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151. Paroxysmal kinesigenic dyskinesia and other paroxysmal phenotypes associated with PRRT2 gene mutations .............................................................................................................. page 134
1. Uterine arteriovenous malformation as a rare cause of secondary postpartum haemorrhage

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, December 2013, vol./is. 120/(61), 1470-0328 (December 2013)

Author(s): Goh S.E.; Anand S.; Martindale E.

Institution: (Goh, Anand, Martindale) East Lancashire Hospitals NHS Trust, Burnley, United Kingdom

Language: English

Abstract: Objective: Uterine arteriovenous malformation (AVM) is a rare but potentially life-threatening cause of secondary postpartum haemorrhage (PPH). Clinical awareness of this rare condition is vital for prompt diagnosis and management. Background: Our case reports a 30-year-old multigravida who presented with multiple episodes of intermittent secondary PPH after caesarean section, which were abrupt and heavy. Dilatation and curettage procedure was carried out to exclude retained placental tissue. Angiography revealed rapid uterine artery filling with abnormal vasculatures, suggestive of AVM. This was treated with uterine artery embolisation (UAE) but patient had another episode of torrential bleeding 9 days later. Hysterectomy was performed. Histopathology reported many prominent dilated blood vessels in the myometrium. Patient had an uneventful recovery postoperatively. Methods: A literature search was performed on OVID databases (Medline, EMBASE, ERIC) using the search term 'uterine arteriovenous malformation' for articles published within the last ten years. Seven relevant articles are included. Conclusion: Uterine AVM usually presents as intermittent heavy vaginal bleeding refractory to conventional therapies. Acquired uterine AVM often associate with uterine trauma such as after uterine surgery. Diagnosis can be achieved through ultrasonography, computed tomography, magnetic resonance scan, angiography, or histopathology after hysterectomy. Symptomatic uterine AVM had traditionally been treated with hysterectomy. Recent advances and experiences have enabled UAE to be considered as a viable alternative where preservation of fertility is possible. Though the histology in our case was not confirmative of AVM, the clinical presentation and angiography supported the diagnosis. With increasing number of caesarean sections, AVM must be considered in the differential diagnosis of secondary PPH.


Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *arteriovenous malformation *postpartum hemorrhage *uterus female hysterectomy angiography human diagnosis cesarean section patient histopathology bleeding multigravida preservation computer assisted tomography histology uterine artery case report uterine artery embolization surgery therapy
vagina bleeding
tissues
Medline
data base
procedures
injury
echography
myometrium
nuclear magnetic resonance
blood vessel
fertility
curettage
differential diagnosis

Source: EMBASE

2. Lichen sclerosis: Are we following the guidelines?

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, December 2013, vol./is. 120/(37), 1470-0328 (December 2013)

Author(s): Langley C.D.; Javed A.; Chieng L.; Nagy C.; Owen C.

Institution: (Langley, Javed, Chieng, Nagy, Owen) East Lancashire Health Trust (ELHT), United Kingdom

Language: English

Abstract: Objective: (i) To compare current diagnosis, management and follow-up in patients with vulval lichen sclerosis (LS) in the gynaecology and dermatology departments at ELHT (ii) To assess whether current BAD and RCOG guidelines are being followed.

Background: Vulval lichen sclerosis can be a distressing and uncomfortable condition that many women feel anxious and hesitant to seek medical advice about. It is, however, easily treatable and can ultimately be managed successfully in the community. Occasional reluctance to prescribe potent topical corticosteroids exists, but this is in fact the current recommended treatment by the BAD and the RCOG. We conducted an audit comparing the diagnosis, management and follow-up of all women with a new diagnosis of LS that were managed either in the out-patient gynaecology clinic or the dedicated vulval clinic run by the dermatology department. Methods: Data were collected retrospectively on 20 patients with a new diagnosis of vulval LS between August and October 2012. Results and conclusions: The majority of patients were managed under the gynaecology department; however those patients managed by the dermatology department were more likely to have the correct management and information provision in the form of a leaflet. Various regimens of topical treatments were identified, none of which were in-keeping with the current national recommendations. History taking with enquiry into sexual and urinary function was less than 50%, and discharge of uncomplicated patients back to the community was only 44%. We concluded that synchronisation between the dermatology and gynaecology departments is necessary to streamline the management of LS, and better education of junior staff in particular is required to ensure that the appropriate management and follow-up is being adhered to.


Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *lichen sclerosus et atrophicus human patient gynecology diagnosis dermatology follow up community
3. Fashions change but tattoos are forever: time to regret.

Citation: British Journal of Dermatology, December 2013, vol./is. 169/6(1364-6), 0007-0963;1365-2133 (2013 Dec)

Author(s): Aslam A; Owen CM

Institution: Department of Dermatology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn, U.K.

Language: English

Country of Publication: England

Publication Type: Letter

Subject Headings: MEDLINE


Citation: Clinical & Experimental Dermatology, December 2013, vol./is. 38/8(957-9), 0307-6938;1365-2230 (2013 Dec)

Author(s): Aslam A; Coulson IH

Institution: Department of Dermatology, East Lancashire Hospitals NHS Trust, Burnley General Hospital, Burnley, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: MEDLINE

5. Fashions change but tattoos are forever: Time to regret

Citation: British Journal of Dermatology, December 2013, vol./is. 169/6(1364-1366), 0007-0963;1365-2133 (December 2013)

Author(s): Aslam A.; Owen C.M.

Institution: (Aslam, Owen) Department of Dermatology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital Blackburn, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

Publication Type: Journal: Letter

Subject Headings: abdomen
"allergic reaction/co [Complication]"
ankle
arm
6. Cowden syndrome (multiple hamartoma syndrome)

Citation: Clinical and Experimental Dermatology, December 2013, vol./is. 38/8(957-959), 0307-6938;1365-2230 (December 2013)

Author(s): Aslam A.; Coulson I.H.

Institution: (Aslam, Coulson) Department of Dermatology, East Lancashire Hospitals NHS Trust, Burnley General Hospital, Casterton Avenue, Burnley, Lancashire, BB10 2PQ, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

CAS Registry Number: 11070-68-1 (glutamic acid); 138-15-8 (glutamic acid); 56-86-0 (glutamic acid); 6899-05-4 (glutamic acid); 210488-47-4 (phosphatidylinositol 3,4,5 trisphosphate 3 phosphatase)

Publication Type: Journal: Article

Subject Headings: adult
article
case report
coding
codon
"colonic ganglioneuromatous polyposis/di [Diagnosis]"
colonoscopy
"*Cowden syndrome/co [Complication]"
"*Cowden syndrome/di [Diagnosis]"
"*Cowden syndrome/th [Therapy]"
cryotherapy
exon
face
female
gene
7. An unusual cause of widespread umbilicated papules and nodules

Citation: Clinical and Experimental Dermatology, December 2013, vol./is. 38/8(952-954), 0307-6938;1365-2230 (December 2013)

Author(s): Aslam A.; Prescott R.; Chaudhry I.H.; Coulson I.H.

Institution: (Aslam) Department of Dermatology, Salford Royal NHS Foundation Trust, Salford, Stott Lane, Manchester, M6 8HD, United Kingdom; (Prescott) Department of Pathology, Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Chaudhry) Department of Histopathology, Manchester Royal Infirmary Central Manchester University Hospitals, NHS Foundation Trust, Manchester, United Kingdom; (Coulson) Department of Dermatology, Burnley General Hospital, East Lancashire Hospitals NHS Trust, Burnley, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)

Publication Type: Journal: Article

Subject Headings: "*acquired reactive perforating collagenosis/di [Diagnosis]"
aged
article
back
case report
chronic inflammation
"*collagen disease/di [Diagnosis]"
epidermis
female
histopathology
human
hyperkeratosis
hypertension
hypothyroidism
immunofluorescence
lower leg
medical history
non insulin dependent diabetes mellitus
*papule
physical examination
priority journal
rash
skin biopsy
8. Roller coasters: A source of fun and tears

Citation: Emergency Medicine Journal, November 2013, vol./is. 30/11(983), 1472-0205;1472-0213 (November 2013)

Author(s): Anderson S.G.; Lai T.K.; Newton T.; Garg S.

Institution: (Anderson, Lai, Garg) Cardiology Department, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, United Kingdom; (Anderson) Cardiovascular Research Group, University of Manchester, Manchester, United Kingdom; (Newton) Radiology Department, Royal Blackburn Hospital, Blackburn, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

Publication Type: Journal: Article

Subject Headings: abdominal aorta
acute kidney failure
adult
aorta dissection
aorta valve regurgitation
article
ascending aorta
blood pressure
case report
common carotid artery
computer assisted tomography
deep vein thrombosis
disease severity
echocardiography
electrocardiography
*epiphora
hematuria
human
iliac artery
male
priority journal
renal artery
subarachnoid hemorrhage
subdural hematoma
T wave
thorax pain

Source: EMBASE

Full Text: Available from EBSCOhost in Emergency Medicine Journal
Available from Highwire Press in Emergency Medicine Journal

9. Is limitation of hip abduction a useful clinical sign in the diagnosis of developmental dysplasia of the hip?

Citation: Archives of Disease in Childhood, November 2013, vol./is. 98/11(862-866), 0003-9888;1468-2044 (November 2013)

Author(s): Choudry Q.; Goyal R.; Paton R.W.

Institution: (Choudry, Goyal) Department of Orthopaedics, Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, Blackburn, Lancashire, United Kingdom; (Paton)
School of Postgraduate Medical and Dental Education, University of Central Lancashire, United Kingdom; (Paton) University of Manchester, United Kingdom

Language: English

Abstract: Aim: The relationship between the presence and severity of sonographically diagnosed developmental dysplasia of the hip (DDH) and the clinical abnormality of limitation of hip abduction (LHA) was investigated. Methods: A prospective, longitudinal, selective 'at risk' and neonatal instability hip ultrasound programme between 1 January 1996 and 31 December 2005. 2876 neonates/infants were initially screened for DDH by clinical examination and by hip ultrasound imaging. Pathological sonographically evaluated DDH was considered to be Graf Type III, IV and irreducible hip dislocation. Inclusion criteria were cases of unilateral or bilateral limitation of hip abduction hip. Exclusion criteria: syndromal, neuromuscular and skeletal dysplasia cases. Results: 492 children presented with LHA (55 unilateral LHA). The mean age of neonates/infants with either unilateral or bilateral LHA was significantly higher than those without (p<0.001). In the sonographic diagnosis of Graf Type III and IV dysplasias, unilateral LHA had a PPV of 40% compared with only 0.3% for bilateral LHA. The sensitivity of unilateral LHA increased to 78.3% and a PPV 54.7% after the age of 8 weeks for Graf Types III, IV and irreducible hip dislocation. Conclusions: This study identifies a time-dependent association with unilateral LHA in the diagnosis of 'pathological' DDH after the age of 8 weeks. The presence of bilateral LHA in the young infant may be a normal variant and is an inaccurate clinical sign in the diagnosis of pathological DDH. LHA should be actively sought after 8 weeks of age and if present should be followed by a formal ultrasound or radiographic examination to confirm whether or not the hip is developing in a satisfactory manner.

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

Publication Type: Journal: Article

Subject Headings: *abduction
article
child
"childhood disease/di [Diagnosis]"
"childhood disease/su [Surgery]"
controlled study
echography
female
"hip dislocation/su [Surgery]"
"*hip dysplasia/di [Diagnosis]"
human
*joint limitation
longitudinal study
major clinical study
male
"newborn disease/di [Diagnosis]"
"newborn disease/su [Surgery]"
observational study
open reduction
priority journal
prospective study
school child

Source: EMBASE

Full Text: Available from EBSCOhost in Archives of Disease in Childhood
Available from Highwire Press in Archives of disease in childhood

10. Eunatraemic hypokalaemic central pontine myelinolysis in an alcoholic lady with bulimia

Citation: Journal of Neurology, Neurosurgery and Psychiatry, November 2013, vol./is. 84/11, 0022-3050 (November 2013)
A 42 year old lady with bulimia and alcoholism, suffered a cardiac arrest at home. She was successfully resuscitated and admitted to the intensive care unit of our hospital. Hypokalaemia (3.1 mmol/l) was present, and corrected, but serum sodium concentration was persistently normal. She was extubated within 48h, but a subsequent drop in her level of consciousness prompted brain imaging. Neurological examination was normal 5 weeks after admission when seen in the neurology clinic. Several months earlier she had presented with vomiting. Marked ECG changes of deep T wave inversion in anterior leads and prolonged QTc (528 ms) normalised after correction of initial hypokalaemia (2.6 mmol/l). Appearances on MRI brain imaging were consistent with central pontine myelinolysis. Whilst eating disorders and alcoholism are well established risk factors, eunatraemic, hypokalaemic CPM is a rarely reported entity. One previously reported case<sup>1</sup> lacked diffusion-weighted imaging (DWI), prompting subsequent correspondence around the possibility of posterior reversible encephalopathy syndrome (PRES) being responsible for the pontine MRI changes in that case, rather than CPM.<sup>2</sup> The T2 bright pontine lesion in our patient showed increased signal on DWI, consistent with acute myelinolysis, its symmetrical nature around the midline not being in keeping with ischaemia. We presume our patient's cardiac arrest was also due to hypokalaemia, especially in view of the previously documented ECG changes. The most commonly reported cause of CPM, relates to hyponatraemia.<sup>3</sup> Concomitant hypokalaemia and sodium abnormalities have been reported in 89% of cases of CPM<sup>4</sup> and it has been suggested that hypokalaemia may predispose to CPM in the presence of sodium abnormalities. Reports of CPM occurring with hypokalaemia in the absence of sodium abnormalities are however scarce, with only 3 cases being described since 1990. <sup>5-7</sup> This case reports describes a rare example of CPM occurring with hypokalaemia and eunatraemia thus supporting the suggestion that there are factors other than abnormalities in sodium that are associated with the development of CPM.
11. Fractional flow reserve versus angiography in guiding management to optimize outcomes in non-st elevation myocardial infarction (famous-nstemi) clinical trial: Study design and baseline characteristics of randomized participants

Citation: Journal of the American College of Cardiology, October 2013, vol./is. 62/18 SUPPL. 1(B27), 0735-1097 (29 Oct 2013)

Author(s): Layland J.; Sood A.; Curzen N.; Balachandran K.; Das R.; Junejo S.; Lee M.M.; Ahmed N.; Mahrous A.M.; Beck A.; Eteiba H.; Petrie M.C.; Lindsay M.M.; Hood S.; Watkins S.; McEntegart M.B.; Davie C.; Peat E.; Henderson R.A.; Briggs A.; Ford I.; Oldroyd K.G.; Berry C.

Institution: (Layland) Golden Jubilee National Hospital, Clydebank, United Kingdom; (Sood) Hairmyres Hospital, East Kilbride, United Kingdom; (Curzen) University Hospitals Southampton, Southampton, United Kingdom; (Balachandran) Royal Blackburn Hospital, Blackburn, United Kingdom; (Das) Freeman Hospital, Newcastle, United Kingdom; (Junejo) City Hospitals Sunderland, Sunderland, United Kingdom; (Lee, Ahmed, Beck, Eteiba, Hood, Watkins, McEntegart, Davie, Peat) Golden Jubilee National Hospital/University of Glasgow, Glasgow, United Kingdom; (Mahrous) Golden Jubilee hospital, Glasgow, United Kingdom; (Petrie, Lindsay, Owens) Golden Jubilee National Hospital, Glasgow, United Kingdom; (Henderson) Nottingham University Hospitals, Nottingham, United Kingdom; (Briggs, Ford, Oldroyd) University of Glasgow, Glasgow, United Kingdom; (Berry) University of Glasgow/Golden Jubilee National Hospital, Glasgow, United Kingdom

Language: English

Abstract: Background: Invasive management guided by coronary angiography is the standard of care in NSTE-MI. We hypothesized that functional assessment of coronary stenosis severity with fractional flow reserve (FFR) would have additive diagnostic, clinical and health economic utility, as compared to angiography-guided standard care. Methods: A prospective multicenter randomized double-blind controlled trial in acute NSTE-MI patients with >1 coronary stenosis >30% severity (threshold for FFR measurement) in culprit and non-culprit lesions. Patients were randomized immediately after coronary angiography to the FFR-guided group or angiography-guided group. The study design is shown in Figure 1. The primary outcome is the between-group difference in the proportion of patients allocated to medical management compared to revascularization. Secondary outcomes include health outcomes, quality of life, and healthcare costs. The minimum/average follow-up periods are 6 & 18 months, respectively. Results: 350 patients were randomized between Oct 2011-May 2013 in 6 UK hospitals. The participant characteristics are: mean ± SD age 60 ± 15 years, 74% men, 14% treated diabetes, 8% prior PCI and 10% prior MI. The median (IQR) time from the index event to the initial angiogram was 3.0(2.0,6.0) days. The median (range) GRACE Score was 180 (8,269). On average each patient had 1.9 ± 0.8 angiographically diseased coronary arteries (left main 10%, RCA 58%, LAD/Diagonal 54%, Cx/OM 64%). Conclusions: The FAMOUS NSTE-MI population has high risk characteristics and differs in several ways from the FAME trial participants.

12. Use of sphere spectrophotometer in assessment of tissue venous congestion and ischemia of forearm skin. A proof of principle study

Citation: International Journal of Oral and Maxillofacial Surgery, October 2013, vol./is. 42/10(1294), 0901-5027 (October 2013)

Author(s): Prabhu I.S.; Kyzas P.; Langton S.

Institution: (Prabhu) Manchester Royal Infirmary, United Kingdom; (Kyzas) Royal Preston Hospital, United Kingdom; (Langton) Royal Blackburn Hospital, United Kingdom

Language: English

Abstract: Introduction: The colour of the flap is a very important component of clinical monitoring of free flaps. Poor colour memory, eye fatigue, colour blindness and viewing conditions can all affect the human eye's ability to distinguish colour differences. Early identification of the subtle changes of skin gives better chance of salvage. Material and method: We carried out a proof of principle study on 18 volunteers using Xrite machine used in colour monitoring of various colour sensitive industries. The study involved assessment of forearm skin colour using this machine and then creating the venous congestion using blood pressure measuring cuff. Colour measurements were taken at 30 s interval for 3 min. The measurement of colour change was calculated using the International Commission on Illumination (CIE) scales {both CIELAB (L*a*b*) and CIELCH (L*C*h*) scales}. Results: Two out of 18 measurements had to be excluded from the study. The value changes (delta) from the pre-study to time graded measurements showed statistically significant changes starting within 30 s. These changes were observed in all participants, showed similar trends in all scales. Conclusion: There is a potential for using
simple, reliable and reproducible technology as an aid in clinical monitoring of free flaps and other tissues.

**Conference Information:** 21st International Conference on Oral and Maxillofacial Surgery, ICOMS 2013 Barcelona Spain. Conference Start: 20131021 Conference End: 20131024

**Publisher:** Churchill Livingstone

**Publication Type:** Journal: Conference Abstract

**Subject Headings:**
- spectrophotometer
- tissues
- venous congestion
- ischemia
- forearm
- skin
- maxillofacial surgery
- color
to human
- monitoring
eye
- free tissue graft
- machine
cuff
- blood pressure
- industry
- volunteer
- color blindness
- fatigue
technology
- illumination
- memory

**Source:** EMBASE

13. Antisecretory factor-inducing therapy improves patient-reported functional levels in Meniere's disease

**Citation:** Annals of Otology, Rhinology and Laryngology, October 2013, vol./is. 122/10(619-624), 0003-4894 (October 2013)

**Author(s):** Leong S.C.; Narayan S.; Lesser T.H.

**Institution:** (Leong, Lesser) Skull Base Unit, Department of Otorhinolaryngology-Head and Neck Surgery, University Hospital Aintree, Liverpool L9 7AL, United Kingdom; (Narayan) Department of Otorhinolaryngology, Royal Blackburn Hospital Blackburn, United Kingdom

**Language:** English

**Abstract:** Objectives: The aim of this study was to evaluate the effectiveness of specially processed cereal (SPC) as a suitable adjunctive treatment for Meniere's disease. Methods: We performed a randomized double-blinded, placebo-controlled, crossover study in a tertiary referral center of patients who had a diagnosis of Meniere's disease based on the guidelines of the Committee on Hearing and Equilibrium of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS). The main outcome measure was the AAO-HNS Functional Level Scale (FLS). Results: Thirty-nine patients completed the study without any reported complications. The mean pretreatment FLS score for the entire study cohort was 3.8 (median, 4; range, 1 to 6). The overall FLS score improved significantly (p < 0.001), to 2.8 (median, 3), after SPC treatment. No patients showed worsening on the FLS during SPC or placebo treatment. Of the 39 patients, 23 showed improvement on the FLS, and no change was observed in the remaining 16. The median improvement on the FLS in these 23 patients was 2 points (mean, 1.7; range, 1 to 4). The mean FLS score after placebo cereal treatment was not significantly different from baseline (p = 0.452), but was significantly higher than that after SPC treatment (mean, 3.7; p < 0.001). The marginal difference observed between the baseline FLS score and the placebo FLS score was due to the fact that 5 patients reported 1-point improvements on
the FLS after placebo treatment. Nevertheless, significantly fewer patients improved on placebo than on SPC (p < 0.001). Conclusions: Treatment with SPC appears to be well tolerated by most patients (91%) without any complications. More than half (59%) of the study cohort reported subjective improvement in functional level. 2013 Annals Publishing Company. All rights reserved.

Country of Publication: United States
Publisher: Annals Publishing Company (4507 Laclede Avenue, St. Louis MO 63108, United States)
Publication Type: Journal: Article
Subject Headings: adult aged article cereal clinical evaluation controlled study crossover procedure diet supplementation double blind procedure female human major clinical study male "*Meniere disease/th [Therapy]" priority journal randomized controlled trial self report specially processed cereal tertiary health care

Source: EMBASE
Full Text: Available from EBSCOhost in Annals of Otology, Rhinology & Laryngology
Available from EBSCOhost in Annals of Otology, Rhinology & Laryngology
Available from ProQuest in Annals of Otology, Rhinology and Laryngology, The; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

14. Fractional flow reserve versus angiography in guiding management to optimize outcomes in non-St elevation myocardial infarction (famous-nstemi) clinical trial: Relationships between FFR and angiographic stenosis severity at baseline

Citation: Journal of the American College of Cardiology, October 2013, vol./is. 62/18 SUPPL. 1(B26), 0735-1097 (29 Oct 2013)
Author(s): Layland J.; Curzen N.; Sood A.; Das R.; Balachandran K.; Junejo S.; Lee M.M.; Ahmed N.; Mahrous A.M.; Petrie M.C.; Eteiba H.; Watkins S.; Lindsay M.M.; McEntegart M.B.; Davie A.; Henderson R.A.; Ford I.; Oldroyd K.G.; Berry C.
Institution: (Layland) Golden Jubilee National Hospital, Clydebank, United Kingdom; (Curzen) University Hospitals Southampton, Southampton, United Kingdom; (Sood) Hairmyres Hospital, East Kilbride, United Kingdom; (Das) Freeman Hospital, Newcastle, United Kingdom; (Balachandran) Royal Blackburn Hospital, Blackburn, United Kingdom; (Junejo) City Hospitals Sunderland, Sunderland, United Kingdom; (Lee, Ahmed, Eteiba, Watkins, McEntegart, Davie) Golden Jubilee National Hospital/University of Glasgow, Glasgow, United Kingdom; (Mahrous) Golden Jubilee Hospital, Glasgow, United Kingdom; (Petrie, Lindsay) Golden Jubilee National Hospital, Glasgow, United Kingdom; (Henderson) Nottingham University Hospitals, Nottingham, United Kingdom; (Ford, Oldroyd) University of Glasgow, Glasgow, United Kingdom; (Berry) University of Glasgow/Golden Jubilee National Hospital, Glasgow, United Kingdom
Language: English
Abstract: Background: Treatment decisions in the invasive management of patients with non-ST elevation myocardial infarction (NSTEMI) are usually made based on visual interpretation of the coronary angiogram. The relationships between coronary stenosis severity and myocardial fractional flow reserve (FFR) in this setting are uncertain. We hypothesized that functional assessment of coronary stenosis severity with fractional flow reserve (FFR) would differ markedly with angiography. Methods: FAMOUS-NSTEMI (NCT01764334) is a prospective multicenter randomized double-blind controlled trial in patients with >1 coronary stenosis >30% severity (threshold for FFR measurement). Stenosis severity was assessed visually by the cardiologist in the catheter laboratory. FFR was measured in coronary arteries with a stenosis >30% severity including culprit and non-culprit lesions. Results: 350 patients were randomized between October 2011-May 2013 in 6 UK hospitals. The participant characteristics were: mean + SD age 60 + 15 years, 74% men, 45% history of hypertension, 14% treated diabetes, 8% prior PCI and 10% prior MI. The median (IQR) time from the index event to the initial angiogram was 3.0 (2.0, 6.0) days. The median (range) GRACE Score was 180 (8, 269). On average each patient had 1.9 + 0.8 angiographically diseased coronary arteries (left main 10%, RCA 58%, LAD/Diagonal 54%, Cx/OM 64%). There was marked discordance between stenosis severity and FFR (Figure 1). (Figure Presented) Conclusions: Compared to FFR, visual assessment over-estimated angiographic lesion severity in a high proportion of cases. This relationship was at least as discordant as in FAME.


Publisher: Elsevier USA
Publication Type: Journal: Conference Abstract
Subject Headings: *angiography
*non ST segment elevation myocardial infarction
*human
*clinical trial
*stenosis
*therapy
*fractional flow reserve
patient
coronary artery obstruction
coronary artery
hospital
United Kingdom
laboratory
catheter
cardiologist
male
controlled study
functional assessment
diabetes mellitus
hypertension

Full Text: Available from ProQuest in Journal of the American College of Cardiology; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

15. Fractional flow reserve versus angiography in guiding management to optimize outcomes in non-ST-elevation myocardial infarction (FAMOUS-NSTEMI): Rationale and design of a randomized controlled clinical trial

Citation: American Heart Journal, October 2013, vol./is. 166/4(662-668.e3), 0002-8703;1097-6744 (October 2013)

Author(s): Berry C.; Layland J.; Sood A.; Curzen N.P.; Balachandran K.P.; Das R.; Junejo S.; Henderson R.A.; Briggs A.H.; Ford I.; Oldroyd K.G.

Institution: (Berry, Layland, Oldroyd) West of Scotland Heart and Lung Centre, Golden Jubilee National Hospital, Glasgow, United Kingdom; (Berry, Layland) BHF Glasgow
Abstract:

Background In patients with acute non-ST-elevation myocardial infarction (NSTEMI), coronary arteriography is usually recommended; but visual interpretation of the angiogram is subjective. We hypothesized that functional assessment of coronary stenosis severity with a pressure-sensitive guide wire (fractional flow reserve \([\text{FFR}]\)) would have additive diagnostic, clinical, and health economic utility as compared with angiography-guided standard care. Methods and design A prospective multicenter parallel-group 1:1 randomized controlled superiority trial in 350 NSTEMI patients with >1 coronary stenosis >30% severity (threshold for FFR measurement) will be conducted. Patients will be randomized immediately after coronary angiography to the FFR-guided group or angiography-guided group. All patients will then undergo FFR measurement in all vessels with a coronary stenosis >30% severity including culprit and nonculprit lesions. Fractional flow reserve will be disclosed to guide treatment in the FFR-guided group but not disclosed in the "angiography-guided" group. In the FFR-guided group, an FFR <0.80 will be an indication for revascularization by percutaneous coronary intervention or coronary artery bypass surgery, as appropriate. The primary outcome is the between-group difference in the proportion of patients allocated to medical management only compared with revascularization. Secondary outcomes include the occurrence of cardiac death or hospitalization for myocardial infarction or heart failure, quality of life, and health care costs. The minimum and average follow-up periods for the primary analysis are 6 and 18 months, respectively. Conclusions Our developmental clinical trial will address the feasibility of FFR measurement in NSTEMI and the influence of FFR disclosure on treatment decisions and health and economic outcomes. 2013 The Authors.
16. Worsening oxygenation despite the use of a Novalung iLa membrane ventilator

Citation: Journal of the Intensive Care Society, October 2013, vol./is. 14/4(354-356), 1751-1437 (October 2013)

Author(s): Garbarino J.A.; Girgirah K.; Dean P.

Institution: (Garbarino) ST3 Anaesthetics, Department of Anaesthesia, Wythenshawe Hospital, Manchester, United Kingdom; (Girgirah) Department of Anaesthesia, North Manchester General Hospital, Manchester, United Kingdom; (Dean) Department of Anaesthetics and Intensive Care, Royal Blackburn Hospital, United Kingdom

Language: English

Abstract: We describe the case of a 31-year-old man admitted to the intensive care unit (ICU) with hypercapnia and hypoxia secondary to Aspergillosis, Pneumocystis jirovecii pneumonia and tuberculosis. The patient was treated with conventional lung-protective ventilation strategies. He subsequently had a Novalung interventional lung assist membrane ventilator (iMV) inserted due to worsening hypercapnia. His condition initially improved; however eight days after insertion the iMV appeared to be associated with worsening oxygenation. The Intensive Care Society 2013.

Country of Publication: United Kingdom

Publisher: Stansted News Ltd (134 South Street, Bishop's Stortford, Hertfordshire, Essex CM23 3BQ, United Kingdom)

Publication Type: Journal: Article

Subject Headings: adult
anesthetic equipment
arterial gas
article
artificial ventilation
aspergillosis
bronchoscopy
case report
computer assisted tomography
drug
human
hypercapnia
hypoxygenation
*interventional lung assist membrane ventilator
lung gas exchange
male
*mechanical ventilator
*oxygenation
Pneumocystis pneumonia	achyplea	uberculosis

Source: EMBASE
17. Low flow audit

Citation: Anaesthesia, September 2013, vol./is. 68/9(988), 0003-2409 (September 2013)

Author(s): Macrosson D.; Brits R.; Kovacsai Z.

Institution: (Macrosson, Brits, Kovacsai) Royal Blackburn Hospital, Blackburn and Burnley General Hospital, Burnley, United Kingdom

Language: English

Abstract: The aim of this audit was to monitor fresh gas flows during surgery requiring general anaesthesia in East Lancashire Hospitals NHS Trust, to ensure that the majority were low flows of < 1 l.min\(^{-1}\). Methods Over a two-week period in October 2012, proformas were attached to anaesthetic machines in the anaesthetic induction rooms. Anaesthetic staff were encouraged to use these proformas to record fresh gas flow of volatile anaesthetic agent on induction of anaesthesia, on entering theatre, and 10 min after entering theatre. Two months after this data collection period, a repeat spot audit was carried out over the course of one day. This time the data was recorded independently by the audit team who were not working in theatre on that day, so the data could be used to verify the reliability of the initial audit. The data was then used to compare with previous audit cycles to determine whether standards are being maintained and identify any areas of improvement. Results A total of 185 cases were recorded over a two-week period, 73 from Blackburn Hospital and 112 from Burnley Hospital. Sevoflurane was the most used volatile anaesthetic agent (83% of procedures). Fresh gas flows on induction of anaesthesia ranged from 0.6 to 10 l.min\(^{-1}\), mean 6.8 l.min\(^{-1}\). Fresh gas flows on entering theatre ranged from 0.2 to 10 l.min\(^{-1}\), mean 4.6 l.min\(^{-1}\). Finally, fresh gas flows 10 min after entering theatre ranged from 0.1 to 8 l.min\(^{-1}\), mean 1.1 l.min\(^{-1}\), with 82% of cases < 1 l.min\(^{-1}\). The spot audit yielded slightly better results, a total of 33 cases were recorded with fresh gas flows 10 min after entering theatre ranging from 0.3 to 4 l.min\(^{-1}\), mean 0.8 l.min\(^{-1}\) and 91% of cases < 1 l.min\(^{-1}\). In comparison to previous cycles of the low flow audit in this trust, mean fresh gas flow 10 min after entering theatre was 1.8 l.min\(^{-1}\) when the audit began in 2006 and 0.6 l.min\(^{-1}\) last year. Discussion Sevoflurane 3% running at our mean fresh gas flow of 1 l.min\(^{-1}\) costs 2.87 per hour. At 0.5 l.min\(^{-1}\) this cost falls to 1.41 per hour. As the anaesthetic department has spent approximately 138 000 in the past year on sevoflurane, there is potential to halve this cost if target flow rates of 0.5 l.min\(^{-1}\) can be met and maintained in theatre. As an approximately 20% improvement has been made on flow rates in the 2 months between the initial data collection period and the spot audit, it may be of benefit to start a monthly spot audit check to ensure that flow rates continue to fall.


Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human  
*medical audit  
*anesthesist  
gas flow  
flow rate  
hospital  
anesthesia  
information processing  
anesthesia induction  
machine  
procedures  
reliability  
general anesthesia  
surgery
Evidence Services | library.nhs.uk

anesthetic agent
sevoflurane

Source: EMBASE

18. Screening of selected risk factors in developmental dysplasia of the hip: An observational study

Citation: Archives of Disease in Childhood, September 2013, vol./is. 98/9(692-696), 0003-9888;1468-2044 (September 2013)

Author(s): Talbot C.L.; Paton R.W.

Institution: (Talbot, Paton) Orthopaedic Department, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, United Kingdom; (Paton) University of Central Lancashire, Preston, United Kingdom; (Paton) Department of Orthopaedics, University of Manchester, Manchester, United Kingdom

Language: English

Abstract: Background Developmental dysplasia of the hip (DDH) is the most common neonatal musculoskeletal condition. In 2008, the NHS Newborn and Infant Physical Examination committee added selective ‘at risk’ screening to the existing universal neonatal and general practitioner clinical hip screening guidelines. Objective Assessment of breech and family history risk factors in DDH. Design A 15 year prospective, observational, longitudinal cohort study. Method Breech presentation and evidence of a strong family history for DDH were the ‘risk factors’ studied. All infants referred were clinically and sonographically screened by one consultant paediatric orthopaedic surgeon. Results From a cohort of 64 670 live births, 2984 neonates/infants, 46.1 (95% CI 44.6 to 47.8) per 1000 live births, were referred and sonographically screened with these risk factors alone. 1360 were male, of which four were identified as having 'pathological' DDH (an incidence of 0.003 (95% CI 0.001 to 0.008)). 1624 were female, of which 45 were identified as having 'pathological' DDH (an incidence of 0.028 (95% CI 0.021 to 0.037)). This difference in incidence of 0.025 (95% CI 0.016 to 0.033) was statistically significant (p<0.001). From those who were clinically stable and screened with either or both of the two risk factors, four individuals were diagnosed with irreducible hip dislocation (0.06 (95% CI 0.024 to 0.159) per 1000 live births). All were females. Conclusions This study questions the current UK screening policy for DDH in clinically stable males referred with risk factors, and may influence future DDH screening programme policy.

Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Article
Subject Headings: article
*breech presentation
cohort analysis
"*developmental dysplasia of the hip/cn [Congenital Disorder]"
family assessment
*family history
female
hip dislocation
"*hip dysplasia/cn [Congenital Disorder]"
human
infant
live birth
longitudinal study
major clinical study
male
newborn
*newborn screening
observational study
priority journal
prospective study
Background: The manifestations of systemic lupus erythematosus (SLE) vary between individuals, from the severe and life-threatening renal and central nervous system involvement, to the involvement of skin, musculoskeletal and vascular system, and the complications of infection influencing the quality of life. However, as specific manifestations affecting the lower limb are perceived as receiving little focus, the purpose of this narrative literature review is to identify the specific factors associated with SLE that may have implications for lower limb and foot morbidity.

Method: A structured search of databases was conducted. The inclusion was restricted to publications in the English language, those that specifically investigate the feet as affected with SLE. No restriction on year of publication was imposed to reduce publication bias and to capture as many publication in relation to feet. Results: Eleven papers fulfilled the inclusion criteria. There were seven additional papers that made observations related to the articular or vascular complications of the feet. This narrative review provides some information on how SLE affects the lower limb and foot in relation to the musculoskeletal and vascular systems. However, there is a lack of literature that specifically focuses on all the manifestations of SLE and the complications associated with its management.

Discussion: There are indications that SLE affects lower limb and foot morbidity but the scale of these problems is unclear and this is partly because of the absence of research and the lack of a 'gold standard' framework for the assessment of the lower limb and foot. In addition to clinical foot health assessment, ultrasonography may be a useful alternative to plain film radiography or magnetic resonance imaging (MRI) in capturing the extent of articular and extra-articular manifestations. Further, the Ankle Brachial Pressure Index (ABPI) may be useful in identifying those with atherosclerosis and ischaemia.

Conclusion: There are indications that SLE affects lower limb and foot morbidity but the scale of these problems and effective management of them is unclear. Therefore, further research is warranted in order to better understand the impact of SLE on the foot and lower limb and its impact on quality of life. Lupus (2013) 22, 1017-1023. 2013 The Author(s).
20. Pain related and overall morbidity with TRUS guided prostate biopsy-a prospective study

Citation: International Braz J Urol, September 2013, vol./is. 39/5(671-674), 1677-5538;1677-6119 (September/October 2013)

Author(s): Ubee S.S.; Marri R.R.; Srirangam S.J.

Institution: (Ubee, Marri, Srirangam) Department of Urology, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom

Language: English

Abstract: Objective: To assess analgesia requirement after trans-rectal ultrasound guided prostate biopsy(TRUSBx) for appropriate counselling. Materials and Methods: Prospectively, successive patients undergoing TRUSBx between July 2009 and November 2011 were given questionnaires prior to procedure. Standard 12-core TRUSBx under peri-prostatic block (10 mL of 1% lidocaine) and antibiotic prophylaxis (oral ciprofloxacin, intravenous gentamicin and metronidazole suppository) were performed. Pain perception was assessed using a Visual Analogue Score (VAS). Results: Mean (range) age of the 405
patients was 67.3 years (48-88). Mean VAS during the procedure was 2.93 and 2.20 on reaching home. Mean maximum VAS for the cohort on day 1 and day 2 were 1.27 and 0.7 respectively. 140 (35%) were independent with some or minimal discomfort. 14 patients required assistance for some of their basic daily needs. 9 patients (2.2%) were hospitalised due to sepsis. 131 patients (32.4%) required additional oral analgesia following TRUSBx on days 0, 1 and 2. These patients were generally younger with a mean age for this group of 63.6 years (46-88). The difference in the mean age between those self-medicating and not was not statistically significant (p > 0.005). This group had mean VAS during the procedure of 4 and when patients reached home was 3.5. Mean maximum VAS on day 1 and 2 was 2.1 and 1.3 respectively. 11 patients required assistance from another adult. Conclusion: A third of patients required self-medicated analgesia post-procedure. Age alone cannot be used as a criterion to identify patients who will subsequently require analgesia post-procedure, but a higher VAS during the procedure may be indicative. These patients must be counselled appropriately.

Publication Type: Journal: Article
Subject Headings: age aged *analgesia article echography endoscopic echography human *image guided biopsy male methodology middle aged "pain/dt [Drug Therapy]" *pain assessment pathology postoperative pain prospective study *prostate *prostate tumor questionnaire time very elderly visual analog scale "local anesthetic agent/dt [Drug Therapy]"

Source: EMBASE
Full Text: Available from Directory of Open Access Journals in International Brazilian Journal of Urology

21. Acute urinary retention in an adolescent girl and important learning points

Citation: BMJ Case Reports, September 2013, 1757-790X (17 Sep 2013)
Author(s): Christodoulidou M.; Kaba R.; Oates J.; Wemyss-Holden G.D.
Institution: (Christodoulidou, Kaba, Oates, Wemyss-Holden) Department of Urology, Royal Blackburn Hospital, Blackburn, United Kingdom
Language: English
Abstract: We presented a case of a 13-year-old girl who attended the emergency department with acute urinary retention and 1400 mL residual urine after catheterisation. She had no significant medical history, neurological examination was normal and she had not reached menarche. She was found to have a haematocolpos on ultrasound scan which was compressing the urinary bladder. Examination under anaesthesia confirmed an imperforate hymen and therefore an incision was performed and the haematocolpos drained. She managed to pass urine normally the day following her procedure. In this
article, we emphasise on the differential diagnosis in this case and the learning points derived from it. Copyright 2013 BMJ Publishing Group. All rights reserved.

Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Article
Subject Headings: abdominal pain
*acute urine retention
adolescent
article
bladder
case report
constipation
differential diagnosis
echography
emergency ward
female
follow up
"hematocolpos/di [Diagnosis]"
"hematocolpos/su [Surgery]"
human
incision
menstruation
micturition disorder
priority journal
residual urine
surgical drainage
tachycardia
urethral catheterization
*urine retention
Source: EMBASE
Full Text: Available from EBSCOhost in BMJ Case Reports

22. 121 cases of cleft lip and palate cases in India, with the Northern cleft foundation. Utilising opiate sparing techniques to maintain patient safety and analgesia

Citation: Regional Anesthesia and Pain Medicine, September 2013, vol./is. 38/5 SUPPL. 1(E226), 1098-7339 (September-October 2013)
Author(s): Croft R.; Bowes L.; Baylis C.; Clayton R.; Kumar S.; Leedham J.; Henderson K.
Institution: (Croft) Anaesthesia, Central Manchester Foundation Trust, Manchester, United Kingdom; (Bowes) Anaesthesia, Royal Manchester Children's Hospital, Manchester, United Kingdom; (Baylis) Anaesthesia, University Hospital South Manchester, Manchester, United Kingdom; (Clayton, Kumar) Anaesthesia, Royal Blackburn Hospital, Manchester, United Kingdom; (Leedham) Anaesthesia, Salford Royal Foundation Trust, Manchester, United Kingdom; (Henderson) Anaesthesia, Yorkshire and Humber School of Anaesthesia, Leeds, United Kingdom
Language: English
Abstract: Purpose/Objective: The Northern Cleft Foundation organise an annual charitable trip to India to perform cleft lip and palate corrections. Due to the lack of post operative monitoring and the opiate naivety of patients, opiate sparing techniques are utilised to provide analgesia and maintain patient safety. Materials and Methods: Prospective data was collected over the 12 day period. Patients underwent inhalational induction and maintenance using Halothane and Nitrous Oxide. In selected adult cases intravenous induction was preferred. Intra-operative analgesia included, fentanyl 10mcg/kg and intravenous paracetamol 15mg/kg. Intravenous morphine was administered at the discretion of the anaesthetist: 0.25-0.5mg/kg. Local anaesthetic infiltration and Infra orbital nerve blocks were performed. All patients had one or both techniques depending
upon the surgery. (graph 1) Results: 121 cases were completed: cleft palate and lip repairs and related operations. Pain scores were assessed in recovery using the FLACC or LADDER systems. Pain scores were low, FLACC and LADDER average scores were 1.4 and 1.5 respectively. 76% of patients did not require rescue analgesia, 9 (7%) patients required morphine in recovery. Patients were prescribed regular paracetamol and ibuprofen post-operatively. One patient (0.8%) required morphine on the ward.

Conclusions: Multi-modal analgesia, local infiltration and nerve blocks allowed for minimal administration of opiates. This analgesic strategy maintained low pain scores and safety on the ward. Patient safety during the camp is paramount and the continued use of these techniques allows for a high level of patient care. (Figure Presented).

Conference Information: 32nd Annual European Society of Regional Anaesthesia and Pain Therapy, ESRA Congress 2013 Glasgow United Kingdom. Conference Start: 20130904 Conference End: 20130907

Publisher: Lippincott Williams and Wilkins

Publication Type: Journal: Conference Abstract

Subject Headings:

*India
*non profit organization
*human
*patient safety
*analgesia
*society
*regional anesthesia
*pain
*therapy
*palate
patient
nerve block
ward
cleft lip
adult
cleft palate
orbit
inhalational drug administration
anesthesist
monitoring
palatoplasty
surgery
lip
patient care
safety
*opiate
morphine
paracetamol
fentanyl
nitrous oxide
halothane
anesthetic agent
ibuprofen
analgesic agent

Source: EMBASE

23. Pain related and overall morbidity with TRUS guided prostate biopsy--a prospective study.

Citation: International Braz J Urol, September 2013, vol./is. 39/5(671-4), 1677-5538;1677-6119 (2013 Sep-Oct)

Author(s): Ubee SS; Marri RR; Srirangam SJ
OBJECTIVE: To assess analgesia requirement after trans-rectal ultrasound guided prostate biopsy (TRUSBx) for appropriate counselling.

MATERIALS AND METHODS: Prospectively, successive patients undergoing TRUSBx between July 2009 and November 2011 were given questionnaires prior to procedure. Standard 12-core TRUSBx under peri-prostatic block (10 mL of 1% lidocaine) and antibiotic prophylaxis (oral ciprofloxacin, intravenous gentamicin and metronidazole suppository) were performed. Pain perception was assessed using a Visual Analogue Score (VAS).

RESULTS: Mean (range) age of the 405 patients was 67.3 years (48-88). Mean VAS during the procedure was 2.93 and 2.20 on reaching home. Mean maximum VAS for the cohort on day 1 and day 2 were 1.27 and 0.7 respectively. 140 (35%) were independent with some or minimal discomfort. 14 patients required assistance for some of their basic daily needs. 9 patients (2.2%) were hospitalised due to sepsis. 131 patients (32.4%) required additional oral analgesia following TRUSBx on days 0, 1 and 2. These patients were generally younger with a mean age for this group of 63.6 years (46-88). The difference in the mean age between those self-medicating and not was not statistically significant (p > 0.005). This group had mean VAS during the procedure of 4 and when patients reached home was 3.5. Mean maximum VAS on day 1 and 2 was 2.1 and 1.3 respectively. 11 patients required assistance from another adult.

CONCLUSION: A third of patients required self-medicated analgesia post-procedure. Age alone cannot be used as a criterion to identify patients who will subsequently require analgesia post-procedure, but a higher VAS during the procedure may be indicative. These patients must be counselled appropriately.

Country of Publication: Brazil
CAS Registry Number: 0 (Anesthetics, Local)
Publication Type: Journal Article
Subject Headings: Age Factors
Aged
Aged 80 and over
"#Analgesia/mt [Methods]"
"Anesthetics Local/tu [Therapeutic Use]"
Humans
"#Image-Guided Biopsy/mt [Methods]"
Male
Middle Aged
"Pain/dt [Drug Therapy]"
*Pain Measurement
Pain Postoperative
Prospective Studies
"#Prostate/pa [Pathology]"
"Prostate/us [Ultrasonography]"
"#Prostatic Neoplasms/pa [Pathology]"
"Prostatic Neoplasms/us [Ultrasonography]"
Questionnaires
Time Factors
"Ultrasonography Interventional/mt [Methods]"
Visual Analog Scale
Source: MEDLINE
Full Text: Available from Directory of Open Access Journals in International Brazilian Journal of Urology

24. Outcomes of functional weight-bearing rehabilitation of achilles tendon ruptures

Citation: Orthopedics, August 2013, vol./is. 36/8(e1053-e1059), 0147-7447 (August 2013)
Author(s): Jackson G.; Sinclair V.F.; McLaughlin C.; Barrie J.
The introduction of functional rehabilitation for patients with Achilles tendon rupture has dramatically changed treatment programs for this condition. The authors introduced a functional weight-bearing protocol for patients with an acute Achilles tendon rupture treated operatively and nonoperatively in 2002. They hypothesized that no significant differences would exist in the rerupture rates and functional outcomes between the groups. Between 2002 and 2008, the authors collected data on 80 consecutive patients treated with a weight-bearing functional orthosis for complete Achilles tendon rupture. Following evidence-based counseling, 51 patients chose nonoperative treatment and 29 chose operative treatment. Outcome measures included rerupture rates, other complications, and functional scoring. The nonoperative group was a decade older (median age, 47 years [range, 27-80 years]) than the operative group (median age, 37 years [range, 24-55 years]). Rerupture was noted in 2 (4%) patients in the nonoperative treatment group and 1 (3%) patient in the operative group. Two (7%) patients in the operative group developed superficial wound infections and reported no nerve injuries. Median Achilles Tendon Total Rupture Score was 82 points in the nonoperative group and 94 in the operative group. Median Victorian Institute of Sports Assessment-Achilles tendinopathy questionnaire scores were 60 and 91 for the nonoperative and operative groups, respectively. Both groups had low rerupture rates. Functional scores, using the newly validated Achilles Tendon Total Rupture Score, were lower in the nonoperative group.

Country of Publication: United States
Publisher: Slack Incorporated (6900 Grove Road, Thorofare NJ 08086-9447, United States)
Publication Type: Journal: Article
Subject Headings: "*achilles tendon rupture/rh [Rehabilitation]"
"*achilles tendon rupture/su [Surgery]"
"*achilles tendon rupture/th [Therapy]"
adult
age distribution
aged
article
comorbidity
female
foot orthosis
human
"keloid/co [Complication]"
knee function
major clinical study
"nerve injury/co [Complication]"
nonhuman
outcome assessment
patient counseling
postoperative period
preoperative period
range of motion
*rehabilitation
sural nerve
"surgical infection/co [Complication]"
surgical technique
*weight bearing
Source: EMBASE
Full Text: Available from ProQuest in Orthopedics; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND
25. British Thoracic Society guideline for diagnostic flexible bronchoscopy in adults

Citation: Thorax, August 2013, vol./is. 68/SUPPL. 1(i1-i44), 0040-6376;1468-3296 (August 2013)
Author(s): Du Rand I.A.; Blaikley J.; Booton R.; Chaudhuri N.; Gupta V.; Khalid S.; Mandal S.; Martin J.; Mills J.; Navani N.; Rahman N.M.; Wrightson J.M.; Munavvar M.
Institution: (Du Rand) Worcestershire Royal Hospital, Worcestershire Acute Hospitals NHS Trust, Hastings Way, Worcester, Worcestershire WR5 1DD, United Kingdom; (Blaikley, Gupta) University of Manchester, Manchester, Manchester, United Kingdom; (Booton) University of Manchester, Manchester Academic Health Science Centre, University Hospital South Manchester NHS Foundation Trust, Manchester, United Kingdom; (Chaudhuri, Martin) University Hospital of South Manchester, Manchester, United Kingdom; (Khalid) Royal Blackburn Hospital, Blackburn, Lancashire, United Kingdom; (Mandal) Lane Fox Unit, St Thomas’ Hospital, London, United Kingdom; (Mills, Munavvar) Lancashire Teaching Hospitals NHS Trust, Preston, United Kingdom; (Navani) University College London Hospital and MRC Clinical Trials Unit, National Institute for Health Research, University College London Hospitals Biomedical Research Centre, London, United Kingdom; (Rahman, Wrightson) Oxford Respiratory Trials Unit, NIHR Oxford Biomedical Research Centre, University of Oxford, Oxford, United Kingdom
Language: English
Abstract: Monitoring, precautions and complications All patients undergoing bronchoscopy should have heart rate, respiratory rate, blood pressure and oxygen saturation recorded repeatedly, including before, during and after the procedure. (Grade D) . All bronchoscopy units should undertake periodic audit of bronchoscopic performance, including efficacy, complications and patient satisfaction surveys. (Good practice point . All Trusts should have a 'safe sedation policy', and ensure all bronchoscopy unit staff, including trainees, receive appropriate training. Country of Publication: United Kingdom Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 28805-76-7 (4 aminobutyric acid); 56-12-2 (4 aminobutyric acid); 69049-06-5 (alfentanil); 71195-58-9 (alfentanil); 51-55-8 (atropine); 55-48-1 (atropine); 4205-90-7 (clonidine); 4205-91-8 (clonidine); 57066-25-8 (clonidine); 113665-84-2 (clonidine); 120202-66-6 (clonidine); 90055-48-4 (clonidine); 94188-84-8 (clonidine); 125-69-9 (dextromethorphan); 125-71-3 (dextromethorphan); 13392-18-2 (fenoterol); 1944-12-3 (fenoterol); 78755-81-4 (flumazenil); 596-51-0 (glycopyrronium bromide); 32780-64-6 (labetalol); 36894-69-6 (labetalol); 137-58-6 (lidocaine); 24847-67-4 (lidocaine); 56934-02-2 (lidocaine); 73-78-9 (lidocaine); 846-49-1 (lorazepam); 59467-70-8 (midazolam); 53563-61-9 (opioid); 8002-76-4 (opioid); 8008-60-4 (opioid); 2078-54-8 (propofol); 18559-94-9 (salbutamol); 35763-26-9 (salbutamol)
Publication Type: Journal: Article
Subject Headings: article asthma "bleeding/co [Complication]" blood pressure measurement breathing rate *British Thoracic Society bronchial aspiration procedure *bronchoscopy "bronchospasm/co [Complication]" "chronic obstructive lung disease/di [Diagnosis]" "chronic obstructive lung disease/dt [Drug Therapy]" comorbidity diagnostic accuracy disinfection electrocardiogram endobronchial biopsy "fever/co [Complication]"

Page 30
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*flexible bronchoscope
*health care organization
health care personnel
"heart arrhythmia/di [Diagnosis]"
heart infarction
heart rate
"hemoptysis/co [Complication]"
human
"hypertension/co [Complication]"
"hypoxemia/di [Diagnosis]"
"infection/di [Diagnosis]"
informed consent
intensive care unit
"interstitial lung disease/di [Diagnosis]"
"ischemic heart disease/di [Diagnosis]"
lung biopsy
"lung cancer/di [Diagnosis]"
lung lavage
lung ventilation
medical audit
medical education
medical literature
medical practice
medical research
patient monitoring
patient satisfaction
"pneumothorax/co [Complication]"
*practice guideline
priority journal
respiratory failure
safety
sedation
"tachycardia/co [Complication]"
transbronchial lung biopsy
4 aminobutyric acid
alfentanil
anticoagulant agent
atropine
bronchodilating agent
clonidine
clopidogrel
dextromethorphan
fenoterol
flumazenil
glycopyrronium bromide
labetalol
"lidocaine/na [Intranasal Drug Administration]"
"lidocaine/tp [Topical Drug Administration]"
lorazepam
midazolam
opiate
placebo
propofol
"salbutamol/ct [Clinical Trial]"
"salbutamol/dt [Drug Therapy]"

Source: EMBASE

Full Text: Available from EBSCOhost in Thorax
Available from Highwire Press in Thorax
26. Assessing the accuracy and certainty in interpreting chest X-rays in the medical division

Citation: Clinical Medicine, Journal of the Royal College of Physicians of London, August 2013, vol./is. 13/4(349-352), 1470-2118;1473-4893 (01 Aug 2013)

Author(s): Satia I.; Bashagha S.; Bibi A.; Ahmed R.; Mellor S.; Zaman F.

Institution: (Satia, Bashagha, Bibi, Ahmed, Mellor, Zaman) Royal Blackburn Hospital, United Kingdom; (Satia) Education and Research Centre (Level 2), University Hospital of South Manchester, Southmoor Road, Manchester, M23 9LT, United Kingdom

Language: English

Abstract: The chest X-ray (CXR) is an important diagnostic tool in diagnosing and monitoring a spectrum of diseases. Despite our universal reliance on the CXR, our ability to confidently diagnose and accurately document our findings can be unreliable. We sought to assess the diagnostic accuracy and certainty of making a diagnosis based on 10 short clinical histories with one CXR each. We conclude from our study that specialist registrars (StRs) and consultants scored the highest marks with the highest average certainty levels. Junior trainees felt least certain about making their diagnosis and were less likely to be correct. We recommend that StRs and consultants review all the CXRs requested to ensure accuracy of diagnosis. There also needs to be discussion with the Joint Royal Colleges of Physicians Training Board (JRCPTB) about the need of including a separate CXR competency as part of a trainee's generic curriculum on the e-portfolio, something which is currently lacking. Royal College of Physicians, 2013.

Country of Publication: United Kingdom

Publisher: Royal College of Physicians (11 St Andrews Place, Regents Park, London NW1 4LE, United Kingdom)

Publication Type: Journal: Article

Subject Headings: article "atelectasis/diagnosis" "congestive heart failure/diagnosis" consultation controlled study diagnostic accuracy diagnostic test accuracy study education program "heart failure/diagnosis" human "lung cancer/diagnosis" "lung emphysema/diagnosis" "lung fibrosis/diagnosis" "lung tuberculosis/diagnosis" medical society medical specialist medical student "metastasis/diagnosis" "pleura effusion/diagnosis" "pneumonia/diagnosis" "pneumothorax/diagnosis" scoring system *thorax radiography

Source: EMBASE

Full Text: Available from EBSCOhost in Clinical Medicine

27. The sonographic appearances of breast implant rupture

Citation: Clinical Radiology, August 2013, vol./is. 68/8(851-858), 0009-9260;1365-229X (August 2013)
Implant rupture is a common late complication of breast implant procedures. Ruptures are often silent and difficult to diagnose clinically. This review demonstrates normal appearances and sonographic signs of implant rupture. Breast sonologists should be aware of these signs and pitfalls in interpretation when imaging breast implants. 2012 The Royal College of Radiologists.

28. Airway management in reconstructive surgery for noma (cancrum oris)

Noma (cancrum oris) is a disease of poverty and malnutrition, which predominantly affects children younger than 10 years in developing countries. Although the majority of sufferers die of sepsis at the time of the initial infection, or of subsequent starvation due to severe trismus and an inability to eat, a small minority of patients survive and require reconstructive surgery for severe facial scarring and deformity. These patients present significant problems to the anesthesiologist with regard to airway management. We present a series of 26 patients undergoing primary and subsequent reconstructive surgery, with particular focus on airway management. We show that airway management, while challenging, can be performed safely and successfully by using individualized airway plans but may require advanced techniques and equipment. Traditional tests focusing on the anterior/superior airway are helpful in assessing patients with facial deformity due to noma. Copyright 2013 International Anesthesia Research Society.
29. Ichthyosis prematurity syndrome in two siblings

A boy was born prematurely at 32 weeks' gestation. His mother developed polyhydramnios at 30 weeks, resulting in premature onset of labour. At delivery severe skin changes were apparent. A thick vernix caseosa-like scale covered the entire skin. The boy required intubation soon after delivery and an eosinophilia was noted. Chest X-ray identified bilateral patchy infiltration. Within 3 days the caseous material was shed, revealing erythematous, dry skin. To date (age 11 days) his condition has stabilized, though he requires periodic ventilatory support. His Pakistani parents are first cousins; their firstborn daughter was delivered at 32 weeks, 10 years previously. She had similar skin appearances at birth and severe lung disease. She died at 4 days old due to respiratory failure. Post mortem revealed bronchial plugging with squames and mucus, attributed to in utero inhalation of desquamated material. No formal diagnosis was reached. Gene sequencing of the fatty acid transporter protein 4 gene (SLC27A4) of the patient and parents is in progress. Ichthyosis prematurity syndrome (IPS) is a distinct syndromic type of congenital ichthyosis characterized by prematurity, neonatal asphyxia,
a thick vernix caseosa-like scale and eosinophilia. It can be identified prenatally on ultrasound (polyhydramnios, separation of membranes, echogenic amniotic fluid and clear chorionic fluid). At delivery, turbulent amniotic fluid may be evident. If the child survives, the skin disease becomes relatively mild; chronic erythema and dry skin ensue. Patients may have elevated serum IgE and atopic manifestations (Khnykin D, Ronnevig J, Johnsson M et al. Ichthyosis prematurity syndrome: clinical evaluation of 17 families with a rare disorder of lipid metabolism. J Am Acad Dermatol 2012; 66: 606-16). Mutations in the SLC27A4 gene cause IPS, and multiple mutations have been identified. SLC27A4 is expressed in the suprabasal layer of the epidermis. It encodes a protein that acts as a fatty acid transporter and an acyl coenzyme A synthetase. Reduced function of this protein results in disturbance of the intercellular lipid layer of the stratum corneum. The largest case series (23 patients) comes from Norway. Other reports document small numbers (Khnykin et al.). As far as we are aware, there are no published cases of IPS in the U.K. Our aim is to increase awareness of this rare ichthyosis in the hope of optimizing perinatal management. Prenatal diagnosis is possible and there are implications for future pregnancies. Importantly, the skin disease is eventually mild and parents may be reassured of this.


Publisher: Blackwell Publishing Ltd
Publication Type: Journal: Conference Abstract
Subject Headings: *ichthyosis *prematurity *sibling *dermatologist *human female patient skin parent boy amnion fluid pregnancy skin disease eosinophilia vernix caseosa dry skin mutation hydramnios gene male diseases lung disease daughter serum erythema thorax radiography child liquid membrane ultrasound newborn hypoxia prenatal diagnosis intubation Norway clinical evaluation stratum corneum lipid metabolism gene sequence
30. Spontaneous ovarian hyperstimulation syndrome: Case report, pathophysiological classification and diagnostic algorithm

Citation: European Journal of Obstetrics Gynecology and Reproductive Biology, July 2013, vol./is. 169/2(143-148), 0301-2115;1872-7654 (July 2013)

Author(s): Panagiotopoulou N.; Byers H.; Newman W.G.; Bhatia K.

Institution: (Panagiotopoulou, Bhatia) OandG Department, Lancashire Women's and Newborn Centre, Burnley General Hospital, Casterton Avenue, Burnley BB10 2PQ, United Kingdom; (Byers, Newman) Genetic Medicine, University of Manchester, St Mary's Hospital, Manchester M13 9WL, United Kingdom

Language: English

Abstract: Spontaneous ovarian hyperstimulation syndrome is an extremely rare condition that occurs in the absence of ovarian hyperstimulation treatment. It can lead to significant morbidity and mortality, and therefore early diagnosis and supportive treatment are essential. We report an affected mother and her daughter with a previously reported heterozygous activating mutation in the FSHR gene. We performed a literature review with particular regard to pathogenesis, with a view to suggesting a pathophysiological classification system and a diagnostic algorithm to assist in the management of this rare condition. Crown Copyright 2013 Published by Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

Publisher: Elsevier Ireland Ltd (P.O. Box 85, Limerick, Ireland)

CAS Registry Number: 9002-68-0 (follitropin)

Publication Type: Journal: Review

Subject Headings: adult ascites case report *classification algorithm DNA extraction DNA sequence dyspnea early diagnosis female gene mutation hemoconcentration heterozygosity hospital admission human hydrothorax
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iatrogenic disease
"lower abdominal pain/dt [Drug Therapy]"
"nausea and vomiting/dt [Drug Therapy]"
oliguria
"*ovary hyperstimulation/di [Diagnosis]"
"*ovary hyperstimulation/et [Etiology]"
polymerase chain reaction
primigravida
priority journal
rare disease
review
thorax radiography
weight gain
"analgesic agent/dt [Drug Therapy]"
"antiemetic agent/dt [Drug Therapy]"
"follitropin/ec [Endogenous Compound]"
"genomic DNA/ec [Endogenous Compound]"
low molecular weight heparin

Source: EMBASE

31. Allergy at arm's length: Occupational contact dermatitis to carbimazole

Citation: British Journal of Dermatology, July 2013, vol./is. 169/(135), 0007-0963 (July 2013)
Author(s): Farquharson N.; Coulson I.H.
Institution: (Farquharson, Coulson) Burnley General Hospital, East Lancashire Hospitals NHS Trust, Burnley, United Kingdom
Language: English
Abstract: A 42-year-old man developed four episodes of increasingly severe facial eczema over the course of a year. He worked as a clerk in a generic pharmaceuticals company, formulating a variety of tablets and suspensions for both human and veterinary use. Although he did not have direct exposure to any of the drugs or excipients himself, he handled paperwork that had been used in the laboratory where reconstitution occurred. He himself never entered the laboratory area. Episodes never occurred during time off work. After the third episode of facial eczema he became suspicious that handling paperwork that had been used in the laboratory during manufacture of carbimazole tablets was the cause of his rash. On the final, fourth occurrence his suspicions were further raised. He has since avoided handling the carbimazole paperwork and, over the course of a year, even though carbimazole has been manufactured, he has had no reactions and remains at the same job. Patch testing to 10% carbimazole in aqueous solution was performed. He had 3+ reactions at 48 and 96 h. He subsequently had 2+ reactions to 0.1 and 0.01%. Ten volunteers had negative reactions to 10% carbimazole, though one individual had a 2+ reaction developing at 14 days, suggesting sensitization. A delayed type hypersensitivity reaction to carbimazole was reported by van Ketel, who described a generalized dermatitis in a 36-year-old female who recommenced carbimazole for thyrotoxicosis following a threemonth period of treatment with propylthiouracil (van Ketel WG. Allergy to carbimazole. Contact Dermatitis 1983; 9: 161-2). Prior to this, she had taken carbimazole for several years. Patch testing to pure carbimazole powder was positive. Ten controls were also tested and were negative. We report a rare cause of occupational contact dermatitis due to accidental and distant skin exposure to carbimazole powder. To the best of our knowledge, this has not been previously reported. It is important that employers consider appropriate safety in the workplace and recognize the full potential for drug exposure in less obvious areas. Interestingly, the patient had already identified the culprit allergen, which directed patch testing.

