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COMMENTARY

EDITORIALS

ORIGINAL PAPERS

O'Callaghan et al report that influenza vaccine uptake among oncology day ward staff is 48%. Fears about vaccine side-effects and doubts about the need for vaccination were voiced. Another barrier was the difficulty in getting vaccinated due to clinical commitments.

[Read Article]

Table 2: Knowledge of seasonal influenza vaccination: frequency and proportion of correct and incorrect responses among surveyed oncology day ward staff.

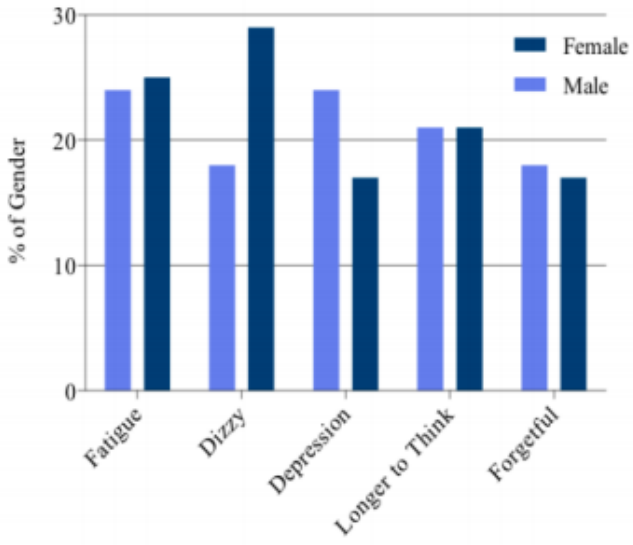
	Correct (%)	Incorrect (%)	Don't know (%)
1. Seasonal influenza vaccine is a live vaccine (false)	91 (50.8)	78 (43.6)	10 (5.6)
2. It is necessary for healthcare workers to be vaccinated every year (true)	149 (81.4)	26 (14.2)	8 (4.4)
3. Vaccination of staff reduces the likelihood of a hospital outbreak (true)	157 (85.3)	16 (8.7)	11 (6.0)
4. Inactivated seasonal influenza vaccine is recommended for all cancer patients (true at time of survey completion)	127 (71.0)	28 (15.6)	24 (13.4)
5. Seasonal influenza vaccine can cause flu (false)	121 (66.8)	45 (24.9)	15 (8.3)
6. Immune response to vaccination may be blunted in those receiving chemotherapy (true)	81 (45.5)	53 (29.8)	44 (24.7)

Telephone Follow-Up of Mild Traumatic Brain Injury; A Feasibility Study...P984

Underwood et al undertook a study to determine the extent of post-concussion syndrome (PCS). 21% of those in the study were suffering from PCS one year after the injury.

[Read Article]

Figure 2: *The most commonly reported symptoms on the Rivermead Post-concussion Symptoms Questionnaire (RPQ), according to gender*



High-flow Nasal Cannulae, Bronchopulmonary Dysplasia and Retinopathy of Prematurity.....P985

Healy et al addressed the issue of high-flow nasal cannulae (HFNC). They found that the incidence of bronchopulmonary dysplasia (BPD) had increased from 13.1% prior to 35.3% after the introduction of HFNC. More infants received treatment for retinopathy of prematurity (ROP) 0/214 vs 11/205 after HFNC. The authors suggest that HFNC as a weaning tool should be further evaluated before being accepted as a norm.

[Read Article]

Table 2: Outcomes of patients analysed by cohorts pre (2010-2012) and post (2014-2016) introduction of high-flow nasal cannula.

	2010-2012 (n=256)	2014-2016 (n=238)	Sig
Death	17/256 (6.6%)	13/236 (5.5%)	0.600 †
BPD	33/251 (13.1%)	82/232 (35.3%)	<0.001 †
Ibuprofen	18/256 (7%)	20/238 (8.4%)	0.567 †
Pneumothorax	11/256 (4.3%)	14/238 (5.9%)	0.428 †
Length of stay ✹	54 days (±38)	59 days (±49.5)	0.01 ▾
Any ROP	13/204 (6.1%)	39/205 (19%)	<0.001 †
Maximum stage of ROP			
-ROP stage 1	6/214 (2.8%)	17/205 (8.3%)	
-ROP stage 2	5/214 (2.3%)	13/205 (6.3%)	
-ROP stage 3	2/214 (0.9%)	9/205 (4.4%)	<0.001 †
Surgery for ROP	0/214 (0%)	11/205 (5.4%)	0.001 †
ROP duration of follow up ○	37+1 weeks (±4+1)	37+5 weeks (±4+1)	0.27 ✦
✹= median (interquartile range); ○=mean±SD; ✦=t-test; †=chi-squared; ▾=Mann Whitney U-test			

A Geospatial Analysis of Adult Major Trauma Transit Time in Dublin.....P986

Kelly et al have studied major trauma transit times in Dublin. The median transit time to each emergency department varied from 5-8 minutes, the longest time being 26 minutes.

