Heterogeneous genetic background of the association of pheochromocytoma/paraganglioma and pituitary adenoma: results from a large patient cohort.


Abstract: Pituitary adenomas and pheochromocytomas/paragangliomas (pheo/PGL) can occur in the same patient or in the same family. Coexistence of the two diseases could be due to either a common pathogenic mechanism or a coincidence. The objective of the investigation was to study the possible coexistence of pituitary adenoma and pheo/PGL. Thirty-nine cases of sporadic and familial pheo/PGL and pituitary adenomas were investigated. Known pheo/PGL genes (SDHA-D, SDHAF2, RET, VHL, TMEM127, MAX, FH) and pituitary adenoma genes (MEN1, AIP, CDKN1B) were sequenced using next generation or Sanger sequencing. Loss of heterozygosity study and pathological studies were performed on the available tumor samples. The study was conducted at university hospitals. Thirty-nine patients with sporadic or familial pituitary adenoma and pheo/PGL participated in the study. Outcomes included genetic screening and clinical characteristics. Eleven germline mutations (five SDHB, one SDHC, one SDHD, two VHL, and two MEN1) and four variants of unknown significance (two SDHA, one SDHB, and one SDHAF2) were identified in the studied genes in our patient cohort. Tumor tissue analysis identified LOH at the SDHB locus in three pituitary adenomas and loss of heterozygosity at the MEN1 locus in two pheochromocytomas. All the pituitary adenomas of patients affected by SDHX alterations have a unique histological feature not previously described in this context. Mutations in the genes known to cause pheo/PGL can rarely be associated with pituitary adenomas, whereas mutation in a gene predisposing to pituitary adenomas (MEN1) can be associated with pheo/PGL. Our findings suggest that genetic testing should be considered in all patients or families with the constellation of pheo/PGL and a pituitary adenoma.
Excess Mortality Attributable to Clostridium difficile and Risk Factors for Infection in an Historic Cohort of Hospitalised Patients Followed Up in the United Kingdom Death Register.

Citation: PloS one, Jan 2016, vol. 11, no. 3, p. e0149983., 1932-6203 (2016)

Author(s): Reacher, Mark, Verlander, Neville Q, Roddick, Iain, Trundle, Cheryl, Brown, Nicholas, Farrington, Mark, Jones, Philip

Abstract: We compared time from hospital admission to death in a probability sample of 100 Clostridium difficile infected cases and a probability sample of 98 non-cases admitted to an English teaching hospital between 2005 and 2007 with follow up in the UK national death register using survival analysis. Clostridium difficile infection was associated with a 50% increased risk of death (Hazard Ratio 1.51 (95% CI: 1.05-2.19 p = 0.03) at between five to eight years in Cox Regression analysis adjusting for age, sex, Charlson comorbidity index, diagnosis of a malignant condition and insertion of a nasogastric tube during admission. Acquisition of Clostridium difficile infection was independently associated with an almost six fold higher odds of being admitted with a diagnosis of infection of any other type (OR 5.79 (2.19, 15.25) p<0.001). Our results strongly support continued priority being given to improve prevention and treatment of Clostridium difficile infection in the English National Health Service particularly in patients admitted with an infection. Our results may be applicable to other health systems.

HLA allele variation as a potential explanation for the geographical distribution of granulomatosis with polyangiitis.

Citation: Rheumatology (Oxford, England), Feb 2015, vol. 54, no. 2, p. 359-362, 1462-0332 (February 2015)

Author(s): Watts, Richard A, MacGregor, Alex J, Mackie, Sarah L

Abstract: Granulomatosis with polyangiitis (GPA) is a rare autoimmune systemic vasculitis considered to result from the interaction of environmental factors with a genetically predisposed host. The HLA-DPB1*0401 allele, the PI*Z allele of the gene encoding α1-antitrypsin (SERPINA1) and the proteinase 3 (PRTN3) gene have been associated with GPA. The incidence of GPA is lower in non-Caucasian populations and has been associated with higher latitude. Our aim was to determine whether variation in population carrier frequency of the HLA-DPB1*0401 and PI*Z alleles could explain in part the variation in GPA incidence between countries. We systematically identified published reports on the incidence of GPA and used previously published data on the frequency of HLA-DPB1*0401 and PI*Z alleles. The relationship between GPA incidence, latitude and population HLA-DPB1*0401 and PI*Z allele frequencies was assessed by linear regression. On multivariate analysis GPA incidence was associated with HLA-DPB1*0401 allele frequency (P = 0.001)
but not with PI*Z allele frequency or latitude. HLA-DPB1*0401 is a GPA susceptibility allele and HLA-DPB1*0401 population allele frequencies may help explain variations in GPA incidence described in the literature. © The Author 2014. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Reduction in ventral striatal activity when anticipating a reward in depression and schizophrenia: a replicated cross-diagnostic finding.

Citation: Frontiers in psychology, Jan 2015, vol. 6, p. 1280., 1664-1078 (2015)

Author(s): Arrondo, Gonzalo, Segarra, Nuria, Metastasio, Antonio, Ziauddeen, Hisham, Spencer, Jennifer, Reinders, Niels R, Dudas, Robert B, Robbins, Trevor W, Fletcher, Paul C, Murray, Graham K

Abstract: In the research domain framework (RDoC), dysfunctional reward expectation has been proposed to be a cross-diagnostic domain in psychiatry, which may contribute to symptoms common to various neuropsychiatric conditions, such as anhedonia or apathy/avolition. We used a modified version of the Monetary Incentive Delay (MID) paradigm to obtain functional MRI images from 22 patients with schizophrenia, 24 with depression and 21 controls. Anhedonia and other symptoms of depression, and overall positive and negative symptomatology were also measured. We hypothesized that the two clinical groups would have a reduced activity in the ventral striatum when anticipating reward (compared to anticipation of a neutral outcome) and that striatal activation would correlate with clinical measures of motivational problems and anhedonia. Results were consistent with the first hypothesis: two clusters in both the left and right ventral striatum were found to differ between the groups in reward anticipation. Post-hoc analysis showed that this was due to higher activation in the controls compared to the schizophrenia and the depression groups in the right ventral striatum, with activation differences between depression and controls also seen in the left ventral striatum. No differences were found between the two patient groups, and there were no areas of abnormal cortical activation in either group that survived correction for multiple comparisons. Reduced ventral striatal activity was related to greater anhedonia and overall depressive symptoms in the schizophrenia group, but not in the participants with depression. Findings are discussed in relation to previous literature but overall are supporting evidence of reward system dysfunction across the neuropsychiatric continuum, even if the specific clinical relevance is still not fully understood. We also discuss how the RDoC approach may help to solve some of the replication problems in psychiatric fMRI research.

Association of HLA-DRB1 amino acid residues with giant cell arteritis: genetic association study, meta-analysis and geo-epidemiological investigation.
Citation: Arthritis research & therapy, Jan 2015, vol. 17, p. 195., 1478-6362 (2015)


Abstract: Giant cell arteritis (GCA) is an autoimmune disease commonest in Northern Europe and Scandinavia. Previous studies report various associations with HLA-DRB1*04 and HLA-DRB1*01; HLA-DRB1 alleles show a gradient in population prevalence within Europe. Our aims were (1) to determine which amino acid residues within HLA-DRB1 best explained HLA-DRB1 allele susceptibility and protective effects in GCA, seen in UK data combined in meta-analysis with previously published data, and (2) to determine whether the incidence of GCA in different countries is associated with the population prevalence of the HLA-DRB1 alleles that we identified in our meta-analysis. GCA patients from the UK GCA Consortium were genotyped by using single-strand oligonucleotide polymerization, allele-specific polymerase chain reaction, and direct sequencing. Meta-analysis was used to compare and combine our results with published data, and public databases were used to identify amino acid residues that may explain observed susceptibility/protective effects. Finally, we determined the relationship of HLA-DRB1*04 population carrier frequency and latitude to GCA incidence reported in different countries. In our UK data (225 cases and 1378 controls), HLA-DRB1*04 carriage was associated with GCA susceptibility (odds ratio (OR) = 2.69, P = 1.5×10(-11)), but HLA-DRB1*01 was protective (adjusted OR = 0.55, P = 0.0046). In meta-analysis combined with 14 published studies (an additional 691 cases and 4038 controls), protective effects were seen from HLA-DR2, which comprises HLA-DRB1*15 and HLA-DRB1*16 (OR = 0.65, P = 8.2×10(-6)) and possibly from HLA-DRB1*01 (OR = 0.73, P = 0.037). GCA incidence (n = 17 countries) was associated with population HLA-DRB1*04 allele frequency (P = 0.008; adjusted R(2) = 0.51 on univariable analysis, adjusted R(2) = 0.62 after also including latitude); latitude also made an independent contribution. We confirm that HLA-DRB1*04 is a GCA susceptibility allele. The susceptibility data are best explained by amino acid risk residues V, H, and H at positions 11, 13, and 33, contrary to previous suggestions of amino acids in the second hypervariable region. Worldwide, GCA incidence was independently associated both with population frequency of HLA-DRB1*04 and with latitude itself. We conclude that variation in population HLA-DRB1*04 frequency may partly explain variations in GCA incidence and that HLA-DRB1*04 may warrant investigation as a potential prognostic or predictive biomarker.

A large-scale genetic analysis reveals a strong contribution of the HLA class II region to giant cell arteritis susceptibility.

Citation: American journal of human genetics, Apr 2015, vol. 96, no. 4, p. 565-580, 1537-6605 (April 2, 2015)

**Abstract:** We conducted a large-scale genetic analysis on giant cell arteritis (GCA), a polygenic immune-mediated vasculitis. A case-control cohort, comprising 1,651 case subjects with GCA and 15,306 unrelated control subjects from six different countries of European ancestry, was genotyped by the Immunochip array. We also imputed HLA data with a previously validated imputation method to perform a more comprehensive analysis of this genomic region. The strongest association signals were observed in the HLA region, with rs477515 representing the highest peak ($p = 4.05 \times 10^{-40}$, OR = 1.73). A multivariate model including class II amino acids of HLA-DRβ1 and HLA-DQα1 and one class I amino acid of HLA-B explained most of the HLA association with GCA, consistent with previously reported associations of classical HLA alleles like HLA-DRB1(*04). An omnibus test on polymorphic amino acid positions highlighted DRβ1 13 ($p = 4.08 \times 10^{-43}$) and HLA-DQα1 47 ($p = 4.02 \times 10^{-46}$), 56, and 76 (both $p = 1.84 \times 10^{-45}$) as relevant positions for disease susceptibility. Outside the HLA region, the most significant loci included PTPN22 (rs2476601, $p = 1.73 \times 10^{-6}$, OR = 1.38), LRRC32 (rs10160518, $p = 4.39 \times 10^{-6}$, OR = 1.20), and REL (rs115674477, $p = 1.10 \times 10^{-5}$, OR = 1.63). Our study provides evidence of a strong contribution of HLA class I and II molecules to susceptibility to GCA. In the non-HLA region, we confirmed a key role for the functional PTPN22 rs2476601 variant and proposed other putative risk loci for GCA involved in Th1, Th17, and Treg cell function. Copyright © 2015 The American Society of Human Genetics. Published by Elsevier Inc. All rights reserved.

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**Anterior cruciate ligament injury: A persistently difficult diagnosis.**

**Citation:** The Knee, Jan 2016, vol. 23, no. 1, p. 116-120, 1873-5800 (January 2016)

**Author(s):** Parwaiz, Hammad, Teo, Alex Q A, Servant, Christopher

**Abstract:** Historically anterior cruciate ligament (ACL) injuries have been diagnosed poorly. A paper published in Injury in 1996 showed that less than 10% of patients with an
ACL injury had the diagnosis made by the first physician to see them and that the average delay from first presentation to diagnosis was 21 months. The aim of our study was to investigate whether an improvement has been made over the last two decades in diagnosing ACL injuries. We identified 160 patients who had an ACL reconstruction performed by a single surgeon between October 2004 and December 2011 and for whom a complete data set was available. Data was extracted retrospectively from the hospital notes and a dedicated patient database. We performed a sub-group analysis comparing patients seen prior to the introduction of an acute knee injury clinic in April 2007 and patients seen after the introduction of the clinic. 75.1% (120/160) of patients presented first to an emergency department (ED) or to their general practitioner (GP), but only 14.4% (23/160) were diagnosed on initial presentation. The median number of healthcare professionals a patient saw prior to a diagnosis of ACL injury was 3. The median delay from injury to presentation was 0 weeks (range 0-885), injury to diagnosis 13 weeks (0-926), presentation to diagnosis 10 weeks (0-924), presentation to a specialist knee clinic 24 weeks (0-1006), and specialist knee clinic to surgery 13 weeks (0-102). The median total time from injury to surgery was 42 weeks (0-1047). Following the implementation of an acute knee injury clinic in 2007, the median delay from presentation to surgery dropped from 59 weeks to 36 weeks (p = 0.050) and there was a significant decrease in the median delay from specialist knee clinic to surgery from 23 to 11 weeks (p=0.002). Over the past two decades there appears to have been little improvement in the early diagnosis of ACL injuries, with only 14.4% of patients being diagnosed correctly at initial presentation. We recommend further education of emergency and primary care clinicians in the diagnosis of ACL injuries, emphasising the importance of the typical history of an ACL injury. The implementation of an acute knee injury clinic may help minimise delays to surgery, which should result in better patient outcomes. Copyright © 2015 Elsevier B.V. All rights reserved.


Citation: Critical care and resuscitation : journal of the Australasian Academy of Critical Care Medicine, Mar 2016, vol. 18, no. 1, p. 50-54, 1441-2772 (March 2016)

Author(s): Ridgeon, Elliott, Bellomo, Rinaldo, Myburgh, John, Saxena, Manoj, Weatherall, Mark, Jahan, Rahi, Arawwawala, Dilshan, Bell, Stephanie, Butt, Warwick, Camsooksai, Julie, Carle, Coralie, Cheng, Andrew, Cirstea, Emanuel, Cohen, Jeremy, Cranshaw, Julius, Delaney, Anthony, Eastwood, Glenn, Elliott, Suzanne, Franke, Uwe, Gantner, Dashiell, Green, Cameron, Howard-Griffin, Richard, Inskip, Deborah, Litton, Edward, MacIsaac, Christopher, McCain, Amanda, Mahambrey, Tushar, Moonid, Parvez, Newby, Lynette, O'Connor, Stephanie, Pegg, Claire, Pope, Alan, Reschreiter, Henrik, Richards, Brent, Robertson, Megan, Rodgers, Helen, Shehabi, Yahya, Smith, Ian, Smith, Julie, Smith, Neil, Tilsley, Anna, Whitehead, Christina, Willett, Emma, Wong, Katherine, Woodford, Claudia, Wright, Stephen, Young, Paul

Abstract: Trials in critical care have previously used unvalidated systems to classify cause
of death. We aimed to provide initial validation of a method to classify cause of death in intensive care unit patients. One hundred case scenarios of patients who died in an ICU were presented online to raters, who were asked to select a proximate and an underlying cause of death for each, using the ICU Deaths Classification and Reason (ICU-DECLARE) system. We evaluated two methods of categorising proximate cause of death (designated Lists A and B) and one method of categorising underlying cause of death. Raters were ICU specialists and research coordinators from Australia, New Zealand and the United Kingdom. Inter-rater reliability, as measured by the Fleiss multirater kappa, and the median proportion of raters choosing the most likely diagnosis (defined as the most popular classification choice in each case). Across all raters and cases, for proximate cause of death List A, kappa was 0.54 (95% CI, 0.49-0.60), and for proximate cause of death List B, kappa was 0.58 (95% CI, 0.53-0.63). For the underlying cause of death, kappa was 0.48 (95% CI, 0.44-0.53). The median proportion of raters choosing the most likely diagnosis for proximate cause of death, List A, was 77.5% (interquartile range [IQR], 60.0%-93.8%), and the median proportion choosing the most likely diagnosis for proximate cause of death, List B, was 82.5% (IQR, 60.0%-92.5%). The median proportion choosing the most likely diagnosis for underlying cause was 65.0% (IQR, 50.0%-81.3%). Kappa and median agreement were similar between countries. ICU specialists showed higher kappa and median agreement than research coordinators. The ICU-DECLARE system allowed ICU doctors to classify the proximate cause of death of patients who died in the ICU with substantial reliability.

Distal Sensorimotor Neuropathy: Improvements in Diagnosis.

Citation: The review of diabetic studies : RDS, Jan 2015, vol. 12, no. 1-2, p. 29-47, 1614-0575 (2015 Spring-Summer)

Author(s): Vas, Prashanth R J, Sharma, Sanjeev, Rayman, Gerry

Abstract: Neurological complications of diabetes are common, affecting up to 50% of people with diabetes. In these patients, diabetic sensorimotor neuropathy (DSPN) is by far the most frequent complication. Detecting DSPN has traditionally been a clinical exercise that is based on signs and symptoms. However, the appearance of morphometric and neurophysiological techniques along with composite scoring systems and new screening tools has induced a paradigm change in the detection and stratification of DSPN and our understanding of its natural history and etiopathogenesis. These newer techniques have provided further evidence that changes in small nerve fiber structure and function precede large fiber changes in diabetes. Although useful, the challenge for the use of these new techniques will be their sensitivity and specificity when widely adopted and ultimately, their ability to demonstrate improvement when pathogenic mechanisms are corrected. Concurrently, we have also witnessed an emergence of simpler screening tools or methods that are mainly aimed at quicker detection of large fiber neuropathy in the outpatient setting. In this review, we have focused on techniques and tools that receive particular attention in the current literature, their use in research and potential use in the clinical environment.
**Cage subsidence after anterior cervical discectomy and fusion using a cage alone or combined with anterior plate fixation.**

**Citation:** Journal of orthopaedic surgery (Hong Kong), Apr 2016, vol. 24, no. 1, p. 97-100, 1022-5536 (April 2016)

**Author(s):** Pinder, E M, Sharp, D J

**Abstract:** To compare the extent of cage subsidence after anterior cervical discectomy and fusion (ACDF) using a cage alone or combined with anterior plate fixation, and to assess the effect of end plate removal on cage subsidence. Records of 23 men and 13 women aged 32 to 82 (mean, 54) years who underwent ACDF for 61 levels using the Solis cage alone (n=46) or combined with anterior plate fixation (n=15) were reviewed. The extent of cage subsidence was determined by comparing immediately postoperative (within one week) with final follow-up radiographs. Cage subsidence was defined as the sum subsidence of the superior and inferior part of the cage into the vertebral body. Mild and major cage subsidence was defined as ≤2 mm and >2 mm, respectively. Patients who underwent ACDF using a cage alone or combined with anterior plate fixation were comparable in terms of age, gender, follow-up duration, and number of levels decompressed. Cage subsidence occurred in 33 (54%) of the 61 levels decompressed. In the cage alone group, the extent of cage subsidence was greater (1.68 vs. 0.57 mm, p=0.039) and the rate of major cage subsidence was higher (28% vs. 7%, p=0.08). The inferior part of the cage was more vulnerable to subsidence compared with the superior part (median subsidence: 3.0 vs. 1.4 mm, p<0.0001). Cage subsidence occurred more often when the end plate was removed rather than preserved (58% vs. 18%, p<0.002). The extent of cage subsidence was greater after ACDF with cage alone. Cage subsidence occurred more often when the end plate was removed. Additional anterior plate fixation is recommended when the end plate is removed.