Publisher: Blackwell Publishing Ltd
Publication Type: Journal: Conference Abstract

Citation: European Journal of Obstetrics, Gynecology, & Reproductive Biology, July 2013, vol./is. 169/2(143-8), 0301-2115;1872-7654 (2013 Jul)

Author(s): Panagiotopoulou N; Byers H; Newman WG; Bhatia K

Institution: O&G Department, Burnley General Hospital, East Lancashire Hospitals NHS Trust, Casterton Avenue, Burnley, UK. nicola.pan@yahoo.com

Language: English

Abstract: Spontaneous ovarian hyperstimulation syndrome is an extremely rare condition that occurs in the absence of ovarian hyperstimulation treatment. It can lead to significant morbidity and mortality, and therefore early diagnosis and supportive treatment are essential. We report an affected mother and her daughter with a previously reported heterozygous activating mutation in the FSHR gene. We performed a literature review with particular regard to pathogenesis, with a view to suggesting a pathophysiological classification system and a diagnostic algorithm to assist in the management of this rare condition. Crown Copyright 2013. Published by Elsevier Ireland Ltd. All rights reserved.

Country of Publication: Ireland

CAS Registry Number: 0 (Receptors, FSH)

Publication Type: Case Reports; Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't; Review
Objective To report the clinical application of thermal balloon endometrial ablation for treatment of long-standing menorrhagia in a woman with uterus didelphys. Methods We report a case of 39-year-old Caucasian woman with uterus didelphys. She had three normal vaginal deliveries in the past. She presented to the general gynaecology outpatient clinic with a 5-year history of menorrhagia and failed medical management. The patient underwent hysteroscopy, endometrial biopsy and thermal balloon endometrial ablation to each uterine cavity individually. The main outcome measures were: menstrual pattern and flow at 3 and 6 months after treatment. Results Patient reported much lighter periods at 3 and 6 month follow-up and was highly satisfied with the hypomenorrhoea at 6 months after treatment. Conclusion Endometrial ablation therapy can be considered as an alternate treatment option for menorrhagia in a woman with uterus didelphys but especially for women who may be at high risk for major surgery or anaesthesia.
34. Significant improvement of key performance indicators and standards of patient care for women referred with high grade smear abnormality: Positive impact of audit re-audit cycle

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, June 2013, vol./is. 120/(271-272), 1470-0328 (June 2013)

Author(s): Sinha R.; Myint W.; Seal S.; Zuhair T.; Krishnamoorthy U.

Institution: (Sinha, Myint, Seal, Zuhair, Krishnamoorthy) East Lancashire Hospitals NHS Trust, Burnley, United Kingdom

Language: English

Abstract: Background NHS Cervical Screening Programme (NHSCSP Publication 20) outlines standards for management of women referred with high grade smear abnormality. Compliance with these key performance indicators (KPI) and monitoring local practice ensures improvement in Safety and Quality of patient care. Objective Continuous quality improvement in standards of care of this group of women, as initial audit July 2010-June 2011 revealed gaps and room for improvement. Methods Prospectively over 12 consecutive weeks from July 2011 on women referred with high grade smear (N = 46). Results Sixty-two percent were referred with severe dyskaryosis, 36% with moderate and 2% with glandular/Neoplasia. Referral to offered appointment interval improved significantly from 88% to 98% in referrals with moderate/severe dyskaryosis (NHSCSP Standard 90% <4 weeks) and from 66% to 100% in referrals with glandular/Neoplasia (NHSCSP Standard 100% <2 weeks). 'See and treat' LETZ rates improved from 17% to 80% at first visit and to overall 92% as out-patient including those deferred at first visit due to patient choice but performed subsequently. Only 2.1% of patients had LETZ procedure under general anaesthetic compared to 2.5% in previous audit. Consent was sought in 100%, with written consent 75% and verbal consent 25%. Eighty-five percent of women recalled having received LETZ leaflet although standard practice within the unit is to send information leaflet to all. Conclusion Significant improvement in standards of care for women referred to colposcopy services with high grade smear abnormality was achieved through audit/re-audit cycle. The two main gaps identified in initial audit were significantly low rates of 'see and treat' at first visit and extended referral to offered appointment intervals. Raising awareness among colposcopists towards embracing 'see and treat' whenever appropriate in consenting women was an action plan recommended from first audit. Quarterly compuscope data details were presented to the team in quarterly manner along with summary of the evidence-based approach behind practice recommendations on management of women referred with high grade smear abnormalities. This ensured that the awareness was reinforced periodically which enabled sustainable change management. The project was implemented to raise awareness among booking clerks to capture the first appointment offered over telephone which in the past was never captured. Funding was successfully secured for compuscope report writer to analyse KPI data periodically for sustainable improvements. Written consent for LETZ has since been implemented for all.

Conference Information: RCOG World Congress 2013 Liverpool United Kingdom. Conference Start: 20130624 Conference End: 20130626

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*medical audit
*smear
*patient care
*female patient
dyskaryosis
safety
evidence based practice
monitoring
colposcopy
35. Pregnancy and delivery in post orthoptic liver transplant recipient

Citation: BJOG: An International Journal of Obstetrics and Gynaecology, June 2013, vol./is. 120/(179), 1470-0328 (June 2013)

Author(s): Sharma A.; Parmeshwaran S.

Institution: (Sharma) East Lancashire Hospitals NHS Trust, Burnley, United Kingdom; (Parmeshwaran) King's Mill Hospital, Sutton in Ashfield, United Kingdom

Language: English

Abstract: Objectives To report a case of pregnancy and delivery in post orthoptic liver transplant recipient in a district general hospital. Methods We report a case of pregnancy and delivery in a post orthoptic liver transplant recipient. Patient had a liver transplant following overdose of paracetamol. She conceived naturally. The patient was managed by a multidisciplinary team involving the obstetricians, hepatologists, anaesthetists and neonatologists. She was on immunosuppressive throughout her pregnancy. She developed obstetric cholestasis at 33 weeks and was started on URSO and Vitamin K. Results She was induced at 37 weeks. She had a normal vaginal delivery of a male infant weighing 3.0 kg, born in good condition. Conclusion This is a case report of a high risk pregnancy, post liver transplant, complicated with cholestasis of pregnancy with successful vaginal birth after induction of labour.

Conference Information: RCOG World Congress 2013 Liverpool United Kingdom. Conference Start: 20130624 Conference End: 20130626

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *liver graft *graft recipient *pregnancy female human patient cholestasis vaginal delivery male high risk pregnancy general hospital boy anesthesist case report intoxication paracetamol vitamin

Source: EMBASE

36. Education and training using an innovatively adapted manikin: Simple, affordable, feasible and effective (safe)

Citation: Archives of Disease in Childhood: Education and Practice Edition, June 2013, vol./is. 98/(A16), 1743-0585 (June 2013)
Abstract:

Introduction Hi-fidelity manikins are often used in simulation courses. However they are very expensive and some of the skills like drainage of pneumothorax or insertion of chest-drains/rectal probes cannot be demonstrated on these manikins as they are fully loaded with various electronic equipment inside them and puncturing will damage these expensive manikins. Hence our team developed a multi-purpose, low cost, Low-fidelity manikin where wide variety of neonatal practical skills can be practised. Aims and methods Aim was not only to create simulation of real clinical situations but also to teach practical skills and build the concept of team working. ALS Manikin was modified as below: 1. An innovatively-designed container with red fluid was placed in abdominal cavity and connected to synthetic umbilical cord. Umbilical arterial line was connected through an innovatively-designed simulator transducer box producing arterial wave form with feasibility to vary BP using solenoid valve. 2. Manikin's chest was drilled between ribs and lungs were made from Nitrile gloves. These lungs on connecting to flow metre were able to show positive trans-illumination test and provided air filled lungs for needle thoracocentesis and chest drain insertion. 3. Manikin's bottom was drilled for rectal probe insertion. Thermistor from rectal probe was removed and connexions made to an innovative resistance box. With the help of Ohms Law principle, we were able to replicate any rectal temperature with an accuracy of 0.1degreeC. Following above adaptations, regular simulation sessions were initiated for: 1. Trainees to undertake practical skills like emergency needle thoracocentesis, pigtail chest drain insertion, umbilical lines insertion/sampling. 2. Train nursing staff with rectal probe insertion, familiarise with connexions of chest-drain and umbilical lines. 3. Both medical and nursing staff to work in team to develop effective communication. Results 1. All rotating registrars have had exposure to pigtail chest drain insertion in simulation setting and subsequently went on to undertake these skills in NICU on real patients with greater confidence. 2. Improved team working observed between doctors and nursing staff on NICU Conclusions Our method of manikin manipulation is innovative, affordable and effective and can be implemented in any hospital setting to teach practical neonatal skills, improve team working, enhance competency at performing practical skills and work with increased confidence.

Citation: Journal of Obstetrics & Gynaecology, May 2013, vol./is. 33/4(422), 0144-3615;1364-6893 (2013 May)

Author(s): Majumdar A; Saleh S; Hill S

Institution: Lancashire Women and Newborn Centre, East Lancashire Hospitals NHS Trust, Burnley, UK. amitabhamajumdar@hotmail.com

Language: English

38. Neonatal hypophosphatasia: A rare disorder and new treatment

Citation: Archives of Disease in Childhood: Fetal and Neonatal Edition, April 2013, vol./is. 98/, 1359-2998 (April 2013)

Author(s): Hiremath S.; Devendra Kumar V.K.; Padidela R.; Mughal Z.

Institution: (Hiremath, Devendra Kumar) Lancashire Women and Newborn Centre, Burnley General Hospital, Burnley, United Kingdom; (Padidela, Mughal) Central Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom

Language: English

Abstract: Hypophosphatasia is a rare inborn error of metabolism resulting from mutations in the gene for the tissue-nonspecific isozyme of alkaline phosphatase (TNSALP). There is deficiency of alkaline phosphatase activity leading to severe rickets/osteomalacia. Severely affected babies die from respiratory insufficiency. There is no licenced medical treatment available. We report a case diagnosed recently with hypophosphatasia who is receiving pioneering enzyme replacement treatment. Baby I was born at 34/40 and
required ventilatory support from birth due to respiratory insufficiency. She was noted to have short limbs, hypotonia, and thin ribs on x-rays. Her serum alkaline phosphatase was low; urinary phosphoethanolamine and serum calcium were elevated confirming hypophosphatasia. In a recent multinational study of 11 patients with severe hypophosphatasia, treatment with recombinant human bone targeted TNSALP (ENB 0040) has been shown to improve bone mineralization. This was associated with healing of rickets, improved developmental milestones and pulmonary function. Under guidance from the regional Metabolic Bone team at Manchester and with parental consent, Baby I was commenced on ENB 0040 (Asfotase alfa) at the age of 4 weeks with subcutaneous injections three times a week. The drug is being offered to this infant on compassionate grounds by the manufacturer (Alexion pharmaceuticals). Within 6 weeks of treatment calcium requirement of infant has increased and X-rays have demonstrated remarkable improvement in mineralisation. She remains ventilator dependant with a tracheostomy in situ but, we anticipate that with ENB 0040 treatment, improvement in bone mineralisation and muscle function will facilitate weaning from ventilation.


Publisher: BMJ Publishing Group
Publication Type: Journal: Conference Abstract
Subject Headings: *hypophosphatasia  
*diseases  
*society  
*bone  
*baby  
*human  
*respiratory failure  
*infant  
*X ray  
*calcium blood level  
*alkaline phosphatase blood level  
*tissues  
*gene  
*ventilator  
*weaning  
*patient  
*rib  
*muscle hypotonia  
*mutation  
*limb  
*rickets  
*enzyme replacement  
*inborn error of metabolism  
*healing  
*bone mineralization  
*lung function  
*parental consent  
*subcutaneous drug administration  
*therapy  
*tracheostomy  
*muscle function  
*air conditioning  
*asfotase alfa  
*alkaline phosphatase  
*isoenzyme  
*phosphoethanolamine  
*calcium

Source: EMBASE
39. Review of the use of health related quality of life (HRQoL) measures in clinical trials in adults with systemic lupus erythematosus (SLE)

Citation: Lupus, March 2013, vol./is. 22/1(135), 0961-2033 (March 2013)

Author(s): Castelino M.; McElhone K.; Teh L.-S.

Institution: (Castelino) Arthritis Research UK Epidemiology Unit, University of Manchester, United Kingdom; (McElhone, Teh) Royal Blackburn Hospital, Blackburn, United Kingdom

Language: English

Abstract: Background: The United States Food and Drug Administration (FDA) and the European Medicines Agency (EMA) have recommended that patient-reported outcome (PRO) measures should be included during the assessment of a medical product in clinical studies. The aim of this study is to explore the use of validated multi-dimensional HRQoL measures used in randomized clinical trials undertaken in adults with SLE. Methods: The following databases were searched using the key words ("lupus" AND ("trial": Ovid Medline, Embase and Cochrane Central Register of Controlled Trials. The search was limited to English, from January 2006 until October 2012 and to randomized clinical trials of medical products in SLE patients with active disease. Phase I and Phase II trials and trials focussing on cutaneous lupus and alternative medical products were excluded. When multiple papers for the same trial were reported, the paper that included the description and results of the primary and secondary outcomes was taken into consideration. Forty studies were identified. In accordance with CONSORT guidelines, we determined whether multi-dimensional HRQoL was assessed as an outcome measure in these studies and if the findings of the HRQoL were reported. Results: More than half (n=25) of the clinical trials were undertaken in patients solely with active lupus nephritis. Only one of these employed a HRQoL PRO, as a primary outcome measure. Eleven of the remaining trials employed a HRQoL PRO, in five as a primary outcome measure and the rest as a secondary outcome measure. All 12 studies used the generic SF-36 and one study also used the SLE Symptom Checklist (SSC). All these studies reported the results of the HRQoL findings. No other disease-specific HRQoL measures were used in the 40 studies identified. Conclusions: Among the HRQoL measures that have been validated in adults with SLE, the generic SF-36 is the most commonly used measure to assess HRQoL in clinical trials. The SSC is the only disease-specific measure employed in these trials and only in one study. HRQoL as an outcome measure was more widely assessed in clinical trials of interventions targeted at active multi-system disease rather than solely active lupus nephritis. Although recommendations from the FDA and EMA have encouraged incorporation of multi-dimensional HRQoL PROs as part of the outcome measures in clinical trials, only just under a third of the randomised clinical trials in adult SLE patients in the last six years employed these tools.
40. The impact of strenuous physical activity on the development of pelvic organ prolapse.

Citation: Journal of Obstetrics & Gynaecology, February 2013, vol./is. 33/2(115-9), 0144-3615;1364-6893 (2013 Feb)

Author(s): Majumdar A; Saleh S; Hill M; Hill SR

Institution: Lancashire Women and Newborn Centre, East Lancashire Hospitals NHS Trust, Burnley, UK. amitabhamajumdar@me.com

Language: English

Abstract: Pelvic organ prolapse is a common gynaecological problem and the mechanisms underlying prolapse development are not yet clear but it is thought that increases in abdominal pressure, such as those routinely involved in heavy lifting and long periods of standing, may cause progressive pelvic floor damage over time. The aim of this study was to investigate the effects of strenuous physical activity on the development of prolapse. A narrative literature review was carried out to investigate the effects of occupation and recreational activity on the pathogenesis of pelvic organ prolapse. A marked paucity of literature relevant to the research question makes it difficult to draw firm conclusions. Further research is greatly needed to explore potentially preventable factors in this frequently occurring condition. The review reveals some evidence linking strenuous physical activity with pelvic organ prolapse but this is neither consistent nor adequately powered to reach any firm conclusions.

Country of Publication: England

Publication Type: Journal Article; Review

Subject Headings: *Exercise Female Humans "*Pelvic Organ Prolapse/et [Etiology]" *Physical Exertion

Source: MEDLINE

41. Ent emergencies quickguide: A one-page approach in aiding junior doctors covering ent speciality

Citation: International Journal of Surgery, 2013, vol./is. 11/8(637), 1743-9191 (2013)

Author(s): Gan A.; Daudia A.; Narayan S.

Institution: (Gan, Daudia, Narayan) Royal Blackburn Hospital, Blackburn, Lancashire, United Kingdom

Language: English

Abstract: Aims: To assess if the introduction of ENT Emergencies Quickguide can aid junior doctors and improve confidence when managing ENT emergencies. Methods: 2 cycles of survey (3 months apart) were carried out to gauge confidence of six Maxillo-facial doctors in managing ENT emergencies. After the first cycle, poster-sized Quickguide were made available in treatment rooms and A4 card or PDF (for smartphones) copies given to participants. Prospective audit for frequency of use was also carried out. Results: 6/6 questionnaires were completed (both cycles). Average acute ENT patients seen during cross-cover: (n=3). Two-thirds of participants referred to Quickguide for "all patients";
and the rest used it for "most patients". Most references were made in the first 2 months (38 times/44 days). Confidence level improved among participants in managing ENT patients from "Not at all confident" (First cycle) to "Somewhat confident" (Second cycle). Concise algorithmic layout in managing ENT emergencies and cues to contact seniors early (Traffic Light System) were among the positive comments from participants. Conclusions: Junior doctors cross-covering ENT frequently have little experience in managing acute emergencies. The introduction of the QuickGuide manual is a valuable adjunct to existing departmental handbooks in aiding junior doctors to manage patient more confidently.

**Conference Information:** Association of Surgeons in Training, ASiT Conference 2013 Manchester United Kingdom. Conference Start: 20130405 Conference End: 20130407

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:**
- *human
- *physician
- *surgeon
- *emergency
- patient
- otolaryngology
- book
- traffic
- medical audit
- questionnaire
- gauge

**Source:** EMBASE

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42. Is patient satisfaction in ENT outpatient department influenced by clinic waiting time?

**Citation:** International Journal of Surgery, 2013, vol./is. 11/8(639-640), 1743-9191 (2013)

**Author(s):** Hulme A.; Gan A.; Beena M.; Ejikeme C.; Narayan S.

**Institution:** (Hulme, Gan, Beena, Ejikeme, Narayan) Royal Blackburn Hospital, Blackburn, Lancashire, United Kingdom

**Language:** English

**Abstract:** Aims: Lengthy waiting times when attending outpatient department appointments are often a significant source of patient dissatisfaction leading to complaints. We investigate the correlation between waiting time and patient satisfaction in our ENT Outpatient Department. Methods: Patients attending ENT outpatient appointments were asked to complete an anonymous questionnaire enquiring: 1) overall waiting times 2) if waiting time was acceptable/not acceptable 3) time spent with the clinician and 4) overall clinic experience satisfaction. Results: 207 questionnaires were completed over a 2-week period of data collection in two NHS sites. Mean waiting time (min): 28.92 (s.d. 18.64). Patient satisfaction recorded: Very satisfied (123/207, 59.4%), Satisfied (66/207, 31.9%), Neutral (15/207, 7.2%), Unsatisfied (1/207, 0.5%), Very Unsatisfied (2/207, 1.0%). 187 (90.3%) patients found the waiting time acceptable and felt they had sufficient consultation time in clinic. There was a weak correlation between waiting time and patient satisfaction (r = -0.284, p< 0.001) on Spearman's Rank Correlation. Conclusions: The results of this audit suggest that patient satisfaction may be influenced by adequate time spent with the clinician during their appointment rather than overall waiting times. Good communication skills and thorough consultation by clinicians are pivotal in ensuring patient satisfaction in this area.

**Conference Information:** Association of Surgeons in Training, ASiT Conference 2013 Manchester United Kingdom. Conference Start: 20130405 Conference End: 20130407

**Publisher:** Elsevier Ltd

**Publication Type:** Journal: Conference Abstract

**Subject Headings:**
- *human
Aims: Reporting Secondary Post-Tonsillectomy Haemorrhage Readmission (SPTH) is a performance indicator for ENT departments. Lack of unanimity criteria for SPTH can deceive hospital performances and invalidate comparison between services. Method: We report SPTH rates considering 3 criteria: no-evidence-of-bleeding, evidence-of-bleeding but no-active-bleeding and active-bleeding. We compare our results against SPTH rates (4.1%) and return-to-theatre (RTT) rates (1%) published by the National Tonsillectomy Audit (NTA) Results: From a total of 1496 tonsillectomies performed between 2010-2012, 135 patients were readmitted with SPTH. It was no-evidence-of-bleeding in 67 patients, evidence-of-bleeding but no-active-bleeding in 60 patients and active-bleeding in 8 patients. The SPTH rate in our department was 9.02% (n=135). Excluding patients without-evidence-of-bleeding, the rate was 4.54% (n=60+8), and 0.53% only considering patients with-active-bleeding (n=8). RTT rate was 1.07% (n=16); 2/67 (2.98%) from the former group, 6/60 (10%) from the second group and 8/8 (100%) from the last group. Our RTT rate was comparable with the 1% published in the NTA. Conclusions: Our higher than average SPTH may be due to lower admitting threshold. Almost half of patients admitted have no-evidence-of-bleeding and the RTT rate in this group was low. We propose more objective criteria/scoring system defining SPTH and modify readmission criteria to 'evidence-of-bleeding'.
44. Re-resection turbt rate in patients with high grade bladder cancers

Citation: International Journal of Surgery, 2013, vol./is. 11/8(724), 1743-9191 (2013)

Author(s): Christodoulidou M.; Oates J.; Pillai K.M.

Institution: (Christodoulidou, Oates, Pillai) Royal Blackburn Hospital, East Lancashire Hospitals Trust, Blackburn, United Kingdom

Language: English

Abstract: Aim: Transurethral Re-resection of Bladder Tumour base is often necessary in high grade tumours to ensure correct staging, especially when no muscle is present in the initial histological sample. We reviewed the number of new TURBT performed in the Trust over 12 months and the reresection rate for lack of muscle or poor quality specimen. Method: Retrospective Collection of data was performed from patients with new bladder cancer diagnosis from 1/9/11 until 31/8/12. All cases that required re-resection were isolated as a group. Results: 143 new TURBT were performed in our Trust and in total 25 reresections. Most common disease re-resected was G3PT1 and G3PTa with or without CIS. 21 re-resections (14.7%) were performed due to lack of muscle or poor quality specimen. Upstaging of disease was present in 16% (4 cases) in this group. 76% of the cases that needed re-resection, the initial resections were performed by Trainees. Conclusions: Early re-resection is significantly important in patients with high grade tumours where correct staging cannot be ensured. Although our re-resection rate is lower than that in existing literature (22%) we must ensure that deep muscle is provided in the first resected specimen.


Publisher: Elsevier Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *human *bladder cancer *patient *surgeon *surgery muscle staging neoplasm student cancer diagnosis bladder

Source: EMBASE

45. Rotated superficial femoral artery patch after common femoral artery endarterectomy

Citation: Annals of the Royal College of Surgeons of England, 2013, vol./is. 95/5(379), 0035-8843 (2013)

Author(s): McBride R.S.; Al-Jarrah Q.; Al-Khaffaf H.

Institution: (McBride, Al-Jarrah, Al-Khaffaf) East Lancashire Hospitals NHS Trust, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Royal College of Surgeons of England (35-43 Lincoln's Inn Fields, London WC2A 3PN, United Kingdom)

Publication Type: Journal: Note

Subject Headings: autotransplantation *endarterectomy "#femoral artery/su [Surgery]"
46. Acute urinary retention in an adolescent girl and important learning points.

Citation: BMJ Case Reports, 2013, vol./is. 2013/, 1757-790X (2013)
Author(s): Christodoulidou M; Kaba R; Oates J; Wemyss-Holden GD
Institution: Department of Urology, Royal Blackburn Hospital, Blackburn, UK.
Language: English
Abstract: We presented a case of a 13-year-old girl who attended the emergency department with acute urinary retention and 1400 mL residual urine after catheterisation. She had no significant medical history, neurological examination was normal and she had not reached menarche. She was found to have a haematocolpos on ultrasound scan which was compressing the urinary bladder. Examination under anaesthesia confirmed an imperforate hymen and therefore an incision was performed and the haematocolpos drained. She managed to pass urine normally the day following her procedure. In this article, we emphasise on the differential diagnosis in this case and the learning points derived from it.

Country of Publication: England
Publication Type: Case Reports; Journal Article
Subject Headings: Acute Disease
Adolescent
Female
"Hematocolpos/co [Complications]"
"Hematocolpos/us [Ultrasonography]"
Humans
"Hymen/ab [Abnormalities]"
"Menstruation Disturbances/co [Complications]"
"Urinary Retention/et [Etiology]"

Source: MEDLINE
Full Text: Available from EBSCOhost in BMJ Case Reports

47. Measuring hospital mortality

Citation: Acute Medicine, 2013, vol./is. 12/3(129-134), 1747-4884;1747-4892 (2013)
Author(s): Crossingham I.
Institution: (Crossingham) Consultant Physician and Intensivist, Medical Admissions Unit, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, United Kingdom
Language: English
Abstract: The hospital standardised mortality ratio (HSMR) and the summary hospital mortality index (SHMI) are both in current use in the UK as measures of the performance of acute hospitals. Characteristics of both the acute hospital itself and of its local healthcare environment influence these indices. Whilst many hope that measures of mortality can be used as a surrogate for healthcare quality, this is an evolving area. 2013 Rila Publications Ltd.

Country of Publication: United Kingdom
48. Management of difficult catheterisation in the acute setting: A multi-deanery UK survey

Citation: International Journal of Surgery, 2013, vol./is. 11/8(726), 1743-9191 (2013)

Author(s): Jones A.; Armitage J.; Srirangam S.

Institution: (Jones) East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Armitage) North Western Deanery, Manchester, United Kingdom; (Srirangam) East of England Deanery, Cambridge, United Kingdom

Language: English

Abstract: There is a lack of evidence regarding the optimal approach for patients with acute urinary retention (AUR) who are difficult to catheterise. We attempt to gauge opinion on current practice in a multi-deanery survey. Methods: Urology consultants and trainees from three deaneries completed a survey involving three common hypothetical scenarios in patients with AUR; (prostatic obstruction, urethral stricture disease and meatal stenosis). Data on availability of catheterisation equipment in their trusts was also gathered. Results: 60 Urologists completed the survey. A 16Ch curved tip catheter was the preferred first step for prostatic obstruction (38%), followed by a flexible cystoscope (FC) if this failed (43%). SPC insertion was the preferred first step in patients with urethral strictures (67%) and preferred second step for meatal stenosis if a dilator had failed (45%). 67% prefer out-of-hours access to an FC, but only 33% of respondents stated that this was available. Conclusion: Our data shows that whilst there are recognisable trends in practice, there is variation largely due to experience, equipment availability and patient factors. 24hr access to a standardised catheterisation trolley including FC and ultrasonography will improve catheterisation success and reduce patient morbidity. A larger multi-centre audit will help develop consensus which is efficient and safe for patients.

49. Pain related and overall morbidity with trus guided prostate biopsy - A prospective study

Citation: International Journal of Surgery, 2013, vol./is. 11/8(730-731), 1743-9191 (2013)

Author(s): Ubee S.; Marri R.; Srirangam S.

Institution: (Ubee, Marri, Srirangam) East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom

Language: English

Abstract: Introduction: Assess analgesia requirement after trans-rectal ultrasound guided prostate biopsy (TRUSBx) for appropriate counselling. Materials and Methods: Prospectively, successive patients undergoing TRUSBx filled questionnaires. Sextant TRUSBx under peri-prostatic block (1% lidocaine) and antibiotic prophylaxis were performed. Pain perception was assessed using a Visual Analogue Score (VAS). Results: Mean age of 405 patients was 67.5 years. Mean VAS during the procedure was 2.93 and 2.20 on reaching home. Mean maximum VAS for the cohort on day 1 and day 2 were 1.27 and 0.7 respectively. 140 (35%) were independent with some or minimal discomfort. 14 patients required assistance for some of their basic daily needs. 9 patients (2.2%) had sepsis. 131 patients (32.4%) required additional oral analgesia following TRUSBx on days 0, 1 and 2. Mean age of these patients was 63.6 years. This group had mean VAS during the procedure of 4 and when patients reached home was 3.5. Mean maximum VAS on day 1 and 2 was 2.1 and 1.3 respectively. Conclusion: A third of patients require self-medicated analgesia postprocedure. Age alone cannot be used as a criterion to identify patients who will subsequently require analgesia post-procedure, but a higher VAS during the procedure may be indicative.
This study aimed at assessing the prevalence of MRSA colonisation in Trauma and Orthopaedics. Risk factors, decolonisation, and subsequent infection rates were investigated. Cost-analysis of the MRSA screening program was performed. The validity and effectiveness of the MRSA screening program was reviewed. A prospective analysis was made of all orthopaedic admissions in East Lancashire Hospital Trust. A total number of 13,155 swabs were taken in 8,867 patients in 2010. This MRSA screening program was compared to the ideal screening criteria set out by Wilson and Junger (WHO 1968). The MRSA prevalence in Trauma and Orthopaedics in 2010 was 0.47%. The decolonisation rate was 55%. There was no correlation between MRSA colonisation and subsequent infection. The total cost of MRSA screening at ELHT was calculated as a minimum of 184,170. This could extrapolate to a national expense of around 16 million in England and Wales in Orthopaedics alone. The MRSA screening program did not meet 4 out of 9 screening criteria of Wilson and Junger. The vast majority of Trauma and Orthopaedic patients are not at risk of MRSA colonisation or infection and therefore should not be screened. MRSA infection is a risk in certain high risk groups which should be screened. The MRSA screening program is ineffective when assessed to WHO standards. The program should be considered to be surveillance of MRSA, not an effective screening program for pathological MRSA infection. 2013, Acta Orthopaedica Belgica.

Citation: Emergency Medicine Journal, November 2013, vol./is. 30/11(983), 1472-0205;1472-0213 (2013 Nov)

Author(s): Anderson SG; Lai TK; Newton T; Garg S

Institution: Cardiology Department, Royal Blackburn Hospital, Blackburn, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: MEDLINE

Source: Available from EBSCOhost in Emergency Medicine Journal


52. Is limitation of hip abduction a useful clinical sign in the diagnosis of developmental dysplasia of the hip?.

Citation: Archives of Disease in Childhood, November 2013, vol./is. 98/11(862-6), 0003-9888;1468-2044 (2013 Nov)

Author(s): Choudry Q; Goyal R; Paton RW

Institution: Department of Orthopaedics, Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, Blackburn, Lancashire, UK.

