Oral steroids for resolution of otitis media with effusion in children

Children with persistent hearing loss due to otitis media with effusion are commonly managed by surgical intervention. A safe, cheap and effective medical treatment would enhance treatment options. Antibiotics, topical intranasal steroids, decongestants, antihistamines and mucolytics are ineffective treatments for this condition.

In this randomised placebo-controlled trial, the benefits of a short course of oral steroids are evaluated. Children aged 2–8 years suffering from persistent otitis media with effusion and hearing loss were recruited from 20 outpatient departments in the UK. Two hundred were randomised to receive oral steroid (prednisolone) and 189 received placebo.

The conclusions reached were that a short course of oral prednisolone is not an effective treatment for most children aged 2–8 years with persistent otitis media with effusion, but is well-tolerated. One in 14 children might achieve improved hearing but not quality of life.

*Lancet* 2018; 392:557–68

Subacromial decompression versus diagnostic arthroscopy for shoulder impingement

The pathognomic clinical sign of shoulder impingement syndrome, subacromial shoulder pain while lifting the arm, is commonly attributed to “impingement” of the rotator cuff tendons between the humeral head and the overlying acromion.

The surgical treatment used to alleviate this is to smoothen the undersurface of the acromion. Doubts have been raised about the efficacy of this procedure. To elucidate, orthopaedic surgeons in Finland have conducted a trial comparing subacromial decompression versus diagnostic arthroscopy, a placebo surgical intervention.

The results demonstrated that arthroscopic subacromial decompression provided no benefit over diagnostic arthroscopy at 24 months.

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Smoking cessation, weight change, type 2 diabetes and mortality

Smoking cessation reduces the risk of major chronic diseases and extends life expectancy, but considerable weight gain may occur in quitters after cessation. In this report the researchers discuss the results of their cohort studies in which they compare the subsequent health of smoking quitters with non-quitters.

The risk of type 2 diabetes was higher among recent quitters (2–6 years since smoking cessation) than among current smokers (hazard ratio, 1.22). The increase in the risk of type 2 diabetes was directly proportional to weight gain and the risk was not increased among quitters without weight gain. In contrast, quitters did not have an increase in cardiovascular or all-cause mortality, regardless of weight change after quitting.

The researchers concluded that smoking cessation that was accompanied by substantial weight gain was associated with an increased short-term risk of type 2 diabetes but did not mitigate the benefits of quitting smoking on reducing cardiovascular and all-cause mortality.


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