



Coventina's Column

Leyla Sanai



A recent Danish study (*The Lancet*, Volume 373, Issue 9669, 28 March 2009-3 April 2009, p 1060-1061) investigated the risk of developing epilepsy after traumatic brain injury. The researchers looked at head injuries among more than 1.5 million people and assessed the risk of developing epilepsy up to ten years or longer after mild, moderate or severe injury. The risk of developing epilepsy was increased 2.22 fold after mild brain injury, 7.40 fold after severe brain injury, and 2.17 fold after skull fracture. Relative risk increased with age at the time of injury. The study indicates the importance of follow up after brain injury and raises the possibility of a window of opportunity in which it may be possible to reduce the risk immediately after the injury. Coventina thinks that patients and their families warned of this possibility may also panic less the first time seizures occur.



Meconium aspiration occurs in between 0.4 and 2.1 neonates per 1000 live births, yet treatment of this potentially life threatening problem varies widely among different centres. Some recent advice on therapy has come from Edinburgh (*Paediatrics and Child Health*, Volume 19, Issue 4, April 2009, p 174-177). The authors provide guidance on treatment. They suggest that tracheal suction after birth should be applied to non vigorous infants and that they should be carefully followed up in the following hours in case their respiratory status requires ventilation, surfactant therapy, inhaled nitric oxide and/or specialist ventilatory therapies such as high frequency oscillation ventilation. Those who fail to respond to these treatments may require extracorporeal membrane gas exchange.



The controversy about screening for prostate cancer has been raging for years. A study of over 76,000 from the US (*New England Journal of Medicine*, Volume 360(13), 26 March 2009, p 1310-1319) compared annual screening, comprising yearly prostatic specific antigen testing for 6 years and digital rectal examination for 4 years, with usual care which sometimes but not always offered these tests. The study group had a compliance rate of 85% for the PSA test and 86% for the digital rectal examination while the control group's figures for these two screening tests ranged from 40 - 52% for PSA testing and 41 - 46% for the digital examination. After between 7 and 10 years, the rate of death from prostate cancer was very low and there was no significant difference between the two groups.

In contrast, a second study from the same issue (*New England Journal of Medicine*, Volume 360(13), 26 March 2009, p 1310-1319), this time from Europe, studied 182,000 men and assigned one group of them to PSA screening on average once

every four years, and the other group to no screening. In this study, the screened group had a 20% lower incidence of mortality from prostate cancer. However, since 1410 men would need to be screened and 48 cases of prostate cancer identified in order to save one life, screening would inevitably lead to many men who would not otherwise have died from prostatic cancer being treated invasively for it. Coventina accepts that cost-benefit considerations may cast doubt on the advisability of routine screening for prostatic cancer, but reckons that if the one man saved per 1410 was asked, he'd be all for it.



A study of 44 patients undergoing elective thoracotomy and partial lung resection (*Critical Care Medicine*, 'publish ahead of print', March 25 2009) compared the use of high-frequency percussive ventilation (HFPV) in the nondependent lung with use of the more conventional continuous positive airways pressure (CPAP) in the nondependent lung. Both groups received intermittent positive pressure ventilation in the dependent lung. Patients who had the HFPV in the nondependent lung had higher arterial oxygen levels prior to nondependent lung reinflation. More secretions were able to be aspirated from the HFPV patients, and the chance of secretions being produced from this lung was more than five fold higher in chronic obstructive airways disease (COAD) patients who had received the HFPV compared with COAD patients receiving CPAP. The patients who had received HFPV were also three times more likely to be discharged early than the group who had received CPAP. Coventina is impressed but resigned to the fact that, as with many therapies (such as ECMO for neonates with lung disease, above), availability of resources to fund this technique will inevitably limit the number of patients who are able to benefit.



Over the past decade, the use of tumour necrosis factor antagonists such as infliximab for inflammatory bowel disease has increased greatly. A recent study (*Gut*, 58(4): April 2009 p 492-500) investigated the long-term (median 5 year) benefit of infliximab in patients with Crohn's disease. 614 patients were studied. Of these, 10.9% did not respond to infliximab initially. Of the remaining patients, a sustained positive response was seen in 63.4% (547) receiving long-term treatment. Of these 547 patients, 31.7% had the infliximab stopped with the patient in remission, while the other 68.3% continued with it. 12.8% of patients had to stop infliximab due to side effects and 21.6% due to loss of response, but the need for hospital admission or surgery was higher in the patients who received infliximab only episodically as opposed to those who continued with it.