Language: English

Abstract: AIM: The relationship between the presence and severity of sonographically diagnosed developmental dysplasia of the hip (DDH) and the clinical abnormality of limitation of hip abduction (LHA) was investigated. METHODS: A prospective, longitudinal, selective 'at risk' and neonatal instability hip ultrasound programme between 1 January 1996 and 31 December 2005. 2876 neonates/infants were initially screened for DDH by clinical examination and by hip ultrasound imaging. Pathological sonographically evaluated DDH was considered to be Graf Type III, IV and irreducible hip dislocation. Inclusion criteria were cases of unilateral or bilateral limitation of hip abduction. Exclusion criteria: syndromal, neuromuscular and skeletal dysplasia cases. RESULTS: 492 children presented with LHA (55 unilateral LHA). The mean age of neonates/infants with either unilateral or bilateral LHA was significantly higher than those without (p<0.001). In the sonographic diagnosis of Graf Type III and IV dysplasias, unilateral LHA had a PPV of 40% compared with only 0.3% for bilateral LHA. The sensitivity of unilateral LHA increased to 78.3% and a PPV 54.7% after the age of 8 weeks for Graf Types III, IV and irreducible hip dislocation. CONCLUSIONS: This study identifies a time-dependent association with unilateral LHA in the diagnosis of 'pathological' DDH after the age of 8 weeks. The presence of bilateral LHA in the young infant may be a normal variant and is an
inaccurate clinical sign in the diagnosis of pathological DDH. LHA should be actively sought after 8 weeks of age and if present should be followed by a formal ultrasound or radiographic examination to confirm whether or not the hip is developing in a satisfactory manner.

Country of Publication: England
Publication Type: Journal Article; Observational Study
Subject Headings: Age Factors
Algorithms
Epidemiologic Methods
"*Hip Dislocation Congenital/di [Diagnosis]"
"Hip Dislocation Congenital/us [Ultrasonography]"
"*Hip Joint/pp [Physiopathology]"
"Hip Joint/us [Ultrasonography]"
Humans
Infant
Infant Newborn
"Mass Screening/mt [Methods]"
"Neonatal Screening/mt [Methods]"
"Physical Examination/mt [Methods]"
"*Range of Motion Articular/ph [Physiology]"

Source: MEDLINE
Full Text: Available from EBSCOhost in Archives of Disease in Childhood
Available from Highwire Press in Archives of disease in childhood

53. Keogh report: the focus on patients is essential.

Citation: British Journal of Hospital Medicine, October 2013, vol./is. 74/10(594), 1750-8460;1750-8460 (2013 Oct)
Author(s): Goorah N; Singh A
Institution: Consultant East Lancashire Hospitals NHS Trust, Blackburn.
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings: MEDLINE
Full Text: Available from EBSCOhost in British Journal of Hospital Medicine (17508460)

54. Screening of selected risk factors in developmental dysplasia of the hip: an observational study.

Citation: Archives of Disease in Childhood, September 2013, vol./is. 98/9(692-6), 0003-9888;1468-2044 (2013 Sep)
Author(s): Talbot CL; Paton RW
Institution: Orthopaedic Department, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, Blackburn, UK. christalbot@doctors.org.uk
Language: English
Abstract: BACKGROUND: Developmental dysplasia of the hip (DDH) is the most common neonatal musculoskeletal condition. In 2008, the NHS Newborn and Infant Physical Examination committee added selective 'at risk' screening to the existing universal neonatal and general practitioner clinical hip screening guidelines.OBJECTIVE: Assessment of breech and family history risk factors in DDH.DESIGN: A 15 year prospective, observational, longitudinal cohort study.METHOD: Breech presentation and evidence of a strong family history for DDH were the 'risk factors' studied. All infants
referred were clinically and sonographically screened by one consultant paediatric orthopaedic surgeon. RESULTS: From a cohort of 64,670 live births, 2984 neonates/infants, 46.1 (95% CI 44.6 to 47.8) per 1000 live births, were referred and sonographically screened with these risk factors alone. 1360 were male, of which four were identified as having 'pathological' DDH (an incidence of 0.003 (95% CI 0.001 to 0.008)). 1624 were female, of which 45 were identified as having 'pathological' DDH (an incidence of 0.028 (95% CI 0.021 to 0.037)). This difference in incidence of 0.025 (95% CI 0.016 to 0.033) was statistically significant (p<0.001). From those who were clinically stable and screened with either or both of the two risk factors, four individuals were diagnosed with irreducible hip dislocation (0.06 (95% CI 0.024 to 0.159) per 1000 live births). All were females. CONCLUSIONS: This study questions the current UK screening policy for DDH in clinically stable males referred with risk factors, and may influence future DDH screening programme policy.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: Breech Presentation
Cohort Studies
Female
"Great Britain/ep [Epidemiology]"
"Hip Dislocation Congenital/di [Diagnosis]"
"Hip Dislocation Congenital/ep [Epidemiology]"
"Hip Dislocation Congenital/et [Etiology]"
"Hip Joint/ab [Abnormalities]"
"Hip Joint/us [Ultrasonography]"
Humans
Incidence
Infant
Infant Newborn
Longitudinal Studies
Male
"Neonatal Screening/m [Methods]"
Pregnancy
Prospective Studies
"Risk Assessment/m [Methods]"
Risk Factors
Source: MEDLINE
Full Text: Available from EBSCOhost in Archives of Disease in Childhood
Available from Highwire Press in Archives of disease in childhood

55. The sonographic appearances of breast implant rupture.
Citation: Clinical Radiology, August 2013, vol./is. 68/8(851-8), 0009-9260;1365-229X (2013 Aug)
Author(s): Lake E; Ahmad S; Dobrashian R
Institution: Breast Screening Unit, East Lancashire Hospitals NHS Trust, UK.
Language: English
Abstract: Implant rupture is a common late complication of breast implant procedures. Ruptures are often silent and difficult to diagnose clinically. This review demonstrates normal appearances and sonographic signs of implant rupture. Breast sonologists should be aware of these signs and pitfalls in interpretation when imaging breast implants. Copyright 2013 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.
Country of Publication: England
CAS Registry Number: 0 (Silicone Gels)
Publication Type: Journal Article; Review
Subject Headings: "Breast Implants/ae [Adverse Effects]"
Diagnosis Differential

Citation: Acta Orthopaedica Belgica, August 2013, vol./is. 79/4(463-9), 0001-6462;0001-6462 (2013 Aug)

Author(s): Barkatali BM; Heywood N; White R; Paton RW

Institution: East Lancashire Hospitals NHS Trust, UK. bilalb1@hotmail.com

Language: English

Abstract: This study aimed at assessing the prevalence of MRSA colonisation in Trauma and Orthopaedics. Risk factors, decolonisation, and subsequent infection rates were investigated. Cost-analysis of the MRSA screening program was performed. The validity and effectiveness of the MRSA screening program was reviewed. A prospective analysis was made of all orthopaedic admissions in East Lancashire Hospital Trust. A total number of 13,155 swabs were taken in 8,867 patients in 2010. This MRSA screening program was compared to the ideal screening criteria set out by Wilson and Junger (WHO 1968). The MRSA prevalence in Trauma and Orthopaedics in 2010 was 0.47%. The decolonisation rate was 55%. There was no correlation between MRSA colonisation and subsequent infection. The total cost of MRSA screening at ELHT was calculated as a minimum of 184,170 Pounds. This could extrapolate to a national expense of around 16 million pounds in England and Wales in Orthopaedics alone. The MRSA screening program did not meet 4 out of 9 screening criteria of Wilson and Junger. The vast majority of Trauma and Orthopaedic patients are not at risk of MRSA colonisation or infection and therefore should not be screened. MRSA infection is a risk in certain high risk groups which should be screened. The MRSA screening program is ineffective when assessed to WHO standards. The program should be considered to be surveillance of MRSA, not an effective screening program for pathological MRSA infection.
57. Assessing the accuracy and certainty in interpreting chest X-rays in the medical division.

Citation: Clinical Medicine, August 2013, vol./is. 13/4(349-52), 1470-2118;1470-2118 (2013 Aug)

Author(s): Satia I; Bashagha S; Bibi A; Ahmed R; Mellor S; Zaman F

Institution: Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, UK. imransatia@gmail.com

Language: English

Abstract: The chest X-ray (CXR) is an important diagnostic tool in diagnosing and monitoring a spectrum of diseases. Despite our universal reliance on the CXR, our ability to confidently diagnose and accurately document our findings can be unreliable. We sought to assess the diagnostic accuracy and certainty of making a diagnosis based on 10 short clinical histories with one CXR each. We conclude from our study that specialist registrars (StRs) and consultants scored the highest marks with the highest average certainty levels. Junior trainees felt least certain about making their diagnosis and were less likely to be correct. We recommend that StRs and consultants review all the CXRs requested to ensure accuracy of diagnosis. There also needs to be discussion with the Joint Royal Colleges of Physicians Training Board (JRCPTB) about the need of including a separate CXR competency as part of a trainee's generic curriculum on the e-portfolio, something which is currently lacking.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: *Clinical Competence
"*Education Medical Continuing/mt [Methods]"
Humans
"*Image Interpretation Computer-Assisted/mt [Methods]"
Predictive Value of Tests
ROC Curve
"*Radiography Thoracic/st [Standards]"
"*Radiology/ed [Education]"
Reproducibility of Results
"*Thoracic Diseases/ra [Radiography]"

Source: MEDLINE

Full Text: Available from EBSCOhost in Clinical Medicine

58. Rotated superficial femoral artery patch after common femoral artery endarterectomy.

Citation: Annals of the Royal College of Surgeons of England, July 2013, vol./is. 95/5(379), 0035-8843;1478-7083 (2013 Jul)

Author(s): McBride RS; Al-Jarrah Q; Al-Khaffaf H

Institution: East Lancashire Hospitals NHS Trust, UK. rmcbride@doctors.net.uk

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: "*Arterial Occlusive Diseases/su [Surgery]"
"*Endarterectomy/mt [Methods]"
"*Femoral Artery/su [Surgery]"
Humans
"Recurrence/pc [Prevention and Control]"
*Surgical Flaps
Transplantation Autologous

Source: MEDLINE
59. The subjective experience of personhood in dementia care settings.

Citation: Dementia: The International Journal of Social Research and Practice, July 2013, vol./is. 12/4(394-409), 1471-3012;1741-2684 (Jul 2013)

Author(s): Nowell, Zoe C; Thornton, Amanda; Simpson, Jane

Correspondence Address: Nowell, Zoe C.: Charnley Fold Mental Health Resource Centre, Cottage Lane, Bamber Bridge, United Kingdom, PR5 6YA, Zoe.Nowell@lancashirecare.nhs.uk

Institution: Charnley Fold Mental Health Resource Centre, Bamber Bridge, United Kingdom; Burnley General Hospital, United Kingdom; Lancaster University, Lancaster, United Kingdom

Language: English

Abstract: Within the social psychological understanding of dementia, individuals' personhood is central. A respect for personhood has been linked to successful person-centred care, yet research exploring subjective personhood in dementia is scarce. This study aimed to understand personhood by exploring the subjective experiences of those with dementia. Seven individuals with dementia were interviewed and interpretative phenomenological analysis was used to identify themes across accounts. Themes identified were: (1) working out the system and adapting in order to survive it-the 'peoplehood' of the system; (2) using past and future roles and experiences to manage the present-the transient nature of personhood; (3) being both an individual and a member of a group-the conflict of a dual role. The themes highlighted showed that individuals with dementia supported their personhood by drawing on their own, others' and the system's resources. The findings are discussed and links with existing literature and clinical implications are considered. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Author(s); YEAR: 2011

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Client Attitudes
*Dementia
*Hospitalized Patients
*Human Nature
*Therapeutic Processes
Experiences (Events)
Subjectivity

Source: PsycINFO

60. Urological procedures coding: Who should do it?

Citation: BJU International, June 2013, vol./is. 111/(28), 1464-4096 (June 2013)

Author(s): Hall K.; Tang V.; Srirangam S.J.

Institution: (Hall, Tang, Srirangam) Royal Blackburn Hospital, United Kingdom

Language: English

Abstract: Introduction : A curate coding of elective in-patient hospital activity is essential for health provision monitoring, quality/ governance assessments and provider re-imbursement through payment by results. Coding staff require clear, precise diagnoses/procedures information to produce accurate figures of hospital activity. Clinician involvement in the coding process is vital, but who does coding best? We compared accuracy and financial implications of coding by urological consultants and clinical audit coders. Patients and Methods: Consultant urologists completed electronic discharge summaries detailing diagnoses, co-morbidity and procedures, generating episode codes (urologist coding). A clinical audit coder independently reviewed the case notes generating another code (audit coding). Finally, a combined team (urologist and...
Evidence Services | library.nhs.uk

experienced clinical coder) applied local/national standards creating an episode code (gold-standard). Results - 3 0 randomly-chosen, elective, inpatient cases were examined retrospectively. Surprisingly, coding by experienced urologists was less accurate compared to clinical audit coders, who demonstrated superiority, accurately coding for diagnoses, procedures and spell HRGs, thus ensuring correct re-numeration (table 1). Vague descriptions of urological conditions, poor documentation of non-urological co-morbidities, time constraints and inadequate understanding of procedure groupings contributed to inaccurate urologist coding. Conclusion: Accurate urological coding is best performed by coders not urologists. Clinicians can make a vital contribution by ensuring clear documentation of procedures, and primary and co-morbid diagnoses. Formal agreement of common codes between urologists and coders will reduce inconsistency and improve efficiency. (Figure Presented).

Conference Information: Annual Scientific Meeting of the British Association of Urological Surgeons 2013, BAUS 2013 Manchester United Kingdom. Conference Start: 20130617 Conference End: 20130620

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *surgeon *human *urological procedure urologist medical audit procedures diagnosis documentation morbidity hospital consultation hospital patient patient monitoring health gold standard

Source: EMBASE

61. Workload of consultant radiologists in a large DGH and how it compares to international benchmarks.

Citation: Clinical Radiology, May 2013, vol./is. 68/5(e239-44), 0009-9260;1365-229X (2013 May)

Author(s): Khan SH; Hedges WP

Institution: Radiology Department, East Lancashire Hospitals NHS Trust, Blackburn, UK. shah.khan@elht.nhs.uk

Language: English

Abstract: AIM: To measure radiologist workloads in a UK radiology department using relative value units (RVUs), and compared these data to current international standards from Australia and Ireland.MATERIALS AND METHODS: Data on reporting throughput was gathered for 13.5 whole-time equivalent (WTE) consultants at the DGHs of East Lancashire Hospitals Trust (ELHT) between April 2010 to March 2011. RVUs were assigned to the reported imaging studies to create a crude RVU/WTE score. This was compared to benchmarks from Australia and results from a similar study in Ireland. Time spent on teaching, multidisciplinary teams, and administration was factored in to create a net RVU/WTE score, more accurately assessing workload.RESULTS: Radiologists in ELHT reported 110,315 imaging studies, producing a total of 649,617 RVUs. Crude reporting workloads were 48,119.78 RVUs/WTE, and net workloads were 83,674.00 RVUs/WTE (with consultants spending 42.49% of their time on non-reporting commitments). These crude and net workloads are far above the Australian maximum reporting benchmark of 45,000 RVUs.CONCLUSION: The workload is much higher than international benchmarks, indicating high-quality service and excellent value for money,
but also highlights understaffing. Foreign RVU systems do not accurately reflect current UK practices and a UK-specific RVU system should be developed to assess staffing and analyse performance. Copyright 2012 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: "*Academic Medical Centers/sn [Statistics and Numerical Data]"
Australia
"Benchmarking/mt [Methods]"
"*Benchmarking/sn [Statistics and Numerical Data]"
"*Consultants/sn [Statistics and Numerical Data]"
"Diagnostic Imaging/sn [Statistics and Numerical Data]"
"Efficiency Organizational/sn [Statistics and Numerical Data]"
Great Britain
Humans
Ireland
"*Radiology/ma [Manpower]"
"*Radiology Department Hospital/sn [Statistics and Numerical Data]"
Relative Value Scales
"*Workload/sn [Statistics and Numerical Data]"

Source: MEDLINE


Citation: Arthritis and Rheumatism, May 2013, vol./is. 65/5(1319-1323), 0004-3591;1529-0131 (May 2013)
Author(s): Haque S.; Rakieh C.; Marriage F.; Ho P.; Gorodkin R.; Teh L.S.; Snowden N.; Day P.J.R.; Bruce I.N.
Institution: (Haque, Bruce) Manchester Academic Health Science Centre, University of Manchester, Stopford Building, Oxford Road, Manchester M13 9PT, United Kingdom; (Rakieh, Ho, Gorodkin, Bruce) Central Manchester University Hospitals, NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, United Kingdom; (Marriage, Day) University of Manchester, Manchester, United Kingdom; (Teh) East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Snowden) North Manchester General Hospital, Manchester, United Kingdom; (Haque) East Lancashire Hospitals, NHS Trust, Blackburn, United Kingdom
Language: English
Abstract: Objective Patients with systemic lupus erythematosus (SLE) have a higher rate of premature death compared to the general population, suggesting a phenotype of premature senescence in SLE. Telomere length can be used to assess overall biologic aging. This study was undertaken to address the hypothesis that patients with SLE have reduced telomere length. Methods Telomere length was measured cross-sectionally in whole blood from SLE patients and age-matched healthy female controls, using real-time quantitative polymerase chain reaction. SLE-related and cardiovascular risk factors were assessed. Results We compared telomere length in 63 SLE patients and 63 matched controls with a median age of 50.8 years (interquartile range [IQR] 37-59 years) and 49.9 years (IQR 32-60 years), respectively. The median relative telomere length in SLE patients was 0.97 (IQR 0.47-1.57), compared to 1.53 (IQR 0.82-2.29) in controls (P = 0.0008). We then extended our cohort to measure telomere length in 164 SLE patients. Shorter telomere length was associated with Ro antibodies (beta + SE -0.36 + 0.16; P = 0.023), and longer telomere length was associated with steroid therapy (0.29 + 0.14; P = 0.046). We also noted an association of longer telomere length with increasing body mass index (beta + SE 0.07 + 0.01; P < 0.0001) and tobacco smoking (0.64 + 0.26; P = 0.016), as well as with the presence of carotid plaque (0.203 + 0.177; P = 0.032). Conclusion Telomere length is shortened in SLE patients compared to controls and does not appear to be a reflection of disease activity or immune cell turnover. Subsets of patients such as those positive for Ro antibodies may be particularly susceptible to premature biologic
aging. The predictive value of telomere length as a biomarker of future risk of damage/mortality in SLE requires longitudinal evaluation. Copyright 2013 by the American College of Rheumatology.

Country of Publication: United States
Publisher: John Wiley and Sons Inc. (P.O.Box 18667, Newark NJ 07191-8667, United States)
CAS Registry Number: 19230-81-0 (creatinine); 60-27-5 (creatinine)
Publication Type: Journal: Article
Subject Headings: adult
aging
article
atherosclerosis
body mass
cardiovascular risk
controlled study
cross-sectional study
disease activity
female
human
human cell
immunocompetent cell
major clinical study
peripheral blood mononuclear cell
phenotype
population
predictive value
priority journal
real time polymerase chain reaction
senescence
smoking
steroid therapy
*systemic lupus erythematosus
*telomere homeostasis
"creatinine/ec [Endogenous Compound]"
"Ro antibody/ec [Endogenous Compound]"

Source: EMBASE
Full Text: Available from EBSCOhost in Arthritis & Rheumatism
Available from Wiley in Arthritis and Rheumatism

63. Workload of consultant radiologists in a large DGH and how it compares to international benchmarks

Citation: Clinical Radiology, May 2013, vol./is. 68/5(e239-e244), 0009-9260;1365-229X (May 2013)
Author(s): Khan S.H.M.; Hedges W.P.
Institution: (Khan, Hedges) Radiology Department, East Lancashire Hospitals NHS Trust, Haslingden Road, Blackburn BB2 3HH, United Kingdom
Language: English
Abstract: Aim: To measure radiologist workloads in a UK radiology department using relative value units (RVUs), and compared these data to current international standards from Australia and Ireland. Materials and methods: Data on reporting throughput was gathered for 13.5 whole-time equivalent (WTE) consultants at the DGHs of East Lancashire Hospitals Trust (ELHT) between April 2010 to March 2011. RVUs were assigned to the reported imaging studies to create a crude RVU/WTE score. This was compared to benchmarks from Australia and results from a similar study in Ireland. Time spent on teaching, multidisciplinary teams, and administration was factored in to create a net RVU/WTE score, more accurately assessing workload. Results: Radiologists in ELHT reported 110,315 imaging studies, producing a total of 649,617 RVUs. Crude reporting
workloads were 48,119.78 RVUs/WTE, and net workloads were 83,674.00 RVUs/WTE (with consultants spending 42.49% of their time on non-reporting commitments). These crude and net workloads are far above the Australian maximum reporting benchmark of 45,000 RVUs. Conclusion: The workload is much higher than international benchmarks, indicating high-quality service and excellent value for money, but also highlights understaffing. Foreign RVU systems do not accurately reflect current UK practices and a UK-specific RVU system should be developed to assess staffing and analyse performance.

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Country of Publication: United Kingdom
Publisher: W.B. Saunders Ltd (32 Jamestown Road, London NW1 7BY, United Kingdom)
Publication Type: Journal: Article
Subject Headings: article
Australia
computer assisted tomography
*consultation
controlled study
echography
human
Ireland
mammography
nuclear magnetic resonance imaging
quality control
*radiologist
radiology department
scoring system
United Kingdom
*workload

Source: EMBASE

64. A novel device for prolapse reduction

Citation: Journal of Obstetrics and Gynaecology, May 2013, vol./is. 33/4(422-423), 0144-3615;1364-6893 (May 2013)

Author(s): Majumdar A.; Saleh S.; Hill S.
Institution: (Majumdar, Saleh, Hill) Lancashire Women and Newborn Centre, East Lancashire Hospitals NHS Trust, Casterton Avenue, Burnley BB10 2PQ, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Short Survey
Subject Headings: aged
"breast cancer/di [Diagnosis]"
case report
device therapy
enterocele
female
*gynecological and obstetric therapeutic device
human
"*pelvic organ prolapse/th [Therapy]"
priority journal
"recurrent cancer/di [Diagnosis]"
short survey
silicone prosthesis
65. Outcome of acute heart failure management by cardiologists and non-cardiologist physicians

Citation: European Journal of Heart Failure, May 2013, vol./is. 12/(S236-S237), 1388-9842 (May 2013)

Author(s): Lau Y.C.; Aleem Q.; Hamid T.; Mcdonald J.; Balachandran K.; Singh R.

Institution: (Lau) Cardiff and Vale University Local Health Board, Cardiff, United Kingdom; (Aleem, Mcdonald, Balachandran, Singh) Royal Blackburn Hospital-Blackburn, United Kingdom; (Hamid) Royal Albert Edward Infirmary, Department of Cardiology, Wigan, United Kingdom

Language: English

Abstract: Introduction: Acute exacerbation of heart failure is a prevalent condition, with a high mortality, morbidity, readmission rate and hence an impact of resource utilisation. In-patient management of heart failure varies between cardiologists and non-cardiologist physicians, thus resulting in potential effect on overall outcome. Aim: To assess the medical therapy of unselected population of patients admitted to the district general hospital with heart failure, comparing the difference in inpatient treatment by cardiologists and non-cardiologist physicians, and then relating to length of inpatient stay, mortality and re-admission rate. Materials and Methods: This is a retrospective study, of patients with heart failure admitted to medical wards over a 12-month period. The data was obtained from the hospital notes, departmental database and recorded using a standard proforma. The parameters checked including appropriate investigations by echocardiogram, ejection fraction, optimization of anti-heart failure medications and length of inpatient stay. These patients were follow-up for 12 months, with death and readmission as primary end-point. Results: A total of 76 patients with heart failure were identified. 39.5% (30/76) seen by Cardiologists and 60.5% (46/76) by non-cardiologist physicians. Patients managed by non-cardiologists were older (84 years vs 76 years), whilst higher proportion of patients managed by cardiologists have ejection fraction <35% (30% vs 15.2%, P=0.122). Regarding medical treatment, cardiologists are used more angiotensin converting enzyme (ACE) inhibitors/angiotensin II receptor blockers (90% vs 60.8%, P=0.012), more beta-blockers (90% vs 47.8%, p<0.001) and more aldosterone antagonists (80% vs 38.4% P=0.001), but less loop diuretics (93.3% vs 100%). Non-cardiologist utilised fewer echocardiogram (63% vs 80%, P=NS). Regarding clinical outcomes, average length inpatient stay for patients managed by cardiologists are shorter (7.71 vs 9.3), have more follow-up (70% vs 58.7%, P=NS) and lower 1st month re-admission rate (14% vs 35.7%, P=NS). There is no significant difference in mortality between either groups of patients (cardiologist 33.3% versus non-cardiologist 39.1%, P=NS) Conclusions: Despite several international guidelines, the implementation of evidence-based therapies for heart failure by non-cardiologist physicians remain inadequate. Greater cardiologist input may bring about shorter hospital stay, reduced early readmission and better outcome.
66. Clinical features of childhood-onset paroxysmal kinesigenic dyskinesia with PRRT2 gene mutations

Citation: Developmental Medicine and Child Neurology, April 2013, vol./is. 55/4(327-334), 0012-1622;1469-8749 (April 2013)


Institution: (Silveira-Moriyama, Lees) Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; (Gardiner) Department of Molecular Neuroscience, UCL Institute of Neurology, London, United Kingdom; (Meyer) ICH-Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom; (King) Department of Paediatric Neurology, Children's University Hospital, Dublin, Ireland; (King) UCD School of Medicine and Medical Science, Dublin, Ireland; (Smith) Department of Neurology, Birmingham Children's Hospital, Birmingham, United Kingdom; (Rakshi) Royal Blackburn Hospital, Blackburn, United Kingdom; (Parker) Addenbrooke's NHS Trust, Cambridge, United Kingdom; (Mallick, Jardine) Department of Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, United Kingdom; (Brown) Department of Paediatrics, Peterborough City Hospital, Peterborough, United Kingdom; (Vassallo) Department of Paediatric Neurology, Manchester Children's Hospital, Manchester, United Kingdom; (Guerreiro) Child Neurology Unit, Department of Neurology, University of Campinas, UNICAMP, Campinas, Brazil; (Houlden) MRC Centre for Neuromuscular Diseases, UCL Institute of Neurology, London, United Kingdom; (Kurian) Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom

Language: English

Abstract: Aim: To define better the phenotype and genotype of familial and sporadic cases of paroxysmal kinesigenic dyskinesia (PKD) caused by mutations in the PRRT2 gene
presenting in the paediatric age group. Method: We report the detailed clinical and molecular genetic features of 11 patients (six females, five males) with childhood-onset PRRT2-mutation-positive PKD. Results: Mean age at disease onset was 8 years 7.5 months (range 5-11y), and clinical presentation was characterized by daily short paroxysmal episodes of dystonia/dyskinesia. Most patients also had non-kinesigenic attacks in addition to the classical movement-induced paroxysmal episodes. One family demonstrated great phenotypic variability with PKD, infantile convulsions, and/or hemiplegic migraine affecting different family members with the same mutation. All patients in whom antiepileptics (carbamazepine/phenytoin) were tried showed a dramatic improvement with complete abolition of dyskinetic episodes. Interpretation: Our case series provides a detailed clinical description of patients with PRRT2-PKD, and reports a spectrum of disease-causing mutations, thereby expanding both the clinical phenotype and mutation spectrum of disease. 2013 Mac Keith Press.

Country of Publication: United Kingdom
Publisher: Blackwell Publishing Ltd (9600 Garsington Road, Oxford OX4 2XG, United Kingdom)
CAS Registry Number: 298-46-4 (carbamazepine); 8047-84-5 (carbamazepine); 57-41-0 (phenytoin); 630-93-3 (phenytoin)
Publication Type: Journal: Article
Subject Headings: article
child
*childhood disease
clinical article
clinical feature
convulsion
"*dyskinesia/dt [Drug Therapy]"
dystonia
familial hemiplegic migraine
female
*gene mutation
genetic variability
genotype
human
male
molecular genetics
nucleotide sequence
"*paroxysmal kinesigenic dyskinesia/dt [Drug Therapy]"
phenotype
preschool child
priority journal
school child
"carbamazepine/dt [Drug Therapy]"
"*membrane protein/ec [Endogenous Compound]"
"phenytoin/dt [Drug Therapy]"
"*proline rich transmembrane protein 2/ec [Endogenous Compound]"
unclassified drug

Source: EMBASE
Full Text: Available from EBSCOhost in Developmental Medicine & Child Neurology

67. Comparison of the psychometric properties of health-related quality of life measures used in adults with systemic lupus erythematosus: a review of the literature.

Citation: Rheumatology, April 2013, vol./is. 52/4(684-96), 1462-0324;1462-0332 (2013 Apr)
Author(s): Castelino M; Abbott J; McElhone K; Teh LS
Institution: Department of Rheumatology, Royal Blackburn Hospital, Blackburn, UK.
Language: English
Abstract: OBJECTIVE: A review of the literature was undertaken to evaluate the development and psychometric properties of health-related quality of life (HRQoL) measures used in adults with SLE. This information will help clinicians make an informed choice about the measures most appropriate for research and clinical practice. METHODS: Using the key words lupus and quality of life, full original papers in English were identified from six databases: OVID MEDLINE, EMBASE, Allied and Complementary Medicine, PsycINFO, Web of Science and Health and Psychosocial Instruments. Only studies describing the validation of HRQoL measures in adult SLE patients were retrieved. RESULTS: Thirteen papers were relevant; five evaluated generic instruments [QOLS-S (n = 1), EQ-5D/SF-6D (n = 1), SF-36 (n = 3)] and eight evaluated disease-specific measures [L-QOL (n = 1), LupusQoL (UK) (n = 1), LupusQoL (US) (n = 1), SSC (n = 2), SLEQoL (n = 3)]. For the generic measures, there is moderate evidence of good content validity and internal consistency, whereas there is strong evidence for both these psychometric properties in disease-specific measures. There is limited to moderate evidence to support the construct validity and test-retest reliability for the disease-specific measures. Responsiveness and floor/ceiling effects have not been adequately investigated in any of the measures. CONCLUSIONS: Direct comparison of the psychometric properties was difficult because of the different methodologies employed in the development and evaluation of the different HRQoL measures. However, there is supportive evidence that multidimensional disease-specific measures are the most suitable in terms of content and internal reliability for use in studies of adult patients with SLE.

Country of Publication: England
Publication Type: Comparative Study; Journal Article; Review
Subject Headings: Adult
Health Status
Humans
"*Lupus Erythematosus Systemic/px [Psychology]"
Psychometrics
"*Quality of Life/px [Psychology]"

Source: MEDLINE
Full Text: Available from EBSCOhost in Rheumatology

68. An unusual cause of non-weight bearing.

Citation: Archives of Disease in Childhood, April 2013, vol./is. 98/4(286), 0003-9888;1468-2044 (2013 Apr)
Author(s): Agarwal R; Yousif O; Basu H
Institution: Department of Paediatrics, Royal Blackburn Hospital, Blackburn BB2 3HH, UK. dragarwal@hotmail.com
Language: English
Country of Publication: England
Publication Type: Case Reports; Journal Article
Subject Headings: "*Discitis/di [Diagnosis]"
Female
Humans
Infant
"*Intervertebral Disc/pa [Pathology]"
"*Lumbar Vertebrae/pa [Pathology]"
Magnetic Resonance Imaging

Source: MEDLINE
Full Text: Available from EBSCOhost in Archives of Disease in Childhood
Available from Highwire Press in Archives of disease in childhood
Tattoos and body art are becoming increasingly popular and widely acceptable throughout society. A recent survey suggests that 1 in 5 British adults have a tattoo, and there are now more than 1500 tattoo parlors or art studios in the UK. This questionnaire survey study took place over a 6-month period in the dermatology department of a large district general hospital in England. Patients aged 16 or over who had a visible tattoo during general skin examination were asked to complete a short questionnaire. All responses were anonymous. We looked at current age; what age people acquired their first tattoo; whether it was performed by an amateur or professional tattoo artist; how long they had had their tattoo; whether they had 1 or multiple tattoos; whether they still liked their tattoo(s); and whether they regretted their tattoo(s). We also determined the site of tattoos and asked people whether if able to, they would have their tattoos removed. 615 questionnaires were returned, of which 15 were incomplete. Of the 580 responses analyzed, 52.7% were male and 47.3% female. The overwhelming majority of tattoos were performed by a professional artist. Almost half of the patients were aged over 40. 44.8% of the patients had their first tattoo aged between 18 and 25 and almost half had between 2 and 5 tattoos. Almost one-third of the participants regretted their tattoo. Men are more likely to regret their tattoo and are 3 times more likely to regret their tattoo if it was first performed under the age of 16. Women over the age of 21 at the time of their first tattoo are the least likely to regret their tattoo. The overwhelming majority who regret their tattoo have them on their upper body. The average length of time since the first tattoo in those who regret them is 18 years compared to 12 years amongst those who do not regret them. Interestingly, less than half of those who regret their tattoo would actually have their tattoo removed if able to. A significant number of people regret having a tattoo, and the longer they have had one, the more likely this becomes. We feel that this should become an important health message because tattoo removal is not freely available, and unwanted tattoos can affect life chances and cause significant psychological morbidity.
71. Epinephrine-induced myocardial infarction in severe anaphylaxis: is nonselective beta-blockade a contributory factor?.