[Read Article]

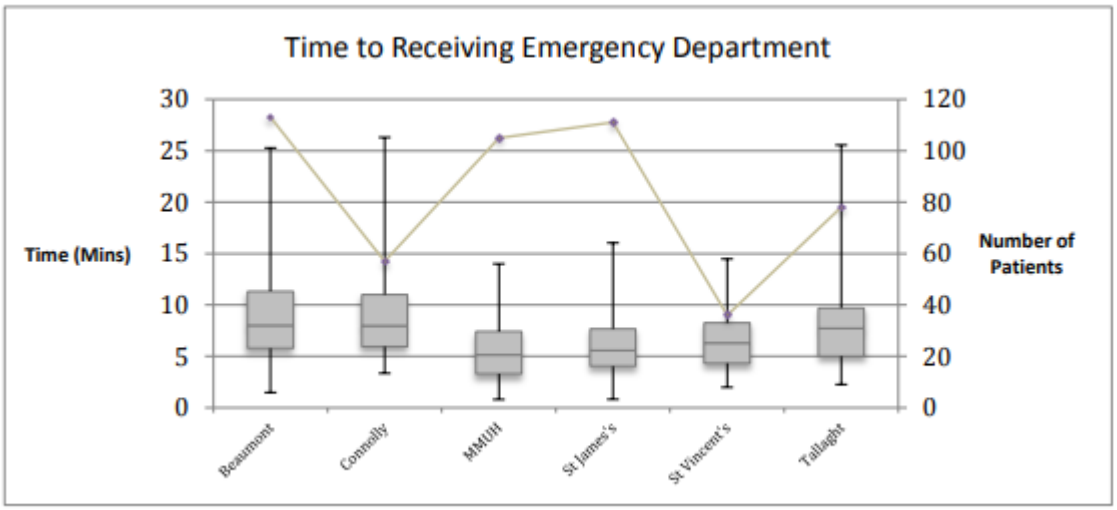


Figure 2: Actual travel time from incident to Receiving Emergency Department

What Stops Doctors Switching from Intravenous to Oral Antibiotics?.....P987

Hogan-Murphy et al examined the timing of the switch from intravenous to oral antibiotics. Clinical inexperience and lack of knowledge on the efficacy of oral antibiotics was voiced by some doctors. Other suggestions were electronic prescribing, better availability of laboratory results, and senior medical support.

[Read Article]

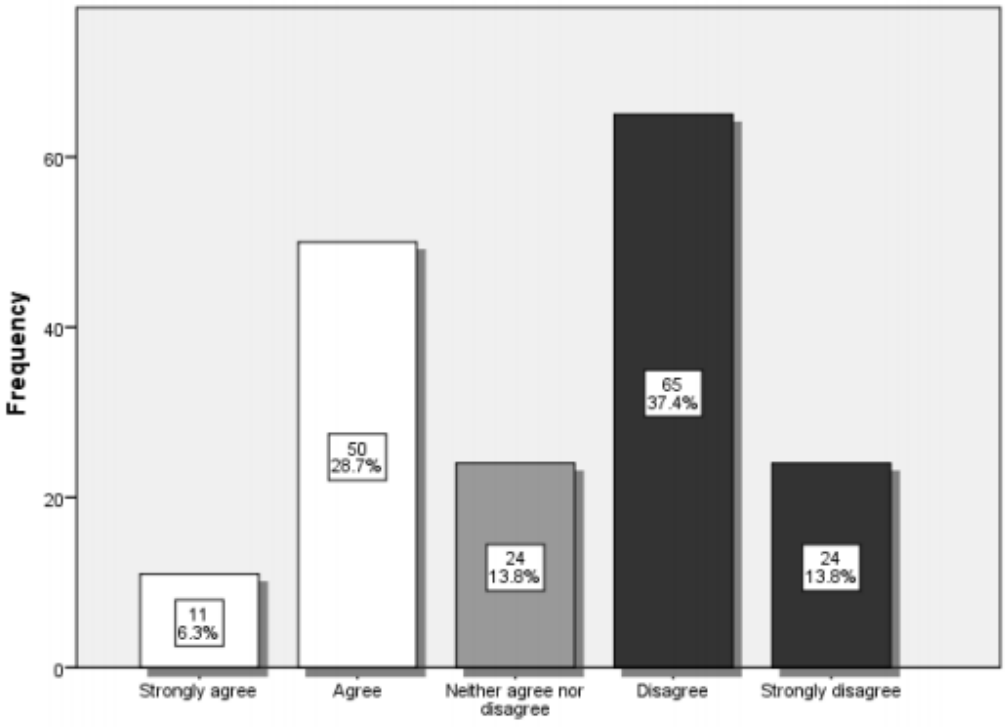


Figure 2: Did not have education on the benefits of switching from IV to oral antibiotics (n=174)

RISKS FOR SURGICAL SITE INFECTION AFTER INFRA-INGUINAL BYPASS.....P988

Almushcab et al have studied 50 adult patients who underwent infra-inguinal vascular bypass surgery. Ten patients developed a surgical site infection. Infection was more common with female gender, high BMI, and longer post-operative stay.

