In This Month's IMJ

June 2017 Vol 110 Number 6

IMJ Commentary

Decision Making and the New Technologies in Clinical Practice

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Editor

Editorial

Trends in surgical mortality following colorectal resection between 2002 and 2012: A single-centre retrospective analysis

I Stephens, C Stuart, R Stephens, P McCormick, J Larkin, B Mehigan

Stephens et al report on the surgical outcome for 959 patients with colorectal cancer during an 11 year period. Over time the mortality rate has decreased from 7.8% (2002) to 0% (2012). During the study period there were 28 surgical deaths.

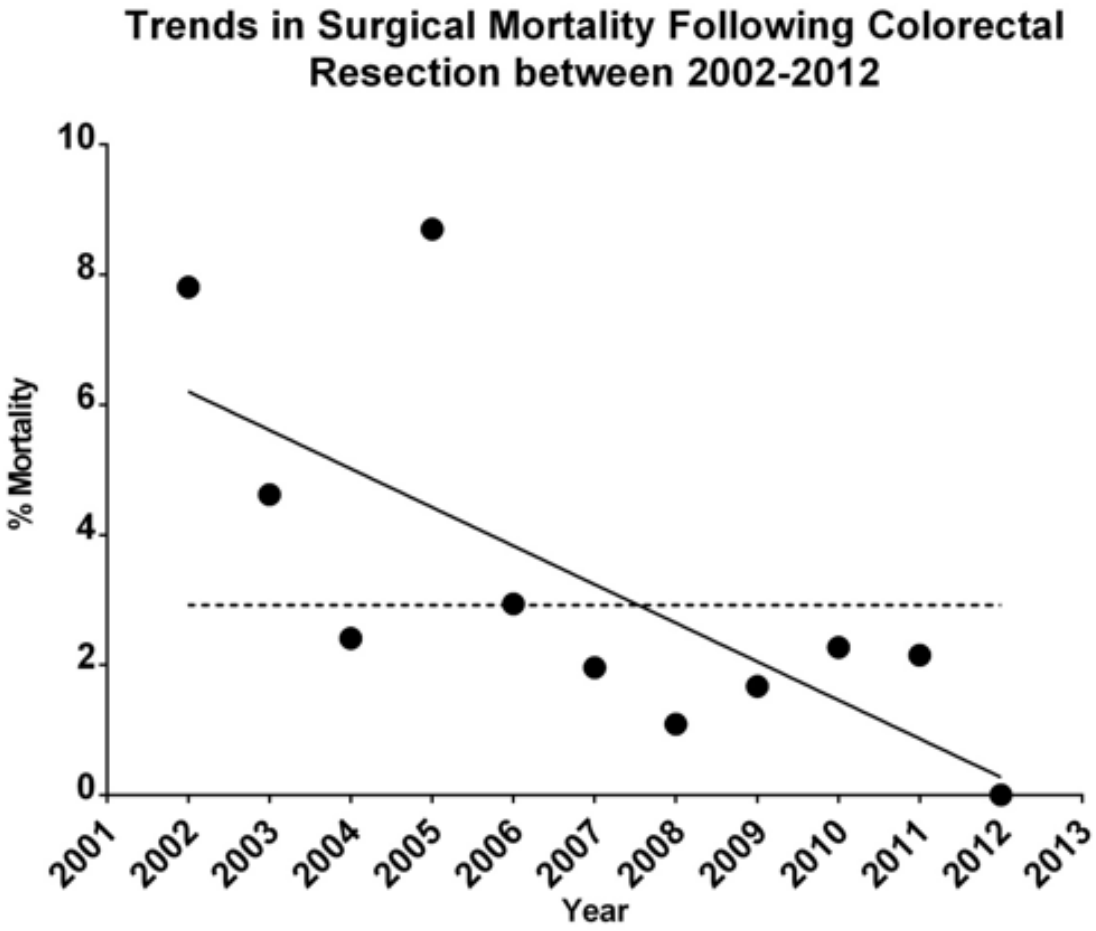


Figure 1 – Mortality rates for each year between 2002 and 2012 were calculated and graphed, comparing rates across the time period. The average rate across all years was 2.92%. A downward trend was seen across the 11years (p=0.0132. R=0.459).