Citation: American Journal of Emergency Medicine, April 2013, vol./is. 31/4(759.e1-2), 0735-6757;1532-8171 (2013 Apr)

Author(s): Cunnington C; McDonald JE; Singh RK

Institution: Department of Cardiology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn, Lancashire, UK. colincunnington@aol.com

Language: English

Abstract: Epinephrine-induced myocardial ischemia in the setting of anaphylaxis is a rare event and is postulated to be due to coronary artery spasm. We report the case of a 43-year-old woman who presented to the emergency department with an anaphylactic reaction triggered by flucloxacillin. She was treated with intramuscular epinephrine, following which she developed ischemic chest pain and electrocardiographic changes, associated with troponin elevation. Subsequent coronary angiography demonstrated normal coronary arteries. In this case report, we discuss the potential role of prior nonselective beta-blockade with propranolol in predisposing such patients to ischemic cardiac events following treatment with epinephrine.

Country of Publication: United States

CAS Registry Number: 0 (Adrenergic beta-Antagonists); 0 (Anti-Allergic Agents); 0 (Anti-Bacterial Agents); 43B2M34G2V (Floxacillin); 9Y8NXQ24VQ (Propranolol); YKH834O4BH (Epinephrine)

Publication Type: Case Reports; Journal Article
72. Re: Impact of coding errors on departmental income: An audit of coding of microvascular free transfer cases using OPCS-4 in UK

Citation: British Journal of Oral and Maxillofacial Surgery, April 2013, vol./is. 51/3(e44-e46), 0266-4356;1532-1940 (April 2013)

Author(s): Chiu G.A.

Institution: (Chiu) East Lancashire Oral and Maxillofacial Unit, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)

Publication Type: Journal: Letter

Subject Headings: *coding
*free tissue graft
health care quality
human income
letter
medical audit
medical documentation
*microvascular free transfer
United Kingdom

Source: EMBASE

73. Epinephrine-induced myocardial infarction in severe anaphylaxis: is nonselective beta-blockade a contributory factor?

Citation: The American journal of emergency medicine, April 2013, vol./is. 31/4(759.e1-2), 1532-8171 (Apr 2013)

Author(s): Cunnington C.; McDonald J.E.; Singh R.K.

Institution: (Cunnington) Department of Cardiology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn, Lancashire, UK.

Language: English

Abstract: Epinephrine-induced myocardial ischemia in the setting of anaphylaxis is a rare event and is postulated to be due to coronary artery spasm. We report the case of a 43-year-old
woman who presented to the emergency department with an anaphylactic reaction triggered by flucloxacillin. She was treated with intramuscular epinephrine, following which she developed ischemic chest pain and electrocardiographic changes, associated with troponin elevation. Subsequent coronary angiography demonstrated normal coronary arteries. In this case report, we discuss the potential role of prior nonselective beta-blockade with propranolol in predisposing such patients to ischemic cardiac events following treatment with epinephrine.

Country of Publication: United States

CAS Registry Number: 51-43-4 (adrenalin); 55-31-2 (adrenalin); 6912-68-1 (adrenalin); 1847-24-1 (flucloxacillin); 5250-39-5 (flucloxacillin); 13013-17-7 (propranolol); 318-98-9 (propranolol); 3506-09-0 (propranolol); 4199-09-1 (propranolol); 525-66-6 (propranolol)

Publication Type: Journal: Article

Subject Headings: adult
"*anaphylaxis/dt [Drug Therapy]"
article
case report
chemically induced disorder
*coronary artery spasm
female
*heart infarction
human
"*adrenalin/ae [Adverse Drug Reaction]"
"*antiallergic agent/ae [Adverse Drug Reaction]"
"antibiotic agent/ae [Adverse Drug Reaction]"
"beta adrenergic receptor blocking agent/ae [Adverse Drug Reaction]"
"flucloxacillin/ae [Adverse Drug Reaction]"
"propranolol/ae [Adverse Drug Reaction]"

Source: EMBASE

Full Text: Available from EBSCOhost in American Journal of Emergency Medicine
Available from ProQuest in American Journal of Emergency Medicine, The; Note: ;
Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

74. The impact of the National Institute for Health Research on regional intensive care research: A case study from Cumbria and Lancashire

Citation: Journal of the Intensive Care Society, April 2013, vol./is. 14/2(126-132), 1751-1437 (April 2013)

Author(s): Krige A.

Institution: (Krige) Department of Anaesthesia and Critical Care, Royal Blackburn Hospital, United Kingdom

Language: English

Abstract: This article illustrates the regional experience of participation in research following the introduction of the National Institute for Health Research (NIHR) Comprehensive Local Research Networks (CLRNs) and the Critical Care Specialty Groups. Prior to this, research was focused in academic centres and tertiary hospitals. Clinicians in smaller regional hospitals had little opportunity or support to participate in clinical trials or other important studies. CLRNs were introduced to ensure that NHS research funding is spread widely throughout the NHS, ensuring all patients can potentially benefit from participation. This maximises research efficiency and results are likely to be more generalisable to the whole NHS, which may lead to wider and more rapid translation of positive studies into clinical practice. The Intensive Care Society 2013.

Country of Publication: United Kingdom

Publisher: Stansted News Ltd (134 South Street, Bishop's Stortford, Hertfordshire, Essex CM23 3BQ, United Kingdom)
A 70-year-old man developed tense, large, fluid-filled bullae arising on his upper arm, trunk and groin. Past medical history included a high cervical schwannoma requiring surgery 7 years previously resulting in spastic quadriparesis and neurogenic bowel and bladder. The tumour had recurred 3 months prior to blistering. Direct immunofluorescence showed linear deposition of IgG and C3 at the basement membrane, and a subepidermal blister confirming a diagnosis of bullous pemphigoid, responding to 0.05% clobetasol propionate topically and low-dose prednisolone. A 46-year-old man presented with a 4-week history of pharyngitis, genital lesions, annular blistering lesions on his limbs and red sore eyes. Examination revealed a ‘string of pearls’ ring of blistering over the limbs, red eyes and mucosal blisters. Past medical history included inoperable pelvic schwannoma diagnosed in 2002. Biopsy showed a subepidermal blister; immunofluorescence showed linear staining for IgA at the basement membrane zone, confirming a diagnosis of linear IgA bullous dermatosis. Dapsone and low-dose prednisolone have controlled his blisters. Bullous pemphigoid has recently been identified
as having a strong, probably causal relationship to neurological disease (Langan SM, Groves RW, West J. The relationship between neurological disease and bullous pemphigoid: a population-based case-control study. J Invest Dermatol 2011; 131: 631-6), shared neurological and cutaneous antigens being the putative explanation. A neurological tumour associated with linear IgA is unique to case 2, but it is interesting that the 97-kDa linear IgA antigen may represent a portion of the extracellular domain of the 180-kDa bullous pemphigoid antigen (BPAG2).


Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *dermatology human blister bullous pemphigoid diagnosis neurilemoma limb immunofluorescence neoplasm basement membrane low drug dose male neurologic disease eye medical history linear iga bullous dermatosis quadriplegia spasticity inguinal region biopsy pelvis examination pharyngitis surgery arm staining bladder neurogenic bowel case control study liquid antigen immunoglobulin A prednisolone clobetasol propionate immunoglobulin G bismuth gallate dapsone

Source: EMBASE

Full Text: Available from EBSCOhost in British Journal of Dermatology Available from EBSCOhost in British Journal of Dermatology

76. Cellular adhesion molecules as potential biomarkers of nephritis, damage and accelerated atherosclerosis in patients with systemic lupus erythematosus

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/(i134), 1462-0324 (April 2013)

Author(s): Skeoch S.; Haque S.; Pemberton P.; Bruce I.
Institution: (Skeoch, Bruce) Arthritis Research UK Epidemiology Unit, University of Manchester, Manchester, United Kingdom; (Haque) Department of Rheumatology, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Pemberton) Clinical Research Department, Central Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom

Language: English

Abstract: Background: Increased levels of cellular adhesion molecules: vascular cell adhesion molecule-1 (VCAM-1) and E-selectin are predictive of future cardiovascular events in the general population. In SLE, they are associated with disease activity and specific disease manifestations, such as nephritis or skin disease, although results are inconsistent. The aims of this study were to compare levels of VCAM-1 and E-selectin in SLE patients and healthy controls and to investigate their association with lupus phenotype, activity, damage and subclinical cardiovascular disease (CVD). Methods: A cross-sectional study of female SLE patients and age-sex-matched controls was conducted. Clinical assessment was undertaken, including evaluation of disease activity (using the SLEDAI-2000 score) and damage [using Systemic Lupus International Collaborating Clinics damage index (SDI)]. Carotid plaque was identified and carotid intima-medial thickness (IMT) measured, using B-mode Doppler ultrasound (US) in SLE patients. E-selectin and VCAM-1 were measured using a standard ELISA assay. Non-parametric tests and age adjusted linear regression models were employed. Results: 178 SLE patients and 69 controls were included in the study, with a median (IQR) age of 53 (46,61) and 50 (39,60) years respectively (P=0.066). In SLE patients, median SLEDAI-2000 score was 2 (0,4) and SDI was 1 (0,2). 5 patients (2.8%) had active nephritis, 57 (32.0%) had mucocutaneous disease and 26 (14.6%) had a history of CVD. On US, plaque was present in 82 patients (46.1%) and median IMT was 0.063 (0.053,0.073)cm. Median E-selectin levels were significantly higher in patients than controls (10.5[6.9, 13.9] vs 7.9[5.4, 10.4] ng/ml respectively; P<0.001) and were associated with presence of plaque and damage in patients (b[S.E]=0.261[0.124], P=0.04 and b[S.E]=0.270[0.122], P=0.03 respectively). There was no significant association with history of prior CVD or IMT (-0.098[0.133], P=0.46 and -0.327[2.58], P=0.9 respectively). While there was no significant difference in median VCAM-1 levels between patients and controls, levels were significantly higher in patients with active nephritis than in those with either previous or no history of nephritis (515.5[307.692.9] vs 276.7[199.2,351.9], respectively, P<0.001). After adjustment for age, there was a significant association between VCAM-1 and active nephritis in SLE patients (b[S.E]=1.09[0.210] P=0.0012). There was no association with clinical CVD, carotid plaque or IMT (b[S.E]=−0.78 (0.08), P=0.315, 0.37[0.063], P=0.56 and 0.146[0.171], P=0.396 respectively). Conclusions: E-selectin could act as a novel biomarker of cardiovascular risk in SLE; however longitudinal studies are required to investigate association with clinical outcomes. VCAM-1 may have a role as a non-invasive biomarker for LN activity.


Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *rheumatology *human *nephritis *atherosclerosis *health practitioner *society *systemic lupus erythematosus *patient carotid artery disease activity phenotype population
cardiovascular disease
cross-sectional study
longitudinal study
cardiovascular risk
skin disease
model
linear regression analysis
nonparametric test
assay
Doppler flowmetry
thickness
intima
hospital
clinical assessment
SLEDAI
female
enzyme linked immunosorbent assay
*cell adhesion molecule
endothelial leukocyte adhesion molecule 1
vascular cell adhesion molecule 1
biological marker

Source: EMBASE
Full Text: Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology

77. Co-enrolment to intensive care studies—a UK perspective

Citation: Journal of the Intensive Care Society, April 2013, vol./is. 14/2(103-106), 1751-1437
(April 2013)

Author(s): Krige A.; Pattison N.; Booth M.; Walsh T.

Institution: (Krige) Intensive Care and Anaesthesia, Royal Blackburn Hospital, United Kingdom;
(Pattison) The Royal Marsden NHS Foundation Trust, United Kingdom; (Booth) Anaesthetics and Intensive Care Medicine, Glasgow Royal Infirmary, United Kingdom;
(Walsh) Edinburgh University, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Stansted News Ltd (134 South Street, Bishop's Stortford, Hertfordshire, Essex CM23 3BQ, United Kingdom)

Publication Type: Journal: Editorial

Subject Headings: anesthesiology software
editorial
education
ethics
health care survey
human
*intensive care
intensive care unit
legal aspect
national health organization
policy
randomized controlled trial (topic)
reference database
society
study design
United Kingdom

Source: EMBASE
78. Long-term outcomes of children born to mothers with SLE

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/(i26), 1462-0324 (April 2013)

Author(s): Gayed M.; Leone F.; Toescu V.; Bruce I.; Giles I.; Teh L.-S.; McHugh N.; Edwards C.; Akil M.; Khamashta M.; Gordon C.

Institution: (Gayed, Toescu, Gordon) University of Birmingham, Birmingham, United Kingdom; (Leone, Khamashta) Rheumatology, St Thomas's Hospital, London, United Kingdom; (Bruce) Rheumatology, Manchester Royal Infirmary, Manchester, United Kingdom; (Giles) Rheumatology, University College London, London, United Kingdom; (Teh) Rheumatology, Royal Blackburn Hospital, Blackburn, United Kingdom; (McHugh) Rheumatology, Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; (Edwards) Rheumatology, Southampton University Hospital, Southampton, United Kingdom; (Akil) Rheumatology, Royal Hallamshire Hospital, Sheffield, United Kingdom

Language: English

Abstract: Background: Immunosuppressive agents are commonly used in SLE during pregnancy, to ensure the optimum outcome for both mother and child. However there is little literature regarding long term outcomes of these children. This analysis aims to assess whether exposure to certain medications taken by the mother influences the health and behaviour of the children. Methods: Women with 4 ACR criteria for lupus attending specialist lupus clinics in 8 UK cities whose pregnancy data were available were identified and 235 women with children born after the diagnosis of lupus that were aged under 17 years were recruited to take part in this study that had ethical approval. A standard questionnaire developed for this multi-centre study was used to collect data on each pregnancy and the outcome of the children up to 17 years of age. This analysis aims to address the following three questions in children that were born alive to mothers with lupus: 1) Does exposure to AZA in pregnancy and/or lactation increase the risk of serious infections defined as requiring hospital assessment (in-patient or out-patient) in the exposed children 2) Does AZA exposure increase the risk of developmental delay+special needs+Attention Deficit Disorder+special educational needs. 3) Does HCQ protect against congenital heart block and neonatal lupus as suggested in a recent report from USA? Results: Complete data were available for 284 children born alive to 196 women with lupus. In total there were 45/284 (16%) children who required hospital assessment for serious infection. Serious infections occurred in 17/88 (19%) of children exposed to AZA and 28/196 (14%) of those not exposed. Of the 45 children with infections, 17/45 (38%) had been exposed to AZA vs 28/45 (62%) who had not been exposed to AZA. In total 18/284 (7%) children were identified to have developmental delay+special needs+attention deficit disorder+special educational needs. In the AZA exposed group 8/88 (9.1%) had such problems compared with 10/196 (5.3%) not exposed, but of the 28 affected children 8/18 (44%) had been exposed to AZA vs 10/18 (56%) unexposed, P=0.2. Congenital heart block was identified in 8/284 (2.8%) of all children and 50% of the mothers had taken HCQ. Neonatal lupus was reported in 4/284 (1.4%) children, and all these children had been exposed to HCQ in utero. Conclusions: This study provides initial data regarding the outcomes of children born to mothers with SLE, and does not suggest that AZA or HCQ affected the outcomes analysed. Further analysis will assess the role of confounding factors including duration of pregnancy, other drug exposures, presence of anti-phospholipid antibodies and maternal complications in pregnancy, using multivariate analysis. This work will provide data with which to counsel women with lupus and may enable a case-control study to be planned in the future.


Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *human
*rheumatology
*systemic lupus erythematosus
Clinical features of childhood-onset paroxysmal kinesigenic dyskinesia with PRRT2 gene mutations.

Citation: Developmental Medicine & Child Neurology, April 2013, vol./is. 55/4(327-334), 0012-1622;1469-8749 (Apr 2013)

Author(s): Silveira-Moriyama, Laura; Gardiner, Alice R; Meyer, Esther; King, Mary D; Smith, Martin; Rakhi, Karl; Parker, Alasdair; Mallick, Andrew A; Brown, Richard; Vassallo, Grace; Jardine, Philip E; Guerreiro, Marilisa M; Lees, Andrew J; Houlden, Henry; Kurian, Manju A

Correspondence Address: Silveira-Moriyama, Laura: UCL Institute of Neurology, Reta Lila Weston Institute of Neurological Studies, 1 Wakefield Street, London, United Kingdom, WC1N 1PJ, laura.moriyama@ucl.ac.uk

Institution: Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; Department of Molecular Neuroscience, UCL Institute of Neurology, London, United Kingdom; ICH-Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom; Department of Paediatric Neurology, Children's University Hospital, Dublin, Ireland; Department of Neurology, Birmingham Children's Hospital, Birmingham, United Kingdom; Royal Blackburn Hospital, Blackburn, United Kingdom; Addenbrooke's NHS Trust, Cambridge, United Kingdom; Department of Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, United Kingdom; Department of Paediatrics, Peterborough City Hospital, Peterborough, United Kingdom; Department of Paediatric Neurology, Manchester Children's Hospital, Manchester, United Kingdom; Department of Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, United Kingdom; Child Neurology Unit, Department of Neurology, University of Campinas, UNICAMP, Campinas, Brazil; Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; MRC Centre for Neuromuscular...
Aim: To define better the phenotype and genotype of familial and sporadic cases of paroxysmal kinesigenic dyskinesia (PKD) caused by mutations in the PRRT2 gene presenting in the paediatric age group. Method: We report the detailed clinical and molecular genetic features of 11 patients (six females, five males) with childhood-onset PRRT2-mutation-positive PKD. Results: Mean age at disease onset was 8 years 7.5 months (range 5-11y), and clinical presentation was characterized by daily short paroxysmal episodes of dystonia/dyskinesia. Most patients also had non-kinesigenic attacks in addition to the classical movement-induced paroxysmal episodes. One family demonstrated great phenotypic variability with PKD, infantile convulsions, and/or hemiplegic migraine affecting different family members with the same mutation. All patients in whom antiepileptics (carbamazepine/phenytoin) were tried showed a dramatic improvement with complete abolition of dyskinetic episodes. Interpretation: Our case series provides a detailed clinical description of patients with PRRT2-PKD, and reports a spectrum of disease-causing mutations, thereby expanding both the clinical phenotype and mutation spectrum of disease. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
hospital admission
human
intervertebral disk
intestine motility
leukocyte
leukocyte count
neurologic examination
*nonweight bearing
note
nuclear magnetic resonance imaging
preschool child
priority journal
sleep
treatment duration
"upper respiratory tract infection/dt [Drug Therapy]"
vertebra body
*walking difficulty
*weight bearing
"antibiotic agent/dt [Drug Therapy]"
"C reactive protein/ec [Endogenous Compound]"
"*cefuroxime/dt [Drug Therapy]"
"*cefuroxime/iv [Intravenous Drug Administration]"
"*cefuroxime/po [Oral Drug Administration]"
"creatine kinase/ec [Endogenous Compound]"

Source: EMBASE
Full Text: Available from EBSCOhost in Archives of Disease in Childhood -- Education & Practice Edition
Available from Highwire Press in Education and Practice

81. Characteristics of patients with refractory systemic lupus erythematosus requiring biologic therapy in a UK multicentre cohort

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/(i130), 1462-0324 (April 2013)


Institution: (Sutton, Watson, Bruce) Arthritis Research UK Epidemiology Unit, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom; (Isenberg, Rahman) Centre for Rheumatology, University College London, London, United Kingdom; (Gordon) Rheumatology Research Group, University of Birmingham, Birmingham, United Kingdom; (Yee) Department of Rheumatology, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster, United Kingdom; (Lanyon) Rheumatology, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom; (Jayne) Department of Nephrology, Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom; (Akil) Department of Rheumatology, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom; (D'Cruz, Khamashta, Lutalo) Lupus Research Unit, St Thomas' Hospital, London, United Kingdom; (Erb) Rheumatology Department, Dudley Group NHS Foundation Trust, Dudley, United Kingdom; (Prabu) Department of Rheumatology, Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom; (Edwards) Department of Rheumatology, University Hospital Southampton NHS Foundation Trust, Southampton, United Kingdom; (Youssef) Department of Rheumatology, NHS Grampian, Aberdeen, United Kingdom; (McHugh) Department of Rheumatology, Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; (Vital) Rheumatology, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom; (Amft) Rheumatic Diseases Unit, NHS Lothian, Edinburgh, United Kingdom; (Griffiths) Rheumatology, Newcastle Hospitals NHS Foundation Trust, Newcastle, United Kingdom; (Teh) Department of Rheumatology, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Zoma) Rheumatology, NHS Lanarkshire, East Kilbride, United Kingdom
Background: The BILAG Biologics Prospective Cohort is a UK multicentre observational cohort study, set up to ascertain the safety and efficacy of biologics therapy in the treatment of patients with refractory SLE. In this abstract, we examined the baseline characteristics of patients with refractory SLE, who require biologic therapies, in this cohort. In particular we aimed to examine ethnicity, levels of disease activity and organ involvement within this population and the time between treatments in those retreated.

Methods: The BILAG Biologics Prospective Cohort aims to recruit patients with SLE (> 4 ACR 1997 criteria), refractory to conventional therapy and newly starting treatment with a biologic agent, and a comparison cohort of patients newly treated with a standard immunosuppressive, from a number of centres across the UK. We recruited patients from 15 centres and recorded baseline data at the time of commencing their new therapy. For each patient we collected baseline demographics, disease activity and organ system/distribution as well as previous and concurrent therapy. Results: Seventy-one patients were recruited after commencing their biologics therapy, 67 (94.4%) commencing rituximab, 3 (4.2%) starting belimumab and 1 (1.4%) with tocilizumab, with the majority [65 (91.6%)] of patients being female. Twenty-eight (51.9%) describe themselves as White, 11 (20.4%) as Indian, Pakistani, Bangladeshi or other Asian, 8 (14.8%) as of African ancestry and 7 (13.0%) of mixed or other ethnicity. Thirteen (24.1%) patients were not working due to sickness or disability. The median (IQR) age at baseline, age at diagnosis and baseline disease duration were 38.9 (21.5), 30.0 (24.2) and 6.2 (12.2) years respectively. The number of patients with at least one A or B score on the BILAG 2004 index at baseline was 49 (92.5%) and the median (IQR) SLEDAI-2K score when therapy was started was 7.5 (8). The majority (51.4%) had a SLICC/ACR damage index (SDI) score >1. The median (IQR) prednisolone dose at entry was 11.25 (11) mg/day. Of the 67 patients receiving Rituximab, 60 (89.6%) were receiving it episodically, of which 12 (20%) required a retreatment, with a median (IQR) 9.5 (4.5) months between initial treatment and retreatment. Conclusions: In this cohort of patients with refractory SLE, a high proportion were from ethnic minority populations, which has implications for healthcare planning and generalizing clinical trial data. Recruited patients have high disease activity and already have significant pre-existing damage by the time biologic therapy is initiated, which may influence future adverse event and morbidity rates.


Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *rheumatology *human *systemic lupus erythematosus *health practitioner *biological therapy *United Kingdom *society *patient therapy disease activity ethnicity population retreatment SLEDAI cohort analysis morbidity health care planning ethnic group clinical trial disease duration
82. An unusual cause of non-weight bearing

Citation: Archives of Disease in Childhood, April 2013, vol./is. 98/4(286), 0003-9888;1468-2044 (April 2013)

Author(s): Agarwal R.; Yousif O.; Basu H.

Institution: (Agarwal) Department of Paediatrics, Royal Blackburn Hospital, Blackburn BB2 3HH, United Kingdom; (Yousif) Department of Paediatrics, Royal Preston Hospital, Preston, United Kingdom; (Basu) Department of Paediatric Neurology, Royal Preston Hospital, Preston, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 55268-75-2 (cefuroxime); 56238-63-2 (cefuroxime)

Publication Type: Journal: Note

Subject Headings: antibiotic therapy
body posture
case report
child
conservative treatment
"*diskitis/di [Diagnosis]"
"*diskitis/dt [Drug Therapy]"
erthrocyte sedimentation rate
female
human
note
nuclear magnetic resonance imaging
preschool child
priority journal
sleep
treatment outcome
walking
"weight bearing"
"cefuroxime/dt [Drug Therapy]"
"cefuroxime/iv [Intravenous Drug Administration]"
"cefuroxime/po [Oral Drug Administration]"

Source: EMBASE

Full Text: Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology
83. Comparison of the psychometric properties of health-related quality of life measures used in adults with systemic lupus erythematosus: A review of the literature

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/4(684-696), 1462-0324;1462-0332 (April 2013)

Author(s): Castelino M.; Abbott J.; McElhone K.; Teh L.-S.

Institution: (Castelino, McElhone, Teh) Rheumatology Department, Royal Blackburn Hospital, Blackburn, United Kingdom; (Abbott) School of Psychology, University of Central Lancashire, Preston, United Kingdom

Language: English

Abstract: Objective. A review of the literature was undertaken to evaluate the development and psychometric properties of health-related quality of life (HRQoL) measures used in adults with SLE. This information will help clinicians make an informed choice about the measures most appropriate for research and clinical practice. Methods. Using the key words lupus and quality of life, full original papers in English were identified from six databases: OVID MEDLINE, EMBASE, Allied and Complementary Medicine, Psychinfo, Web of Science and Health and Psychosocial Instruments. Only studies describing the validation of HRQoL measures in adult SLE patients were retrieved. Results. Thirteen papers were relevant; five evaluated generic instruments [QOLS-S (n = 1), EQ-5D/SF-6D (n = 1), SF-36 (n = 3)] and eight evaluated disease-specific measures [L-QOL (n = 1), LupusQoL (UK) (n = 1), LupusQoL (US) (n = 1), SSC (n = 2), SLEQoL (n = 3)]. For the generic measures, there is moderate evidence of good content validity and internal consistency, whereas there is strong evidence for both these psychometric properties in disease-specific measures. There is limited to moderate evidence to support the construct validity and test-retest reliability for the disease-specific measures. Responsiveness and floor/ceiling effects have not been adequately investigated in any of the measures. Conclusions. Direct comparison of the psychometric properties was difficult because of the different methodologies employed in the development and evaluation of the different HRQoL measures. However, there is supportive evidence that multidimensional disease-specific measures are the most suitable in terms of content and internal reliability for use in studies of adult patients with SLE. The Author 2012. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved.

Country of Publication: United Kingdom
Publisher: Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)
Publication Type: Journal: Article
Subject Headings: article comparative study concurrent validity construct validity content validity human internal consistency priority journal psychometry *quality of life Short Form 36 *systemic lupus erythematosus test retest reliability

Source: EMBASE
Full Text: Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology

84. Compassion, care, dignity and respect: The NHS needs a culture change
85. Combined avulsion fracture of the tibial tuberosity and lateral tibial plateau in an adolescent: Case report

Citation: Malaysian Orthopaedic Journal, March 2013, vol./is. 7/1(85-87), 1985-2533 (March 2013)

Author(s): Javed S.; Barkatali B.; Siddiqui M.; Sarin R.

Institution: (Javed, Barkatali, Siddiqui, Sarin) Department of Trauma and Orthopaedics, Royal Blackburn Hospital, Blackburn, United Kingdom

Language: English

Abstract: Avulsion of the tibial tuberosity is uncommon. It is usually an athletic injury, accounting for less than 3% of all epiphyseal injuries. We report the case of an avulsion fracture of the tibial tuberosity with unusual articular involvement of the lateral tibial plateau treated with open reduction and internal fixation using cancellous screws. The result was excellent, with complete union of the fracture site, full range of movement at three months and return to normal athletic activity within six months with no complications.

Country of Publication: Malaysia

Publisher: Malaysian Orthopaedic Association (19, Jalan Folly Barat, Kuala Lumpur 50480, Malaysia)

Publication Type: Journal: Article

Subject Headings: adolescent
arthroscopy
article
"#avulsion fracture/di [Diagnosis]"
"#avulsion fracture/su [Surgery]"
"#avulsion fracture/th [Therapy]"
case report
contusion
hemarthrosis
human
86. Further evidence supporting programmatic screening for, and treatment of latent TB infection (LTBI) in new entrants to the UK from high TB prevalence countries

Citation: Thorax, March 2013, vol./is. 68/3(201), 0040-6376;1468-3296 (March 2013)

Author(s): Ormerod L.P.

Institution: (Ormerod) Chest Clinic, Royal Blackburn Hospital, Blackburn, Lancs BB2 7AE, United Kingdom; (Ormerod) Lancashire Postgraduate School of Medicine, University of Central Lancs, Preston, Lancs, United Kingdom; (Ormerod) University of Manchester, Manchester, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 54-85-3 (isoniazid); 62229-51-0 (isoniazid); 65979-32-0 (isoniazid); 13292-46-1 (rifampicin)

Publication Type: Journal: Editorial

Subject Headings: case management
cost benefit analysis
editorial
ethnic difference
*evidence based medicine
health care cost
health care delivery
health care policy
health economics
human
immigrant
interferon gamma release assay
"*latent tuberculosis/di [Diagnosis]"
"*latent tuberculosis/dm [Disease Management]"
"*latent tuberculosis/dt [Drug Therapy]"
"*latent tuberculosis/pc [Prevention]"
practice guideline
prevalence
priority journal
*screening test
treatment duration
trend study
tuberculosis control
United Kingdom
United States
"BCG vaccine/dt [Drug Therapy]"
"isoniazid/cb [Drug Combination]"
"isoniazid/dt [Drug Therapy]"
"rifampicin/cb [Drug Combination]"
"rifampicin/dt [Drug Therapy]"
87. Patients at risk.

Citation: Nursing Standard, February 2013, vol./is. 27/24(52), 0029-6570;0029-6570 (2013 Feb 13-19)

Author(s): Jones K

Institution: Burnley General Hospital, Lancashire.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: Awareness
Education Nursing Continuing
Great Britain
Humans
*Patient-Centered Care
Risk Assessment

88. The impact of strenuous physical activity on the development of pelvic organ prolapse

Citation: Journal of Obstetrics and Gynaecology, February 2013, vol./is. 33/2(115-119), 0144-3615;1364-6893 (February 2013)

Author(s): Majumdar A.; Saleh S.; Hill M.; Hill S.R.

Institution: (Majumdar, Saleh, Hill, Hill) Lancashire Women and Newborn Centre, East Lancashire Hospitals NHS Trust, Casterton Avenue, Burnley, United Kingdom

Language: English

Abstract: Pelvic organ prolapse is a common gynaecological problem and the mechanisms underlying prolapse development are not yet clear but it is thought that increases in abdominal pressure, such as those routinely involved in heavy lifting and long periods of standing, may cause progressive pelvic floor damage over time. The aim of this study was to investigate the effects of strenuous physical activity on the development of prolapse. A narrative literature review was carried out to investigate the effects of occupation and recreational activity on the pathogenesis of pelvic organ prolapse. A marked paucity of literature relevant to the research question makes it difficult to draw firm conclusions. Further research is greatly needed to explore potentially preventable factors in this frequently occurring condition. The review reveals some evidence linking strenuous physical activity with pelvic organ prolapse but this is neither consistent nor adequately powered to reach any firm conclusions. 2013 Informa UK, Ltd.

