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COMMENTARY

EDITORIALS

ORIGINAL PAPERS

Murphy et al describe the outcome for cases of antenatally diagnosed trisomies 13, 18, 21, monosomy x, triploidy, and translocations. There were 482 cases between 2005-2015. The intrauterine death/miscarriage rates for the 3 main anomalies were as follows: trisomy 13 – 43.7%, trisomy 18 – 57%, trisomy 21 – 36.2%.
[Read Article]

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Table 1: Mode of delivery for patients who opted for expectant management and average gestation for miscarriage or intrauterine death (IUD)

Anomaly	Mode of Delivery	Average gestation for miscarriage (<24/40)	Average gestation for Intra-uterine Death (>24/40)
Trisomy 13 (n=16)	Caesarean Section 18.75% (n=3) Live birth after vaginal delivery 37.5% (n=6) Intrauterine Death/Miscarriage 43.75% (n=7)	n=2 17 weeks 1 day	n=5 30 weeks 3 days
Trisomy 18 (n=65)	Caesarean Section 13.8% (n=9) Live birth after vaginal delivery 29.2% (n=19) Intrauterine Death/Miscarriage 57% (n=37)	n=15 15 weeks 1 day	n=22 33 weeks 4 days
Trisomy 21 (n=80)	Caesarean Section 33.75% (n=27) Live birth after vaginal delivery 30 % (n=24) Intrauterine Death/Miscarriage 36.25% (n=29)	n=14 15 weeks 1 day	n=15 30 weeks 6 days

Mulcaire et al demonstrate how the 2018 Storm Emma red alert affected ED attendances. They found a significant decline in attendances during the red alert. After the storm event was over there was a surge in ED numbers. The findings will enable departments to plan more effectively for future severe weather events.
[Read Article]

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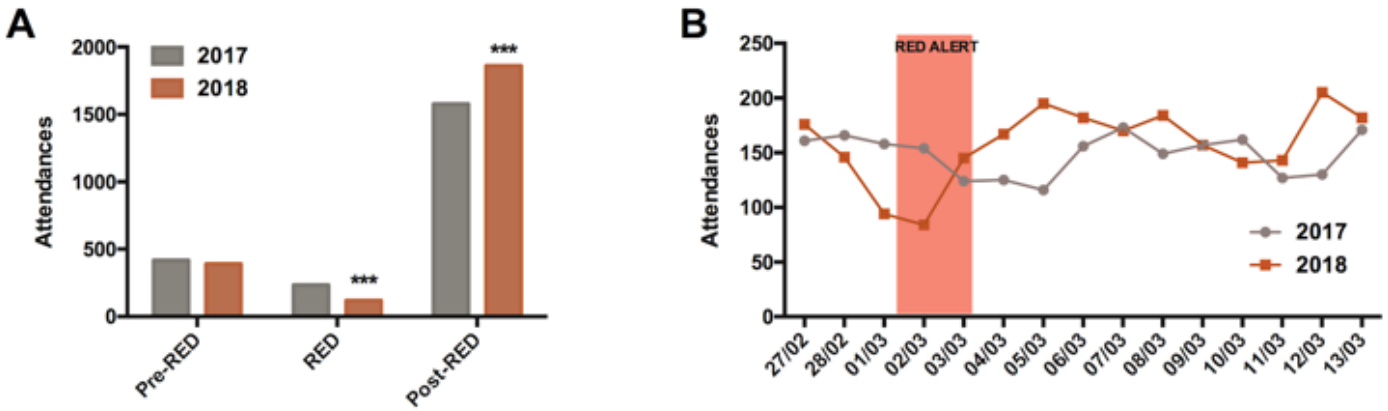
Figure 1: Attendance pattern. Effect of status red alert on total hospital attendances (A) and the daily attendance (B) for 2017 (grey) and 2018 (red). Data are absolute and statistical differences, as assessed by Chi-Square, are represented as follows: *** = p<0.001.