Original Papers

Association between psychological distress and cancer type in patients referred to a psycho-oncology service

CLavelle, MF Ismail, K Doherty, A Bowler, MM Mohamad, EM Cassidy

Lavelle et al report that the cancer type is not associated with the level of cancer distress. The 3 commonest cancers encountered were breast, haematological, and lung.

Table 2. Demographics and distress score according to cancer diagnosis

Cancer Diagnosis	N (%)	Mean age (S.D)	Female (%)	Cancer diagnosis <3 months (%)	Median Distress Score
Breast	486 (23.1)	55 (11.5)	483 (99)	276 (57)	7.0 (1-10)
Haematological	445 (21.2)	53 (15.4)	191 (43)	241 (54)	6.0 (0-10)
Lung & thoracic	280 (13.3)	62 (9.1)	124 (44)	221 (79)	6.0 (0-10)
Gastrointestinal	234 (11.1)	60 (11.8)	100 (43)	146 (62)	6.0 (0-10)
Genital	226 (10.8)	56 (13.8)	170 (75)	123 (54)	6.0 (1-10)
Central nervous system	96 (4.6)	53 (17.0)	35 (36)	65 (68)	5.0 (0-10)
Head and neck	88 (4.2)	57 (12.7)	31 (35)	72 (89)	6.0 (2-10)
Skin	77 (3.7)	54 (14.9)	47 (61)	31 (40)	7.0 (1-10)
Urinary tract	53 (2.5)	64 (8.5)	13 (25)	18 (34)	7.0 (3-10)
Mesothelial and soft tissue	31 (1.5)	58 (17.1)	11 (35)	18 (58)	5.0 (0-10)
Endocrine	24 (1.1)	52 (17.9)	17 (71)	19 (79)	7.5 (1-10)
Bone and cartilage	23 (1.1)	57 (15.3)	12 (52)	9 (39)	6.0 (3-10)
Unknown primary	24 (1.1)	56 (12.3)	15 (63)	20 (83)	6.5 (3-10)
Multiple primary	15 (0.7)	59 (13.3)	8 (53)	5 (33)	6.0 (5-8)

A national audit of smoking cessation services in Irish maternity hospitals

Reynolds CME., Egan B., Cawley S., Kennedy , R., Sheehan S.R., Turner M.J.

Reynolds et al found that all Units gave verbal cessation advice to smokers. 12 Units in addition gave written advice. 5 Units revisited smoking status in later pregnancy. The authors recommend that smoking cessation services should be implemented in a more standardized way across all Units.

Table 2. Smoking cessation advice provided at first antenatal appointment.

	% (n)
Are women asked if they wish to quit smoking during their pregnancy?	
Yes	84.2 (16)
No	15.8 (3)
Is smoking cessation information given to all women who report smoking?	
Yes	100.0 (19)
No	0.0 (0)
What type of smoking cessation advice is given to women who report smoking in pregnancy?	
Verbal advice	36.8 (7)
Leaflet	0.0 (0)
Both verbal and leaflet	63.2 (12)
If advice is given verbally, what healthcare professional delivers this advice?	
Midwife	100 (19)
How long does the advice last?	
Mean time (range) (seconds)	333.3 (10.0-780.0)
Are all midwives that give the smoking cessation advice trained to give this advice?	
Yes	31.6 (6)
No	68.4 (13)

A survey of clinical uncertainty from the paediatric basic trainee perspective

MB O'Neill,ZA Sarani, AJ Nicholson,M Elbadry ,AM Deasy

O'Neill et al explored the decision-making strategies of trainees. Important factors were clinical knowledge and senior colleague's opinion. 60% experienced anxiety post-call due to uncertainty. The authors urge that these issues be addressed during training.

