could help younger children grasp some basic concepts of heredity and genetics, say Australian authors. Jeffrey Craig and colleagues say that the wizarding ability of various characters appears to have been inherited in a Mendelian fashion, with the wizard allele (W) being recessive to the muggle (non-wizarding) allele (M). Accordingly, all the wizards and witches in the book would have two copies of the wizard allele (WW). Harry's best mate Ron Weasley is a "pure-blood" (WW with WW ancestors for generations back), whereas his other close friend Hermione Granger is a powerful muggle-born witch (WW with WM parents). Other characters can help to explain further concepts such as incomplete penetrance and possible mutations.

Nature 2005; 436: 776

BIRTH: TRIAL v MOTHER'S CHOICE

A survey of UK obstetricians and midwives suggests that any proposed randomised controlled trial comparing planned caesarean section (without clinical indication) with planned vaginal birth would itself have a difficult birth. Although most of the survey respondents wished they had the evidence-based results of such a trial available to them, only a minority thought such a trial would be feasible, ethical or desirable, and would recruit to such a trial. Almost half of the obstetricians and a quarter of the midwives believed that a woman should choose her method of delivery.

BMJ 2005; 331: 490-491

WHEN HIV MET AN ANTICONSULVANT

A new approach to treating HIV, which involves an anticonvulsant drug, may help us to cure this disease in the future, suggest US researchers. They conducted a pilot study in four patients with HIV who, despite treatment with highly active antiretroviral therapies (HAART), had reservoirs of latent infection in resting CD4+ T cells. The patients received oral valproic acid, 500–750 mg twice daily for 3 months, together with intensified HAART. In three of the four patients, the frequency of resting cell infection declined.

Lancet 2005; 366: 549-555

**KIDS ON CAM**

Doctors should ask about child use of complementary and alternative medicine (CAM) as a part of routine history taking, say Australian researchers. Alissa Lim and colleagues conducted 503 face-to-face interviews with the parents of children and with adolescents attending the Royal Children's Hospital in Melbourne, asking about the youngsters' use of CAM. About half the children were reported to have used CAM in the preceding year; this proportion fell to a quarter when those using only vitamins or mineral supplements were excluded. Although most interviewees said they believed it was important for doctors to know about CAM use, in general, this use had not been disclosed to treating doctors.

J Paediatr Child Health 2005; 41: 424-427

LUNG CANCER: TO OP, OR NOT?

A novel, minimally invasive procedure could improve the pre-operative staging of non-small cell lung cancer (NSCLC) and reduce unnecessary thoracotomies, say Dutch researchers. They compared the ability of trans-oesophageal ultrasound-guided fine-needle aspiration (EUS-FNA) to identify metastatic or invasive disease with that of mediastinoscopy in a series of about 100 patients with NSCLC. All patients had undergone thoracotomy with tumour resection after negative pre-operative mediastinoscopy. Pre-operative EUS-FNA had also been conducted in all patients for research purposes only.

Combining the results of both techniques preoperatively would have identified more patients with lymph node metastases or tumour invasion than using either technique alone. The techniques have a complementary reach in assessing regional lymph node stations. One in six thoracotomies could have been avoided in this series if the EUS-FNA results had been taken into account in the clinical decision-making. On the downside, some false-positive EUS-FNA results were reported.

JAMA 2005; 294: 931-936

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