**Factors influencing work disability in psoriatic arthritis: first results from a large UK multicentre study.**

**Citation:** Rheumatology (Oxford, England), Jan 2015, vol. 54, no. 1, p. 157-162, 1462-0332 (January 2015)

**Author(s):** Tillett, William, Shaddick, Gavin, Askari, Ayman, Cooper, Annie, Creamer, Paul, Clunie, Gavin, Helliwell, Philip S, Kay, Lesley, Korendowycz, Eleanor, Lane, Suzanne, Packham, Jonathan, Shaban, Ragai, Williamson, Lyn, McHugh, Neil

**Abstract:** The aim of this study was to determine the extent to which structural damage, clinical disease activity, demographic and social factors are associated with work disability (WD) in PsA. Four hundred patients fulfilling CASPAR (Classification Criteria for Psoriatic
Arthritis) criteria for PsA were recruited from 23 hospitals across the UK. Demographic, socio-economic, work, clinical and radiographic data were collected. WD was assessed with the Work Productivity and Activity Impairment Specific Health Problem (WPAI-SHP) questionnaire reporting WD as a percentage of absenteeism (work time missed), presenteeism (impairment at work/reduced effectiveness) and work productivity loss (overall work impairment/absenteeism plus presenteeism). Logistic and linear regressions were conducted to investigate associations with WD. Two hundred and thirty-six participants of any age were in work. Absenteeism, presenteeism and productivity loss rates were 14% (s.d. 29.0), 39% (s.d. 27.2) and 46% (s.d. 30.4), respectively. Ninety-two (26%) participants of working age were unemployed. Greater age, disease duration of 2-5 years and worse physical function were associated with unemployment. Patients reported that employer awareness and helpfulness exerted a strongly positive influence on remaining in employment. Higher levels of global and joint-specific disease activity and worse physical function were associated with greater levels of presenteeism and productivity loss among those who remained in work. Reduced effectiveness at work was associated with measures of disease activity, whereas unemployment, considered the endpoint of WD, was associated with employer factors, age and disease duration. A longitudinal study is under way to determine whether treatment to reduce disease activity ameliorates WD in the real-world setting. © The Author 2014. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Peritoneal Dialysate Glucose Load and Systemic Glucose Metabolism in Non-Diabetics: Results from the GLOBAL Fluid Cohort Study.

Citation: PloS one, Jan 2016, vol. 11, no. 6, p. e0155564., 1932-6203 (2016)

Author(s): Lambie, Mark, Chess, James, Do, Jun-Young, Noh, Hyunjin, Lee, Hi-Bahl, Kim, Yong-Lim, Summers, Angela, Williams, Paul Ford, Davison, Sara, Dorval, Marc, Topley, Nick, Davies, Simon John, Global Fluid Study Investigators

Abstract: Glucose control is a significant predictor of mortality in diabetic peritoneal dialysis (PD) patients. During PD, the local toxic effects of intra-peritoneal glucose are well recognized, but despite large amounts of glucose being absorbed, the systemic effects of this in non-diabetic patients are not clear. We sought to clarify whether dialysate glucose has an effect upon systemic glucose metabolism. We analysed the Global Fluid Study cohort, a prospective, observational cohort study initiated in 2002. A subset of 10 centres from 3 countries with high data quality were selected (368 incident and 272 prevalent non-diabetic patients), with multilevel, multivariable analysis of the reciprocal of random glucose levels, and a stratified-by-centre Cox survival analysis. The median follow up was 5.6 and 6.4 years respectively in incident and prevalent patients. On multivariate analysis, serum glucose increased with age (β = -0.007, 95%CI -0.010, -0.004) and decreased with higher serum sodium (β = 0.002, 95%CI 0.0005, 0.003) in incident patients and increased with dialysate glucose (β = -0.0002, 95%CI -0.0004, -0.00006) in prevalent patients. Levels suggested undiagnosed diabetes in 5.4% of prevalent patients. Glucose levels predicted
death in unadjusted analyses of both incident and prevalent groups but in an adjusted survival analysis they did not (for random glucose 6-10 compared with <6, Incident group HR 0.92, 95%CI 0.58, 1.46, Prevalent group HR 1.42, 95%CI 0.86, 2.34). In prevalent non-diabetic patients, random glucose levels at a diabetic level are under-recognised and increase with dialysate glucose load. Random glucose levels predict mortality in unadjusted analyses, but this association has not been proven in adjusted analyses.

**Biomarkers of early stage osteoarthritis, rheumatoid arthritis and musculoskeletal health.**

**Citation:** Scientific reports, Jan 2015, vol. 5, p. 9259., 2045-2322 (2015)


**Abstract:** There is currently no biochemical test for detection of early-stage osteoarthritis (eOA). Tests for early-stage rheumatoid arthritis (eRA) such as rheumatoid factor (RF) and anti-cyclic citrullinated peptide (CCP) antibodies require refinement to improve clinical utility. We developed robust mass spectrometric methods to quantify citrullinated protein (CP) and free hydroxyproline in body fluids. We detected CP in the plasma of healthy subjects and surprisingly found that CP was increased in both patients with eOA and eRA whereas anti-CCP antibodies were predominantly present in eRA. A 4-class diagnostic algorithm combining plasma/serum CP, anti-CCP antibody and hydroxyproline applied to a cohort gave specific and sensitive detection and discrimination of eOA, eRA, other non-RA inflammatory joint diseases and good skeletal health. This provides a first-in-class plasma/serum-based biochemical assay for diagnosis and type discrimination of early-stage arthritis to facilitate improved treatment and patient outcomes, exploiting citrullinated protein and related differential autoimmunity.

**A Review of Transplantation Practice of the Urologic Organs: Is It Only Achievable for the Kidney?**

**Citation:** Reviews in urology, Jan 2015, vol. 17, no. 2, p. 69-77, 1523-6161 (2015)

**Author(s):** Donati-Bourne, Jack, Roberts, Harry W, Rajjoub, Yaseen, Coleman, Robert A

**Abstract:** Transplantation is a viable treatment option for failure of most major organs. Within urology, transplantation of the kidney and ureter are well documented; however, evidence supporting transplantation of other urologic organs is limited. Failure of these organs carries significant morbidity, and transplantation may have a role in management. This article reviews the knowledge, research, and literature surrounding transplantation
of each of the urologic organs. Transplantation of the penis, testicle, urethra, vas deferens, and bladder is discussed. Transplantation attempts have been made individually with each of these organs. Penile transplantation has only been performed once in a human. Testicular transplantation research was intertwined with unethical lucrative pursuits. Interest in urethra, bladder, and vas deferens transplantation has decreased as a result of successful surgical reconstructive techniques. Despite years of effort, transplantations of the penis, testicle, urethra, vas deferens, and bladder are not established in current practice. Recent research has shifted toward techniques of reconstruction, tissue engineering, and regenerative medicine.

A systematic review of patient-reported outcome measures for chronic suppurative otitis media.

Citation: The Laryngoscope, Jun 2016, vol. 126, no. 6, p. 1458-1463, 1531-4995 (June 2016)

Author(s): Phillips, John S, Yung, Matthew W

Abstract: The purpose of this review was to systematically appraise the world literature to identify existing patient-reported outcome measures (PROMs) for the assessment of outcomes in patients with chronic suppurative otitis media, to verify the diversity of the individual questionnaire items, to report the methods employed to evaluate the questionnaires, and to identify areas for development in the future. Embase (January 1980-November 2014), MEDLINE (January 1946-November 2014), Cumulative Index to Nursing and Allied Health Literature (January 1981-November 2014), and PsycINFO (January 1806-November 2014). A systematic literature search was independently undertaken by the two authors according to predefined inclusion and exclusion criteria. Nine original articles were identified, which overall outlined the evaluation of four different questionnaires. This systematic appraisal of the world literature has identified four PROM questionnaires for use in patients with chronic suppurative otitis media. All four questionnaires evaluate reliability and validity using different psychometric methods. The Chronic Ear Survey questionnaire has been most broadly evaluated and disseminated. All four questionnaires assess static health status. There are many advantages to developing a dynamic one-hit questionnaire to assess the health status of patients having undergone an intervention for chronic suppurative otitis media. NA Laryngoscope, 126:1458-1463, 2016. © 2015 The American Laryngological, Rhinological and Otological Society, Inc.

Source: Medline

Should Free Thyroxine Go Back into the Routine Thyroid Profile?

Author(s): Livingston, M, Twomey, P J, Basu, A, Smellie, S, Kane, J W, Heald, A

Abstract: Many clinical chemistry laboratories offer thyroid-stimulating hormone (TSH) alone as a first-line test of thyroid function, and only reflex a free thyroxine (fT4) test if the TSH result is abnormal (i. e., outside of the laboratory reference range). In secondary hypothyroidism, a low fT4 may be accompanied by a low or a normal TSH level. A testing strategy that measures baseline TSH only risks missing cases of secondary hypothyroidism in which the TSH level is normal. The current authors examined 26,106 consecutive thyroid function test (TFT) results in our initial analysis. If the TFT results were compatible with hypopituitarism, with fT4 below the reference range (9-20 pmol/L) and a TSH result ≤5 mU/L (reference range: 0.5-5 mU/L), the laboratory performed further tests of pituitary function. The cost of identifying pituitary insufficiency by measuring both fT4 and TSH was estimated for our population (in 2004 and 2013) and compared with 2 other relevant studies. A total of 121 patients had a normal TSH with a low fT4. 8 new cases of secondary hypopituitarism were identified when fT4 was combined with TSH as the front-line TFT profile. Of these, 5 were found to have pituitary adenomas, 2 of which were macroprolactinomas. The reagent cost of identifying each case by inclusion of fT4 in the TFT profile decreased from £11,568 (€16,089) in 1998 to £1451 (€2018) in 2013. 8 cases of pituitary insufficiency would not have been identified with a strategy of TSH testing alone, which calls for the addition of fT4 to the routine TFT profile. The cost per case of identifying those with pituitary insufficiency by additional measurement of fT4 has become cheaper with time. © Georg Thieme Verlag KG Stuttgart · New York.

Source: Medline

Association of open-angle glaucoma loci with incident glaucoma in the Blue Mountains Eye Study.

Citation: American journal of ophthalmology, Jan 2015, vol. 159, no. 1, p. 31, 1879-1891 (January 2015)

Author(s): Burdon, Kathryn P, Mitchell, Paul, Lee, Anne, Healey, Paul R, White, Andrew J R, Rochtchina, Elena, Thomas, Peter B M, Wang, Jie Jin, Craig, Jamie E

Abstract: To determine if open-angle glaucoma (OAG)-associated single nucleotide polymorphisms (SNPs) are associated with incident glaucoma and if such genetic information is useful in OAG risk prediction. Case-control from within a population-based longitudinal study. study population: Individuals aged over 49 years of age living in the Blue Mountains region west of Sydney and enrolled in the Blue Mountains Eye Study. observation: Cases for this sub-study (n = 67) developed incident OAG between baseline
and 10-year visits, in either eye, while controls (n = 1919) had no evidence for OAG at any visit. All participants had an ocular examination and DNA genotyped for reported OAG risk SNPs. main outcome measure: Incident OAG. Two loci also known to be associated with cup-to-disc ratio as well as OAG (9p21 near CDKN2B-AS1 and SIX1/SIX6) were both significantly associated with incident OAG in the Blue Mountains Eye Study cohort (P = .006 and P = .004, respectively). The TMCO1 locus was nominally associated (P = .012), while the CAV1/CAV2 and 8q22 loci were not associated. Multivariate logistic regression and neural network analysis both indicated that the genetic risk factors contributed positively to the predictive models incorporating traditional risk factors. This study shows that previously reported genetic variations related to OAG and cup-to-disc ratio are associated with the onset of OAG and thus may become useful in risk prediction algorithms designed to target early treatment to those most at risk of developing glaucoma. Copyright © 2015 The Authors. Published by Elsevier Inc. All rights reserved.

Source: Medline

Full Text: Available from ProQuest in American Journal of Ophthalmology

ID helix-loop-helix proteins as determinants of cell survival in B-cell chronic lymphocytic leukemia cells in vitro.

Citation: Molecular cancer, Jan 2015, vol. 14, p. 30., 1476-4598 (2015)

Author(s): Weiler, Sarah, Ademokun, Jolaolu A, Norton, John D

Abstract: Members of the inhibitor of DNA-binding (ID) family of helix-loop-helix proteins have been causally implicated in the pathogenesis of several types of B-cell lineage malignancy, either on the basis of mutation or by altered expression. B-cell chronic lymphocytic leukemia encompasses a heterogeneous group of disorders and is the commonest leukaemia type in the Western world. In this study, we have investigated the pathobiological functions of the ID2 and ID3 proteins in this disease with an emphasis on their role in regulating leukemic cell death/survival. Bioinformatics analysis of microarray gene expression data was used to investigate expression of ID2/ID3 in leukemic versus normal B cells, their association with clinical course of disease and molecular sub-type and to reconstruct a gene regulatory network using the 'maximum information coefficient' (MIC) for target gene inference. In vitro cultured primary leukemia cells, either in isolation or co-cultured with accessory vascular endothelial cells, were used to investigate ID2/ID3 protein expression by western blotting and to assess the cytotoxic response of different drugs (fludarabine, chlorambucil, ethacrynic acid) by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide assay. ID2/ID3 protein levels in primary leukemia cells and in MEC1 cells were manipulated by transduction with siRNA reagents. Datamining showed that the expression profiles of ID2 and ID3 are associated with distinct pathobiological features of disease and implicated both genes in regulating cell death/survival by
targeting multiple non-overlapping sets of apoptosis effector genes. Consistent with microarray data, the overall pattern of ID2/ID3 protein expression in relation to cell death/survival responses of primary leukemia cells was suggestive of a pro-survival function for both ID proteins. This was confirmed by siRNA knock-down experiments in MEC1 cells and in primary leukemia cells, but with variability in the dependence of leukemic cells from different patients on ID protein expression for cell survival. Vascular endothelial cells rescued leukemia cells from spontaneous and cytotoxic drug-induced cell death at least in part, via an ID protein-coupled redox-dependent mechanism. Our study provides evidence for a pro-survival function of the ID2/ID3 proteins in chronic lymphocytic leukemia cells and also highlights these proteins as potential determinants of the pathobiology of this disorder.

Source: Medline

Full Text: 
Available from ProQuest in Molecular Cancer

A randomised phase 2 trial of dexamethasone versus prednisolone in castration-resistant prostate cancer.

Citation: European urology, Apr 2015, vol. 67, no. 4, p. 673-679, 1873-7560 (April 2015)

Author(s): Venkitaraman, Ramachandran, Lorente, David, Murthy, Vedang, Thomas, Karen, Parker, Lydia, Ahiabor, Ruth, Dearnaley, David, Huddart, Robert, De Bono, Johann, Parker, Chris

Abstract: Prednisolone is widely used as secondary hormonal treatment for castration-resistant prostate cancer (CRPC). We hypothesised that dexamethasone, another corticosteroid, is more active. To compare the activity of prednisolone and dexamethasone in CRPC. This single-centre, randomised, phase 2 trial was performed in 82 men with chemotherapy-naïve CRPC enrolled from 2006 to 2010. Prednisolone 5mg twice daily versus dexamethasone 0.5mg once daily versus intermittent dexamethasone 8mg twice daily on days 1-3 every 3 wk. The main end point was prostate-specific antigen (PSA) response rate. Secondary end points included time to PSA progression, radiologic response rate using Response Evaluation Criteria In Solid Tumors (RECIST), and safety. The intermittent dexamethasone arm was dropped after no response was seen in seven patients. By intention to treat, confirmed PSA response was seen in 41% versus 22% for daily dexamethasone versus prednisolone, respectively (p=0.08). In evaluable patients, the PSA response rates were 47% versus 24% for dexamethasone and prednisolone, respectively (p=0.05). Median time to PSA progression was 9.7 mo on dexamethasone versus 5.1 mo on prednisolone (hazard ratio: 1.6; 95% confidence interval, 0.9-2.8). In 43 patients with measurable disease, the response rate by RECIST was 15% and 6% for dexamethasone and prednisolone, respectively (p=0.6). Of 23 patients who crossed over at PSA progression on prednisolone, 7 of the 19 evaluable (37%) had a confirmed PSA response to dexamethasone. Clinically significant toxicities were rare. Dexamethasone
may be more active than prednisolone in CRPC. In the absence of more definitive trials, dexamethasone should be used in preference to prednisolone. We compared two different steroids used for treating men with advanced prostate cancer. Our results suggest that dexamethasone may be more effective than prednisolone and that both are well tolerated. EUDRAC 2005-006018-16. Copyright © 2014 European Association of Urology. Published by Elsevier B.V. All rights reserved.

Source: Medline

The burden of revision sinonasal surgery in the UK-data from the Chronic Rhinosinusitis Epidemiology Study (CRES): a cross-sectional study.

Citation: BMJ open, Jan 2015, vol. 5, no. 4, p. e006680., 2044-6055 (2015)

Author(s): Philpott, Carl, Hopkins, Claire, Erskine, Sally, Kumar, Nirmal, Robertson, Alasdair, Farboud, Amir, Ahmed, Shahzada, Anari, Shahram, Cathcart, Russell, Khalil, Hisham, Jervis, Paul, Carrie, Sean, Kara, Naveed, Prinsley, Peter, Almeyda, Robert, Mansell, Nicolas, Sunkaraneni, Sankalp, Salam, Mahmoud, Ray, Jaydip, Panesaar, Jaan, Hobson, Jonathan, Clark, Allan, Morris, Steve

Abstract: The aim of this study was to investigate the surgical revision rate in patients with chronic rhinosinusitis (CRS) in the UK CRS Epidemiology Study (CRES). Previous evidence from National Sinonasal Audit showed that 1459 patients with CRS demonstrated a surgical revision rate 19.1% at 5 years, with highest rates seen in those with polyps (20.6%). Thirty secondary care centres around the UK. A total of 221 controls and 1249 patients with CRS were recruited to the study including those with polyps (CRSwNPs), without polyps (CRSsNPs) and with allergic fungal rhinosinusitis (AFRS). Self-administered questionnaire. The need for previous sinonasal surgery. A total of 651 patients with CRSwNPs, 553 with CRSsNPs and 45 with AFRS were included. A total of 396 (57%) patients with CRSwNPs/AFRS reported having undergone previous endoscopic nasal polypectomy (ENP), of which 182 of the 396 (46%) reported having received more than one operation. The mean number of previous surgeries per patient in the revision group was 3.3 (range 2-30) and a mean duration of time of 10 years since the last procedure. The average length of time since their first operation up to inclusion in the study was 15.5 years (range 0-74). Only 27.9% of all patients reporting a prior ENP had received concurrent endoscopic sinus surgery (ESS; n=102). For comparison, surgical rates in patients with CRSsNPs were significantly lower; 13% of cases specifically reported ESS, and of those only 30% reported multiple procedures (χ(2) p<0.001). This study demonstrated that there is a high burden of both primary and revision surgery in patients with CRS, worst in those with AFRS and least in those with CRSsNPs. The burden of revision surgery appears unchanged in the decade since the Sinonasal Audit. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.
Pancreas and islet transplantation: psychological themes pre- and posttransplant.