Factors influencing decision making	Mean Likert score	+ve skewed Likert (5-6) score n (%)
Clinical knowledge	5.7	40(97%)
Opinion of senior colleague	5.4	35(85.4%)
Fear of making an error	4.6	26(63.4%)
Patient's anxiety and expectations	4.3	22(53.7%)
Personal Impact of Uncertainty		
Anxiety at home with clinical decisions	4.4	24(58%)
Strategies to lessen uncertainty		
Enhanced clinical experience	5.7	40(97%)
Improved teaching	5.8	39(92%)
Mentoring	5.6	38(92%)
Knowledge of clinical 'Red Flags'	5.6	36(87.8%)
Sharing with colleagues	5.0	33(80.5%)
Use of Evidence based medicine	5.2	32(78%)
Use of online resources	4.7	32(78%)
Building resilience	5.0	30(72%)
Developing self-awareness	4.5	28(68%)
Developing shared decision making parents	4.2	28(62%)

Table 1. Factors influencing decision making, personal impact of uncertainty and strategies to lessen uncertainty with Mean and positive skewed (Likert 5-6) scores number (N) and percentages (%).

Long-term follow-up of patients with spontaneous clearance of hepatitis C: does viral clearance mean cure?

M Iqbal, P A McCormick, M Cannon, N Murphy, P Flanagan, J E Hegarty, L Thornton

Iqbal et al report on the long-term follow-up of patients who were hepatitis C antibody positive but HCV RNA negative. Among 321 patients the follow-up tests remained negative. The median time interval was 13 years.

Table 1: Patients whose first HCV RNA test was negative, without prior antiviral treatment, and who had at least one subsequent positive result

Patient	Outbreak	Serial RNA results	Most likely explanation
1	1	1 positive RNA test in 1996; this was the 4th test done. The patient had 22 subsequent negative RNA results between 1996 and 2013.*	**False positive result**
2	1	1 positive RNA test in 1996; this was the 2nd test done. The patient had 18 subsequent negative RNA results between 1996 and 2013.*	**False positive result**
3	1	1 positive RNA test in 1996; this was the 2nd test done. The patient had 13 subsequent negative RNA results between 1997 and 2012.*	**False positive result**
4	1	1 positive RNA test in 1997; this was the 2nd test done. The patient had 15 subsequent negative RNA results between 1997 and 2012.*	**False positive result**
5	1	1 positive RNA test in 1997; this was the 3rd test done. The patient had 24 subsequent negative RNA results between 1997 and 2013.*	**False positive result**
6	2	1 positive in RNA test in 1998; this was the 3rd test done. There were 8 subsequent negative RNA results between 1999 and 2008.*	**False positive result**
7	1	First RNA test negative in 1996, nine positive RNA results between 1996 and 2001, one further negative RNA result in 2005, followed by six positive RNA results between 2007 and 2011, one negative result in 2011 and three positive results between 2011 and 2013.	**Low level persisting viraemia**
8	2	First RNA test negative in 1995, three positive RNA tests between 1995 and 1999. The patient was treated in 1999 and achieved SVR.	**False negative result**
9	1	First RNA test negative in 1996, 25 subsequent RNA positive results between 1996 and 2012.	**False negative result**

