

Liquid soap to remove that tick?

The prevalence of Lyme disease in the United States has steadily increased over the past several years. In 2013, the disease was reported in all but 8 states.¹ Prevention, as we know, is key.

Common preventive steps include using DEET insect repellent, wearing long pants and sleeves outdoors, tucking pants into socks, wearing light-colored clothing to make ticks more visible, and checking one's body daily for ticks.^{2,3} The next best way to prevent Lyme disease is timely tick removal, as it is believed that in most cases the Lyme disease bacterium can be transmitted after 36 to 48 hours of tick attachment.^{2,3}

The safest and most effective method of removal remains controversial. The Centers for Disease Control and Prevention (CDC) recommends using forceps or tweezers to grab the tick as close to the skin as possible, and without twisting, pulling it straight up with steady, even pressure.⁴

We have used an alternate method of removing ticks that can be done at home or in a clinic without the use of special tools. It has been 100% effective in the 9 patients who presented to our clinic with attached deer ticks. With a cotton swab, apply liquid soap in circles over the tick for about 30 to 60 seconds. Then, use a dry cotton swab to wipe away the soap. The tick will be found on the swab with its head intact. We found this "home remedy" to be fast, easy, and painless; it also doesn't appear to rely on suffocation.

Because there is no squeezing or twisting, the risk of regurgitation is minimized, and thus, the process is much less frightening for children—and maybe even for some adults.

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Don't be so quick to write off frenotomy

We are writing in response to the Clinical Inquiry, "Does frenotomy help infants with tongue-tie overcome breastfeeding difficulties?" by Cawse-Lucas et al (*J Fam Pract.* 2015;64:126-127).

We respectfully disagree with the authors' conclusion that frenotomy probably isn't helpful in overcoming breastfeeding difficulties and that "the evidence concerning improvements in maternal comfort is conflicting." In addition, the authors cited only randomized controlled trials (RCTs). We believe they were remiss for not referencing systematic reviews that have found an association between frenotomy and improved breastfeeding.

In a systematic review of 5 RCTs and 9 case studies, Finigan and Long¹ found that frenotomy offered long-term improvement in more than half of cases. Edmunds et al² reviewed 25 papers and concluded that for most infants, frenotomy offers the best chance of improved and continued breastfeeding. In a review that included 4 RCTs and 12 observational studies, Ito³ found "moderate quality" evidence for the effectiveness of frenotomy in treating breastfeeding difficulties.

We also believe that qualitative data from breastfeeding mothers should be used to inform quantitative research. We need to explore—and offer—any interventions that are deemed safe and have the potential to improve breastfeeding duration.

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Authors' response:

Clinical Inquiries prioritizes the RCT as the best method to evaluate whether a treatment is valid and helpful because these trials can tell us whether treatment produces a significantly better outcome than expectant management.

Other types of studies included in systematic reviews (eg, cohort, case series, observational) can only demonstrate an association between an intervention (frenotomy) and an outcome (subsequent improvement in breast-

feeding). They cannot demonstrate whether the treatment produced the improvement or if the babies would have improved anyway without frenotomy.

Based on the highest quality evidence—the 4 RCTs we described in our article—it appears frenotomy produces a small and temporary reduction in maternal nipple pain in infants younger than 2 weeks, but no overall improvements in validated breastfeeding scores.

Frenotomy for tongue-tie in breastfeeding infants is understandably controversial, and will remain so as long as there is a paucity of high-quality research on this topic. We look forward to future RCTs, perhaps informed by the experiences of nursing mothers and using validated tools, that may further elucidate the question.

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