Citation: Current opinion in organ transplantation, Apr 2015, vol. 20, no. 2, p. 211-215, 1531-7013 (April 2015)

Author(s): Jackson, Sue, Simonds, Laura M, Smith, Richard M

Abstract: To date, islet and whole pancreas transplantation have been largely researched and reported separately. Therefore, for the first time, this review seeks to examine together the recently reported psychological issues as they relate to the two different types of transplantation. In relation to pancreas transplantation, recent findings indicate potential issues relating to energy levels, including sleep problems; mood problems (anxiety, depression, traumatic stress); social interactions; and identity issues. Similarly, the research on islet allotransplantation (ITA) indicates mood disruptions associated with Type I diabetes mellitus (T1DM), which seem to improve as a result of treatment with ITA. The review indicates a need for more research to guide effective intervention to optimize psychological recovery post islet and/or pancreas transplantation for patients with T1DM. Effective psychological intervention for this group relies on researchers eliciting more detailed knowledge of pretransplant psychosocial issues, not only in relation to how these might vary by transplant group, but also in relation to patient health status vis-à-vis microvascular complications and glycaemic control, and how these issues change across the whole transplant journey.

Source: Medline

Predictors of complications in gynaecological oncological surgery: a prospective multicentre study (UKGOSOC-UK gynaecological oncology surgical outcomes and complications).

Citation: British journal of cancer, Feb 2015, vol. 112, no. 3, p. 475-484, 1532-1827 (February 3, 2015)


Source: Medline
Abstract: There are limited data on surgical outcomes in gynaecological oncology. We report on predictors of complications in a multicentre prospective study. Data on surgical procedures and resulting complications were contemporaneously recorded on consented patients in 10 participating UK gynaecological cancer centres. Patients were sent follow-up letters to capture any further complications. Post-operative (Post-op) complications were graded (I-V) in increasing severity using the Clavien-Dindo system. Grade I complications were excluded from the analysis. Univariable and multivariable regression was used to identify predictors of complications using all surgery for intra-operative (Intra-op) and only those with both hospital and patient-reported data for Post-op complications. Prospective data were available on 2948 major operations undertaken between April 2010 and February 2012. Median age was 62 years, with 35% obese and 20.4% ASA grade $\geq$ 3. Consultant gynaecological oncologists performed 74.3% of operations. Intra-op complications were reported in 139 of 2948 and Grade II-V Post-op complications in 379 of 1462 surgeries. The predictors of risk were different for Intra-op and Post-op complications. For Intra-op complications, previous abdominal surgery, metabolic/endocrine disorders (excluding diabetes), surgical complexity and final diagnosis were significant in univariable and multivariable regression (P<0.05), with diabetes only in multivariable regression (P=0.006). For Post-op complications, age, comorbidity status, diabetes, surgical approach, duration of surgery, and final diagnosis were significant in both univariable and multivariable regression (P<0.05). This multicentre prospective audit benchmarks the considerable morbidity associated with gynaecological oncology surgery. There are significant patient and surgical factors that influence this risk.

Reversible peripartum hepato-renal failure in late pregnancy.


Author(s): King, S, Broadway, J, Morris, R, Turner, K

Source: Medline

Full Text: Available from International Journal of Obstetric Anesthesia in Ipswich Hospital Library & Learning Resources

The Use of Temporoparietal Fascial Flap to Eliminate Wound Breakdown in Subtotal Petrosectomy for Chronic Discharging Ears.

Abstract: To find out if the use of the vascularized temporo-parietal fascial flap (TPFF) reduces postoperative infection or wound breakdown in subtotal petrosectomy for chronic discharging ears. A retrospective review on 26 subtotal petrosectomies with blind pit closures on chronic discharging ears performed by a single surgeon between 2000 and 2015 was performed. All patients had a minimum follow-up period of 6 months. Eleven mastoid cavities were obliterated with abdominal fat, and 15 cavities were obliterated with TPFF. There was no concomitant cochlear implant or middle ear implant. All postoperative wound infections or delay in wound healing were recorded into a database. The complication rates of the fat obliteration group were compared using Fisher’s exact test with those for the TPFF obliteration group. In the fat obliteration group, 4 out of 11 patients had documented postoperative complications. Three had wound breakdown with exposure of the fat that required revision surgery. Another patient had postauricular abscess without the wound actually broken down. On the other hand, all the ears in the TPFF obliteration group (100%) were completely free of wound infection, wound breakdown, or any complication. The difference between the two groups was statistically significant ($p = 0.022$). Many authors have encountered postoperative infection or wound breakdown in subtotal petrosectomy with fat obliteration in the treatment of chronic otitis media. Using a richly vascularized temporo-temporal fascial flap to protect the blind pit closure in such patients reduces postoperative infection and wound breakdown.

Source: Medline

Full Text: Available from Otology and Neurotology in Ipswich Hospital Library & Learning Resources

The patterns of injury and management of cuboid fractures: a retrospective case series.

Citation: The bone & joint journal, Jul 2016, vol. 98-B, no. 7, p. 1003-1008, 2049-4408 (July 2016)

Author(s): Fenton, P, Al-Nammari, S, Blundell, C, Davies, M

Abstract: Although infrequent, a fracture of the cuboid can lead to significant disruption of the integrity of the midfoot and its function. The purpose of this study was to classify the pattern of fractures of the cuboid, relate them to the mechanism of injury and suggest methods of managing them. We performed a retrospective review of patients with radiologically reported cuboid fractures. Fractures were grouped according to commonly occurring patterns of injury. A total of 192 fractures in 188 patients were included. They were classified into five patterns of injury. Type 1 fractures (93 fractures, 48.4%) are simple avulsion injuries involving the capsule of the calcaneo-cuboid joint. Type 2 fractures (25 fractures, 13%) are isolated extra-articular injuries involving the body of the cuboid. Type 3 injuries (13 fractures, 6.8%) are intra-articular fractures solely within the
body of the cuboid. Type 4 fractures (35 fractures, 18.2%) are associated with disruption of the midfoot and tarsometatarsal injuries. Type 5 fractures (26 fractures, 13.5%) occur in conjunction with disruption of the mid-tarsal joint and either crushing of the lateral column alone or of both medial and lateral columns. Fractures with significant articular disruption or with loss of length of the lateral column underwent fixation. This involved either internal fixation to restore the anatomy of the cuboid and/or restoration of the length of the columns with bridging constructs using internal or external fixation. A classification system for fractures of the cuboid is proposed in relation to the mechanism of injury. The treatment of these fractures is described. Cite this article: Bone Joint J 2016;98-B:1003-8. ©2016 The British Editorial Society of Bone & Joint Surgery.


Citation: European spine journal : official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society, Jul 2015, vol. 24, no. 7, p. 1399-1407, 1432-0932 (July 2015)

Author(s): Bhagat, S, Durst, A, Grover, H, Blake, J, Lutchman, L, Rai, A S, Crawford, R

Abstract: To evaluate the effectiveness of multimodal intraoperative neuromonitoring in the early detection of impending spinal cord injury during surgery for spinal deformity. A retrospective review of prospectively collected data in 354 consecutive spinal deformity operations from June 2003 to October 2013. Patients were sub-grouped according to demographics, diagnosis and operative features. Post-operative neurological deficit was defined as either spinal cord, nerve root or transient deficit. Combined monitoring with SSEPs and MEPs was possible in 315 cases. The overall incidence of significant alerts was 7.1 % and overall permanent neurological deficit was 1.6 %. When results were collated, the overall combined sensitivity of multimodal monitoring was 100 % with a specificity of 99.3 %. Multimodal monitoring allows early detection of impending neurological deficit that is superior to a single monitoring modality. To achieve optimal use of monitoring, continuous communication between surgical, anaesthetic and neurophysiology teams are required. As a result of our experience we have incorporated in our consent procedure the discussion of monitoring and the possibility of needing to abandon the procedure, and completing in a staged fashion at a later date. We believe multimodal monitoring is the current gold standard for complex spinal deformity surgery.
Presenting Baseline Coagulation of Infra Renal Ruptured Abdominal Aortic Aneurysm: A Systematic Review and Pooled Analysis.


Author(s): Kordzadeh, A, Parsa, A D, Askari, A, Maddison, B, Panayiotopoulos, Y P

Abstract: The incidence of coagulopathy in patients presenting with rAAA is not clear. The lack of high-quality evidence has led to various speculations, reliance on anecdotal experience, and suggestions about their appropriate haemostatic resuscitation. The aim of this systematic review is to establish the baseline coagulation status of infra renal ruptured abdominal aortic aneurysms (rAAA) against defined standards and definitions. An electronic search of literature in Medline, CINHAL, Scopus Embase, and Cochrane library was performed in accordance with the PRISMA guidelines. Quality assessment of articles was performed using the Oxford critical appraisal skills programme (CASP) and their recommendation for practice was examined through National Institute for Health and Care Excellence (NICE). Information on platelet count, international normalisation ratio (INR), activated partial prothrombin time (aPTT), prothrombin time (PT) fibrinogen and D-dimer was extracted, and pooled analysis was performed in accordance with the definition of coagulopathy and its subtypes. Pooled prevalence of coagulopathies and 95% CI were estimated with a variance weighted random effects model. Seven studies, comprising 461 patients were included in this systematic review. Overall weighted prevalence of coagulopathy was 12.3% (95% CI 10.7-13.9), 11.7% for INR (95% CI 1-31.6), 10.1% for platelet count (95% CI 1-26.8), and 11.1% for aPTT (95% CI 0.78-31). Fibrinogen serum concentration level was normal in 97%, and 46.2% (n = 55) of patients had elevated D-dimer. Only 6% of the entire population demonstrated significant coagulopathy. DIC was noted in 2.4% of the population. This first systematic review of literature on baseline coagulation of rAAAs suggests that the majority of these patients do not present with coagulopathy and only a minor proportion of patients present with significant coagulopathy. Copyright © 2016 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.

Subject Headings: Index Medicus

Source: Medline
Do surgical trainees believe they are adequately trained to manage the ageing population? A UK survey of knowledge and beliefs in surgical trainees.

**Citation:** Journal of surgical education, Jul 2015, vol. 72, no. 4, p. 641-647, 1878-7452 (2015 Jul-Aug)

**Author(s):** Shipway, D J H, Partridge, J S L, Foxton, C R, Modarai, B, Gossage, J A, Challacombe, B J, Marx, C, Dhesi, J K

**Abstract:** Increasing numbers of older patients are undergoing surgery. Older surgical patients are at a higher risk of perioperative complications and mortality. Multimorbidity, frailty, and physiological changes of ageing contribute to adverse outcomes. These complications are predominantly medical, rather than directly surgical. Guidelines recommend preoperative assessment of comorbidity, disability, and frailty in older patients undergoing surgery and closer perioperative collaboration between surgeons and geriatricians. We conducted a survey to assess knowledge and beliefs of surgical trainees toward common perioperative problems encountered in older surgical patients. Paper-based survey. Unselected UK surgical training-grade physicians (CT1-ST8) attending the 2013 Congress of The Association of Surgeons of Great Britain and Ireland, Glasgow, UK, May 1-3, 2013. A total of 160 eligible UK surgical trainees attending the conference were invited to participate in the survey. Of them, 157 participated. Of the trainees, 68% (n = 107) reported inadequate training and 89.2% (n = 140) supported the inclusion of geriatric medicine issues in surgical curricula. Of the respondents, 77.2% (n = 122) were unable to correctly identify the key features required to demonstrate mental capacity, and only 3 of 157 respondents were familiar with the diagnostic criteria for delirium. Support from geriatric medicine was deemed necessary (84.7%, n = 133) but often inadequate (68.2%, n = 107). Surgical trainees support closer collaboration with geriatric medicine and shared care of complex, older patients (93.6%, n = 147). UK surgical trainees believe that they receive inadequate training in the perioperative management of complex, older surgical patients and are inadequately supported by geriatric medicine physicians. In this survey sample, trainee knowledge of geriatric issues such as delirium and mental capacity was poor. Surgical trainees support the concept of closer liaison and shared care of complex, older patients with geriatric medicine physicians. Changes to surgical training and service development are needed. Copyright © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.

**Source:** Medline

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Hedonic and disgust taste perception in borderline personality disorder and depression.

**Citation:** The British journal of psychiatry : the journal of mental science, Jul 2015, vol. 207, no. 1, p. 79-80, 1472-1465 (July 2015)
Author(s): Arrondo, Gonzalo, Murray, Graham K, Hill, Emma, Szalma, Bence, Yathiraj, Krishna, Denman, Chess, Dudas, Robert B

Abstract: Depression and borderline personality disorder (BPD) are both thought to be accompanied by alterations in the subjective experience of environmental rewards. We evaluated responses in women to sweet, bitter and neutral tastes (juice, quinine and water): 29 with depression, 17 with BPD and 27 healthy controls. The BPD group gave lower pleasantness and higher disgust ratings for quinine and juice compared with the control group; the depression group did not differ significantly from the control group. Juice disgust ratings were related to self-disgust in BPD, suggesting close links between abnormal sensory processing and self-identity in BPD. © The Royal College of Psychiatrists 2015.

Source: Medline


Author(s): Harris, Victoria A, Staffurth, John, Naismith, Olivia, Esmail, Alikhan, Gulliford, Sarah, Khoo, Vincent, Lewis, Rebecca, Littler, John, McNair, Helen, Sadoyze, Azmat, Scrase, Christopher, Sohaib, Aslam, Syndikus, Isabel, Zarkar, Anjali, Hall, Emma, Dearnaley, David, PIVOTAL Trialists

Abstract: The purpose of this study was to establish reproducible guidelines for delineating the clinical target volume (CTV) of the pelvic lymph nodes (LN) by combining the freehand Royal Marsden Hospital (RMH) and Radiation Therapy Oncology Group (RTOG) vascular expansion techniques. Seven patients with prostate cancer underwent standard planning computed tomography scanning. Four different CTVs (RMH, RTOG, modified RTOG, and Prostate and pelvis Versus proOsTate Alone treatment for Locally advanced prostate cancer [PIVOTAL] trial) were created for each patient, and 6 different bowel expansion margins (BEM) were created to assess bowel avoidance by the CTV. The resulting CTVs were compared visually and by using Jaccard conformity indices. The volume of overlap between bowel and planning target volume (PTV) was measured to aid selection of an appropriate BEM to enable maximal LN yet minimal normal tissue coverage. In total, 84 nodal contours were evaluated. LN coverage was similar in all groups, with all of the vascular-expansion techniques (RTOG, modified RTOG, and PIVOTAL), resulting in larger CTVs than that of the RMH technique (mean volumes: 287.3 cm(3), 326.7 cm(3), 310.3 cm(3), and 256.7 cm(3), respectively). Mean volumes of bowel
within the modified RTOG PTV were 19.5 cm(3) (with 0 mm BEM), 17.4 cm(3) (1-mm BEM), 10.8 cm(3) (2-mm BEM), 6.9 cm(3) (3-mm BEM), 5.0 cm(3) (4-mm BEM), and 1.4 cm(3) (5-mm BEM) in comparison with an overlap of 9.2 cm(3) seen using the RMH technique. Evaluation of conformity between LN-CTVs from each technique revealed similar volumes and coverage. Vascular expansion techniques result in larger LN-CTVs than the freehand RMH technique. Because the RMH technique is supported by phase 1 and 2 trial safety data, we proposed modifications to the RTOG technique, including the addition of a 3-mm BEM, which resulted in LN-CTV coverage similar to that of the RMH technique, with reduction in bowel and planning target volume overlap. On the basis of these findings, recommended guidelines including a detailed pelvic LN contouring atlas have been produced and implemented in the PIVOTAL trial. Copyright © 2015 Elsevier Inc. All rights reserved.

Source: Medline

The direct cost of intravenous insulin infusions to the NHS in England and Wales.

Citation: Clinical medicine (London, England), Aug 2015, vol. 15, no. 4, p. 330-333, 1470-2118 (August 2015)

Author(s): Rajendran, Rajesh, Scott, Anne, Rayman, Gerry

Abstract: The cost of intravenous insulin infusion to the NHS is unknown. The aim of this study was to estimate the direct cost of insulin infusions to the NHS in England and Wales in the first 24-hour period of infusion. Data from the National Inpatient Diabetes Audit 2013 in the UK were used to estimate the number of insulin infusions in use across England and Wales. Costs were calculated for six models for setting up and maintenance of insulin infusions, depending on the extent of involvement of different healthcare professionals in the UK. In this study, the direct costs of intravenous insulin infusions to the NHS in England and Wales have been estimated to vary from £6.4-8.5 million in the first 24-hour period on infusion. More appropriate use of these infusions could result in substantial cost savings. © Royal College of Physicians 2015. All rights reserved.

Source: Medline

Full Text: Available from ProQuest in Clinical Medicine

Utilizing the Ipswich Touch Test to simplify screening methods for identifying the risk of foot ulceration among diabetics: Comment on the Saudi experience.

Citation: Primary care diabetes, Aug 2015, vol. 9, no. 4, p. 308-309, 1878-0210 (August 2015)
DOG1 Expression in Low-Grade Fibromyxoid Sarcoma: A Study of 11 Cases, With Molecular Characterization.

Citation: International journal of surgical pathology, Sep 2015, vol. 23, no. 6, p. 454-460, 1940-2465 (September 2015)

Author(s): Thway, Khin, Ng, Wen, Benson, Charlotte, Chapman, John, Fisher, Cyril

Abstract: DOG1 is a highly sensitive marker for gastrointestinal stromal tumor (GIST) and is in the routine diagnostic antibody repertoire of many surgical pathology laboratories. Moreover, GIST is well recognized by both pathologists and clinicians in the differential diagnosis of intra-abdominal and pelvic neoplasms. Low-grade fibromyxoid sarcoma (LGFMS) is, however, much less frequently anticipated, particularly when occurring at unusual sites, because of its rarity and bland histology, particularly on core biopsy. We describe a case of a 53-year-old male with a large pelvic and pararectal mass, which on biopsy showed a moderately cellular spindle cell neoplasm within fibrous stroma. Immunohistochemistry at the referring center showed diffuse and strong expression of DOG1 with negativity for other markers. After referral to a tertiary center, repeat DOG1 immunohistochemistry again showed diffuse expression, but MUC4 was also positive, and this was confirmed to be LGFMS, harboring FUS-CREB3L2 fusion transcripts by reverse transcription-polymerase chain reaction and FUS rearrangement with fluorescence in situ hybridization. In view of this we assessed DOG1 expression in 10 other LGFMS (all MUC4 positive, and 9 molecularly confirmed to harbor FUS-CREB3L2 fusion transcripts and/or FUS or EWSR1 gene rearrangement), of which 5 showed DOG1 expression in up to 75% of tumor cells, varying in intensity from weak to strong. While LGFMS and GIST are generally morphologically dissimilar, less typical variants of each exist, and both can contain bland spindled cells within fibrous stroma. As the morphologic spectrum of LGFMS is wide, and as it can occur in unusual sites and may not be well recognized by general pathologists and non-soft tissue pathologists, we highlight the potential for diagnostic confusion with GIST owing to aberrant DOG1 expression. This is clinically pertinent, as the management and prognosis of these 2 neoplasms differs significantly. © The Author(s) 2015.

Source: Medline

Myringoplasty outcomes in the UK.