*Did not have hepatitis C anti-viral treatment

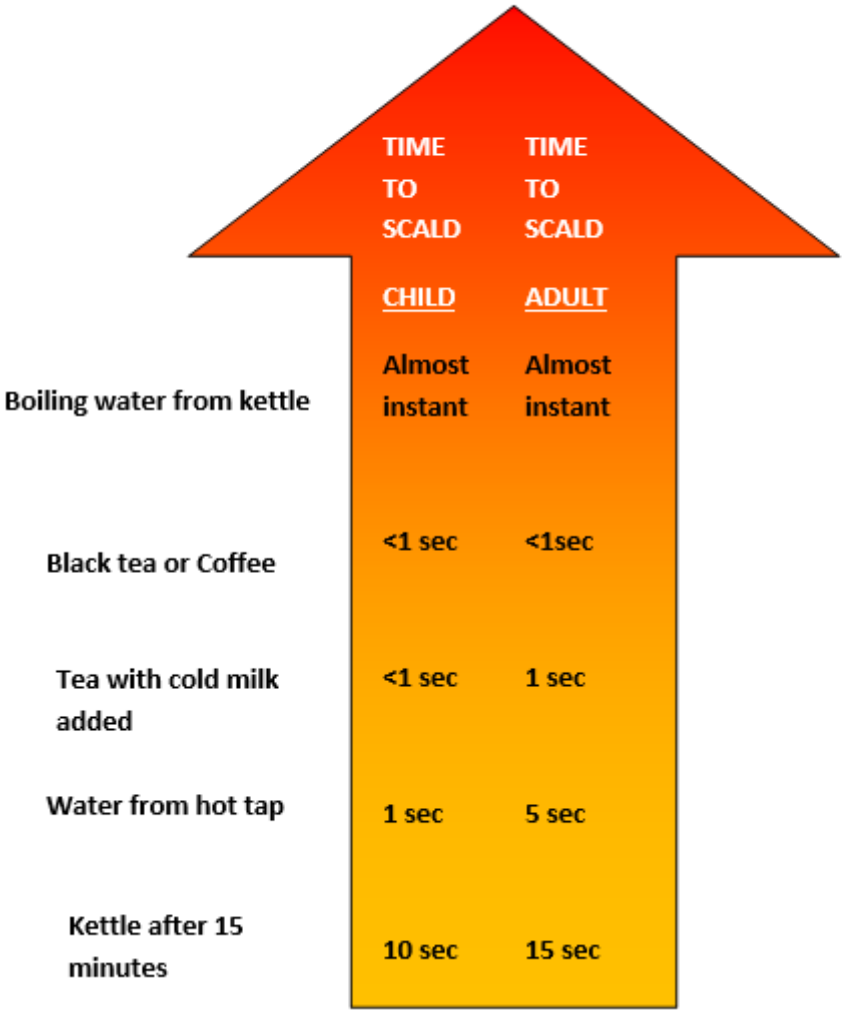
Fancy a cup of scald? The role of hot beverage burns in paediatric burns admissions in Ireland

F McGuire, M Hegarty, P Jennings, P Marsden, L Smith

McGuire et al report on 233 burn injuries in children. 74% of the burns were due to scalds. 77% were partial thickness and 73 affected the upper body. Hot beverages accounted for 33% cases.

Figure 1: Approximate time for hot liquids to cause serious scalds in children vs. adults

(Data adapted from paper by Jamnadas-Khoda B, See MS et al. [14])

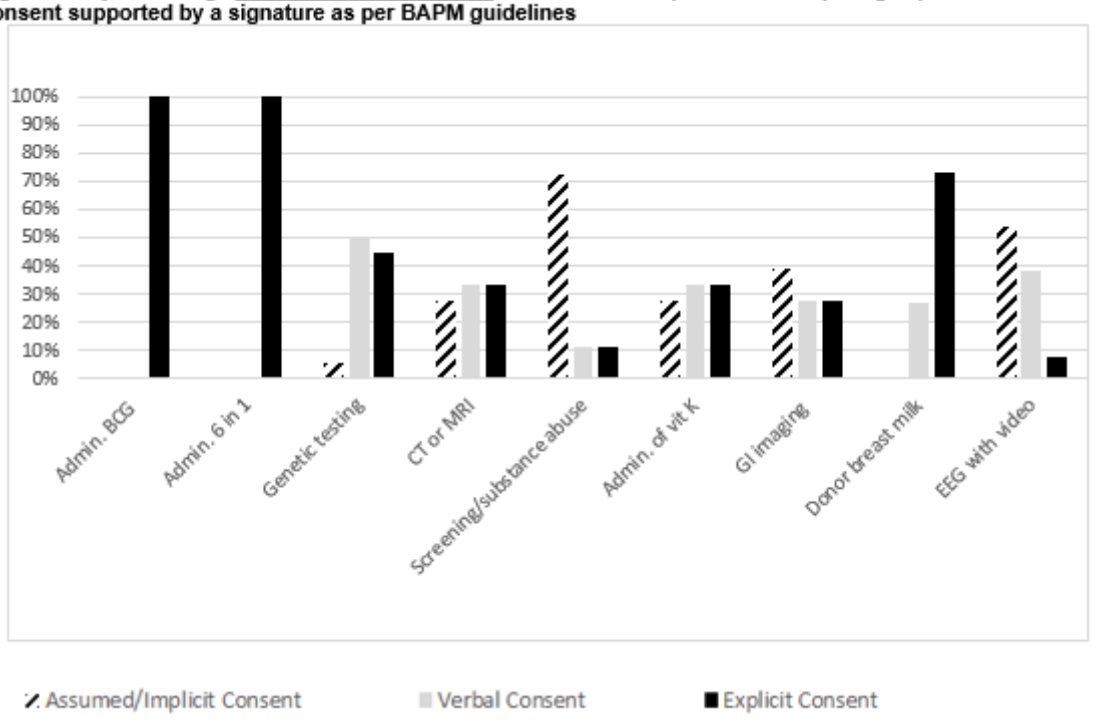


Consent for routine neonatal procedures: A study of practices in Irish neonatal units: How do we compare with the gold standard BAPM guidelines?