Country of Publication: United Kingdom

Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

Publication Type: Journal: Review

Subject Headings: abdominal pressure
bibliographic database
Cinahl
disease course
disease severity
human
lifestyle
medical literature
medical research
muscle fatigue
occupation
pathogenesis
patient lifting
"pelvic organ prolapse/et [Etiology]"
"pelvic organ prolapse/su [Surgery]"
"pelvic organ prolapse/th [Therapy]"
*physical activity
physiotherapy
priority journal
randomized controlled trial (topic)
recreation
review
socioeconomics

Source: EMBASE

89. Patients at risk

Citation: Nursing standard (Royal College of Nursing (Great Britain): 1987), February 2013, vol./is. 27/24(52), 0029-6570 (2013 Feb 13-19)

Author(s): Jones K.
Institution: (Jones) Burnley General Hospital, Lancashire.
Language: English
Country of Publication: United Kingdom
Publication Type: Journal: Article
Subject Headings: article
awareness
human
nursing education
*patient care
risk assessment
United Kingdom

Source: EMBASE
Full Text: Available from EBSCOhost in Nursing Standard

90. Percutaneous catheter-directed thrombolysis for treatment of complete body and bilateral limb endovascular aortic graft occlusion

Citation: European Journal of Vascular and Endovascular Surgery, January 2013, vol./is. 45/1(98-99), 1078-5884;1532-2165 (January 2013)

Author(s): Alder L.; Al-Jarrah Q.; Rahi M.A.; Wilde N.; Al-Khaffaf H.
Institution: Alder, Al-Jarrah, Rahi, Al-Khaffaf) Department of Surgery, Royal Blackburn Hospital, Haslingden Road, Lancashire BB2 3HH, United Kingdom; (Wilde) Department of Radiology, Royal Blackburn Hospital, Lancashire, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: W.B. Saunders Ltd (32 Jamestown Road, London NW1 7BY, United Kingdom)
91. Press conferences: Utilizing clients' ideas to orient them to the future.

Citation: Journal of Family Psychotherapy, January 2013, vol./is. 24/1(64-69), 0897-5353;1540-4080 (Jan 2013)

Author(s): Hackett, Paul; Caruana, Dan

Correspondence Address: Hackett, Paul: ELCAS, Burnley General Hospital, Casterton Avenue, Burnley, United Kingdom, BB10 2PQ, paul.hackett@elht.nhs.uk

Institution: ELCAS, Burnley General Hospital, Burnley, United Kingdom; Children's Centre, Worthing Hospital, West Sussex, United Kingdom

Language: English

Abstract: This article provides an overview on utilizing client's ideas to orient them to the future. The adults in the family were to form the press pack and I would take the role of press officer, filtering the questions and making sure that no one journalist had too many questions. It is interesting to note that an exercise that started off as a way to engage a family can be useful for promoting and developing solution-focused practitioners within diverse contexts. As with many ideas, it is best to consider their usefulness contextually; for instance, it might not be advisable to introduce this idea in a supervisory group where there is overt conflict. Without some acknowledgment of this conflict you are only likely to engender further patterns of conflictual relations. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Country of Publication: HOLDER: Taylor & Francis Group, LLC

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: Client Attitudes
Conflict
Family
General Practitioners

Source: PsycINFO

92. Examining the family-centred approach to genetic testing and counselling among UK Pakistanis: A community perspective

Citation: Journal of Community Genetics, January 2013, vol./is. 4/1(49-57), 1868-310X;1868-6001 (January 2013)

Author(s): Darr A.; Small N.; Ahmad W.I.U.; Atkin K.; Corry P.; Benson J.; Morton R.; Modell B.

Institution: (Darr, Small) School of Health Studies, University of Bradford, Richmond Rd, Bradford BD7 1DP, United Kingdom; (Ahmad) Middlesex University, Bramley Rd, London N14 4YZ, United Kingdom; (Atkin) Department of Health Sciences, University of York,
WHO advice suggests a family-centred approach for managing the elevated risk of recessively inherited disorders in consanguineous communities, whilst emerging policy recommends community engagement as an integral component of genetic service development. This paper explores the feasibility of the family-centred approach in the UK Pakistani origin community. The study took place within a context of debate in the media, professional and lay circles about cousin marriage causing disability in children. Using qualitative methods, a total of six single-sex focus group discussions (n = 50) were conducted in three UK cities with a high settlement of people of Pakistani origin. Tape-recorded transcripts were analysed using framework analysis. Kinship networks within Pakistani origin communities are being sustained and marriage between close blood relatives continues to take place alongside other marriage options. Study participants were critical of what was perceived as a prevalent notion that cousin marriage causes disability in children. They were willing to discuss cousin marriage and disability, share genetic information and engage with genetic issues. A desire for accurate information and a public informed about genetic issues was articulated whilst ineffective communication of genetic risk information undermined professionals in their support role. This study suggests a community that is embracing change, one in which kinship networks are still active and genetic information exchange is taking place. At the community level, these are conditions supportive of the family-centred approach to genetic testing and counselling. 2012 Springer-Verlag Berlin Heidelberg.
93. First, do no harm.

Citation: The Psychiatrist, January 2013, vol./is. 37/1(33), 1758-3209;1758-3217 (Jan 2013)

Author(s): Reed, Paul F

Correspondence Address: Reed, Paul F., paul.reed@lancashirecare.nhs.uk

Institution: Lancashire Care NHS Foundation Trust, Royal Blackburn Hospital, Blackburn, United Kingdom

Language: English

Abstract: Comments on an article by S. Bailey et al. (see record 2013-02721-005) and J. Tiihonen (see record 2009-18405-012). Bailey et al. concern over the 'scandal of premature mortality' and note their recommendation to urgently review antipsychotic medication when certain adverse effects are experienced. The authors do not implicate any particular antipsychotics, but guidelines suggest that clozapine and olanzapine are the most likely antipsychotics to be associated with these side-effects. Tiihonen et al. present data from a large study which examined the effects of antipsychotics on all-cause mortality, suicide and deaths from ischaemic heart disease; one strength of this study is the examination of all-cause mortality. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: *Cardiovascular System
*Metabolic Rates
*Public Health
*Risk Factors
Epidemics
Mental Disorders

Source: PsycINFO

94. Press conferences: Utilizing Clients ideas to orient them to the future

Citation: Journal of Family Psychotherapy, January 2013, vol./is. 24/1(64-69), 0897-5353;1540-4080 (01 Jan 2013)

Author(s): Hackett P.; Caruana D.

Institution: (Hackett) ELCAS, Burnley General Hospital, Burnley, Casterton Avenue, Burnley, BB10 2PQ, United Kingdom; (Caruana) Children's Centre, Worthing Hospital, Worthing, West Sussex, United Kingdom

Language: English

Abstract: As I work with families I often keep several things in mind that form the bedrock of my practice. The first is the incredible usefulness of orientating people into a future where their problems are resolved (de Shazer, 1988) and the second is using a la Erickson, anything that the patient [sic] brings to, or that exists in, the therapeutic encounter (Zeig & Munion, 1999, p. 42). I therefore tend to keep my "rabbit's ears" (Yalom, 2001) up for any conversations within therapy where the two might connect. This is one example of this happy confluence of circumstances. In finding an idea useful therapeutically, I often wonder how I might-with some isomorphic imagination (Burnham, 2010)-re-present that idea in training and supervision. I include an example of this isomorphism in a training context, whereas Dan will describe both the impact and effects of this in the training and beyond. 2013 Copyright Taylor & Francis Group, LLC.

Country of Publication: United States

Publisher: Routledge (325 Chestnut Street, Philadelphia PA 19106, United States)

Publication Type: Journal: Article

Subject Headings: article
clinical practice
Flexible bronchoscopy is an essential, established and expanding tool in respiratory medicine. Its practice, however, needs to be safe, effective and for the right indications to maximise clinical utility. This guideline is based on the best available evidence and is a revised update of the British Thoracic Society guideline on diagnostic flexible bronchoscopy.

**Country of Publication:** United Kingdom

**Publisher:** BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

**Publication Type:** Journal: Short Survey

**Subject Headings:**

- adult
- "bleeding/co [Complication]"
- *bronchoscopy*
- diagnostic value
- *flexible bronchoscopy*
- "heart arrhythmia/co [Complication]"
- "heart infarction/co [Complication]"
- human
- immunocompromised patient
- interstitial lung disease
- lung cancer
- "lung edema/co [Complication]"
- patient safety
- "pneumothorax/co [Complication]"
- *practice guideline*
- priority journal
- respiratory tract infection
- sedation
- "seizure/co [Complication]"
- short survey

United Kingdom
96. The FIREHAWK stent: Will it achieve its potential?

Citation: EuroIntervention, 2013, vol./is. 9/1(15-19), 1774-024X;1969-6213 (2013)

Author(s): Garg S.

Institution: (Garg) Department of Cardiology, East Lancashire Hospitals NHS Trust, Haslingden Road, Blackburn, Lancashire, BB2 3HH, United Kingdom

Language: English

Country of Publication: France

Publisher: EuroPCR (5 Rue Saint-Pantaleon, Toulouse 31015, France)

CAS Registry Number: 14092-98-9 (chromium); 16065-83-1 (chromium); 7440-47-3 (chromium); 7440-48-4 (cobalt); 159351-69-6 (everolimus); 33069-62-4 (paclitaxel); 53123-88-9 (rapamycin); 221877-54-9 (zotarolimus)

Publication Type: Journal: Editorial

Subject Headings: angiography
artery intima proliferation
balloon catheter
biocompatibility
biodegradability
device recall
device safety
*drug eluting stent
editorial
equipment design
heart muscle revascularization
human
outcome assessment
randomized controlled trial (topic)
"restenosis/co [Complication]"
risk benefit analysis
"stent thrombosis/co [Complication]"
"stent thrombosis/dt [Drug Therapy]"
"stent thrombosis/th [Therapy]"
chromium
cobalt
"everolimus/ct [Clinical Trial]"
"everolimus/dt [Drug Therapy]"
"paclitaxel/dt [Drug Therapy]"
"rapamycin/ct [Clinical Trial]"
"rapamycin/dt [Drug Therapy]"
"zotarolimus/dt [Drug Therapy]"

Source: EMBASE

97. Cavernous transformation of portal vein - A rare cause of massive hepatomegaly

Citation: Journal of Postgraduate Medical Institute, 2013, vol./is. 27/2(223-227), 1013-5472;1811-9387 (2013)

Author(s): Shamim S.M.S.; Higham A.

Institution: (Shamim, Higham) Department of Gastroenterology, East Lancashire Hospitals NHS Trust, Lancashire, United Kingdom

Language: English
Abstract: There are very few reported cases of Cavernous Transformation of Portal Vein (CTPV) in adults. We present a case of 79 years old male who was found to have this complication due to portal vein thrombosis (PVT). A 79 year old male with background history of JAK2 positive Myeloproliferative disorder (MPD) was referred with abnormal liver function tests. Patient was clinically well and asymptomatic. During initial workup for his abnormal LFTs, patient was noted to have enlarged caudate lobe of liver. Further abdominal imaging studies showed massively enlarged caudate lobe of liver with Cavernous Transformation of Portal Vein (CTPV), a very rare complication of portal venous thrombosis. Cavernous transformation of portal vein is a very rare cause of enlarged caudate lobe of liver. The management of CTPV is mainly symptomatic. Most of the patients are asymptomatic at presentation. Complications mostly occur due to portal hypertension which can be life threatening. There is no consensus on the management of Cavernous Transformation of portal vein itself. Patients with cavernous transformation of portal vein should be kept under regular follow up.
98. First, do no harm

Citation: Psychiatrist, January 2013, vol./is. 37/1(33), 1758-3209;1758-3217 (January 2013)
Author(s): Reed P.F.
Institution: (Reed) Lancashire Care NHS Foundation Trust, Royal Blackburn Hospital, Blackburn, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom)
CAS Registry Number: 5786-21-0 (clozapine); 132539-06-1 (olanzapine)
Publication Type: Journal: Letter
Subject Headings: cardiometabolic risk
"cardiovascular disease/si [Side Effect]"
drug substitution
drug withdrawal
human
letter
"metabolic disorder/si [Side Effect]"
mortality
risk benefit analysis
risk reduction
"schizophrenia/dt [Drug Therapy]"
"side effect/si [Side Effect]"
weight gain
"clozapine/ae [Adverse Drug Reaction]"
"*neuroleptic agent/dt [Drug Therapy]"
"olanzapine/ae [Adverse Drug Reaction]"
Source: EMBASE


Citation: Case Reports in Orthopedics, 2013, vol./is. 2013/(690906), 2090-6749;2090-6757 (2013)
Author(s): Divecha HM; Marynissen HA
Institution: Department of Trauma & Orthopaedic Surgery, East Lancashire Hospitals NHS Trust, Haslingden Road, Blackburn BB2 3HH, UK.
Language: English
Abstract: Distal humeral periprosthetic fractures below intramedullary nail devices are complex and challenging to treat, in particular due to the osteopenic/porotic nature of bone found in these patients. Fixation is often difficult to satisfactorily achieve around the intramedullary device, whilst minimising soft tissue disruption. Descriptions of such cases in the current literature are very rare. We present the case of a midshaft humeral fracture treated with a locking compression plate that developed a nonunion, in a 60-year old female. This went on to successful union after exchange for an intramedullary humeral nail. Unfortunately, the patient developed a distal 1/5th humeral periprosthetic fracture, which was then successfully addressed with a single-contoured, extra-articular, distal humeral locking compression plate (Synthes) with unicortical locking screws and cerclage cables proximally around the distal nail tip region. An excellent postoperative range of motion was achieved.
100. Mastalgia.

Citation: BMJ, 2013, vol./is. 347/(f3288), 0959-535X;1756-1833 (2013)

Author(s): Iddon J; Dixon JM

Institution: East Lancashire Hospitals NHS Trust, Lancashire, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: MEDLINE

Full Text: Available from Directory of Open Access Journals in Case Reports in Orthopedics


Citation: Emergency Medicine Journal, November 2013, vol./is. 30/11(983), 1472-0205;1472-0213 (2013 Nov)

Author(s): Anderson SG; Lai TK; Newton T; Garg S

Institution: Cardiology Department, Royal Blackburn Hospital, Blackburn, UK.

Language: English

Country of Publication: England

Publication Type: Journal Article

Subject Headings: MEDLINE


Available from Highwire Press in BMJ

Available from BRITISH MEDICAL JOURNAL in Royal Blackburn Hospital

102. Is limitation of hip abduction a useful clinical sign in the diagnosis of developmental dysplasia of the hip?.

Citation: Archives of Disease in Childhood, November 2013, vol./is. 98/11(862-6), 0003-9888;1468-2044 (2013 Nov)

Author(s): Choudry Q; Goyal R; Paton RW

Institution: Department of Orthopaedics, Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, Blackburn, Lancashire, UK.

Language: English

Abstract: AIM: The relationship between the presence and severity of sonographically diagnosed developmental dysplasia of the hip (DDH) and the clinical abnormality of limitation of hip abduction (LHA) was investigated.

METHODS: A prospective, longitudinal, selective ‘at risk’ and neonatal instability hip ultrasound programme between 1 January 1996 and 31 December 2005. 2876 neonates/infants were initially screened for DDH by clinical examination and by hip ultrasound imaging. Pathological sonographically evaluated DDH was considered to be Graf Type III, IV and irreducible hip dislocation. Inclusion criteria...
were cases of unilateral or bilateral limitation of hip abduction.

Exclusion criteria:
syndromal, neuromuscular and skeletal dysplasia cases.

RESULTS: 492 children presented with LHA (55 unilateral LHA). The mean age of neonates/infants with either unilateral or bilateral LHA was significantly higher than those without (p<0.001). In the sonographic diagnosis of Graf Type III and IV dysplasias, unilateral LHA had a PPV of 40% compared with only 0.3% for bilateral LHA. The sensitivity of unilateral LHA increased to 78.3% and a PPV 54.7% after the age of 8 weeks for Graf Types III, IV and irreducible hip dislocation.

CONCLUSIONS: This study identifies a time-dependent association with unilateral LHA in the diagnosis of ‘pathological’ DDH after the age of 8 weeks. The presence of bilateral LHA in the young infant may be a normal variant and is an inaccurate clinical sign in the diagnosis of pathological DDH. LHA should be actively sought after 8 weeks of age and if present should be followed by a formal ultrasound or radiographic examination to confirm whether or not the hip is developing in a satisfactory manner.

Country of Publication: England
Publication Type: Journal Article; Observational Study
Subject Headings: Age Factors
Algorithms
Epidemiologic Methods
"*Hip Dislocation Congenital/di [Diagnosis]"
"Hip Dislocation Congenital/us [Ultrasonography]"
"*Hip Joint/pp [Physiopathology]"
"Hip Joint/us [Ultrasonography]"
Humans
Infant
Infant Newborn
"Mass Screening/mt [Methods]"
"Neonatal Screening/mt [Methods]"
"Physical Examination/mt [Methods]"
"*Range of Motion Articular/ph [Physiology]"

Source: MEDLINE
Full Text: Available from EBSCOhost in Archives of Disease in Childhood
Available from Highwire Press in Archives of disease in childhood

103. Keogh report: the focus on patients is essential.

Citation: British Journal of Hospital Medicine, October 2013, vol./is. 74/10(594), 1750-8460;1750-8460 (2013 Oct)
Author(s): Goorah N; Singh A
Institution: Consultant East Lancashire Hospitals NHS Trust, Blackburn.
Language: English
Country of Publication: England
Publication Type: Comment; Letter
Subject Headings:
Source: MEDLINE
Full Text: Available from EBSCOhost in British Journal of Hospital Medicine (17508460)

104. Screening of selected risk factors in developmental dysplasia of the hip: an observational study.

Citation: Archives of Disease in Childhood, September 2013, vol./is. 98/9(692-6), 0003-9888;1468-2044 (2013 Sep)
Author(s): Talbot CL; Paton RW
BACKGROUND: Developmental dysplasia of the hip (DDH) is the most common neonatal musculoskeletal condition. In 2008, the NHS Newborn and Infant Physical Examination committee added selective 'at risk' screening to the existing universal neonatal and general practitioner clinical hip screening guidelines.

OBJECTIVE: Assessment of breech and family history risk factors in DDH.

DESIGN: A 15 year prospective, observational, longitudinal cohort study.

METHOD: Breech presentation and evidence of a strong family history for DDH were the 'risk factors' studied. All infants referred were clinically and sonographically screened by one consultant paediatric orthopaedic surgeon.

RESULTS: From a cohort of 64,670 live births, 2984 neonates/infants, 46.1 (95% CI 44.6 to 47.8) per 1000 live births, were referred and sonographically screened with these risk factors alone. 1360 were male, of which four were identified as having 'pathological' DDH (an incidence of 0.003 (95% CI 0.001 to 0.008)). 1624 were female, of which 45 were identified as having 'pathological' DDH (an incidence of 0.025 (95% CI 0.021 to 0.037)). This difference in incidence of 0.025 (95% CI 0.016 to 0.033) was statistically significant (p<0.001). From those who were clinically stable and screened with either or both of the two risk factors, four individuals were diagnosed with irreducible hip dislocation (0.06 (95% CI 0.024 to 0.159) per 1000 live births). All were females.

CONCLUSIONS: This study questions the current UK screening policy for DDH in clinically stable males referred with risk factors, and may influence future DDH screening programme policy.
Abstract: Implant rupture is a common late complication of breast implant procedures. Ruptures are often silent and difficult to diagnose clinically. This review demonstrates normal appearances and sonographic signs of implant rupture. Breast sonologists should be aware of these signs and pitfalls in interpretation when imaging breast implants. Copyright 2013 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England
CAS Registry Number: 0 (Silicone Gels)
Publication Type: Journal Article; Review
Subject Headings: "*Breast Implants/ae [Adverse Effects]"
Diagnosis Differential
Female
Humans
"*Postoperative Complications/us [Ultrasonography]"
*Prosthesis Failure
"*Silicone Gels/ae [Adverse Effects]"
*Ultrasonography Mammary

Source: MEDLINE


Citation: Acta Orthopaedica Belgica, August 2013, vol./is. 79/4(463-9), 0001-6462;0001-6462 (2013 Aug)
Author(s): Barkatali BM; Heywood N; White R; Paton RW
Institution: East Lancashire Hospitals NHS Trust, UK. bilalb1@hotmail.com
Language: English
Abstract: This study aimed at assessing the prevalence of MRSA colonisation in Trauma and Orthopaedics. Risk factors, decolonisation, and subsequent infection rates were investigated. Cost-analysis of the MRSA screening program was performed. The validity and effectiveness of the MRSA screening program was reviewed. A prospective analysis was made of all orthopaedic admissions in East Lancashire Hospital Trust. A total number of 13,155 swabs were taken in 8,867 patients in 2010. This MRSA screening program was compared to the ideal screening criteria set out by Wilson and Junger (WHO 1968). The MRSA prevalence in Trauma and Orthopaedics in 2010 was 0.47%. The decolonisation rate was 55%. There was no correlation between MRSA colonisation and subsequent infection. The total cost of MRSA screening at ELHT was calculated as a minimum of 184,170 Pounds. This could extrapolate to a national expense of around 16 million pounds in England and Wales in Orthopaedics alone. The MRSA screening program did not meet 4 out of 9 screening criteria of Wilson and Junger. The vast majority of Trauma and Orthopaedic patients are not at risk of MRSA colonisation or infection and therefore should not be screened. MRSA infection is a risk in certain high risk groups which should be screened. The MRSA screening program is ineffective when assessed to WHO standards. The program should be considered to be surveillance of MRSA, not an effective screening program for pathological MRSA infection.
107. Assessing the accuracy and certainty in interpreting chest X-rays in the medical division.

Citation: Clinical Medicine, August 2013, vol./is. 13/4(349-52), 1470-2118;1470-2118 (2013 Aug)

Author(s): Satia I; Bashagha S; Bibi A; Ahmed R; Mellor S; Zaman F

Institution: Royal Blackburn Hospital, East Lancashire Hospitals NHS Trust, UK.
imransatia@gmail.com

Language: English

Abstract: The chest X-ray (CXR) is an important diagnostic tool in diagnosing and monitoring a spectrum of diseases. Despite our universal reliance on the CXR, our ability to confidently diagnose and accurately document our findings can be unreliable. We sought to assess the diagnostic accuracy and certainty of making a diagnosis based on 10 short clinical histories with one CXR each. We conclude from our study that specialist registrars (StRs) and consultants scored the highest marks with the highest average certainty levels. Junior trainees felt least certain about making their diagnosis and were less likely to be correct. We recommend that StRs and consultants review all the CXRs requested to ensure accuracy of diagnosis. There also needs to be discussion with the Joint Royal Colleges of Physicians Training Board (JRCPTB) about the need of including a separate CXR competency as part of a trainee's generic curriculum on the e-portfolio, something which is currently lacking.

Country of Publication: England

Publication Type: Comparative Study; Journal Article

Subject Headings: *Clinical Competence
"*Education Medical Continuing/mt [Methods]"
Humans
"*Image Interpretation Computer-Assisted/mt [Methods]"
Predictive Value of Tests
ROC Curve
"*Radiography Thoracic/st [Standards]"
"*Radiology/ed [Education]"
Reproducibility of Results
"*Thoracic Diseases/ra [Radiography]"

Source: MEDLINE

Full Text: Available from EBSCOhost in Clinical Medicine

108. Rotated superficial femoral artery patch after common femoral artery endarterectomy.

Citation: Annals of the Royal College of Surgeons of England, July 2013, vol./is. 95/5(379), 0035-8843;1478-7083 (2013 Jul)

Author(s): McBride RS; Al-Jarrah Q; Al-Khaffaf H

Institution: East Lancashire Hospitals NHS Trust, UK. rmcbride@doctors.net.uk

Language: English

Country of Publication: England
109. The subjective experience of personhood in dementia care settings.

Citation: Dementia: The International Journal of Social Research and Practice, July 2013, vol./is. 12/4(394-409), 1471-3012;1741-2684 (Jul 2013)
Author(s): Nowell, Zoe C; Thornton, Amanda; Simpson, Jane
Correspondence Address: Nowell, Zoe C.: Charnley Fold Mental Health Resource Centre, Cottage Lane, Bamber Bridge, United Kingdom, PR5 6YA, Zoe.Nowell@lancashirecare.nhs.uk
Institution: Charnley Fold Mental Health Resource Centre, Bamber Bridge, United Kingdom; Burnley General Hospital, United Kingdom; Lancaster University, Lancaster, United Kingdom
Language: English
Abstract: Within the social psychological understanding of dementia, individuals' personhood is central. A respect for personhood has been linked to successful person-centred care, yet research exploring subjective personhood in dementia is scarce. This study aimed to understand personhood by exploring the subjective experiences of those with dementia. Seven individuals with dementia were interviewed and interpretative phenomenological analysis was used to identify themes across accounts. Themes identified were: (1) working out the system and adapting in order to survive it-the 'peoplehood' of the system; (2) using past and future roles and experiences to manage the present-the transient nature of personhood; (3) being both an individual and a member of a group-the conflict of a dual role. The themes highlighted showed that individuals with dementia supported their personhood by drawing on their own, others' and the system's resources. The findings are discussed and links with existing literature and clinical implications are considered. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
Country of Publication: HOLDER: The Author(s); YEAR: 2011
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: *Client Attitudes
*Dementia
*Hospitalized Patients
*Human Nature
*Therapeutic Processes
Experiences (Events)
Subjectivity
Source: PsycINFO

110. Urological procedures coding: Who should do it?

Citation: BJU International, June 2013, vol./is. 111/(28), 1464-4096 (June 2013)
Author(s): Hall K.; Tang V.; Srirangam S.J.
Institution: (Hall, Tang, Srirangam) Royal Blackburn Hospital, United Kingdom
Language: English
Abstract: Introduction: Accurate coding of elective in-patient hospital activity is essential for health provision monitoring, quality/governance assessments and provider re-imbursement through payment by results. Coding staff require clear, precise diagnoses/procedures information to produce accurate figures of hospital activity. Clinician involvement in the coding process is vital, but who does coding best? We compared accuracy and financial implications of coding by urological consultants and clinical audit coders. Patients and Methods: Consultant urologists completed electronic discharge summaries detailing diagnoses, co-morbidity and procedures, generating episode codes (urologist coding). A clinical audit coder independently reviewed the case notes generating another code (audit coding). Finally, a combined team (urologist and experienced clinical coder) applied local/national standards creating an episode code (gold-standard). Results: 30 randomly-chosen, elective, inpatient cases were examined retrospectively. Surprisingly, coding by experienced urologists was less accurate compared to clinical audit coders, who demonstrated superiority, accurately coding for diagnoses, procedures and spell HRGs, thus ensuring correct re-numeration (table 1). Vague descriptions of urological conditions, poor documentation of non-urological co-morbidities, time constraints and inadequate understanding of procedure groupings contributed to inaccurate urologist coding. Conclusion: Accurate urological coding is best performed by coders not urologists. Clinicians can make a vital contribution by ensuring clear documentation of procedures, and primary and co-morbid diagnoses. Formal agreement of common codes between urologists and coders will reduce inconsistency and improve efficiency. (Figure Presented).

Conference Information: Annual Scientific Meeting of the British Association of Urological Surgeons 2013, BAUS 2013 Manchester United Kingdom. Conference Start: 20130617 Conference End: 20130620

Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *surgeon
*human
*urological procedure
urologist
medical audit
procedures
diagnosis
documentation
morbidity
hospital
consultation
hospital patient
patient
monitoring
health
gold standard

Source: EMBASE

111. Workload of consultant radiologists in a large DGH and how it compares to international benchmarks.

Citation: Clinical Radiology, May 2013, vol./is. 68/5(e239-44), 0009-9260;1365-229X (2013 May)

Author(s): Khan SH; Hedges WP

Institution: Radiology Department, East Lancashire Hospitals NHS Trust, Blackburn, UK. shah.khan@elht.nhs.uk

Language: English

Abstract: AIM: To measure radiologist workloads in a UK radiology department using relative value units (RVUs), and compared these data to current international standards from Australia and Ireland. MATERIALS AND METHODS: Data on reporting throughput was gathered for 13.5 whole-time equivalent (WTE) consultants at the DGHs of East
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Lancashire Hospitals Trust (ELHT) between April 2010 to March 2011. RVUs were assigned to the reported imaging studies to create a crude RVU/WTE score. This was compared to benchmarks from Australia and results from a similar study in Ireland. Time spent on teaching, multidisciplinary teams, and administration was factored in to create a net RVU/WTE score, more accurately assessing workload.

RESULTS: Radiologists in ELHT reported 110,315 imaging studies, producing a total of 649,617 RVUs. Crude reporting workloads were 48,119.78 RVUs/WTE, and net workloads were 83,674.00 RVUs/WTE (with consultants spending 42.49% of their time on non-reporting commitments). These crude and net workloads are far above the Australian maximum reporting benchmark of 45,000 RVUs.

CONCLUSION: The workload is much higher than international benchmarks, indicating high-quality service and excellent value for money, but also highlights understaffing. Foreign RVU systems do not accurately reflect current UK practices and a UK-specific RVU system should be developed to assess staffing and analyse performance. Copyright 2012 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

Country of Publication: England
Publication Type: Journal Article
Subject Headings: "*Academic Medical Centers/sn [Statistics and Numerical Data]"
Australia
"Benchmarking/mt [Methods]"
"*Benchmarking/sn [Statistics and Numerical Data]"
"*Consultants/sn [Statistics and Numerical Data]"
"Diagnostic Imaging/sn [Statistics and Numerical Data]"
"Efficiency Organizational/sn [Statistics and Numerical Data]"
Great Britain
Humans
Ireland
"*Radiology/ma [Manpower]"
"*Radiology Department Hospital/sn [Statistics and Numerical Data]"
Relative Value Scales
"*Workload/sn [Statistics and Numerical Data]"
Source: MEDLINE

112. Brief report: Shortened telomere length in patients with systemic lupus erythematosus

Citation: Arthritis and Rheumatism, May 2013, vol./is. 65/5(1319-1323), 0004-3591;1529-0131 (May 2013)
Author(s): Haque S.; Rakieh C.; Marriage F.; Ho P.; Gorodkin R.; Teh L.S.; Snowden N.; Day P.J.R.; Bruce I.N.
Institution: (Haque, Bruce) Manchester Academic Health Science Centre, University of Manchester, Stopford Building, Oxford Road, Manchester M13 9PT, United Kingdom; (Rakieh, Ho, Gorodkin, Bruce) Central Manchester University Hospitals, NHS Foundation Trust, Manchester Academic Health Science Centre, Manchester, United Kingdom; (Marriage, Day) University of Manchester, Manchester, United Kingdom; (Teh) East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Snowden) North Manchester General Hospital, Manchester, United Kingdom; (Haque) East Lancashire Hospitals, NHS Trust, Blackburn, United Kingdom
Language: English
Abstract: Objective Patients with systemic lupus erythematosus (SLE) have a higher rate of premature death compared to the general population, suggesting a phenotype of premature senescence in SLE. Telomere length can be used to assess overall biologic aging. This study was undertaken to address the hypothesis that patients with SLE have reduced telomere length. Methods Telomere length was measured cross-sectionally in whole blood from SLE patients and age-matched healthy female controls, using real-time quantitative polymerase chain reaction. SLE-related and cardiovascular risk factors were assessed. Results We compared telomere length in 63 SLE patients and 63 matched controls with a median age of 50.8 years (interquartile range [IQR] 37-59 years) and 49.9
years (IQR 32-60 years), respectively. The median relative telomere length in SLE patients was 0.97 (IQR 0.47-1.57), compared to 1.53 (IQR 0.82-2.29) in controls (P = 0.0008). We then extended our cohort to measure telomere length in 164 SLE patients. Shorter telomere length was associated with Ro antibodies (beta + SE -0.36 + 0.16; P = 0.023), and longer telomere length was associated with steroid therapy (0.29 + 0.14; P = 0.046). We also noted an association of longer telomere length with increasing body mass index (beta + SE 0.07 + 0.01; P < 0.0001) and tobacco smoking (0.64 + 0.26; P = 0.016), as well as with the presence of carotid plaque (0.203 + 0.177; P = 0.032). Conclusion Telomere length is shortened in SLE patients compared to controls and does not appear to be a reflection of disease activity or immune cell turnover. Subsets of patients such as those positive for Ro antibodies may be particularly susceptible to premature biologic aging. The predictive value of telomere length as a biomarker of future risk of damage/mortality in SLE requires longitudinal evaluation. Copyright 2013 by the American College of Rheumatology.
Aim: To measure radiologist workloads in a UK radiology department using relative value units (RVUs), and compared these data to current international standards from Australia and Ireland. Materials and methods: Data on reporting throughput was gathered for 13.5 whole-time equivalent (WTE) consultants at the DGHs of East Lancashire Hospitals Trust (ELHT) between April 2010 to March 2011. RVUs were assigned to the reported imaging studies to create a crude RVU/WTE score. This was compared to benchmarks from Australia and results from a similar study in Ireland. Time spent on teaching, multidisciplinary teams, and administration was factored in to create a net RVU/WTE score, more accurately assessing workload. Results: Radiologists in ELHT reported 110,315 imaging studies, producing a total of 649,617 RVUs. Crude reporting workloads were 48,119.78 RVUs/WTE, and net workloads were 83,674.00 RVUs/WTE (with consultants spending 42.49% of their time on non-reporting commitments). These crude and net workloads are far above the Australian maximum reporting benchmark of 45,000 RVUs. Conclusion: The workload is much higher than international benchmarks, indicating high-quality service and excellent value for money, but also highlights understaffing. Foreign RVU systems do not accurately reflect current UK practices and a UK-specific RVU system should be developed to assess staffing and analyse performance. 2012 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.
"breast cancer/diagnosis"
case report
device therapy
txitocele
female
*gynecological and obstetric therapeutic device
human
"*pelvic organ prolapse/therapy"
priority journal
"recurrent cancer/diagnosis"
short survey
silicone prosthesis
stress incontinence
treatment refusal
urodynamics
"uterus prolapse/surgery"
vagina
vagina reconstruction
vaginal hysterectomy
*vaginal synthetic device

Source: EMBASE

115. Outcome of acute heart failure management by cardiologists and non-cardiologist physicians

Citation: European Journal of Heart Failure, May 2013, vol./iss. 12/(S236-S237), 1388-9842 (May 2013)

Author(s): Lau Y.C.; Aleem Q.; Hamid T.; Mcdonald J.; Balachandran K.; Singh R.