Concerns about long term use of infliximab and related anti-TNF drugs have been raised in some quarters. However, another study in the same issue (Gut. 58(4):492-500, April 2009) provides reassuring results. The medical records of 734 patients with inflammatory bowel disease treated with infliximab and 666 patients not treated with infliximab were reviewed to ascertain adverse effects.

Thirteen percent of the infliximab group suffered severe adverse effects compared with 19% of the control group, and there was no significant difference in the rates of malignancy, infection or mortality. The most common side effect in the infliximab group was psoriasis-like skin problems in 20% of this group. It seems from this study that infliximab has a good safety record in these patients.

CASE REPORTS (Full reports are available at www.smj.org.uk)

Dr Jill Murie

Ascending Paralysis as a Prime Clinical Manifestation of Hyperkalaemia

FCS Teixeira, A Lebre, SAC Ramos, MD Ferreira, MCSE Kawano

This cautionary tale from Brazil describes a severely uraemic elderly man prescribed spironolactone and losartan. Correction of his biochemical disturbance leads to prompt neurological remission. Unfortunately, he develops fatal VF. Serial ECGs were previously described as normal. Why?

Giant Retroperitoneal Liposarcoma Extending into the Scrotum

V Genc, A Cakmak, C Akyol, S Baskan, SM Hazinedaroglu

Clinicians have a fat chance of diagnosing this tumour early owing to its rarity and slow growth, particularly when it is tucked inside retroperitoneal soft tissue. Surgeons from Turkey provide three images and nine references celebrating their success. The patient is disease free three years after the operation.

Neurocardiogenic Syncope and Narcolepsy: an Unusual but Important Combination

U Krishnan, PS Ramrakha and A Money-Kyrle

In this complex case report, cardiologists place a strong emphasis on taking a relevant history for sleep disorders with dysautonomia, adequate investigation including multiple sleep latency tests (MSLT), polysomnography and HLA studies and crucially, patient education. MSLT tracings are provided.

A Pregnant Woman with Raised Bile Acids: Idiopathic Adult Ductopenia (IAD)

EK Tan, JL Gibson, A Gallagher

While pruritis due to cholestasis is not uncommon in pregnancy, the symptom may indicate IAD, a rare liver condition described as recently as 1988. The case report summarises an effective multidisciplinary approach to the patient's care, which results in a positive outcome following an uneventful caesarean section under spinal anaesthesia.

Parathyroid Carcinoma. Mini-Series of Patients Treated with Minimally Invasive Surgery Using Intra-Operative PTH Assays and Literature Review

OO Komolafe, AG McMinn, JC Doughty, CR Wilson

This elegantly crafted, previously presented and already published case report summarises the aetiology, geographical variation and clinical, biochemical, radiological and pathological features of a rare tumour. The authors present three cases, which is allegedly three times as many as the average surgeon will encounter in their lifetime! An impressive total of 27 publications is cited.

Cerebral Venous Thrombosis and Pulmonary Thromboembolism with Thyrotoxicosis

LA Corry, NL Walker, J Byrne, ID Walker and B Kennon

Authors from Glasgow discuss risk factors predisposing patients with hyperthyroidism to thromboembolism. To the common atrial fibrillation are added vascular endothelial dysfunction, decreased fibrinolytic activity and a variety of clotting and tissue factors. Convincing images and 10 references support their discussion.

A Variant of Pentalogy of Cantrell

B El-Nabulsi, G Brannan, R Carachi

Five defects are famously described, but rarely occur in combination. This case study reports the more common occurrence of an incomplete Pentalogy. The pathogenesis resulting in the variable expression of the syndrome and their classifications are described in a surgical context with eight references, an MRI scan of exquisite quality and a sharp intra-operative image.

Cardiac Instability Due to Pneumomediastinum During Second Stage of Labour

J Rafi, H Muppala, B Schaefer

The sudden onset of chest pain and subcutaneous emphysema gets the wind up clinicians after the birth of a healthy large male infant to a previously well 18 year old woman. Prolonged labour and big babies are associated factors, but the contribution of smoking cannabis is unknown. Immediate post-natal images and nine references are supplied.