

References

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Response

The letter from Payne et al¹ is a very useful addition to our article,² in terms of diagnosis and workup of suspected lead exposure.

In our article, as Payne and colleagues correctly suggest, we focus on prevention and the detection of problems in children younger than 2 years of age—the most vulnerable group. Payne and colleagues confirm

our assertion that blood lead level is the best widely available measure of lead exposure. We keenly await the results of their current research on noninvasive K x-ray fluorescence, which if found to be useful as a clinical tool to measure bone body burden, especially in children, will be a very useful addition to the clinical tool kit.

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References

1. Payne M, Egden LM, Behinaein S, Chettle DR, McNeill FE, Webber CE. Bone lead measurement [Letters]. *Can Fam Physician* 2010;56:1110-2.
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Correction

In the August 2010 Motherisk Update,¹ reference numbers 15 and 16 are in the wrong order. The references should have appeared as follows:

15. Scialli AR. Paroxetine exposure during pregnancy and cardiac malformations. *Birth Defects Res A Clin Mol Teratol* 2010;88(3):175-7.
16. Bérard A. Paroxetine exposure during pregnancy and the risk of cardiac malformations: what is the evidence? *Birth Defects Res A Clin Mol Teratol* 2010;88(3):171-4.

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1. Einaron A. Paroxetine use in pregnancy and increased risk of heart defects. *Can Fam Physician* 2010;56:767-8.

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