Citation: The Journal of laryngology and otology, Sep 2015, vol. 129, no. 9, p. 860-864,
**Abstract:** To determine the outcome of myringoplasty as undertaken by ENT surgeons in the UK, and to assess the current systems available for providing national outcome data. A prospective national multicentre audit was conducted involving multiple hospitals throughout the UK. Participants consisted of ENT surgeons practising in the UK. Data were prospectively collected over a three-year period between 1 March 2006 and 1 March 2009 using the web-based Common Otology Database. In total, 33 surgeons provided valid and complete data for 495 procedures. The overall closure rate for myringoplasty was 89.5 per cent. The average hearing gain for successful primary myringoplasties was 9.14 dB (standard deviation = 10.62). The Common Otology Database provided an effective platform for capturing outcome data. Myringoplasty is a safe and effective procedure in the UK. With the introduction of revalidation by the General Medical Council, participation in national audits will be mandatory in the future. This study demonstrates that a web-based audit tool would be suitable for performing such audits.

**Source:** Medline

**Full Text:**
Available from Journal of Laryngology and Otology in Ipswich Hospital Library & Learning Resources

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**Physiotherapy for functional motor disorders: a consensus recommendation.**

**Citation:** Journal of neurology, neurosurgery, and psychiatry, Oct 2015, vol. 86, no. 10, p. 1113-1119, 1468-330X (October 2015)

**Author(s):** Nielsen, Glenn, Stone, Jon, Matthews, Audrey, Brown, Melanie, Sparkes, Chris, Farmer, Ross, Masterton, Lindsay, Duncan, Linsey, Winters, Alisa, Daniell, Laura, Lumsden, Carrie, Carson, Alan, David, Anthony S, Edwards, Mark

**Abstract:** Patients with functional motor disorder (FMD) including weakness and paralysis are commonly referred to physiotherapists. There is growing evidence that physiotherapy is an effective treatment, but the existing literature has limited explanations of what physiotherapy should consist of and there are insufficient data to produce evidence-based guidelines. We aim to address this issue by presenting recommendations for physiotherapy treatment. A meeting was held between physiotherapists, neurologists and neuropsychiatrists, all with extensive experience in treating FMD. A set of consensus recommendations were produced based on existing evidence and experience. We recommend that physiotherapy treatment is based on a biopsychosocial aetiological framework. Treatment should address illness beliefs, self-directed attention and abnormal habitual movement patterns through a process of education, movement retraining and self-management strategies within a positive and non-judgemental
Physiotherapy has a key role in the multidisciplinary management of patients with FMD. There appear to be specific physiotherapy techniques which are useful in FMD and which are amenable to and require prospective evaluation. The processes involved in referral, treatment and discharge from physiotherapy should be considered carefully as a part of a treatment package. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

**Source:** Medline

**Full Text:**
Available from Highwire Press in Journal of neurology, neurosurgery, and psychiatry

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**Optimizing the management of patients with spinal myeloma disease.**

**Citation:** British journal of haematology, Nov 2015, vol. 171, no. 3, p. 332-343, 1365-2141 (November 2015)

**Author(s):** Molloy, Sean, Lai, Maggie, Pratt, Guy, Ramasamy, Karthik, Wilson, David, Quraishi, Nasir, Auger, Martin, Cumming, David, Punekar, Maqsood, Quinn, Michael, Ademonkun, Debo, Willis, Fenella, Tighe, Jane, Cook, Gordon, Stirling, Alistair, Bishop, Timothy, Williams, Cathy, Boszczyk, Bronnek, Reynolds, Jeremy, Grainger, Mel, Craig, Niall, Hamilton, Alastair, Chalmers, Isobel, Ahmedzai, Sam, Selvadurai, Susanne, Low, Eric, Kyriakou, Charalampia, UK Spinal Myeloma Working Group

**Abstract:** Myeloma is one of the most common malignancies that results in osteolytic lesions of the spine. Complications, including pathological fractures of the vertebrae and spinal cord compression, may cause severe pain, deformity and neurological sequelae. They may also have significant consequences for quality of life and prognosis for patients. For patients with known or newly diagnosed myeloma presenting with persistent back or radicular pain/weakness, early diagnosis of spinal myeloma disease is therefore essential to treat and prevent further deterioration. Magnetic resonance imaging is the initial imaging modality of choice for the evaluation of spinal disease. Treatment of the underlying malignancy with systemic chemotherapy together with supportive bisphosphonate treatment reduces further vertebral damage. Additional interventions such as cement augmentation, radiotherapy, or surgery are often necessary to prevent, treat and control spinal complications. However, optimal management is dependent on the individual nature of the spinal involvement and requires careful assessment and appropriate intervention throughout. This article reviews the treatment and management options for spinal myeloma disease and highlights the value of defined pathways to enable the proper management of patients affected by it. © 2015 John Wiley & Sons Ltd.

**Source:** Medline
Composite Hemangioendothelioma of the Submandibular Region.

Citation: Head and neck pathology, Dec 2015, vol. 9, no. 4, p. 519-524, 1936-0568 (December 2015)

Author(s): Leen, Sarah Lam Shang, Clarke, Peter M, Chapman, John, Fisher, Cyril, Thway, Khin

Abstract: Composite hemangioendothelioma (HE) is a rare vascular neoplasm of intermediate malignant potential that predominantly occurs within the dermis or subcutis of the extremities, and occurs in a wide age range. It is locally aggressive with a high rate of local recurrence, and more rarely regional lymph node or distant metastasis. Histologically, it is composed of a complex admixture of benign, intermediate and malignant vascular components. Although composite HE may contain angiosarcoma-like areas, its prognosis is better than that of pure angiosarcoma. We describe a case of composite HE presenting as a submandibular mass in a 43 year-old male, which included areas of prominent 'high grade' epithelioid angiosarcoma. This adds to the range of anatomic sites of these neoplasms, highlights the importance of recognition of the head and neck as a potential site, and emphasizes the importance of accurate diagnosis for correct management (including of long term follow up) and prognostication.

Source: Medline

Hypofractionated radiotherapy versus conventionally fractionated radiotherapy for patients with intermediate-risk localised prostate cancer: 2-year patient-reported outcomes of the randomised, non-inferiority, phase 3 CHHiP trial.

Citation: The Lancet. Oncology, Dec 2015, vol. 16, no. 16, p. 1605-1616, 1474-5488 (December 2015)

Author(s): Wilkins, Anna, Mossop, Helen, Syndikus, Isabel, Khoo, Vincent, Bloomfield, David, Parker, Chris, Logue, John, Scrase, Christopher, Patterson, Helen, Birtle, Alison, Staffurth, John, Malik, Zafar, Panades, Miguel, Eswar, Chinnamani, Graham, John, Russell, Martin, Kirkbride, Peter, O'Sullivan, Joe M, Gao, Annie, Cruickshank, Clare, Griffin, Clare, Dearnaley, David, Hall, Emma

Abstract: Patient-reported outcomes (PROs) might detect more toxic effects of radiotherapy than do clinician-reported outcomes. We did a quality of life (QoL) substudy to assess PROs up to 24 months after conventionally fractionated or hypofractionated radiotherapy in the Conventional or Hypofractionated High Dose Intensity Modulated Radiotherapy in Prostate Cancer (CHHiP) trial. The CHHiP trial is a randomised, non-
inferiority phase 3 trial done in 71 centres, of which 57 UK hospitals took part in the QoL substudy. Men with localised prostate cancer who were undergoing radiotherapy were eligible for trial entry if they had histologically confirmed T1b-T3aN0M0 prostate cancer, an estimated risk of seminal vesicle involvement less than 30%, prostate-specific antigen concentration less than 30 ng/mL, and a WHO performance status of 0 or 1. Participants were randomly assigned (1:1:1) to receive a standard fractionation schedule of 74 Gy in 37 fractions or one of two hypofractionated schedules: 60 Gy in 20 fractions or 57 Gy in 19 fractions. Randomisation was done with computer-generated permuted block sizes of six and nine, stratified by centre and National Comprehensive Cancer Network (NCCN) risk group. Treatment allocation was not masked. UCLA Prostate Cancer Index (UCLA-PCI), including Short Form (SF)-36 and Functional Assessment of Cancer Therapy-Prostate (FACT-P), or Expanded Prostate Cancer Index Composite (EPIC) and SF-12 quality-of-life questionnaires were completed at baseline, pre-radiotherapy, 10 weeks post-radiotherapy, and 6, 12, 18, and 24 months post-radiotherapy. The CHHiP trial completed accrual on June 16, 2011, and the QoL substudy was closed to further recruitment on Nov 1, 2009. Analysis was on an intention-to-treat basis. The primary endpoint of the QoL substudy was overall bowel bother and comparisons between fractionation groups were done at 24 months post-radiotherapy. The CHHiP trial is registered with ISRCTN registry, number ISRCTN97182923. 2100 participants in the CHHiP trial consented to be included in the QoL substudy: 696 assigned to the 74 Gy schedule, 698 assigned to the 60 Gy schedule, and 706 assigned to the 57 Gy schedule. Of these individuals, 1659 (79%) provided data pre-radiotherapy and 1444 (69%) provided data at 24 months after radiotherapy. Median follow-up was 50.0 months (IQR 38.4-64.2) on April 9, 2014, which was the most recent follow-up measurement of all data collected before the QoL data were analysed in September, 2014. Comparison of 74 Gy in 37 fractions, 60 Gy in 20 fractions, and 57 Gy in 19 fractions groups in 2 years showed no overall bowel bother in 269 (66%), 266 (65%), and 282 (65%) men; very small bother in 92 (22%), 91 (22%), and 93 (21%) men; small bother in 26 (6%), 28 (7%), and 38 (9%) men; moderate bother in 19 (5%), 23 (6%), and 21 (5%) men, and severe bother in four (<1%), three (<1%) and three (<1%) men respectively (74 Gy vs 60 Gy, p<0.05). We saw no differences between treatment groups in change of bowel bother score from baseline or pre-radiotherapy to 24 months. The incidence of patient-reported bowel symptoms was low and similar between patients in the 74 Gy control group and the hypofractionated groups up to 24 months after radiotherapy. If efficacy outcomes from CHHiP show non-inferiority for hypofractionated treatments, these findings will add to the growing evidence for moderately hypofractionated radiotherapy schedules becoming the standard treatment for localised prostate cancer. Cancer Research UK, Department of Health, and the National Institute for Health Research Cancer Research Network. Copyright © 2015 Wilkins et al. Open Access article distributed under the terms of CC BY. Published by Elsevier Ltd.. All rights reserved.

Source: Medline

Full Text: Available from ProQuest in Lancet Oncology
When routine 7-day ambulatory ECG monitoring should be advocated in patients with ischaemic stroke.

**Citation:** Clinical medicine (London, England), Jun 2016, vol. 16 Suppl 3, p. s12., 1473-4893 (June 1, 2016)

**Author(s):** Mackett, Alistair, Chowdhury, Muhibbur, Das, Saugata

**Source:** Medline

**Full Text:** Available from ProQuest in Clinical Medicine


**Citation:** European urology, Jun 2016, vol. 69, no. 6, p. 1016-1025, 1873-7560 (June 2016)

**Author(s):** Langley, Ruth E, Kynaston, Howard G, Alhasso, Abdulla A, Duong, Trinh, Paez, Edgar M, Jovic, Gordana, Scrase, Christopher D, Robertson, Andrew, Cafferty, Fay, Welland, Andrew, Carpenter, Robin, Honeyfield, Lesley, Abel, Richard L, Stone, Michael, Parmar, Mahesh K B, Abel, Paul D

**Abstract:** Luteinising hormone-releasing hormone agonists (LHRHa), used as androgen deprivation therapy (ADT) in prostate cancer (PCa) management, reduce serum oestradiol as well as testosterone, causing bone mineral density (BMD) loss. Transdermal oestradiol is a potential alternative to LHRHa. To compare BMD change in men receiving either LHRHa or oestradiol patches (OP). Men with locally advanced or metastatic PCa participating in the randomised UK Prostate Adenocarcinoma TransCutaneous Hormones (PATCH) trial (allocation ratio of 1:2 for LHRHa:OP, 2006-2011; 1:1, thereafter) were recruited into a BMD study (2006-2012). Dual-energy x-ray absorptiometry scans were performed at baseline, 1 yr, and 2 yr. LHRHa as per local practice, OP (FemSeven 100μg/24h patches). The primary outcome was 1-yr change in lumbar spine (LS) BMD from baseline compared between randomised arms using analysis of covariance. A total of 74 eligible men (LHRHa 28, OP 46) participated from seven centres. Baseline clinical characteristics and 3-mo castration rates (testosterone ≤1.7 nmol/l, LHRHa 96% [26 of 27], OP 96% [43 of 45]) were similar between arms. Mean 1-yr change in LS BMD was -0.021g/cm(3) for patients randomised to the LHRHa arm (mean percentage change -1.4%) and +0.069g/cm(3) for the OP arm (+6.0%; p<0.001). Similar patterns were seen in hip and total body measurements. The largest difference between arms was at 2 yr for those remaining on allocated treatment only: LS BMD mean percentage change LHRHa -3.0% and OP +7.9% (p<0.001). Transdermal oestradiol as a single agent produces castration levels of testosterone while mitigating BMD loss. These early data provide further supporting evidence for the ongoing phase 3 trial. This study found that prostate cancer
patients treated with transdermal oestradiol for hormonal therapy did not experience the loss in bone mineral density seen with luteinising hormone-releasing hormone agonists. Other clinical outcomes for this treatment approach are being evaluated in the ongoing PATCH trial. ISRCTN70406718, PATCH trial (ClinicalTrials.gov NCT00303784). Copyright © 2015 European Association of Urology. Published by Elsevier B.V. All rights reserved.

**Source:** Medline

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**A case-control study of medical, psychological and socio-economic factors influencing the severity of chronic rhinosinusitis.**

**Citation:** Rhinology, Jun 2016, vol. 54, no. 2, p. 134-140, 0300-0729 (June 2016)

**Author(s):** Philpott, Carl, Erskine, Sally, Hopkins, Claire, Coombes, Emma, Kara, Naveed, Sunkareneni, Vishnu, Anari, Shahram, Salam, Mahmoud, Farboud, Amir, Clark, Allan, CRES Group

**Abstract:** Chronic rhinosinusitis (CRS) is a common and debilitating disorder. Little is known about the epidemiology of this disease. The aims of the study were to identify differences in socio-economic variables and quality of life between patients with chronic rhinosinusitis and healthy controls, to identify any significant associations between CRS and other medical co-morbidities, psychiatric disease or environmental exposure and to explore the experience of CRS from the perspective of CRS sufferers. Participants were recruited from ENT clinics from 30 centres across the UK. They completed a study-specific questionnaire considering environmental, medical and socio-economic factors, and SF-36 and SNOT-22 scores. All participants with CRS were diagnosed by a clinician and categorised as having CRS (with polyposis, without polyposis or allergic fungal rhinosinusitis (AFRS)). Controls included family and friends of those attending ENT outpatient clinics and hospital staff who had no diagnosis of nose or sinus problems and had not been admitted to hospital in the previous 12 months. A total of 1470 study participants (1249 patients and 221 controls) were included in the final analysis. Highly significant differences were seen in generic and disease-specific quality of life scores between CRS sufferers and controls; mean SNOT-22 score 45.0 for CRS compared with 12.1 amongst controls. There were no clear differences in socioeconomic variables including social class, index of multiple deprivation and educational attainment between cases and controls. Common comorbidities with a clear association included respiratory and psychiatric disorders, with a higher frequency of reported upper respiratory tract infections. CRS is associated with significant impairment in quality of life and with certain medical co-morbidities. In contrast to other common ENT disorders, no socioeconomic differences were found between patients and controls in this study.

**Source:** Medline
Perilymph fistula: the patients' experience.

Citation: The Journal of laryngology and otology, Jun 2016, vol. 130, no. 6, p. 526-531, 1748-5460 (June 2016)

Author(s): Meldrum, J A, Prinsley, P R

Abstract: This study aimed to assess the experiences and outcomes of patients who underwent surgical repair of a perilymph fistula in Norfolk, UK. The study involved a retrospective questionnaire-based patient survey and case note review of patients who had undergone tympanotomy and perilymph fistula repair between 1998 and 2012 in two district general hospitals. Fourteen patients underwent 20 procedures, of whom 7 completed the pre- and post-operative Vertigo Symptom Scale. In five patients, there was no obvious precipitating cause. Perilymph fistula was precipitated by noise in one patient, by a pressure-increasing event in six patients and by trauma in two patients. The Vertigo Symptom Scale scores showed a statistically significant improvement following surgical repair, from a median of 67 (out of 175) pre-operatively to 19 post-operatively. In selected patients with vertigo, perilymph fistula should be considered; surgical repair can significantly improve symptoms.

Source: Medline

Full Text: Available from Journal of Laryngology and Otology in Ipswich Hospital Library & Learning Resources

Incidence and reporting of sharps injuries amongst ENT surgeons.

Citation: The Journal of laryngology and otology, Jun 2016, vol. 130, no. 6, p. 581-586, 1748-5460 (June 2016)

Author(s): Vijendren, A, Sanchez, J, Yung, M

Abstract: Sharps injuries are a common occupational hazard amongst surgeons. Limited work has been conducted on their effects within the ENT community. A literature review was performed and a survey on sharps injuries was distributed to the entire membership of ENT-UK electronically. The literature review revealed 3 studies, with 2 of them performed more than 20 years ago. A total of 323 completed questionnaires were returned (24 per cent response rate). Of the respondents, 26.6 per cent reported having experienced sharps injuries. There was no statistical difference between the occurrence of sharps injuries and the grade, length of time spent in the specialty or subspecialty of respondents. Only 33.7 per cent of afflicted clinicians reported all their injuries as per local institutional policies. No seroconversions were reported. The study found poor evidence on sharps injuries amongst ENT surgeons, and low reporting rates that were comparable to other studies conducted in the UK. This highlights the need for further...
An exploratory investigation of personality types attracted to ENT.

**Citation:** The Journal of laryngology and otology, Jun 2016, vol. 130, no. 6, p. 587-595, 1748-5460 (June 2016)

**Author(s):** Vijendren, A, Yung, M, Sanchez, J, Shiralkar, U, Weigel, L

**Abstract:** Careers in medicine are embarked on by people with various personalities, with highly strung and motivated characters usually drawn to surgery. This study was conducted to identify the personality types of ENT surgeons in comparison to a control group of foundation doctors. A validated personality questionnaire was distributed to ENT specialty trainees and two cohorts of foundation doctors between October 2013 and November 2015. The questionnaires were scored and individuals were categorised as having either type A or type B personalities. Response rates were 90 per cent (26 out of 29) for ENT specialty trainees and 76 per cent (79 out of 104) for foundation doctors. There was a significantly higher proportion of type A personalities in the ENT specialty trainees compared to the foundation doctors (18 out of 26 ENT specialty trainees vs 32 out of 79 foundation doctors; \( p = 0.01 \), chi-square = 6.4708). There were no associations between personality type and grade, gender or subspecialty of interest. ENT surgeons are more likely to be of type A personality in comparison to foundation doctors. This could be a reflection of the recruitment process into the specialty or a characteristic of individuals that get drawn to ENT.

