

# PEARLS

## Practical Evidence About Real Life Situations



Bei Kindern mit grossen Adenoiden lohnt sich vielleicht vor der Operation ein Versuch mit einem intranasalen Steroid-Spray!  
*Bernhard Rindlisbacher*

### Intranasal corticosteroids may improve nasal obstruction symptoms in children with adenoidal hypertrophy

PEARLS No. 96, October 2008, written by Brian R McAvoy

**Clinical question:** How effective are intranasal corticosteroids for improving nasal airway obstruction in children with moderate to severe adenoidal hypertrophy?

**Bottom line:** Limited evidence suggests intranasal corticosteroids may significantly improve nasal obstruction symptoms in children aged 0–12 years with moderate to severe adenoidal hypertrophy, and this improvement may be associated with a reduction of adenoid size. Given the potential clinically relevant benefits and relatively good tolerability of intranasal corticosteroids, these drugs may be indicated as an alternative treatment for children with moderate to severe adenoidal hypertrophy when adenoidectomy is not urgently required or not available.

**Caveat:** Numerous methodological flaws could be observed in the included studies and these may weaken the strength of evidence provided in this review. The trials lasted from 8 to 24 weeks. The optimal duration of treatment, minimum adequate dosage, and risk of adverse events, including adrenal suppression and growth retardation, need to be explored in future studies.

**Context:** Adenoidal hypertrophy is a common childhood condition, and represents one of the most frequent indications for surgery in children. Commonly, medical management is limited to the treatment of concurrent infections and the complications of adenoidal enlargement [1].

**Cochrane Systematic Review:** Zhang L et al. Intranasal corticosteroids for nasal airway obstruction in children with moderate to severe adenoidal hypertrophy. *Cochrane Reviews* 2008, Issue 3. Article No. CD006286. DOI:10.1002/14651858.CD006286.pub2.

*This review contains 5 trials involving 349 participants.*

#### Further reference

1 Sclafani AP, et al. *Pediatrics* 1998;101:675–81.

Mit Haarausfall ist man in der Praxis immer wieder konfrontiert. Es gilt, an gewisse Ätiologien zu denken wie Infektionen, toxische Ursachen usw. Es ist aber auch wichtig zu wissen, dass es letztlich kaum evidenzbasierte Therapien gibt, auch wenn unsere Patienten dauernd mit Werbung für angeblich wissenschaftlich geprüfte Mittel berieselt werden.  
*Bernhard Rindlisbacher*

### No evidence of effective treatments for alopecia

PEARLS No. 93, July 2008, written by Brian R McAvoy

**Clinical question:** How effective are treatments for alopecia?

**Bottom line:** There is no good trial evidence that any treatments provide long term benefit to patients with alopecia areata, alopecia totalis and alopecia universalis. There are no randomised controlled trials on the use of diphencyprone, dinitrochlorobenzene, intralesional corticosteroids or dithranol, although they are commonly used for the treatment of alopecia areata. Similarly, although topical steroids and minoxidil are widely prescribed and appear to be safe, there is no convincing evidence that they are beneficial in the long term.

**Caveat:** Most trials have been reported poorly and are so small that any important clinical benefits are inconclusive. Some of the skin treatments can have unpleasant side effects, such as itching or hair growth in areas of the body away from where the cream was applied. Oral steroids may cause serious side effects. Also, there is no guarantee that any hair regrown during treatment will persist once treatment is finished. None of the studies asked participants to report their opinion of hair growth or whether their quality of life had improved with treatment.

**Context:** Alopecia areata is a condition that causes patchy hair loss. The size and number of patches and progress of the disease can vary between people. It can affect the entire scalp (alopecia totalis) or cause loss of all body hair (alopecia universalis). It is a relatively common condition, affecting 0.15 per cent of the population. Although in many cases it can be a self-limiting condition, nevertheless hair loss can often have a severe social and emotional impact.

**Cochrane Systematic Review:** Delamere FM et al. Interventions for alopecia areata. *Cochrane Reviews* 2008, Issue 1. Article No. CD004413. DOI:10.1002/14651858.CD004413.pub2.

*This review contains 17 studies involving 540 participants.*



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### PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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