authors identified pediatric hospitalization trends for ATV injuries, provide national benchmarks, and discuss policy and prevention implications.

The authors used data (1997-2006) from the kid's inpatient database, the only all-payer inpatient care database for children in the United States. Children and adolescents aged 0 year to 17 years were included. The authors generate national estimates of hospitalizations.

Total pediatric hospitalizations for ATV injuries have increased 150% from an estimated 1618 in 1997 to 4039 in 2006. The overall ATV-related injury hospitalization rate increased at 139% from 2.3 per 100,000 in 1997 to 5.5 per 100,000 in 2006. Rates increased for both males and females, although the rate for males remained much larger than for females in 2006 (8.1 per 100,000 vs 2.7 per 100,000; $P < .001$). For all age groups, ATV hospitalizations increased significantly between 1997 and 2006, but this change was most pronounced among those aged 15 to 17 years. ATV hospitalization rates also increased significantly for patients hospitalized with traumatic brain injuries.

The authors conclude that ATVs are associated with a significant and increasing number of hospitalizations for children. Reexamination of previous federal policies, including the potential for a new consent decree between the Consumer Product Safety Commission and ATV industry representatives, should be considered to address this alarming trend and to adopt effective strategies to minimize the use by children. Enforceable state-level policy to promote helmet use among ATV riders seems to be critically needed.—*Steven Stylianos*

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Protection of children restrained in child safety seats in side impact crashes

Arbogast KB, Locey CM, Zonfrillo MR. J Trauma 2010;69(4):913-23

The performance of child restraint systems (CRS) in side impact motor vehicle crashes has been under study because of the injury and fatality burden of these events. Although previous research has quantified injury risk or described injured body regions, safety advances require an understanding of injury causation. Therefore, the objective of this study was to delineate injury causation scenarios for CRS-restrained children in side impacts and document probable contact points in the vehicle interior.

Two in-depth crash investigation databases, the Crash Injury Research and Engineering Network and the Partners for Child Passenger Safety Study, were queried for rear-seated, CRS-restrained children in side impact crashes who sustained Abbreviated Injury Scale 2+ injury. These cases were reviewed by a multidisciplinary team of physicians and engineers to describe injury patterns, injury causation, and vehicle components that contributed to the injuries. Forty-one occupants (average age, 2.6 years) met the inclusion criteria. Twenty-four were near side to the crash, 7 were far side, and 10 were center seated. The most common injuries were to the skull and brain with an increasing proportion of skull fracture as age increased. Head and spine injuries without evidence of head contact were rare but present. All thoracic injuries were lung contusions, and no rib fractures occurred. Near-side head and face contacts points were along the rear vertical plane of the window and the horizontal plane of the window sill. Head and face contact points for center- and far-side occupants were along the edges of the front seat back and front seat head restraint.

The authors conclude that head injuries are the target for injury prevention for children in CRS in side impact crashes. Most of these injuries are because of the contact; for near-side occupants, contact with the CRS structure and the door interior, for far- or center-seated occupants, contact with the front seat back. These data are useful in developing both educational and technological interventions to reduce the burden of injury to these children.—*Steven Stylianos*

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Congenital cervical bronchogenic cyst—a case report and review of the literature

Gera P, Jiwane A, Kelly J, et al. Aust N Z J Surg 2010;80945

The authors report an 8-month-old male infant and a 5-year-old female child with midline cervical swellings, found on excision to be bronchogenic cysts. Although extrathoracic bronchogenic cysts remain rare, with just 70 cases reported, there appears a 4:1 male predominance. The lesion may arise as a result of separation of a portion of the lung buds arising from the primitive foregut during early embryonic life. The cyst may present with obstructive symptoms or infection. The authors recommend preoperative assessment with magnetic resonance imaging for soft tissue details and computed tomography to confirm the fluid-filled nature of the mass. Incomplete excision will result in recurrence.

Comment. This report adds to the differential diagnosis of a cervical mass. Given the frequency of cervical pathologic condition in childhood and the rarity of extrathoracic bronchogenic cysts, most clinicians would consider ultrasound before investigations that require general anesthesia or the use if ionizing radiation, especially to the head and neck region.—*A.J.A. Holland*

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Multiple hemangiomas and hemangiomatosis—risk factors and outcome over an eight-year period

Schupp CJ, Holland-Cunz S, Schenk JP, et al. Eur J Pediatr Surg 2010;20(6)

Hemangiomas are the most common tumors of infancy. Multiple cutaneous hemangiomas may be associated with the presence of hemangiomas of inner organs. However, there is few data on the risk factors for organ involvement and the outcome of a large sample of patients.

Fifty-two patients with 3 or more cutaneous hemangiomas were evaluated with regard to patient characteristics, distribution of hemangiomas, results of radiologic/cerebral imaging, clinical course, and therapeutic approach. The risk factors for organ involvement were analyzed. The average gestational week at birth was 32.8. Radiologic imaging showed liver hemangiomas in 13.5% and mesenteric lesions in 1.9% but no cerebral lesions. Preterm infants ($P = .02$) and patients with high numbers of cutaneous hemangiomas ($P = .02$) were at higher risk of organ involvement. A life-threatening event occurred in 1 patient (1.9%). None of the patients died. Organ manifestation is relatively common in patients with multiple hemangiomas; complications are rare but potentially life-threatening. Abdominal imaging is recommended in patients with 3 or more cutaneous hemangiomas.—*Thomas A. Angerpointner*

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A pediatric surgeon's 35-year experience with pilonidal disease in a Canadian children's hospital

Nasr A, Ein SH. Can J Surg 2011;5439-42