



Treatment for a Child with Croup

1.

What is the best treatment for a child with croup?

Question submitted by:
Dr. Emad Abdulkarim
Burgeo, Newfoundland

Croup is a condition characterized by the presence of a barking cough, often in association with stridor. The most common cause of croup is viral laryngotracheitis, usually caused by the parainfluenza virus. Mild croup can be managed with humidity, fluids and antipyretics. In the case of moderate to severe croup, a single dose of dexamethasone given early in the course of the infection reduces both the severity and duration of symptoms. The precise dose is the subject of some controversy. The dose used in Klassen, *et al*'s¹ landmark

study was 0.6 mg/kg, but subsequent studies have demonstrated equivalent efficacy with doses of 0.3 mg/kg, while a smaller number of studies have demonstrated similar efficacy with doses of 0.15 mg/kg. Our group typically uses a dose of 0.3 mg/kg.

Reference

1. Klassen TP, Feldman ME, Watters LK, et al: Nebulized Budesonide for Children with Mild-to-Moderate Croup. *N Engl J Med* 1994; 331(5):285-9.

Answered by:

Dr. Michael Rieder

When to Stop OCs at Perimenopause

2.

How do you determine when to stop OCs at perimenopause?

Question submitted by:
Dr. Don Pinksen
Guelph, Ontario

Most women in their 40s can manage their symptoms with a low-dose (20 ug ethinyl estradiol) pill. Low-dose OCs used in the perimenopausal period can be stopped or transitioned to hormone replacement at the age of 50 or 51, the average age of menopause. Alternatively, if patients would like to try to stop their OCs earlier, they can do a

serum follicle stimulating hormone (FSH) level on the last day of their pill-free week. An elevated FSH > 40 IU/L usually indicates a menopausal state.

Answered by:

Dr. Kimberly Liu



Allergy to Casein

3.

Are people allergic or sensitive to casein? How do you diagnose it if you are?

Question submitted by:

Dr. David Ross
Moncton, New Brunswick

Cow's milk allergy is one of the most common food allergies of childhood. The estimated prevalence in the North American population is about 2%. Most children with cow's milk allergy will "outgrow" their allergy between the ages of three- and five-years-of-age, although this food allergy can sometimes persist into adult life. The manifestations may range from mild to life-threatening, with various combinations of cutaneous, respiratory tract, GI tract and CV involvement.

The major allergenic proteins in cow's milk are lactalbumin, lactoglobulin, casein and whey. Any of these or other milk proteins may trigger allergic reactions in sensitized children. Treatment of cow's milk allergy involves education of common sources of exposure and avoidance. In order

to exercise effective avoidance strategies, it is important to recognize common sources of accidental exposure that are potentially hazardous to children who are allergic to cow's milk. Hidden sources of milk exposure include hydrolyzed milk protein added to hydrolyzed plant protein, milk protein in natural flavours or seasonings. Uncommonly, children who are allergic to cow's milk may be allergic to beef, especially when it is undercooked. It is important that these children and their caregivers be provided with an epinephrine autoinjector, along with demonstration in use of this device and clear indications for its use.

Answered by:

Dr. Peter Vadas

Somatic Delusions

4.

What is the medication/treatment for somatic delusions?

Question submitted by:

Dr. Paul Zalan
Toronto, Ontario

There are several types of delusions where themes of persecution or body image/disease are common. References of delusions include person, place or object, including somatic. Somatic delusional disorder is typically reported in elderly women and relates to a delusion of their body, body image or a perceived physical disorder. In the literature, which consists largely of case reports, somatic delusions respond best to treatment with atypical antipsychotics, especially risperidone.

Adverse effects associated with risperidone include changes in prolactin, weight and possible cardiac changes including BP changes and tachycardia. As risperidone is metabolized through the cytochrome P450 2D6 isozyme, one must always consider the challenges associated with genetic polymorphism and potential for interactions when instituting therapy.

Answered by:

Mr. Joel Lamoure

Investigations of an Elevated TSH

5.

A 76-year-old woman taking levothyroxine has a TSH > 10 mU/l, free thyroxine (fT4) > 22 pmol/l. How is this explained? What further investigations and treatment are necessary?

Question submitted by:
Dr. Valerie Guilbeault
Gatineau, Quebec

The most likely explanation is that the patient's dose of levothyroxine was recently increased and the follow-up thyroid function tests were ordered too soon after the change in the dosage. The TSH, once elevated, can take up to six to eight weeks to stabilize and if thyroid functions are repeated earlier than this interval, such results can be obtained. Another explanation could be that a hypothyroid patient who has not been compliant with her levothyroxine starts

taking it just a few days prior to the thyroid function tests. Other rare causes would be resistance to thyroid hormone and TSH-secreting pituitary tumours. If the patient is euthyroid clinically, I would repeat the tests in three months and if they are persistently abnormal, I would refer the patient to an endocrinologist.