Institution: (Lau) Cardiff and Vale University Local Health Board, Cardiff, United Kingdom; (Aleem, Mcdonald, Balachandran, Singh) Royal Blackburn Hospital-Blackburn, United Kingdom; (Hamid) Royal Albert Edward Infirmary, Department of Cardiology, Wigan, United Kingdom

Language: English

Abstract: Introduction: Acute exacerbation of heart failure is a prevalent condition, with a high mortality, morbidity, readmission rate and hence an impact of resource utilisation. In-patient management of heart failure varies between cardiologists and non-cardiologist physicians, thus resulting in potential effect on overall outcome. Aim: To assess the medical therapy of unselected population of patients admitted to the district general hospital with heart failure, comparing the difference in inpatient treatment by cardiologists and non-cardiologist physicians, and then relating to length of inpatient stay, mortality and re-admission rate. Materials and Methods: This is a retrospective study, of patients with heart failure admitted to medical wards over a 12-month period. The data was obtained from the hospital notes, departmental database and recorded using a standard proforma. The parameters checked including appropriate investigations by echocardiogram, ejection fraction, optimization of anti-heart failure medications and length of inpatient stay. These patients were follow-up for 12 months, with death and readmission as primary end-point. Results: A total of 76 patients with heart failure were identified. 39.5% (30/76) seen by Cardiologists and 60.5% (46/76) by non-cardiologist physicians. Patients managed by non-cardiologists were older (84 years vs 76 years), whilst higher proportion of patients managed by cardiologists have ejection fraction ≤35% (30% vs 15.2%, P=0.122). Regarding medical treatment, cardiologists are used more angiotensin converting enzyme (ACE) inhibitors/angiotensin II receptor blockers (90% vs 60.8%, P=0.012), more beta-blockers (90% vs 47.8%, p<0.001) and more aldosterone antagonists (80% vs 38.4%, P<0.001), but less loop diuretics (93.3% vs 100%). Non-cardiologist utilised fewer echocardiogram (63% vs 80%, P=NS). Regarding clinical outcomes, average length inpatient stay for patients managed by cardiologists are shorter (7.71 vs 9.3), have more follow-up (70% vs 58.7%, P=NS) and lower 1st month re-admission rate (14% vs 35.7%, P=NS). There is no significant difference in mortality between either groups of patients (cardiologist 33.3% versus non-cardiologist 39.1%,}
Conclusions: Despite several international guidelines, the implementation of evidencebased therapies for heart failure by non-cardiologist physicians remain inadequate. Greater cardiologist input may bring about shorter hospital stay, reduced early readmission and better outcome.


Publisher: Oxford University Press
Publication Type: Journal: Conference Abstract
Subject Headings: *human *cardiologist *physician *heart failure *acute heart failure patient hospital patient hospital readmission mortality therapy echocardiography follow up heart ejection fraction parameters data base hospital ward morbidity retrospective study general hospital population death drug therapy patient care hospitalization loop diuretic agent beta adrenergic receptor blocking agent receptor blocking agent dipeptidyl carboxypeptidase aldosterone antagonist

Source: EMBASE

Full Text: Available from EBSCOhost in European Journal of Heart Failure Available from Highwire Press in European Journal of Heart Failure

116. Clinical features of childhood-onset paroxysmal kinesigenic dyskinesia with PRRT2 gene mutations

Citation: Developmental Medicine and Child Neurology, April 2013, vol./is. 55/4(327-334), 0012-1622;1469-8749 (April 2013)


Institution: (Silveira-Moriyama, Lees) Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; (Gardiner) Department of Molecular Neuroscience, UCL Institute of Neurology, London, United Kingdom; (Meyer) ICH-Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom; (King) Department of Paediatric Neurology, Children's University Hospital, Dublin, Ireland; (King) UCD School of Medicine and Medical Science, Dublin, Ireland; (Smith) Department of Neurology, Birmingham Children's Hospital, Birmingham, United Kingdom; (Rakshi) Royal Blackburn Hospital, Blackburn, United Kingdom; (Parker)
Aim: To define better the phenotype and genotype of familial and sporadic cases of paroxysmal kinesigenic dyskinesia (PKD) caused by mutations in the PRRT2 gene presenting in the paediatric age group. Method: We report the detailed clinical and molecular genetic features of 11 patients (six females, five males) with childhood-onset PRRT2-mutation-positive PKD. Results: Mean age at disease onset was 8 years 7.5 months (range 5-11y), and clinical presentation was characterized by daily short paroxysmal episodes of dystonia/dyskinesia. Most patients also had non-kinesigenic attacks in addition to the classical movement-induced paroxysmal episodes. One family demonstrated great phenotypic variability with PKD, infantile convulsions, and/or hemiplegic migraine affecting different family members with the same mutation. All patients in whom antiepileptics (carbamazepine/phenytoin) were tried showed a dramatic improvement with complete abolition of dyskinetic episodes. Interpretation: Our case series provides a detailed clinical description of patients with PRRT2-PKD, and reports a spectrum of disease-causing mutations, thereby expanding both the clinical phenotype and mutation spectrum of disease. 2013 Mac Keith Press.
117. Comparison of the psychometric properties of health-related quality of life measures used in adults with systemic lupus erythematosus: a review of the literature.

Citation: Rheumatology, April 2013, vol./is. 52/4(684-96), 1462-0324;1462-0332 (2013 Apr)
Author(s): Castelino M; Abbott J; McElhone K; Teh LS
Institution: Department of Rheumatology, Royal Blackburn Hospital, Blackburn, UK.
Language: English
Abstract: OBJECTIVE: A review of the literature was undertaken to evaluate the development and psychometric properties of health-related quality of life (HRQoL) measures used in adults with SLE. This information will help clinicians make an informed choice about the measures most appropriate for research and clinical practice. METHODS: Using the key words lupus and quality of life, full original papers in English were identified from six databases: OVID MEDLINE, EMBASE, Allied and Complementary Medicine, Psychinfo, Web of Science and Health and Psychosocial Instruments. Only studies describing the validation of HRQoL measures in adult SLE patients were retrieved. RESULTS: Thirteen papers were relevant; five evaluated generic instruments [QOLS-S (n = 1), EQ-5D/SF-6D (n = 1), SF-36 (n = 3)] and eight evaluated disease-specific measures [L-QOL (n = 1), LupusQoL (UK) (n = 1), LupusQoL (US) (n = 1), SSC (n = 2), SLEQoL (n = 3)]. For the generic measures, there is moderate evidence of good content validity and internal consistency, whereas there is strong evidence for both these psychometric properties in disease-specific measures. There is limited to moderate evidence to support the construct validity and test-retest reliability for the disease-specific measures. Responsiveness and floor/ceiling effects have not been adequately investigated in any of the measures. CONCLUSIONS: Direct comparison of the psychometric properties was difficult because of the different methodologies employed in the development and evaluation of the different HRQoL measures. However, there is supportive evidence that multidimensional disease-specific measures are the most suitable in terms of content and internal reliability for use in studies of adult patients with SLE.

Country of Publication: England
Publication Type: Comparative Study; Journal Article; Review
Subject Headings: Adult
Health Status
Humans
"*Lupus Erythematosus Systemic/px [Psychology]"
Psychometrics
"*Quality of Life/px [Psychology]"
Source: MEDLINE
Full Text: Available from EBSCOhost in Rheumatology
Available from Highwire Press in Rheumatology

118. An unusual cause of non-weight bearing.

Citation: Archives of Disease in Childhood, April 2013, vol./is. 98/4(286), 0003-9888;1468-2044 (2013 Apr)
Author(s): Agarwal R; Yousif O; Basu H
Institution: Department of Paediatrics, Royal Blackburn Hospital, Blackburn BB2 3HH, UK.
dragarwal@hotmail.com
Language: English
Country of Publication: England
Publication Type: Case Reports; Journal Article
Tattoos and body art are becoming increasingly popular and widely acceptable throughout society. A recent survey suggests that 1 in 5 British adults have a tattoo, and there are now more than 1500 tattoo parlors or art studios in the UK. This questionnaire survey study took place over a 6-month period in the dermatology department of a large district general hospital in England. Patients aged 16 or over who had a visible tattoo during general skin examination were asked to complete a short questionnaire. All responses were anonymous. We looked at current age; what age people acquired their first tattoo; whether it was performed by an amateur or professional tattoo artist; how long they had had their tattoo; whether they had 1 or multiple tattoos; whether they still liked their tattoo(s); and whether they regretted their tattoo(s). We also determined the site of tattoos and asked people whether if able to, they would have their tattoos removed. 615 questionnaires were returned, of which 15 were incomplete. Of the 580 responses analyzed, 52.7% were male and 47.3% female. The overwhelming majority of tattoos were performed by a professional artist. Almost half of the patients were aged over 40. 44.8% of the patients had their first tattoo aged between 18 and 25 and almost half had between 2 and 5 tattoos. Almost one-third of the participants regretted their tattoo. Men are more likely to regret their tattoo and are 3 times more likely to regret their tattoo if it was first performed under the age of 16. Women over the age of 21 at the time of their first tattoo are the least likely to regret their tattoo. The overwhelming majority who regret their tattoo have them on their upper body. The average length of time since the first tattoo in those who regret them is 18 years compared to 12 years amongst those who do not regret them. Interestingly, less than half of those who regret their tattoo would actually have their tattoo removed if able to. A significant number of people regret having a tattoo, and the longer they have had one, the more likely this becomes. We feel that this should become an important health message because tattoo removal is not freely available, and unwanted tattoos can affect life chances and cause significant psychological morbidity.
120. Not your typical pneumonia.

Citation: Clinical Medicine, April 2013, vol./is. 13/2(206-10), 1470-2118;1470-2118 (2013 Apr)
Author(s): Satia I; Bashagha S; Anwar N; Green RM; Wilson S
Institution: Department of Respiratory Medicine, Royal Blackburn Hospital, UK. imransatia@gmail.com
Language: English
Country of Publication: England
CAS Registry Number: 0 (Anti-Bacterial Agents); 0 (Bacterial Toxins); 0 (Exotoxins); 0 (Leukocidins); 0 (Panton-Valentine leukocidin)
Publication Type: Case Reports; Journal Article
Subject Headings: Adult
"*Anti-Bacterial Agents/tu [Therapeutic Use]"
"Bacterial Toxins/me [Metabolism]"
"Exotoxins/me [Metabolism]"
Female
Humans
"Leukocidins/me [Metabolism]"
Male
"Pleural Effusion/mi [Microbiology]"
"Pleural Effusion/ra [Radiography]"
"*Pneumonia Bacterial/dt [Drug Therapy]"
"Pneumonia Bacterial/ri [Microbiology]"
"Pneumonia Bacterial/ra [Radiography]"
"Staphylococcal Infections/co [Complications]"
"Staphylococcal Infections/di [Diagnosis]"
"*Staphylococcal Infections/dt [Drug Therapy]"
"*Staphylococcus aureus/me [Metabolism]"
Young Adult

Source: MEDLINE
Full Text: Available from EBSCOhost in Clinical Medicine
Available from Highwire Press in Clinical Medicine

121. Epinephrine-induced myocardial infarction in severe anaphylaxis: is nonselective beta-blockade a contributory factor?.

Citation: American Journal of Emergency Medicine, April 2013, vol./is. 31/4(759.e1-2), 0735-6757;1532-8171 (2013 Apr)
Author(s): Cunnington C; McDonald JE; Singh RK
Institution: Department of Cardiology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn, Lancashire, UK. colincunnington@aol.com
Language: English
Abstract: Epinephrine-induced myocardial ischemia in the setting of anaphylaxis is a rare event and is postulated to be due to coronary artery spasm. We report the case of a 43-year-old woman who presented to the emergency department with an anaphylactic reaction triggered by flucloxacillin. She was treated with intramuscular epinephrine, following which she developed ischemic chest pain and electrocardiographic changes, associated
with troponin elevation. Subsequent coronary angiography demonstrated normal coronary arteries. In this case report, we discuss the potential role of prior nonselective beta-blockade with propranolol in predisposing such patients to ischemic cardiac events following treatment with epinephrine.

**Country of Publication:** United States

**CAS Registry Number:** 0 (Adrenergic beta-Antagonists); 0 (Anti-Allergic Agents); 0 (Anti-Bacterial Agents); 43B2M34G2V (Floxacillin); 9Y8NXQ24VQ (Propranolol); YKH834O4BH (Epinephrine)

**Publication Type:** Case Reports; Journal Article

**Subject Headings:** "Adrenergic beta-Antagonists/ae [Adverse Effects]"
Adult
"Anaphylaxis/ci [Chemically Induced]"
"*Anaphylaxis/dt [Drug Therapy]"
"*Anti-Allergic Agents/ae [Adverse Effects]"
"Anti-Bacterial Agents/ae [Adverse Effects]"
"*Coronary Vasospasm/ci [Chemically Induced]"
"*Epinephrine/ae [Adverse Effects]"
Female
"Floxacillin/ae [Adverse Effects]"
Humans
"*Myocardial Infarction/ci [Chemically Induced]"
"Propranolol/ae [Adverse Effects]"

**Source:** MEDLINE

**Full Text:** Available from EBSCOhost in *American Journal of Emergency Medicine*
Available from ProQuest in *American Journal of Emergency Medicine, The*; Note: ;
Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

122. Re: Impact of coding errors on departmental income: An audit of coding of microvascular free transfer cases using OPCS-4 in UK

**Citation:** British Journal of Oral and Maxillofacial Surgery, April 2013, vol./is. 51/3(e44-e46), 0266-4356;1532-1940 (April 2013)

**Author(s):** Chiu G.A.

**Institution:** (Chiu) East Lancashire Oral and Maxillofacial Unit, Royal Blackburn Hospital, Haslingden Road, Blackburn BB2 3HH, United Kingdom

**Language:** English

**Country of Publication:** United Kingdom

**Publisher:** Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)

**Publication Type:** Journal: Letter

**Subject Headings:** *coding*
*free tissue graft*
health care quality
human
income
letter
medical audit
medical documentation
*microvascular free transfer*
United Kingdom

**Source:** EMBASE

123. Epinephrine-induced myocardial infarction in severe anaphylaxis: is nonselective beta-blockade a contributory factor?
Epinephrine-induced myocardial ischemia in the setting of anaphylaxis is a rare event and is postulated to be due to coronary artery spasm. We report the case of a 43-year-old woman who presented to the emergency department with an anaphylactic reaction triggered by flucloxacillin. She was treated with intramuscular epinephrine, following which she developed ischemic chest pain and electrocardiographic changes, associated with troponin elevation. Subsequent coronary angiography demonstrated normal coronary arteries. In this case report, we discuss the potential role of prior nonselective beta-blockade with propranolol in predisposing such patients to ischemic cardiac events following treatment with epinephrine.
important studies. CLRNs were introduced to ensure that NHS research funding is spread widely throughout the NHS, ensuring all patients can potentially benefit from participation. This maximises research efficiency and results are likely to be more generalisable to the whole NHS, which may lead to wider and more rapid translation of positive studies into clinical practice. The Intensive Care Society 2013.

Country of Publication: United Kingdom
Publisher: Stansted News Ltd (134 South Street, Bishop's Stortford, Hertfordshire, Essex CM23 3BQ, United Kingdom)
CAS Registry Number: 1407-84-7 (noradrenalin); 51-41-2 (noradrenalin); 57-83-0 (progesterone); 79902-63-9 (simvastatin); 11000-17-2 (vasopressin)
Publication Type: Journal: Article
Subject Headings: article
case study
*clinical research
human
*intensive care
intensive care unit
"lung disease/dt [Drug Therapy]"
multicenter study (topic)
*national health organization
nursing education
patient participation
randomized controlled trial (topic)
"septic shock/dt [Drug Therapy]"
staff training
teaching hospital
"traumatic brain injury/dt [Drug Therapy]"
trust
United Kingdom
antibiotic agent
"beta 2 adrenergic receptor stimulating agent/ct [Clinical Trial]"
"hydroxymethylglutaryl coenzyme A reductase inhibitor/cb [Drug Combination]"
"hydroxymethylglutaryl coenzyme A reductase inhibitor/dt [Drug Therapy]"
"noradrenalin/ct [Clinical Trial]"
"noradrenalin/cm [Drug Comparison]"
"noradrenalin/dt [Drug Therapy]"
"progesterone/dt [Drug Therapy]"
"simvastatin/cb [Drug Combination]"
"simvastatin/dt [Drug Therapy]"
"vasopressin/ct [Clinical Trial]"
"vasopressin/cm [Drug Comparison]"
"vasopressin/dt [Drug Therapy]"

Source: EMBASE

125. Immunobullous disease and spinal schwannomas

Citation: British Journal of Dermatology, April 2013, vol./is. 168/4(e1), 0007-0963 (April 2013)
Author(s): Javed A.; Coulson I.
Institution: (Javed) Salford Royal Foundation Trust, Manchester, United Kingdom; (Coulson) Burnley General Hospital, Burnley, United Kingdom
Language: English
Abstract: A 70-year-old man developed tense, large, fluid-filled bullae arising on his upper arm, trunk and groin. Past medical history included a high cervical schwannoma requiring surgery 7 years previously resulting in spastic quadriplegia and neurogenic bowel and bladder. The tumour had recurred 3 months prior to blistering. Direct immunofluorescence showed linear deposition of IgG and C3 at the basement membrane,
and a subepidermal blister confirming a diagnosis of bullous pemphigoid, responding to 0.05% clobetasol propionate topically and low-dose prednisolone. A 46-year-old man presented with a 4-week history of pharyngitis, genital lesions, annular blistering lesions on his limbs and red sore eyes. Examination revealed a 'string of pearls' ring of blistering over the limbs, red eyes and mucosal blisters. Past medical history included inoperable pelvic schwannoma diagnosed in 2002. Biopsy showed a subepidermal blister; immunofluorescence showed linear staining for IgA at the basement membrane zone, confirming a diagnosis of linear IgA bullous dermatosis. Dapsone and low-dose prednisolone have controlled his blisters. Bullous pemphigoid has recently been identified as having a strong, probably causal relationship to neurological disease (Langan SM, Groves RW, West J. The relationship between neurological disease and bullous pemphigoid: a population-based case-control study. J Investig Dermatol 2011; 131: 631-6), shared neurological and cutaneous antigens being the putative explanation. A neurological tumour associated with linear IgA is unique to case 2, but it is interesting that the 97-kDa linear IgA antigen may represent a portion of the extracellular domain of the 180-kDa bullous pemphigoid antigen (BPAG2).


Publisher: Blackwell Publishing Ltd

Publication Type: Journal: Conference Abstract

Subject Headings: *dermatology
human
blister
bullous pemphigoid
diagnosis
neurilemoma
limb
immunofluorescence
neoplasm
basement membrane
low drug dose
male
neurologic disease
eye
medical history
linear iga bullous dermatosis
quadriplegia
spasticity
inguinal region
biopsy
pelvis
examination
pharyngitis
surgery
arm
staining
bladder
neurogenic bowel
case control study
liquid
antigen
immunoglobulin A
prednisolone
clobetasol propionate
immunoglobulin G
bismuth gallate
dapsone

Source: EMBASE
126. Cellular adhesion molecules as potential biomarkers of nephritis, damage and accelerated atherosclerosis in patients with systemic lupus erythematosus

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/(i134), 1462-0324 (April 2013)

Author(s): Skeoch S.; Haque S.; Pemberton P.; Bruce I.

Institution: (Skeoch, Bruce) Arthritis Research UK Epidemiology Unit, University of Manchester, Manchester, United Kingdom; (Haque) Department of Rheumatology, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Pemberton) Clinical Research Department, Central Manchester University Hospitals NHS Foundation Trust, Manchester, United Kingdom

Language: English

Abstract: Background: Increased levels of cellular adhesion molecule-1 (VCAM-1) and E-selectin are predictive of future cardiovascular events in the general population. In SLE, they are associated with disease activity and specific disease manifestations, such as nephritis or skin disease, although results are inconsistent. The aims of this study were to compare levels of VCAM-1 and E-selectin in SLE patients and healthy controls and to investigate their association with lupus phenotype, activity, damage and subclinical cardiovascular disease (CVD). Methods: A cross-sectional study of female SLE patients and age-sex-matched controls was conducted. Clinical assessment was undertaken, including evaluation of disease activity (using the SLEDAI-2000 score) and damage [using Systemic Lupus International Collaborating Clinics damage index (SDI)]. Carotid plaque was identified and carotid intima-medial thickness (IMT) measured, using B-mode Doppler ultrasound (US) in SLE patients. E-selectin and VCAM-1 were measured using a standard ELISA assay. Non-parametric tests and age adjusted linear regression models were employed. Results: 178 SLE patients and 69 controls were included in the study, with a median (IQR) age of 53 (46,61) and 50 (39,60) years respectively (P=0.066). In SLE patients, median SLEDAI-2000 score was 2 (0,4) and SDI was 1 (0,2). 5 patients (2.8%) had active nephritis, 57 (32.0%) had mucocutaneous disease and 26 (14.6%) had a history of CVD. On US, plaque was present in 82 patients (46.1%) and median IMT was 0.063 (0.053,0.073)cm. Median E-selectin levels were significantly higher in patients than controls (10.5[6.9, 13.9] vs 7.9[5.4, 10.4] ng/ml respectively; P<0.001) and were associated with presence of plaque and damage in patients (b[S.E]=0.261[0.124], P=0.04 and b[S.E]=0.270[0.122], P=0.03 respectively). There was no significant association with history of prior CVD or IMT (-0.098[0.08), P=0.315, 0.37[0.063], P=0.56 and 0.146[0.171], P=0.396 respectively). While there was no significant difference in median VCAM-1 levels between patients and controls, levels were significantly higher in patients with active nephritis than in those with either previous or no history of nephritis (515.5[307.692.9] vs 276.7[199.2,351.9], respectively, P<0.001). After adjustment for age, there was a significant association between VCAM-1 and active nephritis in SLE patients (b[S.E]=1.09[0.210] P=0.0012). There was no association with clinical CVD, carotid plaque or IMT (b[S.E]=0.78 (0.08), P=0.315, 0.37[0.063], P=0.56 and 0.146[0.171], P=0.396 respectively). Conclusions: E-selectin could act as a novel biomarker of cardiovascular risk in SLE; however longitudinal studies are required to investigate association with clinical outcomes. VCAM-1 may have a role as a non-invasive biomarker for LN activity.


Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *rheumatology
*human
*nephritis
*atherosclerosis
127. Co-enrolment to intensive care studies-a UK perspective

Citation: Journal of the Intensive Care Society, April 2013, vol./is. 14/2(103-106), 1751-1437 (April 2013)

Author(s): Krige A.; Pattison N.; Booth M.; Walsh T.

Institution: (Krige) Intensive Care and Anaesthesia, Royal Blackburn Hospital, United Kingdom; (Pattison) The Royal Marsden NHS Foundation Trust, United Kingdom; (Booth) Anaesthetics and Intensive Care Medicine, Glasgow Royal Infirmary, United Kingdom; (Walsh) Edinburgh University, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: Stansted News Ltd (134 South Street, Bishop's Stortford, Hertfordshire, Essex CM23 3BQ, United Kingdom)

Publication Type: Journal: Editorial

Subject Headings: anesthesiology software
editorial
education
ethics
health care survey
human
*intensive care
intensive care unit
legal aspect
national health organization
Background: Immunosuppressive agents are commonly used in SLE during pregnancy, to ensure the optimum outcome for both mother and child. However, there is little literature regarding long-term outcomes of these children. This analysis aims to assess whether exposure to certain medications taken by the mother influences the health and behaviour of the children. Methods: Women with 4 ACR criteria for lupus attending specialist lupus clinics in 8 UK cities whose pregnancy data were available were identified and 235 women with children born after the diagnosis of lupus that were aged under 17 years were recruited to take part in this study that had ethical approval. A standard questionnaire developed for this multi-centre study was used to collect data on each pregnancy and the outcome of the children up to 17 years of age. This analysis aims to address the following three questions in children that were born alive to mothers with lupus: 1) Does exposure to AZA in pregnancy and/or lactation increase the risk of serious infections defined as requiring hospital assessment (in-patient or out-patient) in the exposed children? 2) Does AZA exposure increase the risk of developmental delay plus special needs plus Attention Deficit Disorder plus special educational needs? 3) Does HCQ protect against congenital heart block and neonatal lupus as suggested in a recent report from USA? Results: Complete data were available for 284 children born alive to 196 women with lupus. In total, there were 45/284 (16%) children who required hospital assessment for serious infection. Serious infections occurred in 17/88 (19%) of children exposed to AZA and 28/196 (14%) of those not exposed. Of the 45 children with infections, 17/45 (38%) had been exposed to AZA vs 28/45 (62%) who had not been exposed to AZA. In total, 18/284 (7%) children were identified to have developmental delay plus special needs plus Attention Deficit Disorder plus special educational needs. In the AZA exposed group, 8/88 (9.1%) had such problems compared with 10/196 (5.3%) not exposed, but of the 28 affected children 8/18 (44%) had been exposed to AZA vs 10/18 (56%) unexposed, P=0.20. Congenital heart block was identified in 8/284 (2.8%) of all children and 50% of the mothers had taken HCQ. Neonatal lupus was reported in 4/284 (1.4%) children, and all these children had been exposed to HCQ in utero. Conclusions: This study provides initial data regarding the outcomes of children born to mothers with SLE, and does not suggest that AZA or HCQ affected the outcomes analysed. Further analysis will assess the role of confounding factors including duration of pregnancy, other drug exposures, presence of anti-phospholipid antibodies and maternal complications in pregnancy, using multivariate analysis. This work will provide data with which to counsel women with lupus and may enable a case-control study to be planned in the future.
129. Clinical features of childhood-onset paroxysmal kinesigenic dyskinesia with PRRT2 gene mutations.

Citation: Developmental Medicine & Child Neurology, April 2013, vol./is. 55/4(327-334), 0012-1622;1469-8749 (Apr 2013)

Author(s): Silveira-Moriyama, Laura; Gardiner, Alice R; Meyer, Esther; King, Mary D; Smith, Martin; Rakshi, Karl; Parker, Alasdair; Mallick, Andrew A; Brown, Richard; Vassallo, Grace; Jardine, Philip E; Guerreiro, Marilisa M; Lees, Andrew J; Houlden, Henry; Kurian, Manju A

Correspondence Address: Silveira-Moriyama, Laura: UCL Institute of Neurology, Reta Lila Weston Institute of Neurological Studies, 1 Wakefield Street, London, United Kingdom, WC1N 1PJ, laura.moriyama@ucl.ac.uk

Institution: Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; Department of Molecular Neuroscience, UCL Institute of Neurology, London, United Kingdom; ICH-Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom; Department of Paediatric Neurology, Children's University Hospital, Dublin, Ireland; Department of Neurology, Birmingham Children's Hospital, Birmingham, United Kingdom; Royal Blackburn Hospital, Blackburn, United Kingdom;
Addenbrooke's NHS Trust, Cambridge, United Kingdom; Department of Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, United Kingdom; Department of Paediatrics, Peterborough City Hospital, Peterborough, United Kingdom; Department of Paediatric Neurology, Manchester Children's Hospital, Manchester, United Kingdom; Department of Paediatric Neurology, Bristol Royal Hospital for Children, Bristol, United Kingdom; Child Neurology Unit, Department of Neurology, University of Campinas, UNICAMP, Campinas, Brazil; Reta Lila Weston Institute of Neurological Studies, UCL Institute of Neurology, London, United Kingdom; MRC Centre for Neuromuscular Diseases, UCL Institute of Neurology, London, United Kingdom; Neurosciences Unit, UCL Institute of Child Health, London, United Kingdom

Language: English

Abstract:
Aim: To define better the phenotype and genotype of familial and sporadic cases of paroxysmal kinesigenic dyskinesia (PKD) caused by mutations in the PRRT2 gene presenting in the paediatric age group. Method: We report the detailed clinical and molecular genetic features of 11 patients (six females, five males) with childhood-onset PRRT2-mutation-positive PKD. Results: Mean age at disease onset was 8 years 7.5 months (range 5-11y), and clinical presentation was characterized by daily short paroxysmal episodes of dystonia/dyskinesia. Most patients also had non-kinesigenic attacks in addition to the classical movement-induced paroxysmal episodes. One family demonstrated great phenotypic variability with PKD, infantile convulsions, and/or hemiplegic migraine affecting different family members with the same mutation. All patients in whom antiepileptics (carbamazepine/phenytoin) were tried showed a dramatic improvement with complete abolition of dyskinetic episodes. Interpretation: Our case series provides a detailed clinical description of patients with PRRT2-PKD, and reports a spectrum of disease-causing mutations, thereby expanding both the clinical phenotype and mutation spectrum of disease. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)
131. Characteristics of patients with refractory systemic lupus erythematosus requiring biologic therapy in a UK multicentre cohort

**Citation:** Rheumatology (United Kingdom), April 2013, vol./is. 52/(i130), 1462-0324 (April 2013)


**Institution:** (Sutton, Watson, Bruce) Arthritis Research UK Epidemiology Unit, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom; (Isenberg, Rahman) Centre for Rheumatology, University College London, London, United Kingdom; (Gordon) Rheumatology Research Group, University of Birmingham, Birmingham, United Kingdom; (Yee) Department of Rheumatology, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster, United Kingdom; (Lanyon) Rheumatology, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom; (Jayne) Department of Nephrology, Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom; (Akil) Department of Rheumatology, Sheffield Teaching Hospitals NHS Trust, Sheffield, United Kingdom; (D'Cruz, Khamashta, Lutalo) Lupus Research Unit, St Thomas' Hospital, London, United Kingdom; (Erb) Rheumatology Department, Dudley Group NHS Foundation Trust, Dudley, United Kingdom; (Prabu) Department of Rheumatology, Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom; (Edwards) Department of
Evidence Services | library.nhs.uk

Rheumatology, University Hospital Southampton NHS Foundation Trust, Southampton, United Kingdom; (Youssef) Department of Rheumatology, NHS Grampian, Aberdeen, United Kingdom; (McHugh) Department of Rheumatology, Royal National Hospital for Rheumatic Diseases, Bath, United Kingdom; (Vital) Rheumatology, Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom; (Amft) Rheumatic Diseases Unit, NHS Lothian, Edinburgh, United Kingdom; (Griffiths) Rheumatology, Newcastle Hospitals NHS Foundation Trust, Newcastle, United Kingdom; (Teh) Department of Rheumatology, East Lancashire Hospitals NHS Trust, Blackburn, United Kingdom; (Zoma) Rheumatology, NHS Lanarkshire, East Kilbride, United Kingdom

Language: English

Abstract:

Background: The BILAG Biologics Prospective Cohort is a UK multicentre observational cohort study, set up to ascertain the safety and efficacy of biologics therapy in the treatment of patients with refractory SLE. In this abstract, we examined the baseline characteristics of patients with refractory SLE, who require biologic therapies, in this cohort. In particular we aimed to examine ethnicity, levels of disease activity and organ involvement within this population and the time between treatments in those retreated.

