

**COMMENTARY**

**DATA SHARING THROUGH THE LENS OF THE NEW ENGLAND JOURNAL OF MEDICINE.....P1**

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**EDITORIALS**

**TREATMENT OF ADOLESCENT HEROIN DEPENDENCE: THE END OF AN ERA .....P2**

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**CHILDREN GROWING UP IN DIRECT PROVISION.....P3**

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**ORIGINAL PAPERS**

**THERAPEUTIC LISTENING FOR PRETERM CHILDREN WITH SENSORY DYSREGULATION, ATTENTION AND COGNITIVE PROBLEMS.....P4**

Slevin et al undertook a randomised control trial of therapeutic listening in preterm children with sensory dysregulation, attention and cognitive problems. 22 children aged 3-4 years were in the study. The intervention group had better improvement in sensory processing. Therapeutic listening should be considered in the treatment of preterm children with attention and sensory processing problems.

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**Table 3: Attention Levels: Pre and Post TL (Reynell Attention Scale: 1978)**

Attention Level	Group				Cumulative Risk Ratio
	Control		Intervention		
	Pre	Post			
1 (0-1 yrs)	1 (11%)	0 (0%)	4 (44%)	0 (0%)	
2 (1-2 yrs)	4 (44%)	0 (0%)	3 (33%)	0 (0%)	
3 (2-3 yrs)	3 (33%)	5 (56%)	2 (22%)	5 (56%)	
4 (3-4 yrs)	1 (11%)	4 (44%)	0 (0%)	3 (33%)	
5 (4-5 yrs)	0 (0%)	0 (0%)	0 (0%)	1 (11%)	
6 (5-6 yrs)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
Improved 1 level:	5 (56%)		2 (22%)		0.4
Improved 2 levels:	2 (22%)		7 (78%)		3.5

# VEROCYTOTOXIN ESCHERICHIA COLI-ASSOCIATED HAEMOLYTIC URAEMIC SYNDROME....P5

Verocytotoxin-producing E Coli (VTEC) has the highest rate of VTEC in Europe. One source is contaminated water from non-public supplies. Murphy et al analysed the isolates from 52 VTEC associated HUS cases. There were 7 HUS-associated serogroups and 11 patterns of verotoxin subtypes.

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Fig. 1 Age range (years) and gender of VTEC associated HUS cases between 2012 – 2014 in Ireland