Answered by:
Dr. Hasnain Khandwala

Recognizing Brugada Syndrome

6.

How do we recognize Brugada syndrome?

Question submitted by:
Dr. T. Mark Quigg
Collingwood, Ontario

The Brugada syndrome (BS) is associated with a peculiar pattern on the ECG consisting of a pseudo-right bundle branch block and persistent ST segment elevation in leads V1 to V3. The majority of the affected patients are Asians. BS is more common among men than women with a ratio of 9:1. BS exhibits autosomal dominant inheritance with variable expression affecting a gene that regulates the sodium channel.

BS, occurring in as many as one-third of patients. Arrhythmic events generally occur between ages 22 and 65 and are more common at night than in the day and during sleep than while awake. Implantable cardioverter-defibrillator implantation is recommended for BS patients with a history of cardiac arrest, syncope, or ventricular tachycardia.

Answered by:
Dr. Chi-Ming Chow

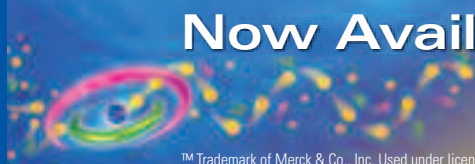
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Tonsillar Stones

7.

What are those cheesy white/yellow tonsillar deposits called, what causes them and what can be done to prevent them?

Question submitted by:

Dr. Mona Lee
North Vancouver,
British Columbia

The palatine tonsils have deep crypts in which calcifications may form. These calcifications are known as tonsilloliths or tonsillar stones. Grossly, they appear as white or yellow concretions.

The mechanism by which these calculi form is thought to result from accumulation of ingested food material that gets trapped within the crypts and then are acted upon by bacteria and fungi in the oral cavity. These “stones” are mostly composed of calcium salts (*i.e.*, calcium carbonate, oxalates, magnesium salts) but may also be combined with other elements.

They tend to be small and more common in adolescents. However, sometimes they grow to become

large enough to cause symptoms of foreign body sensation, halitosis, odynophagia and occasionally, otalgia.

Treatment consists of removal of the calculi either by using a cotton swab to extrude them from the crypts or via curettage. Good oral hygiene combined with the use of saline irrigations directed at tonsillar crypts may also be beneficial. Larger concretions may require surgical excision. Laser resurfacing of tonsillar crypts is a relatively new technique that could be used as an alternative to tonsillectomy.

Answered by:

Dr. Chris Szeto and
Dr. Ted Tewfik

Treating Pinworms in an Infant

8.

What is the best way to treat proven pinworms in a six-month-old baby?

Question submitted by:

Dr. Marichal Binns
Edmonton, Alberta

Pinworms are quite uncommon in a six-month-old baby, being spread by oral-fecal contact and thus not likely to be transmitted to a baby who does not change their own diaper and is largely fed by an adult. That being said, the agent of choice is pyrantel pamoate in a dose of 11 mg/kg given once and then in a second dose two weeks later. This is available OTC. The second dose is to eliminate any worms that

have hatched since the initial dose. Alternate therapies would be prescription medications such as mebendazole or albendazole, again given initially and then two weeks later. In either case, bedding, clothing and toys must be washed to remove any eggs.

Answered by:

Dr. Michael Rieder

9.

Investigations of Mild Anemia

In a patient on a PPI and statin, regular screens show a mild anemia with only increased serum ferritin and mild elevation of liver function tests. What are appropriate investigations?

Question submitted by:
Anonymous

I would approach this scenario as an individual with potentially three separate problems rather than one unifying diagnosis, while acknowledging that malignancy and inflammatory disorders are two diagnoses to consider that could account for all of the abnormalities. The anemia should be subclassified as microcytic, macrocytic, or normocytic depending on the mean corpuscular volume (MCV). Further diagnostic testing would follow from this classification.

Increased ferritin should cause one to consider whether there is reason to suspect iron overload, for instance from prior transfusions or hemochromatosis. Malignancy, liver disease and inflammation are frequently cited causes of increased ferritin without iron overload.

Answered by:

**Dr. Kamilia Rizkalla and
Dr. Kang Howson-Jan**



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Electrocautery for Plantar Warts

10.

Why are all physicians cautioned in the use of electrocautery to treat plantar warts?

Question submitted by:

Dr. Bernhard Toews
Coquitlam, British Columbia

Before warts were recognized to be infections, it was common to try to excise them or “burn” them out with cautery. It is now recognized that the HPV virus persists after surgical attempts and can recur in the scar—often giving a combined scar and wart—with persistent painful callous formation. As well, the self-limited nature of plantar warts is now appreciated, although waiting five to 10 years may seem unreasonable to many patients. Curettage and electrocautery can give a good result and some pain

relief for these lesions but should be carried out conservatively, to limit scar formation as much as possible. It is not uncommon for patients to present with a painful “wart” on their foot that was cauterized 20 years prior with the real diagnosis actually being a chronic painful callous/scar from the original procedure.