**Source:** Medline

**Full Text:**
Available from Journal of Laryngology and Otology in Ipswich Hospital Library & Learning Resources

Patient education in the effective management of hay fever

**Citation:** Nursing Standard, Jun 2016, vol. 30, no. 43, p. 48-53, 0029-6570 (June 22, 2016)

**Author(s):** Bartle, Janette
Abstract: Hay fever, or seasonal allergic rhinitis, is a common condition that affects one in four people in the UK. It is characterised by cold-like symptoms that may include a runny nose, itchy eyes, sneezing and nasal congestion or blockage. Patient education is important in improving patient concordance with treatment regimens and effectively managing hay fever symptoms, and may include advice on ways to avoid pollen. Encouraging patients to start treatment in advance of pollen dispersal, before they experience symptoms, enables optimum management of seasonal allergic rhinitis. Adjunctive treatment, using a nasal douche before applying a nasal corticosteroid spray, is recommended as an aid to nasal hygiene, to improve the efficacy of medication and to reduce allergic inflammation. Often a nasal corticosteroid spray is applied using an incorrect technique, rendering it ineffective. It is important for patients to understand how a nasal corticosteroid spray works and the need for continuous daily treatment using a correct application technique for maximum efficacy of the medication delivered. Standard operating procedures have been developed to demonstrate the effective technique for applying a nasal spray and to improve patients' understanding of the recommended nasal douching treatment. [MEDIUM] References

Source: BNI

Full Text:
Available from Nursing Standard in Ipswich Hospital Library & Learning Resources

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Documentation and record-keeping in pressure ulcer management

Citation: Nursing Standard, May 2015, vol. 29, no. 36, p. 56-63, 0029-6570 (May 6, 2015)

Author(s): Chamanga, Edwin, Ward, Renee

Abstract: National and international guidelines recommend the use of clinical assessments and interventions to prevent pressure-related skin damage. This includes the categorisation of pressure ulcers as avoidable or unavoidable, which is challenging in clinical practice, mainly because of poor documentation and record-keeping for care delivered. Documentation and record-keeping are influenced by the individual's employing organisation, maintenance procedures for documentation and record-keeping, and local auditing processes. A transfer sticker to enable patient assessment and promote pressure ulcer documentation was designed and implemented. The transfer sticker captures the date, time and location of a pressure ulcer preventive risk assessment and the plan of care to be implemented. The increased clarity of record of care achieved by using the transfer sticker has enabled the number of avoidable hospital-acquired pressure ulcers resulting from poor documentation on admission or ward transfers to be reduced. The transfer sticker helps staff identify patients at risk and allows interventions to be implemented in a timely manner. [PUBLICATION] 13 references

Source: BNI
Conventional versus hypofractionated high-dose intensity-modulated radiotherapy for prostate cancer: 5-year outcomes of the randomised, non-inferiority, phase 3 CHHiP trial.

Citation: Lancet Oncology, 2016, vol./is. 17/8(1047-1060), 14702045

Author(s): Dearnaley, David, Syndikus, Isabel, Mossop, Helen, Khoo, Vincent, Birtle, Alison, Bloomfield, David, Graham, John, Kirkbride, Peter, Logue, John, Malik, Zafar, Money-Kyrle, Julian, O'Sullivan, Joe M, Panades, Miguel, Parker, Chris, Patterson, Helen, Scrase, Christopher, Staffurth, John, Stockdale, Andrew, Tremlett, Jean, Bidmead, Margaret

Language: English

Publication Type: Academic Journal

Subject Headings:

Source: CINAHL

Full Text: Available from ProQuest in Lancet Oncology

Improving the care of patients with gastrointestinal bleeding.

Citation: British Journal of Hospital Medicine (17508460), 2016, vol./is. 77/6(322-323), 17508460

Author(s): Sinclair, Martin, Smith, Neil

Language: English

Publication Type: Academic Journal

Subject Headings:

Source: CINAHL
Short Androgen Suppression and Radiation Dose Escalation for Intermediate- and High-Risk Localized Prostate Cancer: Results of EORTC Trial 22991.

Citation: Journal of Clinical Oncology, 2016, vol./is. 34/15(1748-1756), 0732183X


Language: English

Abstract: Purpose: Up to 30% of patients who undergo radiation for intermediate- or high-risk localized prostate cancer relapse biochemically within 5 years. We assessed if biochemical disease-free survival (DFS) is improved by adding 6 months of androgen suppression (AS; two injections of every 3-months depot of luteinizing hormone-releasing hormone agonist) to primary radiotherapy (RT) for intermediate- or high-risk localized prostate cancer. Patients and Methods: A total of 819 patients staged: (1) cT1b-c, with prostate-specific antigen (PSA) ≥ 10 ng/mL or Gleason ≥ 7, or (2) cT2a (International Union Against Cancer TNM 1997), with no involvement of pelvic lymph nodes and no clinical evidence of metastatic spread, with PSA ≤ 50 ng/mL, were centrally randomized 1:1 to either RT or RT plus AS started on day 1 of RT. Centers opted for one dose (70, 74, or 78 Gy). Biochemical DFS, the primary end point, was defined from entry until PSA relapse (Phoenix criteria) and clinical progression-free survival by imaging or death of any cause. The trial had 80% power to detect hazard ratio (HR), 0.714 by intent-to-treat analysis stratified by dose of RT at the two-sided α = 5%. Results: The median patient age was 70 years. Among patients, 74.8% were intermediate risk and 24.8% were high risk. In the RT arm, 407 of 409 patients received RT; in the RT plus AS arm, 403 patients received RT plus AS and three patients received RT only. At 7.2 years median follow-up, RT plus AS significantly improved biochemical DFS (HR, 0.52; 95% CI, 0.41 to 0.66; P < .001, with 319 events), as well as clinical progression-free survival (205 events, HR, 0.63; 95% CI, 0.48 to 0.84; P = .001). In exploratory analysis, no statistically significant interaction between treatment effect and dose of RT could be evidenced (heterogeneity P = .79 and P = .66, for biochemical DFS and progression-free survival, respectively). Overall survival data are not mature yet. Conclusion: Six months of concomitant and adjuvant AS improves biochemical and clinical DFS of intermediate- and high-risk cT1b-c to cT2a (with no involvement of pelvic lymph nodes and no clinical evidence of metastatic spread) prostatic carcinoma, treated by radiation.

Publication Type: Academic Journal

Subject Headings:

Source: CINAHL
An evaluation of the safety and efficacy of a variable rate intravenous insulin infusion in the management of hyperglycaemia in acute coronary syndrome: experience of the TITAN-ACS.

**Citation:** British Journal of Diabetes & Vascular Disease, 2015, vol./is. 15/4(173-180), 14746514

**Author(s):** HAMMERSLEY, MAGGIE S, RAYMAN, GERRY, WINOCOUR, PETER, WESTON, CLIVE, BIRKHEAD, JOHN

**Language:** English

**Publication Type:** Academic Journal

**Subject Headings:**

**Source:** CINAHL

Outcome of Appendicectomies at Surgery for Mucinous Ovarian Neoplasms: Report from A UK Center and Review of Literature

**Citation:** International Journal of Gynecological Cancer, July 2016, vol./is. 26/6(1020-1026), 1048-891X;1525-1438 (01 Jul 2016)

**Author(s):** Mukhopadhyay D., Rajab R., Nobbenhuis M., Dilley J., Heath O., Wang J., Ind T.E.J., Barton D.P.J.

**Institution:** (Mukhopadhyay) Department of Obstetrics and Gynaecology, Ipswich Hospital NHS Trust, Heath Rd, Ipswich IP4 5PD, United Kingdom, (Rajab, Wang) Department of Histopathology, St George's Hospital, London, United Kingdom, (Nobbenhuis, Dilley, Ind, Barton) Department of Gynaecological Oncology, Royal Marsden Hospital, London, United Kingdom, (Heath, Ind, Barton) Department of Gynaecological Oncology, St George's Hospital, London, United Kingdom

**Language:** English

**Abstract:** Objective This study aimed to determine the frequency of malignant pathology in a macroscopically normal appendix during surgery for a borderline or malignant mucinous ovarian tumor (MOT). Methods Women with borderline and malignant MOT were identified from the pathology database from 2000 to 2014. Women who had a benign MOT and had an appendicectomy were excluded from the study. Data were collected from the electronic patient record and case notes. Results Of 310 women
identified with MOT, 203 patients with benign MOT were excluded. Of the remaining 107 patients, 15 patients with previous appendicectomy were also excluded. The study population consisted of 92 patients. There were 57 (62%) patients with borderline MOT and 35 (38%) patients with malignant MOT. In the borderline subgroup, 40/57 (70%) patients had appendicectomy of whom 8 (20%) had macroscopically abnormal appendices. One patient had pseudomyxoma peritonei secondarily involving the appendix and 7 patients had a histologically normal appendix. Normal histology was found in all macroscopically normal appendices. In the malignant subgroup, 29/35 (83%) patients had an appendicectomy. There were 8 (27.5%) macroscopically abnormal appendices with a malignant pathology in 7 (87.5%) patients and 1 patient had a resolving appendicitis. There were 21 macroscopically normal appendices of which, serrated adenoma was found in 1 (4.8%) patient, whereas the remaining 20 (95.2%) patients had normal histology. Conclusions In MOT, an abnormal appearing appendix should be excised. If the appendix is grossly normal, our data do not support performing an appendicectomy as part of a surgical staging procedure.

Country of Publication: United States

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Article

Source: EMBASE

Ovarian Mature Cystic Teratomas in Women over 50 Years of Age: Coincidental Malignancy

Citation: Journal of Gynecologic Surgery, April 2016, vol./is. 32/2(104-110), 1042-4067;1557-7724 (01 Apr 2016)

Author(s): Mukhopadhyay D., Heenan S., Rajab R., Wang J., Heath O., Adam E.J., Barton D.P.J.

Institution: (Mukhopadhyay) Ipswich Hospital National Health Service (NHS) Trust, Ipswich Hospital NHS Trust, Heath Road, Ipswich IP4 5PD, United Kingdom, (Heenan, Adam) Departments of Radiology, St. George's Healthcare NHS Trust, London, United Kingdom, (Rajab, Wang) Departments of Histopathology, St. George's Healthcare NHS Trust, London, United Kingdom, (Heath, Barton) Department of Gynecological Oncology, St. George's Healthcare NHS Trust, London, United Kingdom

Language: English

Abstract: Objective: This study was conducted to find the optimal management for mature cystic teratomas (MCTs) in women age 50 or older. Design: This was a
retrospective longitudinal study. Materials and Methods: Demographic, clinical, biochemical, radiology, surgical, and pathology data were collected retrospectively from the current authors' electronic patient records for all women over age 50, with preoperative imaging and histologic diagnoses of mature cystic teratomas. The review period was from 2000 to 2014. Results: There were 32 cases identified with an age range of 50-83 and a median age of 54. In 18 (56%) patients, the presenting symptom was abdominal pain, and, in 14 (44%) patients, the MCTs were found incidentally during imaging performed for various clinical indications. Radiologic assessment in 30/32 identified fat and/or calcifications within the ovaries but did not predict associated malignancies. Somatic and synchronous coincidental malignancy was found in 3 cases (9%). Two of the 8 patients with somatic malignancies had MCTs measuring 10 cm or more in diameter, and 1 synchronous malignancy was associated with an MCT measuring 2 cm. The histologies in these cases were carcinoid tumor, papillary carcinoma in struma ovarii, and adult granulosa-cell tumor, respectively. Conclusions: MCTs, although uncommon in postmenopausal women, are associated with an increased risk of concurrent coincidental malignancy within the ovaries. As radiologic and biochemical investigations were not helpful for identifying cases with coincidental malignancies, conservative management for mature cystic teratomas in women over age 50 is not appropriate.

Country of Publication: United States

Publisher: Mary Ann Liebert Inc.

Publication Type: Journal: Article

Subject Headings:

Source: EMBASE

Imaging and Right Ventricular Pacing Lead Position: A Comparison of CT, MRI, and Echocardiography

Citation: PACE - Pacing and Clinical Electrophysiology, April 2016, vol./is. 39/4(382-392), 0147-8389;1540-8159 (01 Apr 2016)

Author(s): Moore P., Coucher J., Ngai S., Stanton T., Wahi S., Gould P., Booth C., Pratap J., Kaye G.

Institution: (Moore, Coucher, Ngai, Stanton, Wahi, Gould, Booth, Pratap, Kaye) Princess Alexandra Hospital, Brisbane, QLD, Australia, (Stanton, Gould, Kaye) School of Medicine, University of Queensland, Brisbane, QLD, Australia

Language: English
**Abstract:** Background Right ventricular nonapical (RVNA) pacing may reduce the risk of heart failure. Fluoroscopy is the standard approach to determine lead tip position, but is inaccurate. We compared cardiac computed tomography (CT), magnetic resonance imaging (MRI), two-dimensional and three-dimensional transthoracic echocardiography (TTE), and chest x-ray (CXR) to assess which provides the optimal assessment of right ventricular (RV) lead tip position. Methods Eighteen patients with MRI-conditional pacemakers (10 RVNA and eight apical [RVA] leads) underwent contrast CT, MRI, TTE, and a standard postimplant posteroanterior and lateral CXR. To compare images, the RV was arbitrarily partitioned into three long-axis segments (right ventricular outflow tract, middle, and apex), and two short-axis segments (septal and nonseptal). Agreement between modalities was assessed. Results RV lead tip position was identified in all patients on CT, TTE, and CXR, but was not identified in seven (39%) patients on MRI due to device-related artifact. Of 10 leads deemed to be nonapical/septal during implant, 70% were identified as nonapical on CXR, 60% on CT, 60% on MRI, and 80% on TTE. On CT imaging only 10% were truly septal, 20% on MRI, 30% on CXR, and 80% on TTE. Agreement was better between modalities when assessing position of the designated RVA leads. Conclusion During implant leads intended for the septum are not confirmed as such on subsequent imaging, and marked heterogeneity is apparent between modalities. MRI is limited by artifact, and discrepancy exists between TTE and CT in identifying septal lead position. CT gave the clearest definition of lead tip position.

**Country of Publication:** United States

**Publisher:** Blackwell Publishing Inc.

**Publication Type:** Journal: Article

**Source:** EMBASE

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**Glycemic control in inpatients with diabetes following august changeover of trainee doctors in England**

**Citation:** Journal of Hospital Medicine, March 2016, vol./is. 11/3(206-209), 1553-5592;1553-5606 (01 Mar 2016)

**Author(s):** Rajendran R., Jankovic D., Rayman G.

**Institution:** (Rajendran, Rayman) Diabetes Centre, The Ipswich Hospital NHS Trust, Ipswich, United Kingdom, (Jankovic) Centre of Health Economics, University of York, York, United Kingdom

**Language:** English

**Abstract:** The first Wednesday of August is the day of changeover of trainee doctors in
England. It is widely perceived that inexperience and nonfamiliarity with the new hospital systems and policies in these first few weeks lead to increased medical errors, mismanagement, and mortality. The aim of this study was to analyze the impact of the August changeover of trainee doctors on inpatient glycemic control in a single English hospital. This is currently unknown in England. Overall, 16,870 patient-day capillary glucose reading measures in 2730 inpatients with diabetes were analyzed for 4 weeks before and after the changeover period for the years 2012, 2013, and 2014. Only inpatients hospitalized for longer than 1 day were included. Contrary to expectations, inpatient glycemic control did not worsen in the first 4 weeks after changeover compared to the preceding 4 weeks before changeover in the 3-year period. This may be due to forethought and planning by the deanery foundation school and the inpatient diabetes team in this hospital.

**Country of Publication:** United States

**Publisher:** John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

**Publication Type:** Journal: Article

**Source:** EMBASE

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**Lower GI bleeding: a review of current management, controversies and advances**

**Citation:** International Journal of Colorectal Disease, February 2016, vol./is. 31/2(175-188), 0179-1958;1432-1262 (01 Feb 2016)

**Author(s):** Moss A.J., Tuffaha H., Malik A.

**Institution:** (Moss) Department of Surgery, Peterborough City Hospital, Peterborough, Cambridgeshire PE3 9GZ, United Kingdom, (Tuffaha, Malik) Department of Surgery, Ipswich Hospital NHS Trust, Ipswich IP4 5PD, United Kingdom

**Language:** English

**Abstract:** Purpose: Lower gastrointestinal (GI) bleeding is defined as bleeding distal to the ligament of Treitz. In the UK, it represents approximately 3 % of all surgical referrals to the hospital. This review aims to provide review of the current evidence regarding the management of this condition. Methods: Literature was searched using Medline, Pubmed, and Cochrane for relevant evidence by two researchers. This was conducted in a manner that enabled a narrative review of the evidence covering the aetiology, clinical assessment and management options of continuously bleeding patients. Findings: The majority of patients with acute lower GI bleeding can be treated conservatively. In cases where ongoing bleeding occurs, colonoscopy is still the first line of investigation and
treatment. Failure of endoscopy and persistent instability warrant angiography, possibly preceded by CT angiography and proceeding to superselective embolisation. Failure of embolisation warrants surgical intervention. Conclusions: There are still many unanswered questions. In particular, the development of a more reliable predictive tool for mortality, rebleeding and requirement for surgery needs to be the ultimate priority. There are a small number of encouraging developments on combination therapy with regard to angiography, endoscopy and surgery. Additionally, the increasing use of haemostatic agents provides an additional tool for the management of bleeding endoscopically in difficult situations.

**Country of Publication:** Germany

**Publisher:** Springer Verlag

**Publication Type:** Journal: Review

**Source:** EMBASE

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**Lesson of the month 1: Artery of Percheron occlusion - An uncommon cause of coma in a middle-aged man**

**Citation:** Clinical Medicine, Journal of the Royal College of Physicians of London, February 2016, vol./is. 16/1(86-87), 1470-2118;1473-4893 (01 Feb 2016)

**Author(s):** Bailey J., Khadjooi K.

**Institution:** (Bailey, Khadjooi) Addenbrooke’s Hospital, Cambridge University Hospital NHS Foundation Trust, Cambridge, United Kingdom

**Language:** English

**Abstract:** Bilateral paramedian thalamic infarction resulting from artery of Percheron occlusion presents with a distinct clinical syndrome comprising impaired consciousness, often with vertical gaze palsy and memory impairment. This uncommon anatomical variant arises as a single artery supplying both paramedian thalami. Early recognition can be challenging in the obtunded patient, where the differential diagnosis is broad. The acute physician should consider this diagnosis in a patient presenting with unexplained coma so that emergent treatments such as thrombolysis can be employed. Early imaging with computerised tomography can often be normal; therefore the use of magnetic resonance imaging is essential in confirming the diagnosis.

**Country of Publication:** United Kingdom
Glycaemic control, glucose variability and the triangle of diabetes care

Citation: British Journal of Diabetes and Vascular Disease, 2016, vol./is. 16/(S3-S6), 1474-6514;1753-4305 (2016)

Author(s): Rayman G.

Institution: (Rayman) Diabetes Centre and Diabetes Research Unit, Ipswich Hospital, Suffolk IP4 5PD, United Kingdom

Language: English

Abstract: The discovery of insulin turned a diagnosis of type 1 diabetes from a terminal condition to one that can be managed in a way that allows a full and fulfilling life. Optimal management of glycaemia plays a key role within the long-term management of diabetes. Indeed, the Diabetes Control and Complications Trial and the UK Prospective Diabetes Study established beyond doubt that intensive management of blood glucose (HbA1c) reduced the risk of long-term (especially microvascular) complications of the disease in type 1 and type 2 diabetes, respectively. Long-term observational follow up years or decades beyond these trials revealed a longer-term macrovascular benefit from these interventions. There is more to glycaemic control than the prevailing level of HbA1c, however. Variability of blood glucose within and between days promotes hypoglycaemic and hyperglycaemic episodes that may increase the risk of diabetes complications or adverse clinical outcomes and which certainly impair patients’ quality of life and confidence in managing their insulin regimen. The Triangle of Diabetes Care has emerged as a useful concept here, bringing together the need to improve glucose levels, but also to avoid hypoglycaemia and to reduce glucose variability. Continuous glucose monitoring is a particularly valuable tool for addressing glycaemic variability, but patients and healthcare
professionals can be swamped by the large amount of data that it generates. Advanced glucose profiling provides a means of producing a straightforward, visual representation of daily glucose profiles over a number of days that can help to pinpoint the changes in the insulin regimen needed to optimise blood glucose control.

