caliber persistent artery," is an underdiagnosed disease that should be kept in mind when dealing with hemorrhage in the upper part of the gastrointestinal tract, as this condition still has a high mortality rate.

Bech-Knudsen F, Toftgaard C: Exulceratio Simplex Dieulafoy. *Surg Gynecol Obstet* 1993;176:139-143.

Asthma and atopic dermatitis

This study attempts to confirm the strong association between bronchial hyperresponsiveness (BHR) in children and atopic dermatitis (AD).

Bronchial responsiveness was measured in 43 children with atopic dermatitis by use of histamine provocation tests. These children, aged 7 to 15 years, had attended pediatric dermatology clinics within the past 5 years. The subjects were categorized in two groups. Children in one group (21 in all) had previously diagnosed asthma and had manifested symptoms of asthma. The 22 children in the other group denied having any of the symptoms of asthma.

Bronchial hyperresponsiveness (as defined by a 20% fall in forced expiratory volume in 1 second at a provoking dose of histamine of 7.8 αmol or less [PD_{20}]) was demonstrated in all but 1 of the children with atopic dermatitis and asthma, in 18 of the 22 children with atopic dermatitis alone, but in only 3 of a control group of 18 children without atopic dermatitis or asthma. The asthmatic subjects (median PD_{20} = 0.22 αmol) had more severe bronchial hyperresponsiveness than the nonasthmatic subjects (median PD_{20} = 2.10 αmol).

The findings in the study that all the children with AD also have BHR, even in the absence of overt asthma, reflect a strong association between predispositions for AD and asthma. Physicians and parents should, therefore, be alert to the possible develoment of overt asthma in chidren with AD.

Salob SP, Laverty A, Atherton DJ: Brochial hyperresponsiveness in children with atopic dermatitis. *Pediatrics* 1993;91:13-16.

High blood pressure and low birth weight

Researchers in England designed a study to determine whether the relation between high blood pressure and low birth weight is initiated in utero or during infancy, and whether it changes with age.

The project consisted of a longitudinal study of 1895 children aged 0 to 10 years, and follow-up studies of 3240 adults aged 36 years, 459 adults aged 46 to 54 years, and 1231 adults aged 59 to 71 years. The birth weight of all the subjects had been recorded.

The study findings show that at all ages beyond infancy, people who had lower birth weight had higher systolic blood pressure. The relation between systolic pressure and birth weight amplified with increasing age so that, after current body mass was allowed for, systolic pressure at ages 64 to 71 years decreased by 5.2 mm Hg (95% confidence interval 1.8 to 8.6) for every kilogram increase in birth weight.

Though small babies tend to become small children and small adults, systolic pressure is also higher in people who are heavy in childhood and adult life. Thus, the highest systolic pressures are found in people who had low birth weight but become heaviest. This group of people has also been shown to have a high prevalence of non–insulin dependent diabetes.

The study results suggest that essential hypertension is initiated in fetal life. A raised blood pressure is then amplified from infancy to old age.

Law CM, de Swiet M, Osmond P, et al: Initiation of hypertension in utero and its amplification throughout life. *BMJ* 1993;306:24-27.

Effects of HIV infection on neuropsychologic functioning of pediatric hemophiliacs

Efforts to detect subtle, but objective, neuropsychologic deficits could clarify the early involvement of the central nervous system and the progression of the human immunodeficiency virus (HIV) in children and adolescents. Sixty-three children and adolescents with hemophilia were examined to determine neuropsychologic function. The examiners were blinded to the HIV status or staging, or of the study authors' major hypothesis.

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