M A Ryan, C A Ryan, E Dempsey, R O'Connell

Ryan et al found lack of consistency in relation to the modes of consent obtained for a bundle of procedures. There was agreement for 3 items, BCG, 6-in-1 and donor breast milk.

Fig 3.0 Study of findings in Irish Neonatal facilities for the 9 routine procedures requiring explicit consent supported by a signature as per BAPM guidelines

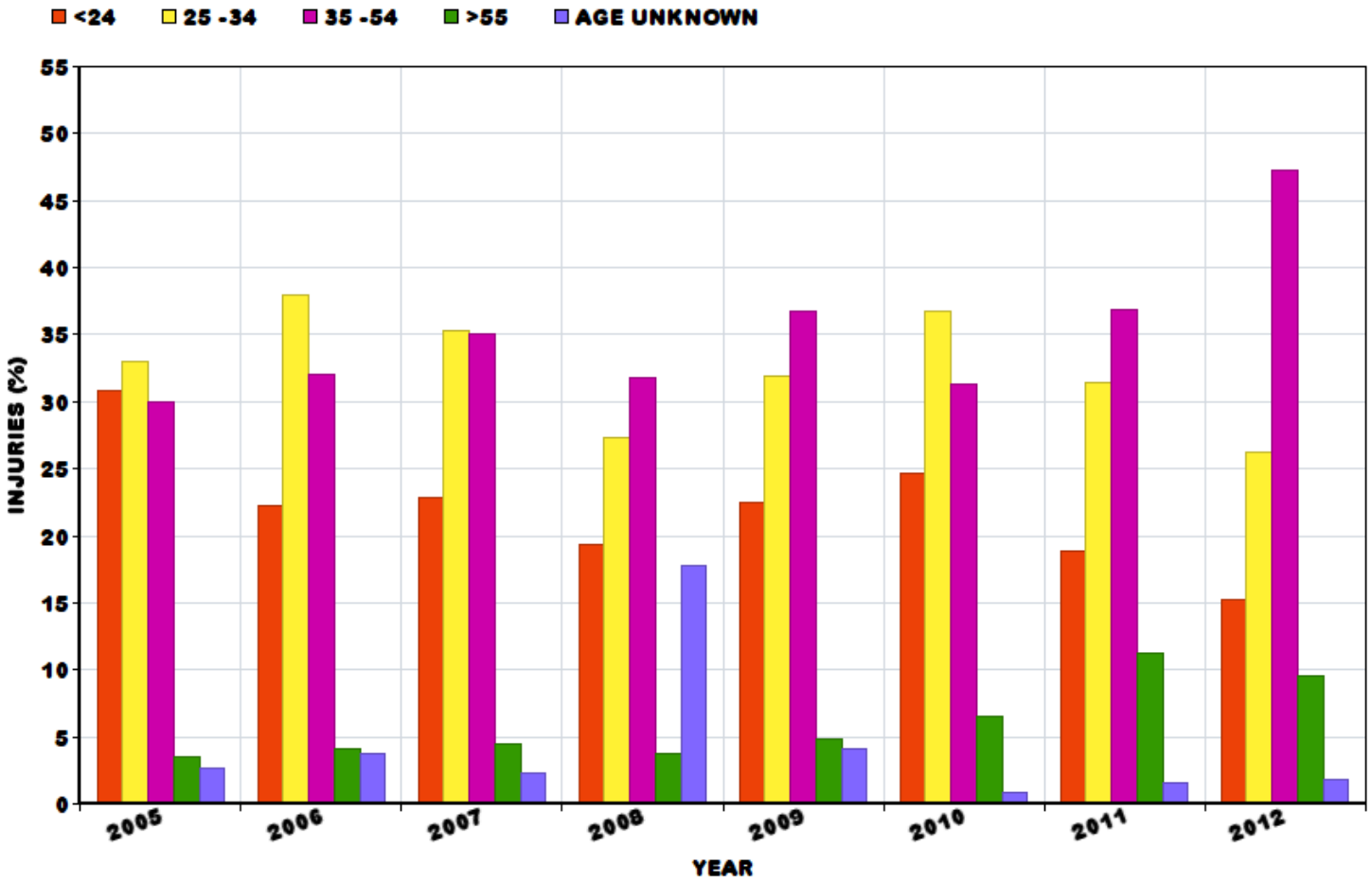


Older motorcyclists in Ireland

D Fitzpatrick, D O'Neill