**Country of Publication:** United Kingdom

**Publisher:** ABCD (Diabetes Care) Ltd

**CAS Registry Number:** 50-99-7 (glucose), 84778-64-3 (glucose), 62572-11-6 (hemoglobin A1c), 9004-10-8 (insulin)

**Publication Type:** Journal: Review

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**Effect of Opioids vs NSAIDs and Larger vs Smaller Chest Tube Size on Pain Control and Pleurodesis Efficacy Among Patients With Malignant Pleural Effusion: The TIME1 Randomized Clinical Trial.**

**Citation:** JAMA, Dec 2015, vol. 314, no. 24, p. 2641-2653, 1538-3598 (2015 Dec 22-29)


**Abstract:** For treatment of malignant pleural effusion, nonsteroidal anti-inflammatory drugs (NSAIDs) are avoided because they may reduce pleurodesis efficacy. Smaller chest tubes may be less painful than larger tubes, but efficacy in pleurodesis has not been proven. To assess the effect of chest tube size and analgesia (NSAIDs vs opiates) on pain and clinical efficacy related to pleurodesis in patients with malignant pleural effusion. A 2×2 factorial phase 3 randomized clinical trial among 320 patients requiring pleurodesis in 16 UK hospitals from 2007 to 2013. Patients undergoing thoracoscopy (n = 206; clinical decision if biopsy was required) received a 24F chest tube and were randomized to receive opiates (n = 103) vs NSAIDs (n = 103), and those not undergoing thoracoscopy (n = 114) were randomized to 1 of 4 groups (24F chest tube and opioids [n = 28]; 24F chest tube and NSAIDs [n = 29]; 12F chest tube and opioids [n = 29]; or 12F chest tube and NSAIDs [n = 28]). Pain while chest tube was in place (0- to 100-mm visual analog scale [VAS] 4 times/d; superiority comparison) and pleurodesis efficacy at 3 months (failure defined as need for further pleural intervention; noninferiority comparison; margin, 15%). Pain scores in the opiate group (n = 150) vs the NSAID group (n = 144) were not significantly different (mean VAS score, 23.8 mm vs 22.1 mm; adjusted difference, -1.5
mm; 95% CI, -5.0 to 2.0 mm; P = .40), but the NSAID group required more rescue analgesia (26.3% vs 38.1%; rate ratio, 2.1; 95% CI, 1.3-3.4; P = .003). Pleurodesis failure occurred in 30 patients (20%) in the opiate group and 33 (23%) in the NSAID group, meeting criteria for noninferiority (difference, -3%; 1-sided 95% CI, -10% to ∞; P = .004 for noninferiority). Pain scores were lower among patients in the 12F chest tube group (n = 54) vs the 24F group (n = 56) (mean VAS score, 22.0 mm vs 26.8 mm; adjusted difference, -6.0 mm; 95% CI, -11.7 to -0.2 mm; P = .04) and 12F chest tubes vs 24F chest tubes were associated with higher pleurodesis failure (30% vs 24%), failing to meet noninferiority criteria (difference, -6%; 1-sided 95% CI, -20% to ∞; P = .14 for noninferiority). Complications during chest tube insertion occurred more commonly with 12F tubes (14% vs 24%; odds ratio, 1.91; P = .20). Use of NSAIDs vs opiates resulted in no significant difference in pain scores but was associated with more rescue medication. NSAID use resulted in noninferior rates of pleurodesis efficacy at 3 months. Placement of 12F chest tubes vs 24F chest tubes was associated with a statistically significant but clinically modest reduction in pain but failed to meet noninferiority criteria for pleurodesis efficacy. isrctn.org Identifier: ISRCTN33288337.

Source: Medline

A medication review and deprescribing method for hospitalised older patients receiving multiple medications.

Citation: Internal medicine journal, Jan 2016, vol. 46, no. 1, p. 35-42, 1445-5994 (January 2016)

Author(s): McKean, M, Pillans, P, Scott, I A

Abstract: Prescribing of multiple medications in older patients poses risk of adverse drug events. To determine whether a structured approach to deprescribing - identifying and discontinuing unnecessary medications - in the inpatient setting is feasible and reduces medication burden. Prospective pilot study of a convenience sample of patients aged ≥65 years admitted acutely to general medicine units in a tertiary hospital and receiving eight or more regular medications on presentation. The intervention comprised an education programme and a paper-based or computerised proforma listing clinical and medication data linked with a five-step decision support tool for selecting drugs eligible for discontinuation, which were then ceased or were being weaned by the time of discharge. Among 50 patients of median age 82.5 years and six co-morbidities, 186 of 542 (34.3%) regular medications were discontinued, representing a significant decrease in the median (interquartile range) number of medications per patient at discharge compared with presentation (7 (5-9) vs 10 (9-12), P < 0.001). Medication lists were reduced by at least two medications in 84% of patients, and by four or more in 50%. Statins, gastric acid suppressive agents, angiotensin-converting enzyme inhibitors/angiotensin receptor antagonists and inhaled bronchodilators were the most frequently ceased medications. Of 39 patients in whom follow-up status at a median of 78 days was ascertained, only 5 of
(1.2%) ceased medications were recommenced among three patients because of symptom relapse. A standardised method of medication review and deprescribing may significantly reduce medication burden in a cohort of older hospitalised patients. © 2016 Royal Australasian College of Physicians.

Source: Medline

Genetic Analysis of 'PAX6-Negative' Individuals with Aniridia or Gillespie Syndrome.

Citation: PloS one, Jan 2016, vol. 11, no. 4, p. e0153757., 1932-6203 (2016)


Abstract: We report molecular genetic analysis of 42 affected individuals referred with a diagnosis of aniridia who previously screened as negative for intragenic PAX6 mutations. Of these 42, the diagnoses were 31 individuals with aniridia and 11 individuals referred with a diagnosis of Gillespie syndrome (iris hypoplasia, ataxia and mild to moderate developmental delay). Array-based comparative genomic hybridization identified six whole gene deletions: four encompassing PAX6 and two encompassing FOXC1. Six deletions with plausible cis-regulatory effects were identified: five that were 3' (telomeric) to PAX6 and one within a gene desert 5' (telomeric) to PITX2. Sequence analysis of the FOXC1 and PITX2 coding regions identified two plausibly pathogenic de novo FOXC1 missense mutations (p.Pro79Thr and p.Leu101Pro). No intragenic mutations were detected in PITX2. FISH mapping in an individual with Gillespie-like syndrome with an apparently balanced X;11 reciprocal translocation revealed disruption of a gene at each breakpoint: ARHGAP6 on the X chromosome and PHF21A on chromosome 11. In the other individuals with Gillespie syndrome no mutations were identified in either of these genes, or in HCCS which lies close to the Xp breakpoint. Disruption of PHF21A has previously been implicated in the causation of intellectual disability (but not aniridia). Plausibly causative mutations were identified in 15 out of 42 individuals (12/32 aniridia; 3/11 Gillespie syndrome). Fourteen of these mutations presented in the known aniridia genes; PAX6, FOXC1 and PITX2. The large number of individuals in the cohort with no mutation identified suggests greater locus heterogeneity may exist in both isolated and syndromic
aniridia than was previously appreciated.

**Source:** Medline

**Full Text:**
Available from National Library of Medicine in PLoS ONE
Available from National Library of Medicine in PLoS ONE
Available from Allen Press in PLoS One
Available from ProQuest in PLoS One

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**Association between environmental exposures and granulomatosis with polyangiitis in Canterbury, New Zealand.**

**Citation:** Arthritis research & therapy, Jan 2015, vol. 17, p. 333., 1478-6362 (2015)

**Author(s):** Stamp, Lisa K, Chapman, Peter T, Francis, Janine, Beckert, Lutz, Frampton, Christopher, Watts, Richard A, O’Donnell, John L

**Abstract:** Granulomatosis with polyangiitis (GPA) is a rare systemic vasculitis. While aetiology is unknown the prominent respiratory involvement suggests inhaled antigens may be involved. The aim of this study was to identify environmental risk factors associated with GPA in Canterbury, New Zealand. A case-controlled study was undertaken. All GPA cases fulfilled American College of Rheumatology (ACR), Chapel Hill Consensus Criteria (CHCC) or the European Medicines Agency (EMA) criteria. Each case was gender matched with four controls - 2 musculoskeletal (osteoarthritis or fracture) and 2 respiratory (asthma or chronic obstructive pulmonary disease). One musculoskeletal control and one respiratory control were age matched with the case at the time of the interview (interview) and the remaining two controls were age matched at the time their case experienced the first symptom of vasculitis (index). A structured questionnaire to assess potential environmental agents was administered without blinding for case/control status. Data were analyzed using conditional logistic regression to allow for the individual matching of cases and controls to assess for association between environmental factors and GPA. 49 cases and 196 controls were recruited. 53 % were male and the mean ± standard deviation (SD) age of the cases was 64.9 ± 12.4 years, interview controls 65.1 ± 12.4 years and index controls 53.9 ± 14.5 years. Any reported exposure to dust (specifically silica and grain dust) was associated with GPA, odds ratio (OR) 3.6 (95 % confidence interval (CI); 1.5-8.3, p = 0.003). Occupation as a farm worker was associated with GPA OR 3.43 (1.5-7.5, p = 0.002). Specific gardening activities were associated with GPA including digging (OR 3.2; 1.4-7.0; p = 0.003), mowing (OR 2.7; 1.3-5.8; p = 0.008) and planting (OR 2.6; 1.2-5.5; p = 0.013). We have replicated findings from northern hemisphere studies identifying dust exposure as well as farm exposure as risk factors for the development of GPA. We have shown activities associated with exposure to inhaled antigens, in particular those related to farming or gardening activities may increase the risk of GPA.
A multicentre study of the evidence for customized margins in photon breast boost radiotherapy.

Citation: The British journal of radiology, Jan 2016, vol. 89, no. 1058, p. 20150603., 1748-880X (2016)

Author(s): Harris, Emma J, Mukesh, Mukesh B, Donovan, Ellen M, Kirby, Anna M, Haviland, Joanne S, Jena, Raj, Yarnold, John, Baker, Angela, Dean, June, Eagle, Sally, Mayles, Helen, Griffin, Claire, Perry, Rosalind, Poynter, Andrew, Coles, Charlotte E, Evans, Philip M, IMPORT high trialists

Abstract: To determine if subsets of patients may benefit from smaller or larger margins when using laser setup and bony anatomy verification of breast tumour bed (TB) boost radiotherapy (RT). Verification imaging data acquired using cone-beam CT, megavoltage CT or two-dimensional kilovoltage imaging on 218 patients were used (1574 images). TB setup errors for laser-only setup (dlaser) and for bony anatomy verification (dbone) were determined using clips implanted into the TB as a gold standard for the TB position. Cases were grouped by centre-, patient- and treatment-related factors, including breast volume, TB position, seroma visibility and surgical technique. Systematic (Σ) and random (σ) TB setup errors were compared between groups, and TB planning target volume margins (MTB) were calculated. For the study population, Σlaser was between 2.8 and 3.4 mm, and Σbone was between 2.2 and 2.6 mm, respectively. Females with larger breasts (p = 0.03), easily visible seroma (p ≤ 0.02) and open surgical technique (p ≤ 0.04) had larger Σlaser. Σbone was larger for females with larger breasts (p = 0.02) and lateral tumours (p = 0.04). Females with medial tumours (p < 0.01) had smaller Σbone. If clips are not used, margins should be 8 and 10 mm for bony anatomy verification and laser setup, respectively. Individualization of TB margins may be considered based on breast volume, TB and seroma visibility. Setup accuracy using lasers and bony anatomy is influenced by patient and treatment factors. Some patients may benefit from clip-based image guidance more than others.

Source: Medline

Delayed surgical management of an isolated trochlear fracture of the elbow.

Citation: Annals of the Royal College of Surgeons of England, Feb 2016, vol. 98, no. 2, p.e31., 1478-7083 (February 2016)
**Author(s):** Gomati, A, Domos, P, Crossman, P

**Abstract:** We present a rare case of a 23-year-old man with an isolated trochlear fracture following an injury to the left elbow. To our knowledge, there are only a few cases previously reported in the literature. The relevant literature is reviewed.

**Source:** Medline

**Peritoneal inflammation precedes encapsulating peritoneal sclerosis: results from the GLOBAL Fluid Study.**

**Citation:** Nephrology, dialysis, transplantation : official publication of the European Dialysis and Transplant Association - European Renal Association, Mar 2016, vol. 31, no. 3, p. 480-486, 1460-2385 (March 2016)

**Author(s):** Lambie, Mark R, Chess, James, Summers, Angela M, Williams, Paul Ford, Topley, Nicholas, Davies, Simon J, GLOBAL Fluid Study Investigators

**Abstract:** Encapsulating peritoneal sclerosis (EPS) is an uncommon condition, strongly associated with a long duration of peritoneal dialysis (PD), which is itself associated with increased fibrosis in the peritoneal membrane. The peritoneal membrane is inflamed during PD and inflammation is often associated with fibrosis. We hypothesized that patients who subsequently develop EPS might have a more inflamed peritoneal membrane during PD. We performed a nested, case-control study identifying all EPS cases in the UK arm of the GLOBAL Fluid Study and matching them by centre and duration of PD with two to three controls. Dialysate and plasma samples were taken during repeated peritoneal equilibration tests prior to cessation of PD from cases and controls. Samples were assayed by electrochemiluminescence immunoassay for interleukin-1β (IL-1β), tumour necrosis factor α (TNF-α), interferon-γ (IFN-γ) and IL-6. Results were analysed by linear mixed models adjusted for age and time on PD. Eleven EPS cases were matched with 26 controls. Dialysate TNF-α [0.64 [95% confidence interval (CI) 0.23, 1.05]] and IL-6 [0.79 (95% CI 0.03, 1.56)] were significantly higher in EPS cases, while IL-1β [1.06 (95% CI -0.11, 2.23)] and IFN-γ [0.62 (95% CI -0.06, 1.29)] showed a similar trend. Only IL-6 was significantly higher in the plasma [0.42 (95% CI 0.07, 0.78)]. Solute transport was not significantly different between cases and controls but did increase in both groups with the duration of PD. The peritoneal cavity has higher levels of inflammatory cytokines during PD in patients who subsequently develop EPS, but neither inflammatory cytokines nor peritoneal solute transport clearly discriminates EPS cases. Increased systemic inflammation is also evident and is probably driven by increased peritoneal inflammation.

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**Source:** Medline
Sensor and software use for the glycaemic management of insulin-treated type 1 and type 2 diabetes patients.

Citation: Diabetes & vascular disease research, May 2016, vol. 13, no. 3, p. 211-219, 1752-8984 (May 2016)

Author(s): Ajjan, Ramzi A, Abougila, Kamal, Bellary, Srikanth, Collier, Andrew, Franke, Bernd, Jude, Edward B, Rayman, Gerry, Robinson, Anthony, Singh, Baldev M

Abstract: Lowering glucose levels, while avoiding hypoglycaemia, can be challenging in insulin-treated patients with diabetes. We evaluated the role of ambulatory glucose profile in optimising glycaemic control in this population. Insulin-treated patients with type 1 and type 2 diabetes were recruited into a prospective, multicentre, 100-day study and randomised to control (n = 28) or intervention (n = 59) groups. The intervention group used ambulatory glucose profile, generated by continuous glucose monitoring, to assess daily glucose levels, whereas the controls relied on capillary glucose testing. Patients were reviewed at days 30 and 45 by the health care professional to adjust insulin therapy. Comparing first and last 2 weeks of the study, ambulatory glucose profile-monitored type 2 diabetes patients (n = 28) showed increased time in euglycaemia (mean ± standard deviation) by 1.4 ± 3.5 h/day (p = 0.0427) associated with reduction in HbA1c from 77 ± 15 to 67 ± 13 mmol/mol (p = 0.0002) without increased hypoglycaemia. Type 1 diabetes patients (n = 25) showed reduction in hypoglycaemia from 1.4 ± 1.7 to 0.8 ± 0.8 h/day (p = 0.0472) associated with a marginal HbA1c decrease from 75 ± 10 to 72 ± 8 mmol/mol (p = 0.0508). Largely similar findings were observed comparing intervention and control groups at end of study. In conclusion, ambulatory glucose profile helps glycaemic management in insulin-treated diabetes patients by increasing time spent in euglycaemia and decreasing HbA1c in type 2 diabetes patients, while reducing hypoglycaemia in type 1 diabetes patients. © The Author(s) 2016.

Source: Medline

Full Text:
Available from Highwire Press in Diabetes and Vascular Disease Research

Occupational musculoskeletal pain amongst ENT surgeons - are we looking at the tip of an iceberg?

Citation: The Journal of laryngology and otology, May 2016, vol. 130, no. 5, p. 490-496, 1748-5460 (May 2016)

Author(s): Vijendren, A, Yung, M, Sanchez, J, Duffield, K

Abstract: Surgeons are exposed to a variety of occupational risks, including work-related musculoskeletal disorders. This study investigated the prevalence of these latter disorders
amongst UK ENT surgeons and compared this with the existing literature. A survey containing questions on work-related musculoskeletal disorders was distributed to the entire membership of ENT-UK electronically, with the assistance of its Survey Guardian. A literature review on the subject was then performed. A total of 323 completed questionnaires were received (a 24 per cent response rate). Work-related musculoskeletal disorders had been experienced by 47.4 per cent of respondents. There were no statistical differences between the occurrence of work-related musculoskeletal disorders and: grade, length of time spent in the specialty or the subspecialty of respondents. Eighty-five per cent of affected surgeons sought treatment, with 22.9 per cent taking time off work and six surgeons retiring early. The literature review only identified five related studies. Despite the scarcity of studies, work-related musculoskeletal disorders are common amongst ENT surgeons in the UK. Such disparity highlights the need for more research and appropriate ergonomic intervention within the specialty.

Source: Medline

Full Text: Available from Journal of Laryngology and Otology in Ipswich Hospital Library & Learning Resources

Ultrasound-guided drainage of supravaginal hematoma in a hemodynamically stable patient

Citation: Obstetrics and Gynecology, December 2015, vol./is. 126/6(1188-1190), 0029-7844;1873-233X (01 Dec 2015)

Author(s): Mukhopadhyay D., Jennings P.E., Banerjee M., Gada R.

Institution: (Mukhopadhyay, Jennings, Banerjee, Gada) Departments of Obstetrics and Gynecology and Radiology, Ipswich Hospital NHS Trust, Heath Road, Ipswich IP4 5PD, United Kingdom

Language: English

Abstract: BACKGROUND: Paravaginal hematomas can be life-threatening. In patients with intact vaginal walls and perineum, they may pose a diagnostic and therapeutic challenge. Supravaginal hematomas are much less common than infravaginal hematomas. CASE: We present a case of puerperal hemorrhagic shock after a normal vaginal delivery in a low-risk parous woman resulting from an occult supravaginal hematoma. Because the woman was hemodynamically unstable initially, she underwent a vaginal surgical drainage. A week later, the supravaginal hematoma reformed. At this time the patient was hemodynamically stable, and ultrasound-guided drainage was performed, which resulted in complete resolution of the hematoma within 10 days. CONCLUSION: In a clinically stable puerperal patient, ultrasound-guided drainage of a supravaginal hematoma
resulted in rapid and complete resolution of symptoms.