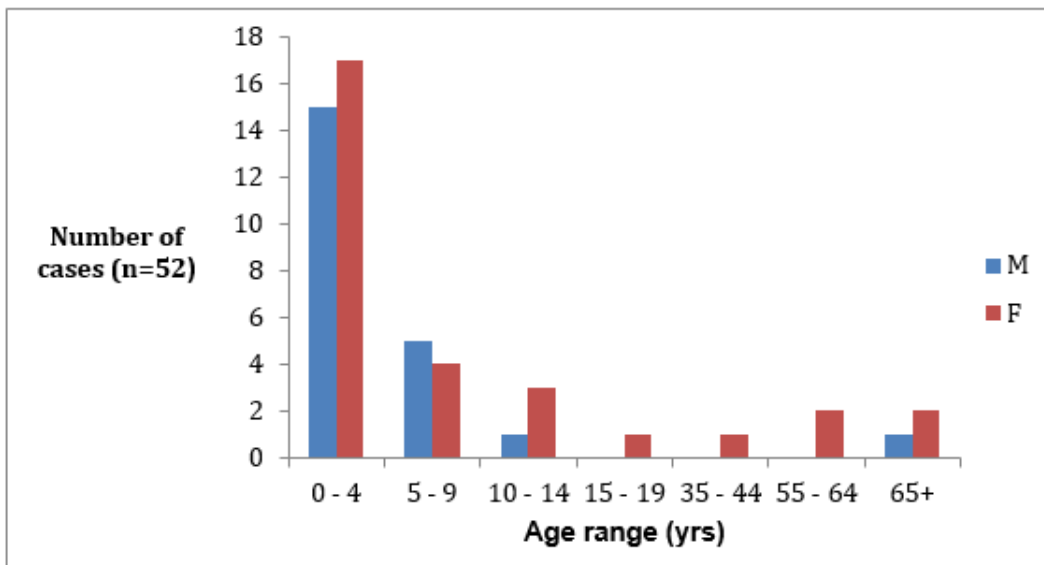
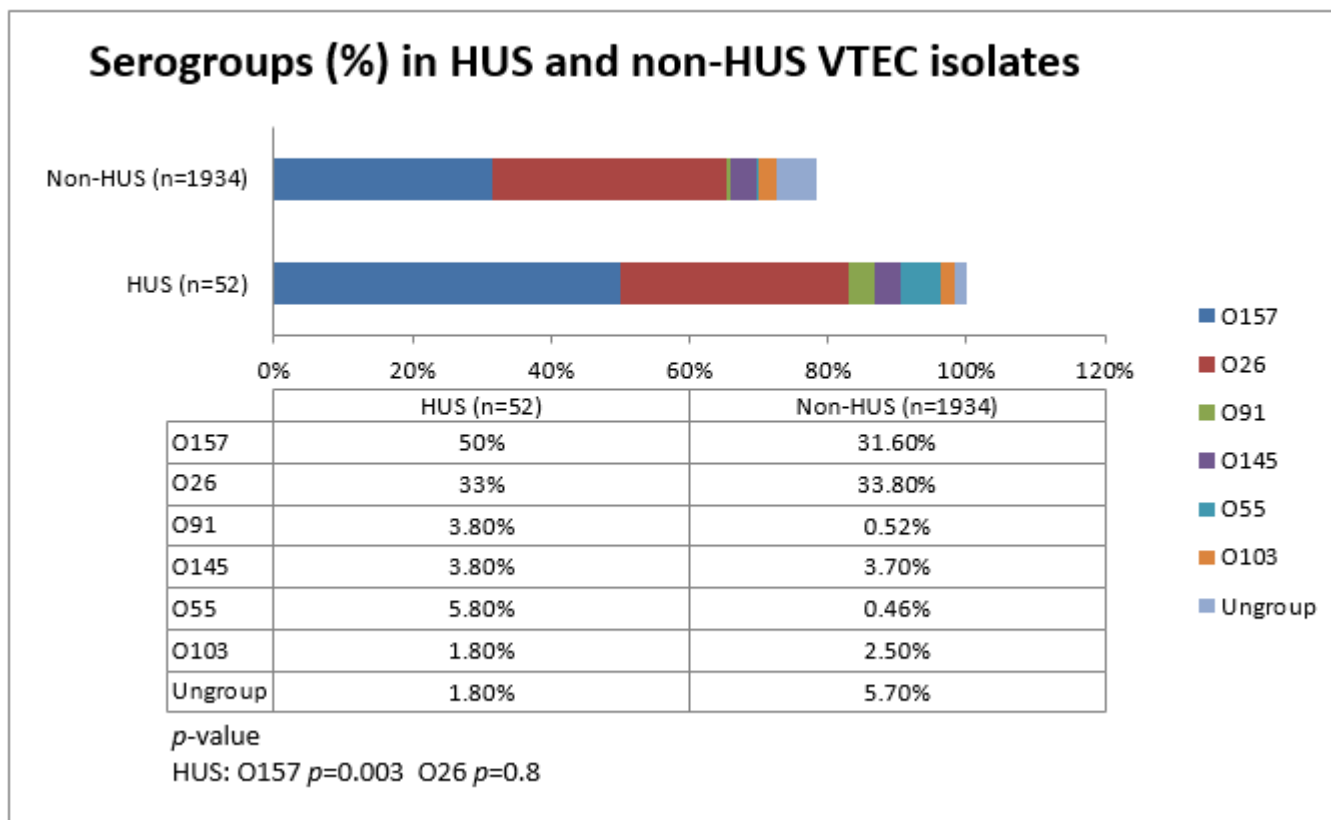


Fig.2 Serogroups (%) of VTEC isolates in HUS & non-HUS cases in Ireland 2012 - 2014



**BURKITT LYMPHOMA/LEUKAEMIA IN CHILDREN & YOUNG ADOLESCENTS.....P6**

Burkitt lymphoma accounts for 40% of cases of non-Hodgkin Lymphoma. O'Rourke et al describe their experience with 33 cases over the period 2000-2017. There was a male preponderance 25vs8. The overall survival rate was 89%.