Swami and Molloy address the issue of bone protective therapy (BPT) for patients with polymyalgia rheumatica who are on glucocorticoids. The authors found that in their series 27% of patients were not receiving on BPT. The recommendation is that patients receiving ≥7.5mgs of prednisolone for ≥ 3 months should have BPT.
[Read Article]

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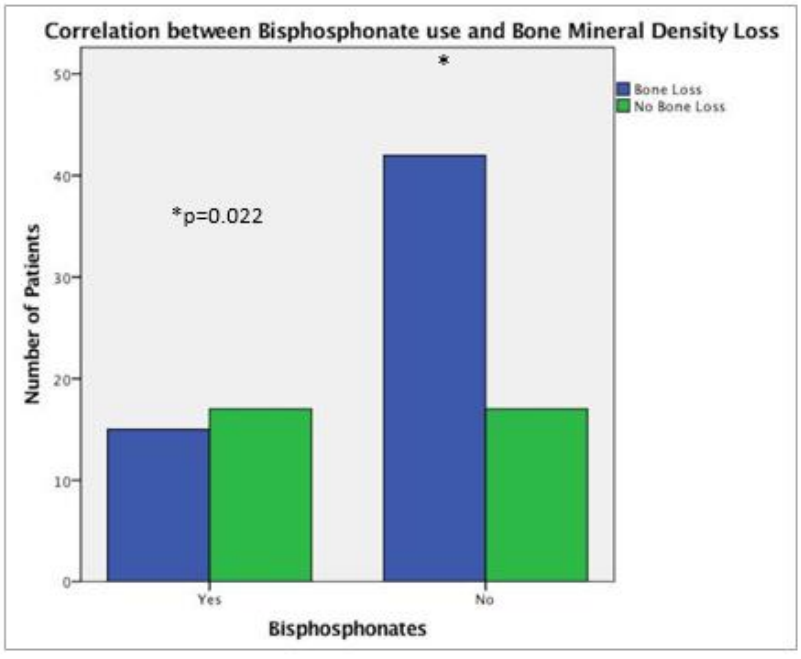
Figure 3: Correlation between Bisphosphonate use and Bone Mineral Density Loss over time.



Conroy and Shahwan reviewed 120 EEGs performed on autism spectrum disorder (ASD) who referred because of staring episodes. They conclude that EEG investigations for staring episodes in children with ASD are probably not useful.
[Read Article]

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Figure 2: EEG Testing Details

EEG Testing Details

Type of EEG test:	**N**	**%**
Routine	96	80
Sleep deprived	8	6.6
Sedated EEG*	16	13.3
EEG Referral Source:		
Consultant Paediatricians	77	64.1
Consultant Neurologists	36	30
Consultant Psychiatrists	4	3.3
Psychologists	3	2.5
EEG Duration~:		
<30 minutes	92	76.6
30-60 minutes	22	18.3
>60 minutes	6	5
Previous EEGs*:	12	10
Hyperventilation:		
Performed by	73	60.8
Unable/unwilling to perform	47	39.1
Sleep Recording:		
Sleep obtained in EEG	24	20

* Sedated EEG performed when EEG is not possible due to behavioural difficulty.
~ EEG duration varied depending on whether sleep was planned/recorded
*None of the previous EEGs confirmed a diagnosis of epilepsy; N=number

O'Sullivan et al have undertaken a cost analysis of a general practice and a hospital skin biopsy service. The cost per malignant lesion excised was €1779.80 in general practice compared with €381.78 in the skin cancer service. One of the reasons for the discrepancy is that 91% of lesions from general practice were benign compared with 62% in the skin cancer service.
[Read Article]

-Preview-

Table 2. Number (percentage) of malignant and benign lesions excised in General practice and secondary care.

	General Practice	General Surgery	Skin Cancer Service
Malignant	13 (9%)	18 (15%)	137 (38%)
Benign	126 (91%)	100 (85%)	226 (62%)
Total	139	118	363

Dennehy et al describe the attitudes of final medical year students towards UHC. They are generally in favour of UHC but feel that there are number of obstacles. The concern is that it will increase GP workloads. The other issue is that there is uncertainty whether the current system would be able to implement the reform.
[Read Article]

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Table 2: Perceived knowledge and opinions in regard to UHC (1 strongly disagree, 5 strongly agree; N = 98)

Question	Mean (SD)	Missing Values
The GP's workload would increase	4.3 (0.85)	1
A UHC system is preferable to one in which only some patients have free access to certain services	3.85 (1.05)	0
The hospital consultant's workload would increase	3.55 (1.06)	0
A UHC system is a viable option in Ireland	3.37 (1.08)	1
This is a key policy for the current government	3.12 (0.9)	0
It would become easier to see your GP with the proposed change	2.85 (1.33)	0
Were you aware of the government's goal to introduce UHC in Ireland	2.74 (1.36)	1
A UHC model would be cheaper to run than our current Irish healthcare model	2.47 (1.1)	0
Under a UHC model, patients would receive quicker care	2.29 (1.09)	0
It would be straightforward to introduce such a system in the practice(s) in which I have been on placement	2.14 (0.91)	0