Answered by:

Dr. Scott Murray

Suppressive Therapy for Thyroid Goiters

11.

Is thyroxine still recommended for suppressive therapy for thyroid goiters?

Question submitted by:

Dr. Brian Fernandes
Edmonton, Alberta

Suppressive therapy with thyroxine is not routinely recommended for either diffuse or multinodular goiters. A significant number of thyroid nodules either remain stable, or decrease in size without suppressive treatment. Furthermore, suppressive therapy, by definition, induces a state of iatrogenic thyrotoxicosis and the risks of such therapy (increased bone resorption, increase in the risk of atrial fibrillation, etc.) are not considered worth the benefits of reducing the size of asymptomatic, benign

thyroid nodules in most patients. Furthermore, stability or even in a reduction in size of the thyroid nodule during suppressive therapy does not exclude the possibility of thyroid cancer. If, however, the TSH is frankly elevated, or high-normal, supplementation with thyroxine is reasonable to maintain the TSH in the low-normal range.

Answered by:

Dr. Hasnain Khandwala

12.

Hepatic Hemangiomas

What size is of concern of hemangioma of the liver and what rate of growth is an issue? Is the number of lesions significant?

Question submitted by:

Dr. J. Mitchell
Brampton, Ontario

Hepatic hemangiomas are the most common benign mesenchymal tumour of the liver. Most are solitary, but multiple lesions may be present. The majority are small (< 5 cm) but there have been reports of lesions up to 20 cm.

Asymptomatic patients with lesions < 1.5 cm can be reassured and followed clinically. Long-term follow-up of hemangiomas has found that most do not grow or develop complications. For lesions > 5 cm (giant hemangiomas), rapid growth has been reported, justifying close radiologic follow-up.¹ Spontaneous rupture is rare and follow-up of giant hemangiomas has shown that even these rarely enlarge or rupture. In the absence of symptoms, the risk of bleeding is too low to justify prophylactic resection.

Reference

1. Pietrabissa A, Giulianotti P, Campatelli A, et al: Management and Follow-Up of 78 Giant Haemangiomas of the Liver. Br J Surg 1996; 83(7):915-8.

Answered by:

Dr. Jerry McGrath



PREVACID (lansoprazole delayed-release capsules) and **PREVACID FasTAB** (lansoprazole delayed-release tablets) are indicated in the treatment of conditions where a reduction of gastric acid secretion is required, such as: Symptomatic Gastroesophageal Reflux Disease (sGERD); treatment of heartburn and other symptoms associated with GERD.

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Link Between Immunization and Autism

13.

Please comment on the growing number of individuals who claim immunization is responsible for increasing numbers of autistic children.

Question submitted by:
Dr. Donna I. Watterud
Chatnam, Ontario

At the current time, there are at least three circulating theories that purport to link vaccines and autism:

1. That the measles component of measles mumps rubella (MMR) persists in some children, leading to autistic spectrum disorder (ASD)
2. That the thimerosal in vaccines can damage the brain and give rise to ASD
3. That too many vaccines given simultaneously to metabolically-challenged children can lead to the development of autism

The MMR hypothesis is based largely on the work of a small number of investigators in the UK who claim to have found persisting measles virus in the gut tissues, blood and cerebrospinal fluid of vaccinated children who develop ASD. This science is seriously flawed and has been discredited. Because thimerosal (a mercury-based compound) can cause neurologic damage at

high doses, the thimerosal hypothesis initially had some scientific “traction” despite the fact that the concentrations of thimerosal in infant vaccines were very small. This theory is fading quickly in light of the observation that ASD rates have continued to rise despite the removal of thimerosal from routine infant vaccines. Finally, the US vaccine injury compensation program has just settled a case in which an infant with a severe but unrecognized mitochondrial disorder received five vaccines and went on to develop ASD. Although widely touted by some as an acknowledgement of the alleged association between vaccines and ASD, this case is essentially unique and has no bearing on the vast majority of the other claims. Even in this case, causality was certainly not established.

Answered by:
Dr. Michael Libman

The Use of Anti-TNF- α Agents

14.

Is there a greater risk of blood dyscrasias with the use of anti-TNF- α agents?

Question submitted by:
Dr. Charles Lynde
Markham, Ontario

Published meta-analyses and post-marketing surveillance data have reported a higher risk of infections and malignancies (including lymphomas) in patients with rheumatoid arthritis, treated with anti-TNF- α therapy. There have been no reports suggesting a higher risk of blood and bone

marrow disorders associated with this class of drugs.

Answered by:
Dr. Kamilia Rizkalla and
Dr. Kang Howson-Jan

15.