Fitzpatrick and O'Neill motorcycle injuries among older riders is increasing. Injuries have increased from 17 (2005) to 31 (2012). They have longer stays in hospital but are less likely to be fatally injured.

FIGURE 2: PERCENTAGE OF NONFATAL MOTORCYCLIST INJURIES BY AGE (BASED ON DATA FROM THE RSA(10))



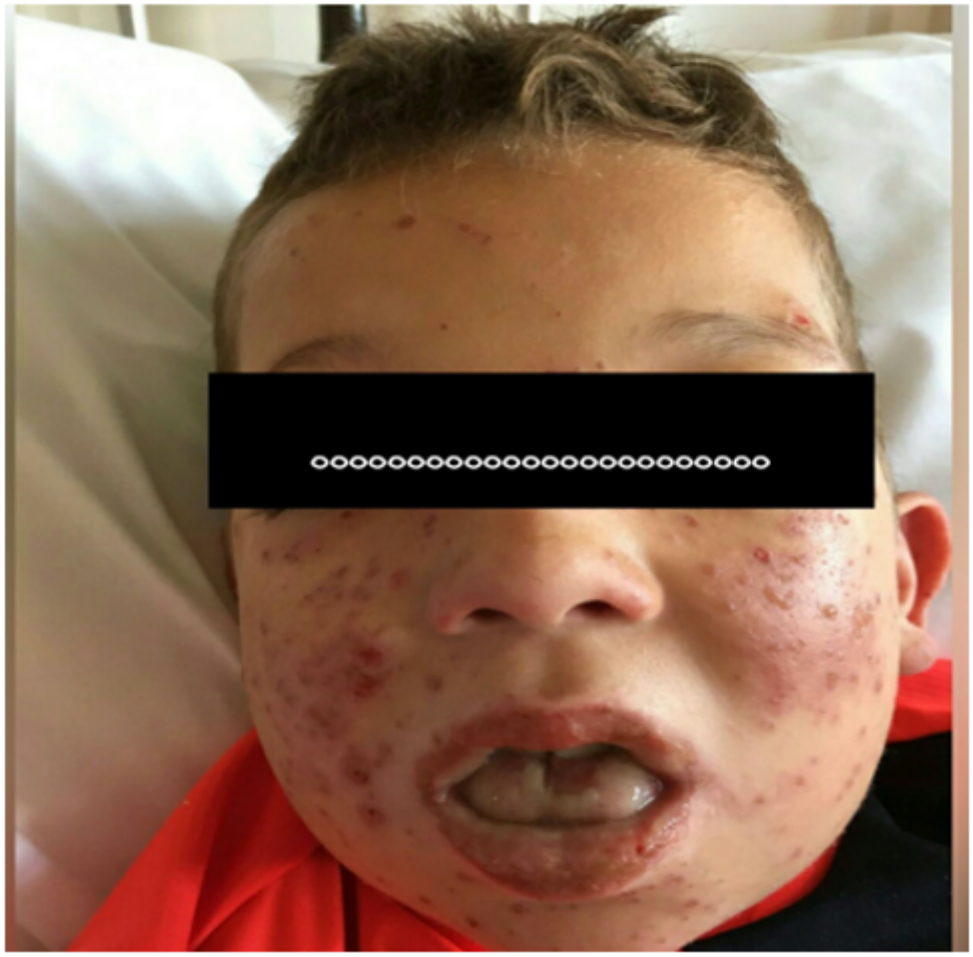
Case Reports

Stevens-Johnson Syndrome induced by combination of Lamotrigine and Valproic Acid in a 9 year boy