OCCASIONAL PIECES

[Read Article]

CASE REPORTS

White et al report a case of anti-glomerular basement membrane disease (anti-GBM) associated with Alemtuzumab therapy for multiple sclerosis. Despite immunosuppression treatment the renal function failed to recover and the patient is on long-term dialysis. The authors recommend monthly renal function and urine testing in patients on Alemtuzumab.
[Read Article]

Waqas et al state that the HIV notification rate is 11.1 per 100,000 population. In this case report they describe a case of PJP pneumonia in a HIV patient. The pneumonia was unresponsive to conventional intensive care and ECMO was required. The patient recovered following a protracted hospital course.
[Read Article]

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Fig 1: Coronal and Axial Computed Tomography (CT) images (Lung windows) show diffuse ground glass opacification of the lung parenchyma bilaterally.

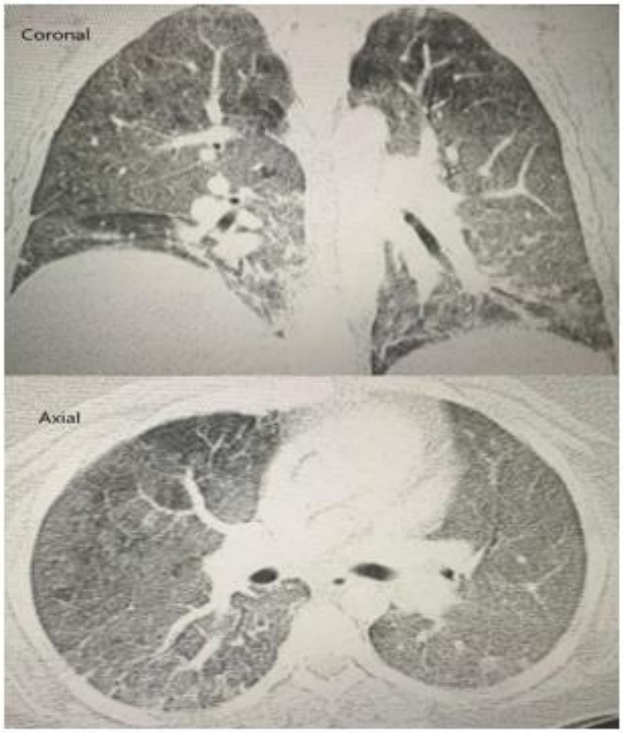
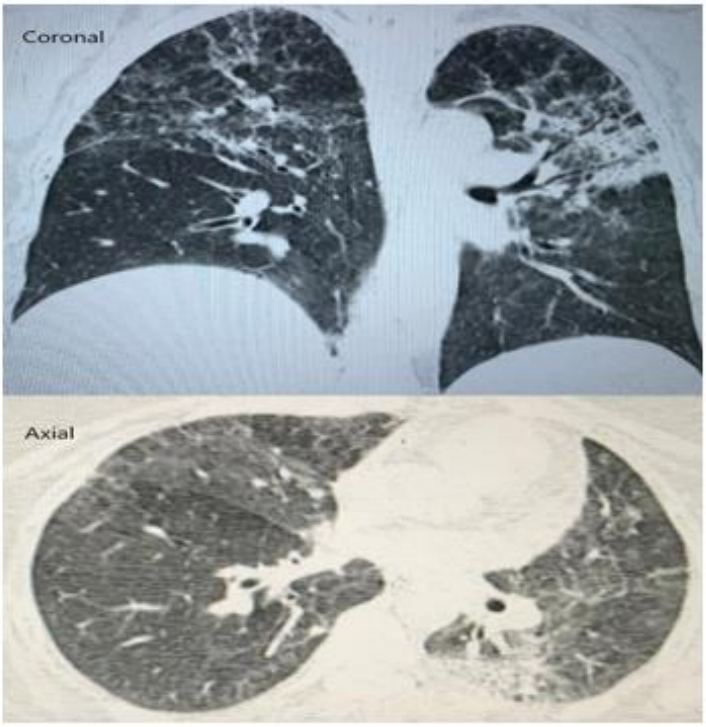


Fig 2: Coronal and Axial CT images (Lung windows) showing resolution of previously seen bilateral ground glass opacification with residual upper lobe parenchymal scarring greater in the left upper lobe following ECMO treatment.



LETTERS TO THE EDITOR