Is it safe to swim with "tubes" in your ears?

Question submitted by:

Dr. David Ross**Moncton, New Brunswick**

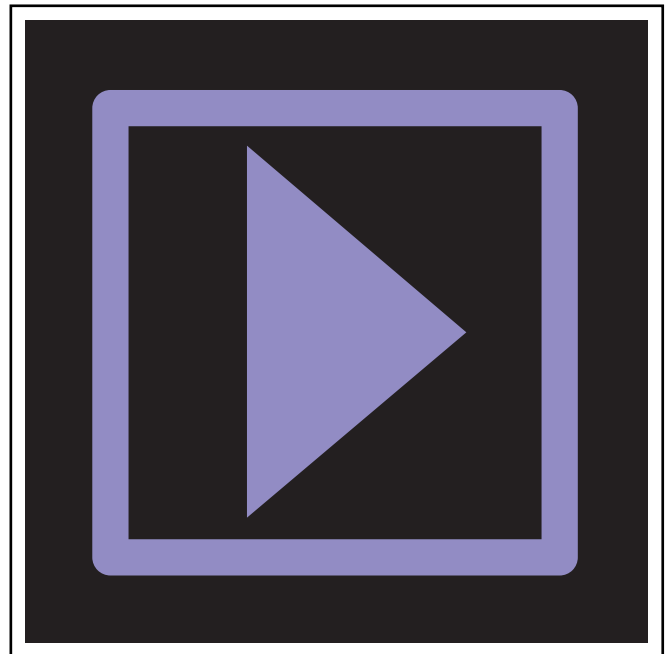
Several otolaryngologists recommend water precautions and the use of ear plugs while tympanostomy tubes (TT) are in place. However, several prospective trials have shown no increased risk of otitis in children who swim with TT vs. those who do not. On the other hand, a recent randomized controlled trial showed that there is a small but statistically significant increase in the rate of otorrhea in young children who swim and bathe without the use of ear plugs as compared with children who use ear plugs. But, the likely clinical impact of using ear plugs is small and so the authors state that their routine use may be unnecessary.

It should be noted that swimming without ear protection is not the same as bathing without protection. Some studies have shown that soapy bath water can carry microbial pathogens into the middle ear through the TT in children who bathe without ear plugs. As well, head submersion in dirty soapy bath water may also increase the risk of otorrhea and infection. Furthermore,

clinical studies have shown that children who dive, especially in lakes and ponds, have a significantly higher incidence of infection than swimmers who do not dive. Diving likely facilitates water intrusion into the middle ear cavity through the patent TT. Finally, swimmers should be cautioned about swimming in dirty lakes and rivers as this may also likely cause infections.

In conclusion, generally children may be able to swim after TT placement. But depending on the type of TT used and the situation, water precautions and use of ear plugs may be justified. This important issue should always be discussed with a responsible otolaryngologist.

Answered by:

**Dr. Chris Szeto and
Dr. Ted Tewfik**



Treatment of Trigger Finger

16.

What is the best treatment of trigger finger?

Question submitted by:
Dr. Elizabeth Fendley
Vancouver, British Columbia

Trigger finger, or flexor tenosynovitis, is caused by inflammation of the flexor tendon sheath. Patients often complain of their finger “locking” or “snapping.” A tendon nodule is usually palpable on the palmar surface of the hand. Patients with diabetes are at increased risk for the development of flexor tenosynovitis.

The goals of treatment are to reduce swelling and inflammation of the tendon sheath, to decrease the “triggering” and to stretch the flexor tendon in order to minimize the recurrence of the tenosynovitis. The acute treatment of trigger finger is rest, ice and simple splinting such as taping the

affected finger to the adjacent finger. The patient should be instructed to passively stretch the finger. If the symptoms have not resolved in four to six weeks, the patient may benefit from a local corticosteroid injection. Patients should be advised to rest and ice the finger and avoid gripping or grasping or applying pressure to the metacarpal head areas. A repeated injection can be given in another six weeks if there are persistent symptoms. Patients with recalcitrant tenosynovitis may benefit from a referral to rheumatology or orthopedic surgery.

Answered by:
Dr. Elizabeth Hazel

Fibroid Follow-Up in Post-Menopausal Women

17.

In a post-menopausal woman who has a fibroid of 5 cm, should I repeat the pelvic ultrasound every year for follow-up?

Question submitted by:
Dr. Thi Thanh D. Pham
St-Laurent, Quebec

Management and follow-up should be driven by clinical exam and symptoms. Annual clinical exams should be performed and further imaging should be performed with an increase in size by clinical exam. Hormone replacement therapy may cause some increased growth of fibroids. In addition, further

investigations should be performed if patients become symptomatic with uterine bleeding, pelvic pain or pressure.

Answered by:
Dr. Kimberly Liu

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