K Maduemem, A Vatca, T O'Neill, D Buckley

Maduemem et al report a case of Stevens-Johnson Syndrome (SJS) in a child. The causative agents were Lamotrigine and Valproic Acid. The authors explain that Valproic Acid decreases Lamotrigine clearance by 60%. It is postulated a rapid rise in Lamotrigine levels increases the occurrence of skin lesions and rash

Fig. 1: Erythematous, vesicular lesions on the puffy face with ulcerated, exudative oral mucosa



A cluster of Hepatitis A viral infection in HSE South

HA Ferris, A Dillon, MB O' Sullivan

Ferris et al report on 5 cases of Hepatitis A. The spread appears to have been related to a swimming pool with suboptimal chlorine levels. The authors emphasise the importance of prompt notification of cases.

Table No: 1 Case Summary

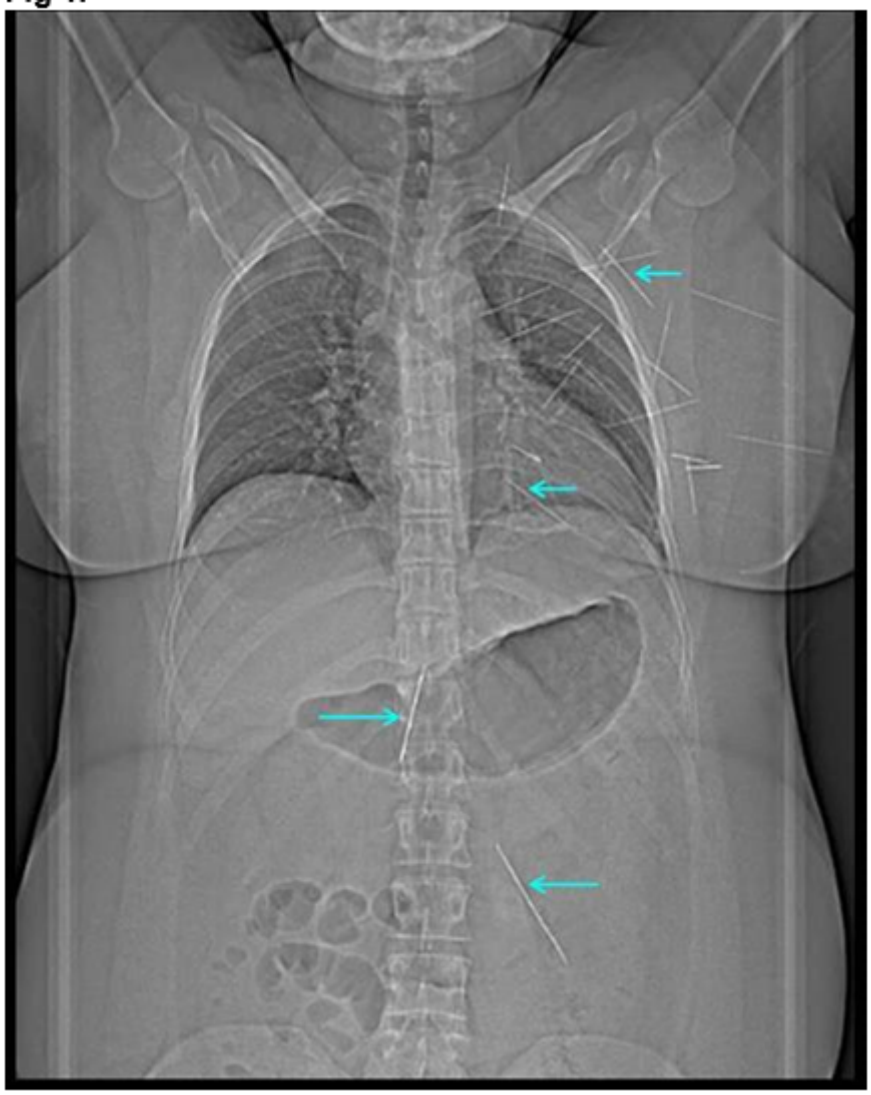
Case	Age	Date of Diagnosis (Positive IgM)	Public Health Notified	Known Contacts	Symptom Onset	Risk Factor
1	10	27/07/16	09/08/16	No	22/07/16	Same school as Case 2 Same pool as Case 5
2	10	08/08/16	12/08/16	No	06/08/16	Same school as Case 1
3	38	22/08/16	23/08/16	Yes	22/08/16	Mother of Case 1
4	38	29/08/16	29/08/16	Yes	27/08/16	Father of Case 1
5	13	21/08/16	07/09/16	No	20/08/16	Same pool as Case 1

An unusual case of multiple self-inflicted punctures to the precordium

F Borhan, N Borhan , B O'Riordan.