**Country of Publication:** United Kingdom

**Publisher:** Lippincott Williams and Wilkins

**CAS Registry Number:** 18323-44-9 (clindamycin), 53663-61-9 (opiate), 8002-76-4 (opiate), 8008-60-4 (opiate)

**Publication Type:** Journal: Article

**Source:** EMBASE

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**Classification, epidemiology and clinical subgrouping of antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis**

**Citation:** Nephrology Dialysis Transplantation, September 2015, vol./is. 30/i14-i22, 0931-0509;1460-2385 (30 Sep 2015)

**Author(s):** Watts R.A., Mahr A., Mohammad A.J., Gatenby P., Basu N., Flores-Suarez L.F.

**Institution:** (Watts) Department of Rheumatology, Ipswich Hospital and Norwich Medical School, University of East Anglia, Norwich, United Kingdom, (Mahr) Department of Internal Medicine, Hospital Saint-Louis, University Paris 7, Paris, France, (Mohammad) Department of Clinical Sciences, Rheumatology, Lund University, Lund, Sweden, (Mohammad) Vasculitis and Lupus Clinic, Addenbrooke's Hospital, Cambridge, United Kingdom, (Gatenby) Department of Immunology, Canberra Hospital, Medical School Australian National University, Canberra, Australia, (Basu) Musculoskeletal Collaboration, Epidemiology Group, University of Aberdeen, Aberdeen, United Kingdom, (Flores-Suarez) Primary Systemic Vasculitides Clinic, Instituto Nacional de Enfermedades Respiratorias, Mexico City, Mexico

**Language:** English

**Abstract:** It is now 25 years since the first European studies on vasculitis—the antineutrophil cytoplasmic antibody (ANCA) standardization project. Over that period of time, there have been major developments in the classification of the vasculitides, which has permitted the conduct of high-quality epidemiology studies. Studying the epidemiology of rare diseases such as the ANCA-associated vasculitides (AAV) poses considerable challenges to epidemiologists. The first is the need for a clear definition of a case with good differentiation from similar disorders. The second is case capture. The vasculitides are rare, and therefore, a large population is required to determine the incidence and prevalence, and this poses questions of feasibility. A large population increases the risk of
incomplete case detection but permits a reasonable number of cases to be collected in a practicable time frame, whereas a smaller population requires a much longer time frame to collect the necessary cases, which may also not be feasible. Statistical methods of capture-recapture analysis enable estimates to be made of the number of missing cases. The third is case ascertainment. The AAV are virtually always managed in secondary care, and therefore, hospital-based case ascertainment may be appropriate. Fourthly, the rarity of the conditions makes prospective case-control studies investigating risk factors difficult to conduct because the population size required to achieve statistical confidence is in excess of that which is readily available. Thus, much of the data on risk factors are derived from retrospective studies with inherent potential bias.

**Country of Publication:** United Kingdom

**Publisher:** Oxford University Press

**Publication Type:** Journal: Review

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**Thermal radiofrequency ablation of medial branches to lumbar facet joints for chronic low back pain-outcome from procedures at Nor Folk and Norwich university hospital, UK**

**Citation:** Regional Anesthesia and Pain Medicine, September 2015, vol./is. 40/5 SUPPL. 1(e80), 1098-7339 (September-October 2015)

**Author(s):** Dhillon P., Hudspith M., Kare R.

**Institution:** (Dhillon) Ipswich Hospital, Anaesthetic and Pain Management, Ipswich, United Kingdom, (Hudspith, Kare) Norfolk and Norwich University Hospital, Anaesthetics and Pain Management, Norwich, United Kingdom

**Language:** English

**Abstract:** Aims: Monopolar Radiofrequency lesioning of the medial branches of the posterior primary rami of L2 to L4 and the posterior primary ramus of L5 reduces or abolishes nociceptive afferent input from lumbar facet joints and can be an effective treatment for mechanical lumbar pain. We included patients who underwent radiofrequency ablation (60s, 80 deg C, using Radionics RFG-3C) if medial branch blocks or intra-articular facet joint injections produced in excess of 75% symptoms relief of short duration. All patients undergoing RF lesioning had pain of greater than 1 year duration and ODI (Oswestry Disability Index) score > 40% despite analgesia and physical therapy. Method: With local audit committee approval, a retrospective electronic notes review of all patients undergoing facet joint RF lesioning over two years (2010-2012) was undertaken for outcomes, discharge rates and complications. Results: We identified a total of 175 patients with outcome data available for analysis. The response to the
procedure was evaluated at 4 months using patient global perception of change. In total about 30 (16.3%) had excellent response and 85 patients (46.1%) had good response to the procedure. 60 (37.6%) patients had minimal benefit. About 1/3 of patients were discharged while 3 patients had documented prolonged flare up of their pain problem and one patient experienced thigh paraesthesia. Conclusion: RF denervation was well tolerated and produced a meaningful improvement in symptoms in > 60% patients enabling discharge from our pain service. These findings are encouraging and are consistent with literature. We are reinforcing our practice to continue offering this treatment to our patients.


Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Conference Abstract

Source: EMBASE

Hip pain after a fall

Citation: BMJ (Online), September 2015, vol./is. 351/(no pagination), 0959-8146;1756-1833 (22 Sep 2015)

Author(s): Barrett M.P., McDonnell S.M.

Institution: (Barrett) Ipswich Hospital NHS Trust, Ipswich IP4 5PD, United Kingdom, (McDonnell) Cambridge University Hospitals NHS Foundation Trust, Addenbrooke’s Hospital, Cambridge, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group

Publication Type: Journal: Review

Source: EMBASE

Full Text: Available from Highwire Press in The BMJ
Urinary incontinence a first presentation of central pontine myelinolysis: A case report

Citation: Age and Ageing, September 2015, vol./is. 44/5(898-900), 0002-0729;1468-2834 (01 Sep 2015)

Author(s): Syed A.H., Shak J., Alsawaf A.

Institution: (Syed) Ipswich Hospital NHS Trust, Ipswich, United Kingdom, (Shak, Alsawaf) Ipswich Hospital, Ipswich, United Kingdom

Language: English

Abstract: An 84-year-old lady was treated for hyperosmolar hyperglycaemia with IV insulin, fluids and catheterisation for fluid balance monitoring. Trial without catheter failed as the patient complained of new-onset urinary incontinence and lack of awareness of bladder filling. In light of her breast cancer history, we excluded cauda equina. Ultrasound KUB showed an enlarged bladder. Whole-body MRI revealed a lesion in the pons which was highly suggestive of central pontine myelinolysis (CPM). Her electrolytes were normal throughout her admission; thus, the rapid fluctuation in osmolality, secondary to her hyperglycaemic state, was the likely cause of CPM. CPM has been reported secondary to hyperglycaemia; however, this is the first reported case of CPM presenting as urinary incontinence and loss of bladder sensation.

Country of Publication: United Kingdom

Publisher: Oxford University Press

CAS Registry Number: 9007-41-4 (C reactive protein), 19230-81-0 (creatinine), 60-27-5 (creatinine), 21187-98-4 (gliclazide), 9004-10-8 (insulin), 57-13-6 (urea)

Publication Type: Journal: Article
Source: EMBASE

Full Text:
Available from Age and Ageing in Ipswich Hospital Library & Learning Resources

Are we recording postoperative complications correctly? Comparison of NHS Hospital Episode Statistics with the American College of Surgeons National Surgical Quality Improvement Program

Citation: BMJ Quality and Safety, September 2015, vol./is. 24/9(594-602), 2044-5415 (01
Abstract: Background Hospital Episode Statistics (HES) data are used to measure surgical outcomes, but its quality has been considered inferior to that of clinical databases. We compare the recording accuracy of HES, an administrative database used in the National Health Service (NHS), with that of ACS NSQIP (American College of Surgeons National Surgical Quality Improvement Program), a well-established clinical database. Methods 1323 patient records from our hospital, common to both databases were compared for ten surgical procedures (amputation, appendicectomy, cholecystectomy, femoral hernia repair, Hartmann's procedure, incisional hernia repair, inguinal hernia repair, long saphenous vein surgery, parathyroidectomy and umbilical hernia repair) and nine postoperative complications (acute renal failure, myocardial infarction, pneumonia, pulmonary embolism, urinary tract infection, blood transfusion, septic shock, surgical site infection and wound disruption) using text strings or ICD-10 (International Classification of Diseases) codes. e coefficient was calculated as a measure of concordance between HES and ACS NSQIP databases. Results The databases showed perfect or very good agreement in recording a majority of surgical procedures (e coefficient range 0.82-1.0), but there was discordance in recording postoperative complications. When HES was investigated using text string or ICD-10 code, the e coefficient range for nine postoperative complications was 0.00-0.56, indicating poor to moderate inter-rater agreement. Concordance was even less when searched by HES coder’s recommended way to record postoperative complications. Conclusions HES poorly registers postoperative complications. Suggested improvements include addition of dates when a condition is diagnosed, agreed criteria to identify postoperative complications, specifically trained coding staff for surgery and consistent use of the coding guidance.
Spontaneous resolution of cerebrospinal fluid otorrhoea in a patient with a Hyrtl's fissure

Citation: Journal of Laryngology and Otology, August 2015, vol./is. 129/8(817-819), 0022-2151;1748-5460 (07 Aug 2015)

Author(s): Brar R., Vijendren A., Salam M., Picken G.

Institution: (Brar, Vijendren, Salam) Department of ENT, Ipswich Hospital Trust, Heath Road, Ipswich IP4 5PD, United Kingdom, (Picken) Department of Radiology, Ipswich Hospital Trust, United Kingdom

Language: English

Abstract: Objective: This paper reports a rare case of cerebrospinal fluid leak due to a Hyrtl's fissure and discusses the non-operative management of the case. Background and case report: Cerebrospinal fluid otorrhoea is a rare phenomenon arising from an abnormal communicating tract between the subarachnoid space and middle ear. Affected patients are at a higher risk of developing meningitis and other neuro-otological complications. There are four common congenital causes of cerebrospinal fluid otorrhoea in the region of a normal labyrinth. This paper describes a case of cerebrospinal fluid in the middle ear resulting from a Hyrtl's fissure, which resolved spontaneously. Conclusion: A literature search indicated this to be the first case with such a resolution without the need for any intervention.

Country of Publication: United Kingdom

Publisher: Cambridge University Press

CAS Registry Number: 2152-44-5 (betamethasone valerate), 57654-97-4 (betamethasone valerate), 50-96-4 (isoetarine), 530-08-5 (isoetarine), 63550-80-1 (isoetarine)

Publication Type: Journal: Article

Source: EMBASE

Full Text: Available from ProQuest in Journal of Laryngology and Otology, The Available from Journal of Laryngology and Otology in Ipswich Hospital Library & Learning Resources

The direct cost of intravenous insulin infusions to the NHS in England and Wales
The cost of intravenous insulin infusion to the NHS is unknown. The aim of this study was to estimate the direct cost of insulin infusions to the NHS in England and Wales in the first 24-hour period of infusion. Data from the National Inpatient Diabetes Audit 2013 in the UK were used to estimate the number of insulin infusions in use across England and Wales. Costs were calculated for six models for setting up and maintenance of insulin infusions, depending on the extent of involvement of different healthcare professionals in the UK. In this study, the direct costs of intravenous insulin infusions to the NHS in England and Wales have been estimated to vary from 6.4-8.5 million in the first 24-hour period on infusion. More appropriate use of these infusions could result in substantial cost savings.

Country of Publication: United Kingdom

Publisher: Royal College of Physicians

CAS Registry Number: 9004-10-8 (insulin)

Publication Type: Journal: Article

Source: EMBASE

Full Text: Available from ProQuest in Clinical Medicine
Abstract: Introduction: We explored determinants of small fiber function (SFF) in normoglycemic individuals to determine influence of metabolic parameters, including triglyceride (TG) levels. Methods: Dorsal foot SFF was assessed by the LDIfiare method in 79 individuals without clinical neuropathy, including 43 controls (HC, <1.7 mmol/L), 17 with mild hypertriglyceridemia (MiTG, 1.7-2.25), and 19 with significant hypertriglyceridemia (HiTG, >2.25 mmol/L). Results: LDIfiare was significantly smaller in HiTG compared with HC (4.4+/−1.4 vs. 9.3+/−2.9 cm²; P<0.0001) and compared with the MiTG (4.4+/−1.4 vs. 7.0+/−2.1; P<0.0001). Over all, an inverse correlation existed between LDIfiare and age (r=−0.42; P=0.004), weight (r=−0.37; P=0.004), body mass index (BMI) (r=−0.51; P<0.0001), Log<sub>10</sub> triglycerides (r=−0.66; P<0.0001), total cholesterol (r=−0.26; P=0.02), and TC/HDL ratio (r=−0.40; P=0.002). In multivariate regression analysis, Log<sub>10</sub> triglycerides (P<0.0001) and age (P=0.003) were the only independent predictors. Conclusions: There is an inverse correlation between small fiber function and triglycerides in normoglycemic individuals and abnormal SFF in normoglycemic hypertriglyceridemia. Larger prospective studies are required to confirm these findings and to determine whether reduced SFF heralds later clinical neuropathy.

Country of Publication: United States

Publisher: John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)

CAS Registry Number: 50-99-7 (glucose), 84778-64-3 (glucose), 62572-11-6 (hemoglobin A1c)

Publication Type: Journal: Article

Subject Headings:

Source: EMBASE
Introduction: The diagnosis and quantification of chemotherapy-induced peripheral neuropathy (CIPN) remains a challenge. Conventional methods including quantitative sensory testing (QST), nerve conduction tests, and biopsy are unable to detect subclinical changes, and do not consistently correlate with severity of patients' symptoms and functional impairment. This study aims to determine the utility of the LDI (laser Doppler imager) technique in the diagnosis of CIPN and whether it correlates with symptom severity. Materials and Methods: We assessed 24 patients with established CIPN [12 due to platinum analogs (P<inf>A</inf>) and 12 to Taxanes (T<inf>X</inf>)] and 24 matched healthy controls (H<inf>C</inf>). All underwent neurophysiological examination including vibration perception threshold (VPT), sural nerve amplitude (SNAP) and conduction velocity (SNCV), LDI<inf>FLARE</inf>, and fasting biochemistry. The QLQ-CIPN20 questionnaire was used to assess symptom severity. Results: H<inf>C</inf>, combined chemotherapy (C<inf>G</inf>), P<inf>A</inf>, and T<inf>X</inf> groups were matched for age, sex, BMI, and blood pressure. The LDI<inf>FLARE</inf> was significantly reduced in C<inf>G</inf> compared to H<inf>C</inf> (P << 0.0001), whereas SNAP (P = 0.058) and SNCV (P = 0.054) were not. The LDI<inf>FLARE</inf> correlated with the QLQ-CIPN20 symptom scores in all three categories namely, C<inf>G</inf> (P << 0.0001), P<inf>A</inf> (P = 0.001) and T<inf>X</inf> (P = 0.027) whilst, VPT, SNAP, and SNCV did not. Conclusion: Our findings suggest that the LDI<inf>FLARE</inf> technique is more helpful in confirming the diagnosis of CIPN in patients with distal sensory symptoms than current commonly used methods. Moreover, this novel test fulfils the unmet need for a diagnostic test that relates to the severity of symptoms. This may be useful in quantifying early changes in small fibre function indicating early CIPN.

Country of Publication: United Kingdom

Publisher: John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom)


Publication Type: Journal: Article

Source: EMBASE

Full Text: Available from National Library of Medicine in Brain and Behavior

Available from Wiley Online Library Free Content NHS Collection in Brain and Behavior
Diabetes patient at risk score - A novel system for triaging appropriate referrals of inpatients with diabetes to the diabetes team

Citation: Clinical Medicine, Journal of the Royal College of Physicians of London, June 2015, vol./is. 15/3(229-233), 1470-2118;1473-4893 (01 Jun 2015)

Author(s): Rajendran R., Round R.-M., Kerry C., Barker S., Rayman G.

Institution: (Rajendran, Round, Kerry, Barker, Rayman) Ipswich Hospital, Ipswich, United Kingdom

Language: English

Abstract: The acceptability, uptake and effectiveness of a new referral tool - the diabetes patient at risk (DPAR) score - were evaluated and the timeliness of review of referred inpatients by the diabetes team was measured. For this, a snapshot survey of ward healthcare professionals (HCPs) and a review of all DPAR referrals to the diabetes team between 1 September 2013 and 31 January 2014 were undertaken. All referrals in November 2013 were audited for timeliness of review. 77% of HCPs agreed/strongly agreed that the tool improved access to the diabetes team. 76% of referrals were from nurses. 80% of who should have been referred were referred; the remaining had already been reviewed by the diabetes team and therefore did not require referral. Only 11% of referrals were inappropriate. All DPAR referrals were reviewed within the stipulated time period in November 2013. Overall, the DPAR system was well accepted, successfully identified appropriate referrals and facilitated referrals in a timely manner to the diabetes team.

Country of Publication: United Kingdom

Publisher: Royal College of Physicians

Publication Type: Journal: Article

Source: EMBASE

Full Text: Available from ProQuest in Clinical Medicine

Lung radiofrequency and microwave ablation: A review of indications, techniques and
Lung ablation can be used to treat both primary and secondary thoracic malignancies. Evidence to support its use, particularly for metastases from colonic primary tumours, is now strong, with survival data in selected cases approaching that seen after surgery. Because of this, the use of ablative techniques (particularly thermal ablation) is growing and the Royal College of Radiologists predict that the number of patients who could benefit from such treatment may reach in excess of 5000 per year in the UK. Treatment is often limited to larger regional centres, and general radiologists often have limited awareness of the current indications and the techniques involved. Furthermore, radiologists without any prior experience are frequently expected to interpret post-treatment imaging, often performed in the context of acute complications, which have occurred after discharge. This review aims to provide an overview of the current indications for pulmonary ablation, together with the techniques involved and the range of post-procedural appearances.
Abstract: Objective: The 5S model proposes five hierarchical levels (systems, summaries, synopses, syntheses and studies) of pre-appraised evidence to guide evidence-based practice. This review aimed to identify and summarise pre-appraised evidence at the highest available 5S level for the management of different subsets of otitis media: acute otitis media, otitis media with effusion, chronic suppurative otitis media and cholesteatoma in both adults and children. Method: Data sources were pre-appraised evidence resources. Evidence freely available from sources at the highest available level of the 5S model were summarised for this review. Results: System level evidence exists for acute otitis media and otitis media with effusion. Summary level evidence exists for recurrent acute otitis media and medical management of chronic suppurative otitis media. There is an absence of randomised controlled trials to prove the efficacy of surgical management of chronic suppurative otitis media and cholesteatoma. Conclusion: Until randomised controlled trial data are generated, consensus publications on the surgical management of chronic suppurative otitis media and cholesteatoma should be used to guide best practice.