[Read Article]

Table 1: Factors associated with surgical site infection (SSI) in 50 consecutive patients with infra-inguinal bypass surgery from 27 January 2012 to 26 July 2017

	SSI (n=10)	No SSI (n=40)	P value (bold indicates statistical significance)
Age > 65 years	4	25	0.453
Gender: female	5	7	**0.039**
BMI* >25	3	7	**0.017**
Diabetes	5	9	0.115
Mode of admission			0.710
- Elective†	8	30	
- Non-elective admission	2	10	
Pre-operative limb status			
Short distance claudication	1	14	0.362
Critical limb ischaemia	5	9	0.115
Tissue loss	3	13	0.167
Operative factors			
Intra-operative blood transfusion	4	12	0.229
Operation duration >3 hours	5	15	0.639
SAP‡>24 hours	4	18	0.197
Femoropopliteal bypass type			0.700
- Above knee	6	10	
- Below knee	4	30	
Graft type			0.610
- Venous	5	17	
- Synthetic	5	22	
- Unknown	0	1	
SSI			
- Superficial incisional	9	0	
- Deep incisional	1	0	
- Organ space	0	0	
Length of stay – days (d)			
- Overall: mean 18.75 (range 4-70 d)	22.5 (7-70 d)	19.48 (4-59 d)	**0.001**
- Pre-operative: mean 4.9 (range 0-20d)	3.1 (0-16 d)	5.2 (0-21 d)	**0.039**
- Post-operative: mean 14.4 (range 4-58d)	28.9 (7-54d)	14.5 (3-58 d)	**0.022**
Graft occlusion at follow up review			
- at 30 d (3/46 grafts occluded)	0	3	0.431
- at 1 year (4/38 grafts occluded)	1	3	0.732

SHORT REPORTS

Benefit of Sequential Audit Cycles in Improving Management of Vitamin D Deficiency in the HIV Infected Paediatric Population.....P990

Geoghegan et al report on the vitamin D levels among HIV infected children in 2009,2015, and 2017. Over time the proportion with normal vitamin D levels increased from 27% (2009) to 71% (2017).

[Read Article]

The demographics of paediatric HIV infection in children in Ireland has remained largely unchanged over the study period **(Table 1).**

	2009 (n=66)	2015 (n=56)	2017 (n=42)
Age (Years)			
Median	11	11	12
Range	1-17	3-18	1-18
Sex			
Male	31 (47%)	33 (59%)	24 (57%)
Female	35 (53%)	23 (41%)	18 (43%)
Ethnicity			
African	52 (79%)	48 (86%)	36 (85%)
Caucasian	11 (17%)	6 (11%)	4 (10%)
Asian	0	1 (1.5%)	2 (5%)
Mixed Race	3 (4%)	1 (1.5%)	0
Vitamin D Levels			
Deficient <25nmol/L	10(15%)	5(9%)	0
Insufficient 25-50nmol/L	38(58%)	35(62%)	8(19%)
Normal 50-120nmol/L	18(27%)	15(27%)	30(71%)
Risk of toxicity >120nmol/L	0	0	4(10%)
Not tested	0	1(2%)	
Autumnal Testing	40 (61%)	32 (57%)	39 (93%)
Prescribed Maintenance Vit D	Not available	49 (88%)	41(98%)
Treated with high dose vitamin D if insufficiency/deficiency at some point during the year	Not available	Not available	67% (12)

CASE REPORTS

Status Cataplecticus Following Abrupt Withdrawal of Clomipramine..... P991

Fullam et al describe a case of status cataplecticus following the withdrawal of Clomipramine. He was recommenced on Clomipramine with led to a resolution of the episodes. The diagnosis of narcolepsy was confirmed by CSF undetectable hypocretin/orexin levels.

[Read Article]

CASE SERIES

Nestor et al report 3 cases of metformin-associated lactic acidosis. Two of the patients died. The authors point out that the concomitant use of metformin and alcohol are not recommended. The early features are muscle cramps, abdominal pain, hypothermia, and fatigue.

[Read Article]

Table 2

Significant Laboratory Results			
	Case 1	**Case 2**	**Case 3**
pH	6.7	7.2	
Lactate	22.6	14.8	
WBC	17.3 x10^9/L	4.3 x10^9/L	27.2 x10^9/L
CRP	1.8	191.5	36.5
Urea	11.2mmol/L	21.4mmol/L	16.4mmol/L
Creatinine	134 µmol/L	387 µmol/L	142µmol/L
Estimated GFR	36ml/min/1.73m^2	11ml/min/1.73m^2	34ml/min/1.73m^2
Metformin Levels	4.9mg/L	3.9mg/L	48.7mg/L

OCCASIONAL PIECES

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LETTERS TO THE EDITOR

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