

## CAN SICK TONSILS STUNT GROWTH?

Children who experience chronic sleep disordered breathing (SDB) because of adenotonsillar hypertrophy may present with retarded growth, say UK and US researchers. In a systematic review and meta-analysis of 20 studies, the authors analysed the outcomes pre- and post-adenotonsillectomy for standardised height and weight, and the serum biomarkers insulin-like growth factor 1 (IGF1) and IGF binding protein 3. The results showed that height, weight and both serum biomarkers increased significantly after adenotonsillectomy. The authors comment that there are some limitations to the study, including a paucity of literature, and no suitable trials of surgery versus no surgery (“watchful waiting”) were identified for inclusion in the analysis. They also discuss problems inherent in the use of serum biomarkers, for which it is difficult to find accepted reference ranges for healthy children. Despite these limitations, the researchers conclude that their findings support the association between SDB and growth failure, and that the condition should be considered by clinicians in their investigations for growth failure and short stature in children.

*Arch Dis Child 2009; 94: 83-91*

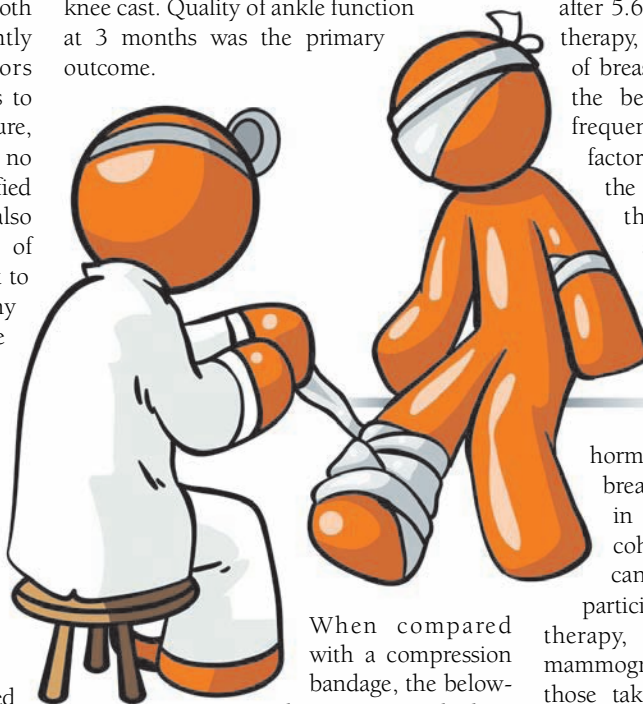
## MATERNAL OBESITY AND BIRTH DEFECTS

Maternal obesity appears to be associated with some congenital abnormalities, according to the results of a systematic review and meta-analysis conducted by UK researchers. Observational studies estimating maternal weight or body mass index and birth anomalies were included in the analysis. Obese mothers were at increased odds of pregnancies affected by several congenital abnormalities including neural tube defects, cardiovascular anomalies, cleft palate and hydrocephaly. The authors comment that although larger, population-based studies would shed more light on the issue, the health implications of the study are considerable, particularly considering the rising prevalence of obesity around the world.

*JAMA 2009; 301: 636-650*

## SUPPORT FOR ANKLE SPRAINS

Severe ankle sprains are common, but there is surprisingly little consensus on the best treatment for these injuries, which can result in considerable morbidity. A randomised controlled trial conducted by UK researchers recruited over 500 participants with severe ankle sprain from hospital emergency departments. Patients were provided with mechanical support for the injury — Aircast brace, Bledsoe boot, or 10-day below-knee cast. Quality of ankle function at 3 months was the primary outcome.



When compared with a compression bandage, the below-knee cast resulted in more rapid recovery, abatement of pain and other symptoms, and improved activity and quality of ankle function at 3 months. The Aircast brace improved ankle function at 3 months compared with the bandage, but did not make a significant difference to pain, symptoms or activity. At 9 months, there was no difference between treatments or in the incidence of adverse events. The authors recommend the use of a 10-day below-knee cast or Aircast brace for severe ankle sprains.

*Lancet 2009; 373: 575-581*

## HRT RISKS REDUCE OVER TIME

The increased risk of breast cancer observed in postmenopausal women taking oestrogen and progestogen declines rapidly after discontinuation of therapy, say researchers analysing the findings from the US 2002 Women's Health Initiative (WHI) trial. In the original trial, one group received a combination of conjugated oestrogen and medroxyprogesterone daily; a second group received a placebo. The trial was stopped after 5.6 years when the risks of combined therapy, which included a higher incidence of breast cancer, were found to outweigh the benefits. Breast cancer diagnoses, frequency of mammography, and risk factors for breast cancer were assessed in the trial participants after cessation of the trial. The researchers also analysed data from over 41000 women involved in a separate WHI observational study with similar eligibility criteria to the clinical trial, including about 16000 women taking combined hormonal therapy. Temporal trends in breast cancer diagnoses were examined in this group. In the clinical trial cohort, the elevated risk of breast cancer decreased rapidly after the participants stopped taking the combined therapy, despite a similar frequency of mammography. In the observational study, those taking hormone treatments had an incidence of breast cancer that was initially twice as high as in the non-treatment group, but this also decreased rapidly over 2 years; there was no difference in the frequency of mammography between these groups. The authors suggest that the effect of combined hormone therapy on breast cancer risk is time-limited and not explained by changes in frequency of mammography.

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