Country of Publication: United Kingdom

Publisher: Cambridge University Press

CAS Registry Number: 87-99-0 (xylitol)

Publication Type: Journal: Review

Patients with diabetes requiring emergency department care for hypoglycaemia: Characteristics and long-term outcomes determined from multiple data sources

Citation: Postgraduate Medical Journal, 2015, vol./is. 91/1072(65-71), 0032-5473;1469-0756 (2015)

Author(s): Rajendran R., Hodgkinson D., Rayman G.

Institution: (Rajendran, Rayman) Diabetes Centre, The Ipswich Hospital NHS Trust, Ipswich, Suffolk, United Kingdom, (Hodgkinson) Accident and Emergency Department, The Ipswich Hospital NHS Trust, Ipswich, Suffolk, United Kingdom

Language: English

Abstract: Aim To triangulate three data sources and report the characteristics and long-
term outcomes of patients with diabetes requiring emergency department (ED) care for hypoglycaemia. Method Three data sources were used-ambulance electronic records, hospital episode statistics and patient administration system. Hypoglycaemia (capillary blood glucose <4.0 mmol/L)-related attendances to a single hospital's ED between 1 April 2012 and 31 March 2013 were studied. Results Using the three sources, there were 165 hypoglycaemia-related attendances in 132 patients with diabetes [type 1-59 episodes in 43 patients, type 2-106 episodes in 89 patients (therapy-54 (51%) insulin, 35 (33%) sulfonylurea, 11 (10%) both, 6 (6%) others)]. At best only 65% of episodes would have been identified were a single data source used. Patients with type 2 vs type 1 diabetes were older (median age 79 vs 61 years, p<0.0001), had more comorbidities (median Charlson comorbidity index (CCI) 4 vs 3, p=0.002) but no difference in HbAk (median 7.8% vs 8.4%, p=0.065). Compared with insulin-treated type 2 patients with diabetes, sulfonylurea-treated patients (33%) were older (median age 82 vs 76 years, p=0.007), had worse renal function (median estimated glomerular filtration rate 38 vs 56 mL/min/1.73 m<sup>2</sup>, p=0.019) and lower HbAk (median 6.7% vs 8.4%, p<0.0001). At least 17 (10%) hypoglycaemic episodes resulted in additional serious harm. The 30-day, 90-day and 1-year all-cause mortality were 10.6% (14), 16.7% (22) and 28% (37), respectively. Age, CCI and hospitalisation were risk factors for long-term mortality. Conclusions Dependence on a single data source would have at best identified only 65% of episodes. One-third of episodes were sulfonylurea related in patients with type 2 diabetes, and one-fourth of all patients with diabetes who required ED care for hypoglycaemia died the following year.

**Country of Publication:** United Kingdom

**Publisher:** BMJ Publishing Group

**CAS Registry Number:** 9004-10-8 (insulin)

**Publication Type:** Journal: Article

**Source:** EMBASE

**Full Text:**
*Available from Highwire Press in Postgraduate medical journal*

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**Are hospital admissions reduced by Acute Medicine consultant telephone triage of medical referrals?**

**Citation:** Acute Medicine, 2015, vol./is. 14/1(10-13), 1747-4884;1747-4892 (2015)

**Author(s):** Westall C., Spackman R., Nadarajah C.V., Trepte N.
Institution: (Westall) ST6 Acute Medicine, Intensive Care Medicine, Department of Acute Medicine, United Kingdom, (Spackman) ST1 ACCS, Department of Acute Medicine, United Kingdom, (Nadarajah) ST5 Acute Medicine, Department of Acute Medicine, United Kingdom, (Trepte) Department of Acute Medicine, United Kingdom

Language: English

Abstract: The NHS in England is facing well-documented pressures related to increasing acute hospital admissions at a time when the acute medical bed-base is shrinking, doctors working patterns are increasingly fragmented and many acute hospital trusts are operating a financial deficit. Novel strategies are required to reduce pressure on the acute medical take. We conducted a prospective cohort study to assess the impact of acute medicine consultant triage of referrals to the acute medical take on the number of acute hospital admissions as compared to a historical control cohort. The introduction of an acute medicine consultant telephone triage service was associated with a 21% reduction in acute medical admissions during whole the study period. True admission avoidance was achieved for 28.5% of referrals triaged by an acute medicine consultant. The greatest benefit was seen for consultant-triage of GP referrals; 43% of all GP referrals resulted in a decision not to admit and in 25% the referral was avoided by giving advice alone. Consultant telephone triage of referrals to the acute medical take substantially reduces the number of acute medical admissions as compared to triage by a trained band 6 or higher nurse coordinator. Our service is cost effective and can be job-planned using 6 full-time equivalent acute medicine consultants. The telephone triage service also provides additional benefits to admission numbers beyond its hours of operation and the general management of the acute medical take.

Country of Publication: United Kingdom

Publisher: Rila Publications Ltd

Publication Type: Journal: Article

Is an 'Introduction to ENT course' the answer for safe ENT care?

Citation: European Archives of Oto-Rhino-Laryngology, 2015, vol./is. 272/4(1021-1025), 0937-4477;1434-4726 (2015)

Author(s): Vijendren A., Trinidade A., Ngu A.

Institution: (Vijendren, Trinidade) ENT Specialist Registrar, Ipswich Hospital Trust, Heath Road, Ipswich, Suffolk IP4 5PD, United Kingdom, (Ngu) Core Surgical Trainee Year 2, Darlington Memorial Hospital, Hollyhurst Rd, Darlington, County Durham DL3 6HX, United
Abstract: ENT presentations are common both in primary care and accident and emergency departments. Unfortunately, many clinicians are not comfortable handling ENT emergencies due to a lack of knowledge and skill stemming from an undergraduate level onwards. An 'Introduction to ENT' course has been cited as an answer to bridge the gap in knowledge and promote confidence in doctors. A pre- and post-course analysis was performed on 29 participants attending an 'Introduction to ENT' course using a standardised questionnaire. Five were excluded from our analysis. Of the remaining 24, there was a lack of significant changes on the amount of ENT knowledge gained (pre-course mean score 2.71 vs post-course mean 4.63, \( p = 0 \)), confidence in dealing with ENT emergencies (pre-course mean score 2.54 vs post-course mean score 4.58, \( p = 0 \)) and confidence performing ENT procedures (pre-course mean score 2.375 vs post-course mean score 4.46, \( p = 0 \)). We feel that the course alone is insufficient in providing a basic and safe emergency ENT service. We suggest a period of shadowing be introduced in addition to the compulsory induction programme for junior doctors rotating through ENT.

Country of Publication: Germany

Publisher: Springer Verlag

Publication Type: Journal: Article

Impact of the Diabetes Inpatient Care and Education (DICE) project and the DICE Care Pathway on patient outcomes and trainee doctor's knowledge and confidence

Citation: Diabetic Medicine, 2015, vol./is. 32/7(920-924), 0742-3071;1464-5491 (2015)

Author(s): Rajendran R., Kerry C., Round R.-M., Barker S., Scott A., Rayman G.

Institution: (Rajendran, Kerry, Round, Barker, Scott, Rayman) Diabetes Centre, The Ipswich Hospital NHS Trust, Ipswich, United Kingdom

Language: English

Abstract: Aim To evaluate the impact of the Diabetes Inpatient Care and Education project and a comprehensive diabetes care pathway, the Diabetes Inpatient Care and Education Care Pathway, on patient outcomes and on the knowledge and confidence of trainee doctors. Methods The effect on patient outcomes was evaluated by comparing the National Diabetes Inpatient Audit data before (2012) and after (2013) implementing the Diabetes Inpatient Care and Education project. The impact on trainee doctors was evaluated using the Modified Kirkpatrick model. Just before the project began and again 3
months later, trainee doctors were surveyed to assess their knowledge and confidence in inpatient diabetes care. Results Patient harm was found to have been reduced significantly when National Diabetes Inpatient Audit data for 2012 and 2013 were compared. Severe hypoglycaemia decreased from 15.4 to 9.7%, medication errors from 56.9 to 21.1% and insulin errors from 31 to 7%. Across the 96 trainee doctors surveyed, the mean (SD) knowledge and confidence scores increased significantly (P < 0.001 for both) from 57.1 (16.8) and 61.8 (14.9) to 68.4 (13.3) and 74.3 (11.7), respectively. Conclusion The Diabetes Inpatient Care and Education project and the Diabetes Inpatient Care and Education Care Pathway improved patient outcomes and the knowledge and confidence of trainee doctors in this hospital. The impact of a similar project in other hospitals needs to be evaluated.

**Country of Publication:** United Kingdom

**Publisher:** Blackwell Publishing Ltd

**CAS Registry Number:** 9004-10-8 (insulin)

**Publication Type:** Journal: Article

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**Assessment of diabetic neuropathy using a point-of-care nerve conduction device shows significant associations with the ldiflare method and clinical neuropathy scoring**

**Citation:** Journal of Diabetes Science and Technology, January 2015, vol./is. 9/1(123-131), 1932-2968 (01 Jan 2015)

**Author(s):** Sharma S., Vas P.R., Rayman G.

**Institution:** (Sharma, Vas, Rayman) Diabetes Research Unit, Ipswich Hospital NHS Trust, Heath Rd, Ipswich IP4 5PD, United Kingdom

**Language:** English

**Abstract:** Background: Accurate assessment of diabetes polyneuropathy (DPN) is important in the prevention of foot ulcerations and amputations. Simple screening methods including the 10 g monofilament and the 128-Hz tuning fork are not sensitive enough nor intended for detection of early neuropathy, while more confirmatory tests such as nerve conduction studies are not universally available. We evaluated a rapid, low-cost, point-of-care nerve conduction device (POCD; NC-statDPNCheck) for the assessment of DPN and compared it with the LDIFLARE technique—an established method for early detection of small fibre dysfunction. Methods: A total of 162 patients with diabetes (DM) and 80 healthy controls (HC) were recruited. Based on the 10-point Neuropathy Disability Score (NDS), DPN was categorized into none (<2), mild (3-5) moderate (6-7), and severe (8-10). The LDIFLARE was performed in all patients according to previously described methodology. The associations between POCD outcomes and the LDIFLARE within the
NDS categories were evaluated using regression analysis. Results: In HC and DM, SNCV measured with the POCD correlated significantly with the LDIFLARE technique ($r < 0.90$ and $r = 0.78$, respectively) as did SNAP ($r = 0.88$ and $r = 0.73$, respectively); in addition, significance was found in all categories of DPN ($r = 0.64$ to $0.84$; $p < 0.03$). ROC curves within each category of DPN showed that the POCD was sensitive in the assessment of DPN. Conclusion: We report highly significant linear relationships between the POCD with both comparators-the LDIFLARE technique and clinical neuropathy scores. Thus, the NC-statDPNCheck system appears to be an excellent adjunctive diagnostic tool for diagnosing DPN in the clinical setting.

**Country of Publication:** United States

**Publisher:** SAGE Publications Inc.

**Publication Type:** Journal: Article

**Source:** EMBASE

**Full Text:**
Available from National Library of Medicine in Journal of Diabetes Science and Technology
Available from National Library of Medicine in Journal of Diabetes Science and Technology

**Granulomatosis with polyangiitis granulomata show increased uptake of FDG**

**Citation:** Rheumatology (United Kingdom), 2015, vol./is. 54/3(544-544), 1462-0324;1462-0332 (2015)

**Author(s):** Merinopoulos D., Watts R.A.

**Institution:** (Merinopoulos, Watts) Ipswich Hospital NHS Trust, Rheumatology Department, Heath Road, Ipswich IP4 5PD, United Kingdom

**Language:** English

**Country of Publication:** United Kingdom

**Publisher:** Oxford University Press

**CAS Registry Number:** 63503-12-8 (fluorodeoxyglucose f 18)

**Publication Type:** Journal: Article
NOAC or warfarin for atrial fibrillation: Does time in therapeutic range matter?

Citation: Recent Advances in Cardiovascular Drug Discovery, January 2015, vol./is. 10/1(60-64), 1574-8901;2212-3962 (01 Jan 2015)

Author(s): Merinopoulos I., Venables P., Chalmers I., Vassiliou V.

Institution: (Merinopoulos, Venables) Department of Cardiology, Ipswich Hospital NHS Trust, United Kingdom, (Chalmers) Department of Haematology, Ipswich Hospital NHS Trust, United Kingdom, (Vassiliou) National Heart and Lung Institute, Imperial College, Royal Brompton Campus, London, United Kingdom

Language: English

Abstract: Atrial fibrillation (AF) is the commonest cardiac arrhythmia currently affecting 1-2% of the general population, with stroke being one of its most fearsome complications. Dose-adjusted warfarin is an established treatment for reduction of thromboembolic risk but mandates dietary restrictions and need for routine blood monitoring. Novel oral anticoagulants (Dabigatran - patent: US20110082299A1, manufactured by Boehringer Ingelheim; Rivaroxaban - patent: US20150175590A1, manufactured by Bayer; Apixaban - patent: US20140335178A1, manufactured jointly by Pfizer and Bristol-Myers Squibb; Edoxaban - patent: WO2013026553A1, manufactured by Daiichi Sankyo) have recently been introduced that might provide at least equal reduction in thromboembolic risk to patients; negating the need for dietary restrictions and routine blood tests. The most recent National Institute of Health and Care Excellence, UK guidelines from August 2014 suggest consideration of one of the novel oral anticoagulants if the time in therapeutic range is less than 65%. In this study, the evidence for four novel oral anticoagulants is reviewed and the anticoagulation success with warfarin with atrial fibrillation and mechanical heart valves assessed in a large UK District General Hospital. Fifty-eight patients were identified with mechanical heart valve and 2737 patients with atrial fibrillation. Patients with atrial fibrillation had a significantly better TTR when compared with the patients included in the NOAC trials. Our results were similar with the Auricula registry. However, 25% of patients had TTR<65% and they would need to be considered for NOACs. Our data suggest that the degree of benefit seen in the NOAC trials might not be expected in our cohort of patients with atrial fibrillation. Interestingly, our patients with atrial fibrillation had a much better mean TTR of 76.4% and required less INR tests (12/year) compared to patients with mechanical heart valve who had a mean TTR of 61.4% and required more INR tests (26/year).

Country of Publication: Netherlands

Publisher: Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)

CAS Registry Number: 503612-47-3 (apixaban), 480449-70-5 (edoxaban), 480449-71-6 (edoxaban), 912273-65-5 (edoxaban), 366789-02-8 (rivaroxaban), 129-06-6 (warfarin),
Supraventricular tachycardia presenting in labour: A case report achieving vaginal birth and review of the literature

Citation: Obstetric Medicine, 2015, vol./is. 9/2(96-97), 1753-495X;1753-4968 (2015)

Author(s): Bircher C.W., Farrakh S., Gada R.

Institution: (Bircher, Farrakh, Gada) Department of Obstetrics and Gynaecology, Ipswich Hospital, Suffolk, United Kingdom

Language: English

Abstract: Arrhythmias are one of the most common forms of cardiac disease presenting in pregnancy. Women with underlying arrhythmias may only present to health care professionals when they are pregnant. The most common type of sustained arrhythmia presenting in pregnancy is a supraventricular tachycardia (SVT). This can be difficult to diagnose, as symptoms such as palpitations, dizziness and shortness of breath are also common symptoms of pregnancy. We present the management of a woman who developed intrapartum SVT. Her case highlights the importance of considering the diagnosis in the antenatal period, the use of antiarrhythmic drugs, as well as the fact that achieving vaginal delivery is possible in correctly selected cases while the mother and baby remain stable.

Country of Publication: United Kingdom

Publisher: SAGE Publications Inc.

CAS Registry Number: 58-61-7 (adenosine), 37350-58-6 (metoprolol), 152-11-4 (verapamil), 52-53-9 (verapamil)
Risk factors for anastomotic leakage after colorectal resection: a retrospective analysis of 17518 patients.
Parthasarathy M\textsuperscript{1}, Greensmith M\textsuperscript{1}, Bowers D\textsuperscript{2}, Groot-Wassink T\textsuperscript{3}.

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\textsuperscript{3}Consultant Surgeon, Ipswich Hospital NHS Trust, Heath Road, Ipswich, IP4 5PD, UK.

Abstract

AIM: A large prospectively collected clinical database was analysed to determine the various pre- and intraoperative factors affecting anastomotic leakage (AL) in colorectal surgery.

METHOD: Data on 17,518 patients having a colorectal resection with anastomosis from the 2013 American College of Surgeons National Surgical Quality Improvement Program database were included in the study. Multivariable logistic regression analysis was carried out to identify risk-adjusted predictive factors for AL. Statistical significance was set at \( p < 0.05 \) and confidence intervals reported at the 95\% level.

RESULTS: The AL rate was 3.9\% (687/17518). Younger patients, male gender and an ASA score of \( \geq 3 \) \( (p<0.001) \), smoking \( (p=0.001) \), diabetes \( (p=0.035) \), a preoperative serum albumin level \(<4g/dL \) \( (p=0.030) \), elective rectal cancer surgery \( (p=0.024) \), emergency colectomy for bleeding \( (p=0.013) \) and splenic flexure mobilization \( (p=0.043) \) were associated with an increased risk of AL. Preoperative oral antibiotics \( (p<0.001) \), right hemicolectomy (open or laparoscopic) and laparoscopic partial colectomy were associated with a reduced risk of AL compared with the entire group. Body mass index, preoperative chemotherapy, emergency surgery and mechanical bowel preparation were not related to AL.

CONCLUSION: Contrary to most studies, younger age was found to be an independent risk factor for AL. AL risk was lower with laparoscopic partial colectomy and open or laparoscopic right hemicolecotomy. Preoperative oral antibiotic preparation significantly reduces the risk of AL and should be incorporated as a standard protocol. This article is protected by copyright. All rights reserved.

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DOI: 10.1111/codi.13476 [PubMed - as supplied by publisher]

EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis.
Yates M\textsuperscript{1}, Watts RA\textsuperscript{2}, Bajema IM\textsuperscript{3}, Cid MC\textsuperscript{4}, Crestani B\textsuperscript{5}, Hauser T\textsuperscript{6}, Hellmich B\textsuperscript{7}, Holle JU\textsuperscript{8},
Author information

Abstract

In this article, the 2009 European League Against Rheumatism (EULAR) recommendations for the management of antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis (AAV) have been updated. The 2009 recommendations were on the management of primary small and medium vessel vasculitis. The 2015 update has been developed by an international task force representing EULAR, the European Renal Association and the European Vasculitis Society (EUVAS). The recommendations are based upon evidence from systematic literature reviews, as well as expert opinion where appropriate. The evidence presented was discussed and summarised by the experts in the course of a consensus-finding and voting process. Levels of evidence and grades of recommendations were derived and levels of agreement (strengths of recommendations) determined. In addition to the voting by the task force members, the relevance of the recommendations was assessed by an online voting survey among members of EUVAS. Fifteen recommendations were developed, covering general aspects, such as attaining remission and the need for shared decision making between clinicians and patients. More specific items relate to starting immunosuppressive therapy in combination with glucocorticoids to induce remission, followed by a period of remission maintenance; for remission induction in life-threatening or organ-threatening AAV, cyclophosphamide and rituximab are considered to have similar efficacy; plasma exchange which is recommended, where licensed, in the setting of rapidly progressive renal failure or severe diffuse pulmonary haemorrhage. These recommendations are intended for use by healthcare professionals, doctors in specialist training, medical students, pharmaceutical industries and drug regulatory organisations.

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KEYWORDS:
Corticosteroids; Cyclophosphamide; Disease Activity; Systemic vasculitis; Treatment

PMID: 27338776