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**Table 1. Clinical Characteristics of Patients**

	Number	Percent
Patients	33	100
Gender:		
Male	25	76
Female	8	24
Subtype:		
Burkitt Lymphoma	21	64
Burkitt Leukemia	5	15
Burkitt-Like Lymphoma	3	9
DLBCL	4	12
Stage		
II	5	15
III	14	42
IV	6	18
N/A	8	24
Abdominal Involvement	17	51
Bone Marrow Involvement	7	21
CNS Involvement	1	3
Rasburicase Prescribed	15	45
Treatment Protocol		
EICNHL-COG-InterB NHL 2010	25	76
FAB/LMB 96	7	21
Relapse	5	15
Complete Remission	29	88

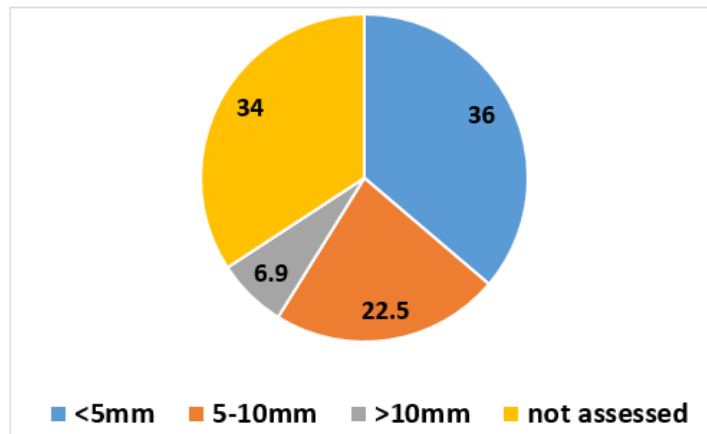
**RO RESECTION MARGIN, A NEW QUALITY MEASURE IN THE ERA OF NATIONAL BOWEL SCREENING?.....P7**

Parihar et al state that complete polypectomy is designated as RO. Achieving the RO margin should be a KPI for endoscopists performing polypectomy. In their series 27% of the polyps excised has an RO margin and 5% had involvement of the margin. In 67% of cases the margin was unable to be assessed.

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**Figure 1: Polyp size**



## COUNTING THE TOLL OF SMOKING-ATTRIBUTABLE HOSPITALISATIONS.....P8

Sheridan et al have analysed the morbidity associated with smoking through the Healthy Ireland Survey. In 2016 there were 21,586 day case and 33,615 inpatient admissions attributable to smoking. Currently 20% of Irish people smoke.

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**Table 2: Hospital activity 2016 for those with a primary diagnosis of diseases which can be caused by smoking and exposure to SHS**

Conditions caused by smoking	Inpatient admissions		Day cases		Bed days	
	Male	Female	Male	Female	Male	Female
Cancers	3,713	1,898	5,226	2,614	48,147	23,895
Cardiovascular conditions	6,979	2,749	2,234	815	54,105	23,238
Respiratory conditions	8,105	7,563	585	668	68,086	61,767
Reproductive conditions	<5	849	27	12	11	10,937
Other conditions	682	692	4,432	4,661	6,997	8,267
<b>Total (Smoking)</b>	<b>19,481</b>	<b>13,751</b>	<b>12,504</b>	<b>8,770</b>	<b>177,346</b>	<b>128,104</b>
Conditions caused by exposure to SHS	Inpatient admissions		Day cases		Bed days	
	Male	Female	Male	Female	Male	Female
Lung Cancer	4	7	4	10	41	79
Coronary heart disease	150	73	71	37	776	395
Stroke	40	39	0	0	671	708
Middle ear disease	13	10	54	36	24	19
Low birth weight	0	49	0	0	0	955
<b>Total (SHS)</b>	<b>207</b>	<b>178</b>	<b>129</b>	<b>83</b>	<b>1,512</b>	<b>2,156</b>
<b>TOTAL (Smoking &amp; SHS)</b>	Inpatient admissions		Day cases		Bed days	
	<b>33,615</b>		<b>21,486</b>		<b>309,117</b>	

Sources: HPO and HSE calculations

## RISK FACTORS FOR RESPIRATORY SYNCYTIAL VIRUS BRONCHIOLITIS ADMISSIONS.....P9

Meenaghan et al report that in a 3 year period there were 557 admissions with RSV bronchiolitis and 106 of these required transfer to the PICU. The infants admitted to the PICU were younger, median age 6.93 weeks, and were more likely to be preterm.