Methods: The BILAG Biologics Prospective Cohort aims to recruit patients with SLE (>4 ACR 1997 criteria), refractory to conventional therapy and newly starting treatment with a biologic agent, and a comparison cohort of patients newly treated with a standard immunosuppressive, from a number of centres across the UK. We recruited patients from 15 centres and recorded baseline data at the time of commencing their new therapy. For each patient we collected baseline demographics, disease activity and organ system/distribution as well as previous and concurrent therapy.

Results: Seventy-one patients were recruited after commencing their biologics therapy, 67 (94.4%) commencing rituximab, 3 (4.2%) starting belimumab and 1 (1.4%) with tocilizumab, with the majority [65 (91.6%)] of patients being female. Twenty-eight (51.9%) describe themselves as White, 11 (20.4%) as Indian, Pakistani, Bangladeshi or other Asian, 8 (14.8%) as of African ancestry and 7 (13.0%) of mixed or other ethnicity. Thirteen (24.1%) patients were not working due to sickness or disability. The median (IQR) age at baseline, age at diagnosis and baseline disease duration were 38.9 (21.5), 30.0 (24.2) and 6.2 (12.2) years respectively. The number of patients with at least one A or B score on the BILAG 2004 index at baseline was 49 (92.5%) and the median (IQR) SLEDAI-2K score when therapy was started was 7.5 (8). The majority (51.4%) had a SLICC/ACR damage index (SDI) score >1. The median (IQR) prednisolone dose at entry was 11.25 (11) mg/day. Of the 67 patients receiving Rituximab, 60 (89.6%) were receiving it episodically, of which 12 (20%) required a retreatment, with a median (IQR) 9.5 (4.5) months between initial treatment and retreatment. Conclusions: In this cohort of patients with refractory SLE, a high proportion were from ethnic minority populations, which has implications for healthcare planning and generalizing clinical trial data. Recruited patients have high disease activity and already have significant pre-existing damage by the time biologic therapy is initiated, which may influence future adverse event and morbidity rates.


Publisher: Oxford University Press

Publication Type: Journal: Conference Abstract

Subject Headings: *rheumatology
*human
*systemic lupus erythematosus
*health practitioner
*biological therapy
*United Kingdom
*society
*patient
therapy
disease activity
ethnicity
132. An unusual cause of non-weight bearing

Citation: Archives of Disease in Childhood, April 2013, vol./is. 98/4(286), 0003-9888;1468-2044 (April 2013)

Author(s): Agarwal R.; Yousif O.; Basu H.

Institution: (Agarwal) Department of Paediatrics, Royal Blackburn Hospital, Blackburn BB2 3HH, United Kingdom; (Yousif) Department of Paediatrics, Royal Preston Hospital, Preston, United Kingdom; (Basu) Department of Paediatric Neurology, Royal Preston Hospital, Preston, United Kingdom

Language: English

Country of Publication: United Kingdom

Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)

CAS Registry Number: 55268-75-2 (cefoxime); 56238-63-2 (cefoxime)

Publication Type: Journal: Note

Subject Headings: antibiotic therapy
body posture
case report
child
conservative treatment
"*diskitis/di [Diagnosis]"
"*diskitis/dt [Drug Therapy]"
erthrocyte sedimentation rate
female
human
note
nuclear magnetic resonance imaging
preschool child
priority journal
sleep
treatment outcome
walking
*weight bearing
133. Comparison of the psychometric properties of health-related quality of life measures used in adults with systemic lupus erythematosus: A review of the literature

Citation: Rheumatology (United Kingdom), April 2013, vol./is. 52/4(684-696), 1462-0324;1462-0332 (April 2013)

Author(s): Castelino M.; Abbott J.; McElhone K.; Teh L.-S.

Institution: (Castelino, McElhone, Teh) Rheumatology Department, Royal Blackburn Hospital, Blackburn, United Kingdom; (Abbott) School of Psychology, University of Central Lancashire, Preston, United Kingdom

Language: English

Abstract: Objective. A review of the literature was undertaken to evaluate the development and psychometric properties of health-related quality of life (HRQoL) measures used in adults with SLE. This information will help clinicians make an informed choice about the measures most appropriate for research and clinical practice. Methods. Using the key words lupus and quality of life, full original papers in English were identified from six databases: OVID MEDLINE, EMBASE, Allied and Complementary Medicine, Psychinfo, Web of Science and Health and Psychosocial Instruments. Only studies describing the validation of HRQoL measures in adult SLE patients were retrieved. Results. Thirteen papers were relevant; five evaluated generic instruments [QOLS-S (n = 1), EQ-5D/SF-6D (n = 1), SF-36 (n = 3)] and eight evaluated disease-specific measures [L-QOL (n = 1), LupusQoL (UK) (n = 1), LupusQoL (US) (n = 1), SSC (n = 2), SLEQOL (n = 3)]. For the generic measures, there is moderate evidence of good content validity and internal consistency, whereas there is strong evidence for both these psychometric properties in disease-specific measures. There is limited to moderate evidence to support the construct validity and test-retest reliability for the disease-specific measures. Responsiveness and floor/ceiling effects have not been adequately investigated in any of the measures. Conclusions. Direct comparison of the psychometric properties was difficult because of the different methodologies employed in the development and evaluation of the different HRQoL measures. However, there is supportive evidence that multidimensional disease-specific measures are the most suitable in terms of content and internal reliability for use in studies of adult patients with SLE. The Author 2012. Published by Oxford University Press on behalf of the British Society for Rheumatology. All rights reserved.

Country of Publication: United Kingdom

Publisher: Oxford University Press (Great Clarendon Street, Oxford OX2 6DP, United Kingdom)

Publication Type: Journal: Article

Subject Headings: article, comparative study, concurrent validity, construct validity, content validity, human, internal consistency, priority journal, psychometry, *quality of life, Short Form 36, *systemic lupus erythematosus, test retest reliability
134. Compassion, care, dignity and respect: The NHS needs a culture change

Citation: British Journal of Hospital Medicine, March 2013, vol./is. 74/3(124-125), 1750-8460 (March 2013)
Author(s): Singh I.; Roberts N.; Irving R.; Singh N.
Institution: (Singh, Roberts) East Lancashire Hospital Trust, Acorn Primary Health Care Centre, Accrington BB5 1RT, United Kingdom; (Irving) East Lancashire Hospital Trust, Royal Blackburn Hospital Blackburn, United Kingdom; (Singh) Medical Ethics and Law, King's College, London, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: MA Healthcare Ltd (Dulwich Road, London SE24 0PB, United Kingdom)
Publication Type: Journal: Editorial
Subject Headings: *empathy
*health care quality
human
*national health service
*organization
organization and management
*personhood
standard

135. Combined avulsion fracture of the tibial tuberosity and lateral tibial plateau in an adolescent: Case report

Citation: Malaysian Orthopaedic Journal, March 2013, vol./is. 7/1(85-87), 1985-2533 (March 2013)
Author(s): Javed S.; Barkatali B.; Siddiqui M.; Sarin R.
Institution: (Javed, Barkatali, Siddiqui, Sarin) Department of Trauma and Orthopaedics, Royal Blackburn Hospital, Blackburn, United Kingdom
Language: English
Abstract: Avulsion of the tibial tuberosity is uncommon. It is usually an athletic injury, accounting for less than 3% of all epiphyseal injuries. We report the case of an avulsion fracture of the tibial tuberosity with unusual articular involvement of the lateral tibial plateau treated with open reduction and internal fixation using cancellous screws. The result was excellent, with complete union of the fracture site, full range of movement at three months and return to normal athletic activity within six months with no complications.
Country of Publication: Malaysia
Publisher: Malaysian Orthopaedic Association (19, Jalan Folly Barat, Kuala Lumpur 50480, Malaysia)
Publication Type: Journal: Article
Subject Headings: adolescent
arthroscopy
article
"*avulsion fracture/di [Diagnosis]"
136. Further evidence supporting programmatic screening for, and treatment of latent TB Infection (LTBI) in new entrants to the UK from high TB prevalence countries

Citation: Thorax, March 2013, vol./is. 68/3(201), 0040-6376;1468-3296 (March 2013)
Author(s): Ormerod L.P.
Institution: (Ormerod) Chest Clinic, Royal Blackburn Hospital, Blackburn, Lancs BB2 7AE, United Kingdom; (Ormerod) Lancashire Postgraduate School of Medicine, University of Central Lancs, Preston, Lancs, United Kingdom; (Ormerod) University of Manchester, Manchester, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
CAS Registry Number: 54-85-3 (isoniazid); 62229-51-0 (isoniazid); 65979-32-0 (isoniazid); 13292-46-1 (rifampicin)
Publication Type: Journal: Editorial
Subject Headings: case management
cost benefit analysis
editorial
ethnic difference
*evidence based medicine
health care cost
health care delivery
health care policy
health economics
human
immigrant
interferon gamma release assay
"*latent tuberculosis/di [Diagnosis]"
"*latent tuberculosis/dm [Disease Management]"
"*latent tuberculosis/dt [Drug Therapy]"
"*latent tuberculosis/pc [Prevention]"
practice guideline
prevalence
priority journal
*screening test
treatment duration
trend study
tuberculosis control
United Kingdom
United States
"BCG vaccine/dt [Drug Therapy]"
"isoniazid/cb [Drug Combination]"
"isoniazid/dt [Drug Therapy]"
"rifampicin/cb [Drug Combination]"
"rifampicin/dt [Drug Therapy]"

Source: EMBASE
Full Text: Available from EBSCOhost in Thorax
Available from Highwire Press in Thorax

137. Patients at risk.

Citation: Nursing Standard, February 2013, vol./is. 27/24(52), 0029-6570;0029-6570 (2013 Feb 13-19)
Author(s): Jones K
Institution: Burnley General Hospital, Lancashire.
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: Awareness Education Nursing Continuing Great Britain Humans *Patient-Centered Care Risk Assessment
Source: MEDLINE
Full Text: Available from EBSCOhost in Nursing Standard
Available from EBSCOhost in Nursing Standard
Available from ProQuest in Nursing Standard; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

138. The impact of strenuous physical activity on the development of pelvic organ prolapse

Citation: Journal of Obstetrics and Gynaecology, February 2013, vol./is. 33/2(115-119), 0144-3615;1364-6893 (February 2013)
Author(s): Majumdar A.; Saleh S.; Hill M.; Hill S.R.
Institution: (Majumdar, Saleh, Hill, Hill) Lancashire Women and Newborn Centre, East Lancashire Hospitals NHS Trust, Casterton Avenue, Burnley, United Kingdom
Language: English
Abstract: Pelvic organ prolapse is a common gynaecological problem and the mechanisms underlying prolapse development are not yet clear but it is thought that increases in abdominal pressure, such as those routinely involved in heavy lifting and long periods of standing, may cause progressive pelvic floor damage over time. The aim of this study was to investigate the effects of strenuous physical activity on the development of prolapse. A narrative literature review was carried out to investigate the effects of occupation and recreational activity on the pathogenesis of pelvic organ prolapse. A marked paucity of literature relevant to the research question makes it difficult to draw firm conclusions. Further research is greatly needed to explore potentially preventable factors in this frequently occurring condition. The review reveals some evidence linking strenuous physical activity with pelvic organ prolapse but this is neither consistent nor adequately powered to reach any firm conclusions. 2013 Informa UK, Ltd.
Country of Publication: United Kingdom
Publisher: Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)
Publication Type: Journal: Review
139. Patients at risk

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), February 2013, vol./is. 27/24(52), 0029-6570 (2013 Feb 13-19)

Author(s): Jones K.

Institution: (Jones) Burnley General Hospital, Lancashire.

Language: English

Country of Publication: United Kingdom

Publication Type: Journal: Article

Subject Headings: article awareness human nursing education *patient care risk assessment United Kingdom

Source: EMBASE

Full Text: Available from EBSCOhost in Nursing Standard Available from EBSCOhost in Nursing Standard Available from ProQuest in Nursing Standard; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

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140. Percutaneous catheter-directed thrombolysis for treatment of complete body and bilateral limb endovascular aortic graft occlusion

Citation: European Journal of Vascular and Endovascular Surgery, January 2013, vol./is. 45/1(98-99), 1078-5884;1532-2165 (January 2013)

Author(s): Alder L.; Al-Jarrah Q.; Rahi M.A.; Wilde N.; Al-Khaffaf H.
141. Press conferences: Utilizing clients' ideas to orient them to the future.

Citation: Journal of Family Psychotherapy, January 2013, vol./is. 24/1(64-69), 0897-5353;1540-4080 (Jan 2013)

Author(s): Hackett, Paul; Caruana, Dan

Correspondence Address: Hackett, Paul: ELCAS, Burnley General Hospital, Casterton Avenue, Burnley, United Kingdom, BB10 2PQ, paul.hackett@elht.nhs.uk

Institution: ELCAS, Burnley General Hospital, Burnley, United Kingdom; Children's Centre, Worthing Hospital, West Sussex, United Kingdom

Language: English

Abstract: This article provides an overview on utilizing client's ideas to orient them to the future. The adults in the family were to form the press pack and I would take the role of press officer, filtering the questions and making sure that no one journalist had too many questions. It is interesting to note that an exercise that started off as a way to engage a family can be useful for promoting and developing solution-focused practitioners within diverse contexts. As with many ideas, it is best to consider their usefulness contextually; for instance, it might not be advisable to introduce this idea in a supervisory group where there is overt conflict. Without some acknowledgment of this conflict you are only likely to engender further patterns of conflictual relations. (PsycINFO Database Record (c) 2013 APA, all rights reserved)
142. Examining the family-centred approach to genetic testing and counselling among UK Pakistanis: A community perspective

Citation: Journal of Community Genetics, January 2013, vol./is. 4/1(49-57), 1868-310X;1868-6001 (January 2013)

Author(s): Darr A.; Small N.; Ahmad W.I.U.; Atkin K.; Corry P.; Benson J.; Morton R.; Modell B.

Institution: (Darr, Small) School of Health Studies, University of Bradford, Richmond Rd, Bradford BD7 1DP, United Kingdom; (Ahmad) Middlesex University, Bramley Rd, London N14 4YZ, United Kingdom; (Atkin) Department of Health Sciences, University of York, Sebohmm Rowntree Building, Heslington, York YO10 5DD, United Kingdom; (Corry) Bradford Child Development Centre, St Luke's Hospital, Horton Wing, Little Horton Lane, Bradford BD5 ONA, United Kingdom; (Benson) East Lancashire Hospitals NHS Trust, Haslingden Rd, Blackburn BB2 3HH, United Kingdom; (Morton) Derbyshire Children's Hospital, Uttoxeter Rd, Derby DE22 3NE, United Kingdom; (Modell) Centre for Informatics and Multiprofessional Education (CHIME), University College London, Archway Campus, Highgate Hill, London N19 5LW, United Kingdom

Language: English

Abstract: WHO advice suggests a family-centred approach for managing the elevated risk of recessively inherited disorders in consanguineous communities, whilst emerging policy recommends community engagement as an integral component of genetic service development. This paper explores the feasibility of the family-centred approach in the UK Pakistani origin community. The study took place within a context of debate in the media, professional and lay circles about cousin marriage causing disability in children. Using qualitative methods, a total of six single-sex focus group discussions (n = 50) were conducted in three UK cities with a high settlement of people of Pakistani origin. Tape-recorded transcripts were analysed using framework analysis. Kinship networks within Pakistani origin communities are being sustained and marriage between close blood relatives continues to take place alongside other marriage options. Study participants were critical of what was perceived as a prevalent notion that cousin marriage causes disability in children. They were willing to discuss cousin marriage and disability, share genetic information and engage with genetic issues. A desire for accurate information and a public informed about genetic issues was articulated whilst ineffective communication of genetic risk information undermined professionals in their support role. This study suggests a community that is embracing change, one in which kinship networks are still active and genetic information exchange is taking place. At the community level, these are conditions supportive of the family-centred approach to genetic testing and counselling. 2012 Springer-Verlag Berlin Heidelberg.
143. First, do no harm.

Citation: The Psychiatrist, January 2013, vol./is. 37/1(33), 1758-3209;1758-3217 (Jan 2013)

Author(s): Reed, Paul F

Correspondence Address: Reed, Paul F., paul.reed@lancashirecare.nhs.uk

Institution: Lancashire Care NHS Foundation Trust, Royal Blackburn Hospital, Blackburn, United Kingdom

Language: English

Abstract: Comments on an article by S. Bailey et al. (see record 2013-02721-005) and J. Tiihonen (see record 2009-18405-012). Bailey et al. concern over the 'scandal of premature mortality' and note their recommendation to urgently review antipsychotic medication when certain adverse effects are experienced. The authors do not implicate any particular antipsychotics, but guidelines suggest that clozapine and olanzapine are the most likely antipsychotics to be associated with these side-effects. Tiihonen et al. present data from a large study which examined the effects of antipsychotics on all-cause mortality, suicide and deaths from ischaemic heart disease; one strength of this study is the examination of all-cause mortality. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings:
- *Cardiovascular System
- *Metabolic Rates
- *Public Health
- *Risk Factors
- Epidemics
- Mental Disorders

Source: PsycINFO

144. Press conferences: Utilizing Clients ideas to orient them to the future

Citation: Journal of Family Psychotherapy, January 2013, vol./is. 24/1(64-69), 0897-5353;1540-4080 (01 Jan 2013)

Author(s): Hackett P.; Caruana D.

Institution: (Hackett) ELCAS, Burnley General Hospital, Burnley, Casterton Avenue, Burnley, BB10 2PQ, United Kingdom; (Caruana) Children's Centre, Worthing Hospital, Worthing, West Sussex, United Kingdom

Language: English

Abstract: As I work with families I often keep several things in mind that form the bedrock of my practice. The first is the incredible usefulness of orientating people into a future where their problems are resolved (de Shazer, 1988) and the second is using a la Erickson, anything that the patient [sic] brings to, or that exists in, the therapeutic encounter (Zeig & Munion, 1999, p. 42). I therefore tend to keep my "rabbit's ears" (Yalom, 2001) up for any conversations within therapy where the two might connect. This is one example of this happy confluence of circumstances. In finding an idea useful therapeutically, I often
wonder how I might—with some isomorphic imagination (Burnham, 2010)—re-present that idea in training and supervision. I include an example of this isomorphism in a training context, whereas Dan will describe both the impact and effects of this in the training and beyond. 2013 Copyright Taylor & Francis Group, LLC.

Country of Publication: United States
Publisher: Routledge (325 Chestnut Street, Philadelphia PA 19106, United States)
Publication Type: Journal: Article
Subject Headings: article
clinical practice
family
*family therapy
human
medical education
skill
social support

Source: EMBASE

145. Summary of the British Thoracic Society guideline for diagnostic flexible bronchoscopy in adults

Citation: Thorax, 2013, vol./is. 68/8(786-787), 0040-6376;1468-3296 (2013)
Author(s): Du Rand I.A.; Blaikley J.; Booton R.; Chaudhuri N.; Gupta V.; Khalid S.; Mandal S.; Martin J.; Mills J.; Navani N.; Rahman N.M.; Wrightson J.M.; Munavvar M.
Institution: (Du Rand) Worcestershire Royal Hospital, Worcestershire Acute Hospitals NHS Trust, Worcester, United Kingdom; (Blaikley, Gupta) University of Manchester, Manchester, United Kingdom; (Booton) University of Manchester, Manchester Academic Health Science Centre, University Hospital South Manchester NHS Foundation Trust, Manchester, United Kingdom; (Chaudhuri, Martin) University Hospital of South Manchester, Manchester, United Kingdom; (Khalid) Royal Blackburn Hospital, Lancashire, United Kingdom; (Mandal) Lane Fox Unit, St. Thomas' Hospital, London, UK, United Kingdom; (Mills, Munavvar) Lancashire Teaching Hospitals NHS Trust, Preston, United Kingdom; (Navani) University College London Hospital, Natl. Institute for Health Research University College London Hospitals Biomedical Research Centre, London, United Kingdom; (Rahman, Wrightson) Oxford Centre for Respiratory Medicine, NIHR Oxford Biomedical Research Centre, University of Oxford, Oxford, United Kingdom
Language: English
Abstract: Flexible bronchoscopy is an essential, established and expanding tool in respiratory medicine. Its practice, however, needs to be safe, effective and for the right indications to maximise clinical utility. This guideline is based on the best available evidence and is a revised update of the British Thoracic Society guideline on diagnostic flexible bronchoscopy.

Country of Publication: United Kingdom
Publisher: BMJ Publishing Group (Tavistock Square, London WC1H 9JR, United Kingdom)
Publication Type: Journal: Short Survey
Subject Headings: adult
"bleeding/co [Complication]"
*bronchoscopy
diagnostic value
*flexible bronchoscopy
"heart arrhythmia/co [Complication]"
"heart infarction/co [Complication]"
human
immunocompromised patient
interstitial lung disease
lung cancer
"lung edema/co [Complication]"
patient safety
"pneumothorax/co [Complication]"
*practice guideline
priority journal
respiratory tract infection
sedation
"seizure/co [Complication]"
short survey
United Kingdom

Source: EMBASE

Full Text: Available from EBSCOhost in Thorax
Available from Highwire Press in Thorax

146. The FIREHAWK stent: Will it achieve its potential?

Citation: EuroIntervention, 2013, vol./is. 9/1(15-19), 1774-024X;1969-6213 (2013)

Author(s): Garg S.

Institution: (Garg) Department of Cardiology, East Lancashire Hospitals NHS Trust, Haslingden Road, Blackburn, Lancashire, BB2 3HH, United Kingdom

Language: English

Country of Publication: France

Publisher: EuroPCR (5 Rue Saint-Pantaleon, Toulouse 31015, France)

CAS Registry Number: 14092-98-9 (chromium); 16065-83-1 (chromium); 7440-47-3 (chromium); 7440-48-4 (cobalt); 159351-69-6 (everolimus); 33069-62-4 (paclitaxel); 53123-88-9 (rapamycin); 221877-54-9 (zotarolimus)

Publication Type: Journal: Editorial

Subject Headings: angiography
artery intima proliferation
balloon catheter
biocompatibility
biodegradability
device recall
device safety
*drug eluting stent
editorial
equipment design
heart muscle revascularization
human
outcome assessment
randomized controlled trial (topic)
"restenosis/co [Complication]"
risk benefit analysis
"stent thrombosis/co [Complication]"
"stent thrombosis/dt [Drug Therapy]"
"stent thrombosis/th [Therapy]"

Source: EMBASE
Cavernous Transformation of Portal Vein - A Rare Cause of Massive Hepatomegaly

Citation: Journal of Postgraduate Medical Institute, 2013, vol./is. 27/2(223-227), 1013-5472;1811-9387 (2013)

Author(s): Shamim S.M.S.; Higham A.

Institution: (Shamim, Higham) Department of Gastroenterology, East Lancashire Hospitals NHS Trust, Lancashire, United Kingdom

Language: English

Abstract: There are very few reported cases of Cavernous Transformation of Portal Vein (CTPV) in adults. We present a case of 79 years old male who was found to have this complication due to portal vein thrombosis (PVT). A 79 year old male with background history of JAK2 positive Myeloproliferative disorder (MPD) was referred with abnormal liver function tests. Patient was clinically well and asymptomatic. During initial workup for his abnormal LFTs, patient was noted to have enlarged caudate lobe of liver. Further abdominal imaging studies showed massively enlarged caudate lobe of liver with Cavernous Transformation of Portal Vein (CTPV), a very rare complication of portal venous thrombosis. Cavernous transformation of portal vein is a very rare cause of enlarged caudate lobe of liver. The management of CTPV is mainly symptomatic. Most of the patients are asymptomatic at presentation. Complications mostly occur due to portal hypertension which can be life threatening. There is no consensus on the management of Cavernous Transformation of portal vein itself. Patients with cavernous transformation of portal vein should be kept under regular follow up. 2011-12, All Rights Reserved. e Journal System.

Country of Publication: Pakistan

Publisher: Postgraduate Medical Institute (Lady Reading Hospital, Peshawar, Pakistan)

CAS Registry Number: 9001-78-9 (alkaline phosphatase); 68475-42-3 (anagrelide); 55326-32-4 (gamma glutamyl hydrolase); 9074-87-7 (gamma glutamyl hydrolase); 127-07-1 (hydroxyurea)

Publication Type: Journal: Article

Subject Headings: abnormal laboratory result aged article cancer radiotherapy cancer regression case report "#cavernous transformation of portal vein/co [Complication]" "#cavernous transformation of portal vein/di [Diagnosis]" "#cavernous transformation of portal vein/dt [Drug Therapy]" "#cavernous transformation of portal vein/su [Surgery]" computer assisted tomography digestive system examination echography follow up gastroscopy "#hepatomegaly/co [Complication]" human human tissue liver function test "#liver vein thrombosis/co [Complication]" "#liver vein thrombosis/di [Diagnosis]" "#liver vein thrombosis/dt [Drug Therapy]" "#liver vein thrombosis/su [Surgery]" male "myeloproliferative disorder/di [Diagnosis]" "myeloproliferative disorder/dt [Drug Therapy]" portal hypertension "prostate carcinoma/rt [Radiotherapy]"
recanalization
symptomatology
thrombocyte count
thrombocytosis
treatment outcome
"alkaline phosphatase/ec [Endogenous Compound]"
"anagrelide/dt [Drug Therapy]"
"antineoplastic agent/dt [Drug Therapy]"
gamma glutamyl hydrolase
"hydroxyurea/dt [Drug Therapy]"
"Janus kinase 2/ec [Endogenous Compound]"

Source: EMBASE
Full Text: Available from Directory of Open Access Journals in JPMI

148. First, do no harm

Citation: Psychiatrist, January 2013, vol./is. 37/1(33), 1758-3209;1758-3217 (January 2013)
Author(s): Reed P.F.
Institution: (Reed) Lancashire Care NHS Foundation Trust, Royal Blackburn Hospital, Blackburn, United Kingdom
Language: English
Country of Publication: United Kingdom
Publisher: Royal College of Psychiatrists (17 Belgrave Square, London SW1X 8PG, United Kingdom)
CAS Registry Number: 5786-21-0 (clozapine); 132539-06-1 (olanzapine)
Publication Type: Journal: Letter
Subject Headings: cardiometabolic risk
"cardiovascular disease/si [Side Effect]"
drug substitution
drug withdrawal
human
letter
"metabolic disorder/si [Side Effect]"
mortality
risk benefit analysis
risk reduction
"schizophrenia/dt [Drug Therapy]"
"side effect/si [Side Effect]"
weight gain
"clozapine/ae [Adverse Drug Reaction]"
"*neuroleptic agent/dt [Drug Therapy]"
"olanzapine/ae [Adverse Drug Reaction]"

Source: EMBASE

149. Distal humeral fixation of an intramedullary nail periprosthetic fracture.

Citation: Case Reports in Orthopedics, 2013, vol./is. 2013/(690906), 2090-6749;2090-6757 (2013)
Author(s): Divecha HM; Marynissen HA
Institution: Department of Trauma & Orthopaedic Surgery, East Lancashire Hospitals NHS Trust, Haslingden Road, Blackburn BB2 3HH, UK.
Language: English
Abstract: Distal humeral periprosthetic fractures below intramedullary nail devices are complex and challenging to treat, in particular due to the osteopenic/porotic nature of bone found in these patients. Fixation is often difficult to satisfactorily achieve around the
intramedullary device, whilst minimising soft tissue disruption. Descriptions of such cases in the current literature are very rare. We present the case of a midshaft humeral fracture treated with a locking compression plate that developed a nonunion, in a 60-year old female. This went on to successful union after exchange for an intramedullary humeral nail. Unfortunately, the patient developed a distal 1/5th humeral periprosthetic fracture, which was then successfully addressed with a single-contoured, extra-articular, distal humeral locking compression plate (Synthes) with unicortical locking screws and cerclage cables proximally around the distal nail tip region. An excellent postoperative range of motion was achieved.

150. Mastalgia.

Citation: BMJ, 2013, vol./is. 347/(f3288), 0959-535X;1756-1833 (2013)
Author(s): Iddon J; Dixon JM
Institution: East Lancashire Hospitals NHS Trust, Lancashire, UK.
Language: English
Country of Publication: England
Publication Type: Journal Article
Subject Headings: MEDLINE
Available from Highwire Press in BMJ
Available from BRITISH MEDICAL JOURNAL in Royal Blackburn Hospital

151. Paroxysmal kinesigenic dyskinesia and other paroxysmal phenotypes associated with PRRT2 gene mutations

Citation: Developmental Medicine and Child Neurology, January 2013, vol./is. 55/(15), 0012-1622 (January 2013)
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Language: English
Abstract: Objective: To detail the motor phenotype, associated features, family history and genotype of cases of paroxysmal kinesigenic dyskinesia (PKD) caused by mutations in the newly described PRRT2 gene. Methods: We recruited 11 patients (1) who clinically fulfilled the established diagnostic criteria for PKD1 and (2) who had onset of symptoms before the age of 18 years. We studied the detailed clinical and molecular genetic features of 11 childhood-onset PRRT2-mutation positive PKD patients. In addition three family members of one family were also tested because they presented with hemiplegic migraine and/or infantile seizures. Results: Onset of disease was on average 8.63 years, ranging from 5 to 11 years. The motor presentation was characterised by multiple daily paroxysmal episodes of dystonia/dyskinesia usually lasting for less than one minute. Most patients presented nonkinesigenic attacks in addition to the classical movement-induced paroxysmal episodes. One family demonstrated great phenotypic variability with PKD, infantile convulsions and/or hemiplegic migraine affecting different family members with the same mutation. All patients in whom anti-epileptics were tried (carbamazepine/phenytoin) showed a dramatic improvement with complete abolition of dyskinetic episodes. The 11 PRRT2-positive patients harboured a total of four different PRRT2 mutations. The most prevalent mutation was c.649dupC (p.R217Pfs*8), which was found in seven patients, from five different families. The other previously reported mutations were c.649C>T (p.R217X), c.913G>T (p.G305W) and a novel heterozygous 0.525 Mb microdeletion spanning from 29 581 455 to 30 106 101 Mb on chromosome 16p11.2, including the PRRT2 gene. All mutations are predicted to be pathogenic. We obtained video recordings of attacks in three patients from this cohort, which confirm the clinical description of attacks. Conclusion: Our detailed description of childhood PKD contributes to the growing spectrum of manifestations of PRRT2 mutations.


Publisher: Blackwell Publishing Ltd
Publication Type: Journal: Conference Abstract
Subject Headings: *phenotype *gene mutation *neurology *dyskinesia mutation patient human hemiplegic migraine childhood gene videorecording chromosome 16 diagnosis genotype epilepsy family history convulsion seizure phenytoin

Source: EMBASE
Full Text: Available from EBSCOhost in Developmental Medicine & Child Neurology