Borhan et al report a 32 female patient who inserted at least 19 sewing needles into her chest, abdomen, and soft tissues. She required both a thoracotomy and a laparotomy. One needle had penetrated her right ventricle.

Fig 1.



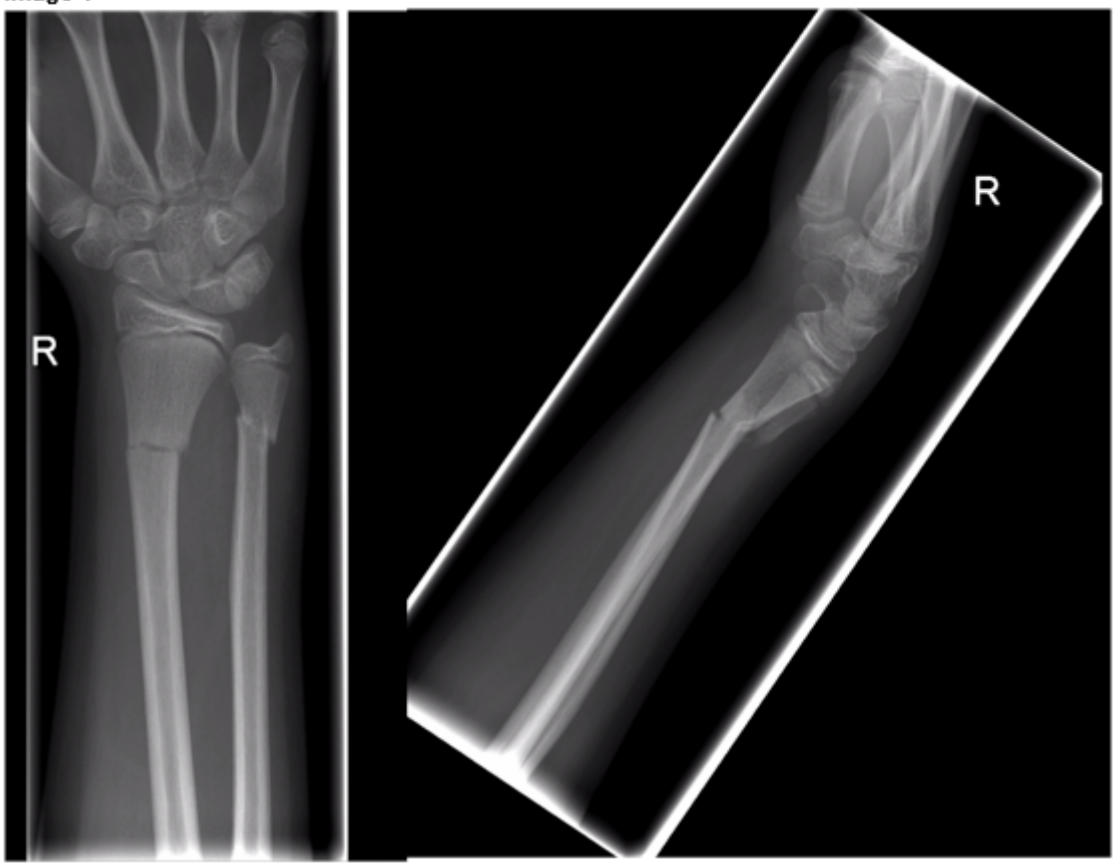
Short Report

The selfie wrist- selfie induced trauma

RF Lyons, JC Kelly, CG Murphy.

Lyons report 4 cases of fracture to the distal upper limb extremity in patients who fell while taking a selfie. All fractured occurred in the limb not holding the phone. Selfie sticks were not involved. The explanation is poor spatial awareness while taking the photograph.

Image 1



Letters to the Editor