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**TABLE 3: Multiple linear regression for duration of stay (days) in the PICU**

N= 105/106	β/Beta (95% CI)
Age (weeks) on admission	-0.15 (-0.27, -0.03) <sup>b</sup>
Weight-For-Age z-score on admission	-0.03 (-0.05, 0.00) <sup>b</sup>
Has a co-infection	0.07 (-0.06, 0.20)
Has a co-morbidity	0.12 (0.004, 0.23) <sup>b</sup>
Had HFNC on the ward pre-admission to PICU	-0.04 (-0.133, 0.05)
Paediatric Index Mortality Score III on admission to PICU	0.17 (-0.13, 0.46)

a:  $p \leq 0.001$ ; b:  $p < 0.05$

## OCCASIONAL PIECES

### DRIVING AND PSYCHOTROPIC MEDICATIONS: WHAT DO PSYCHIATRISTS AND SERVICE USERS REALLY KNOW?.....P10

Vartukapteine and O'Connell report that the majority of mental health service users who drive do so while taking prescribed medications. The authors state that there are deficits in training for psychiatrists in the assessment of medical fitness to drive.

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## CASE REPORTS

### POINT OF CARE ULTRASOUND IN THE DIAGNOSIS AND MANAGEMENT OF SEVERE OVARIAN HYPERSTIMULATION SYNDROME.....P11

Emmanuel describes a 32 year old woman who developed dyspnea and abdominal bloating 6 days after embryo transfer treatment. A point of care ultrasound showed a right pleural effusion, ascites and polycystic ovaries. The ultrasound was very helpful in establishing the diagnosis and the timely commencement of treatment.

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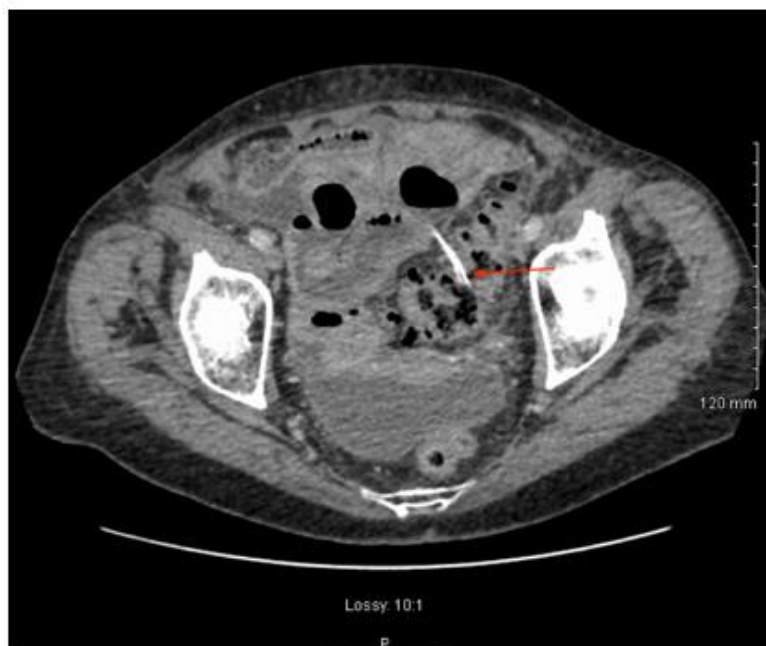
### SIGMOID PERFORATION SECONDARY TO ACCIDENTAL INGESTION OF A CHICKEN BONE..P12

Boland et al describe an 81 year old woman who presented with abdominal pain and distension. There was free gas under the diaphragm. At laparotomy there was a 4.25cm chicken bone perforating the sigmoid and a purulent peritonitis.

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Figure 1. CT image with arrow pointing towards radiopaque foreign body



## LETTERS TO THE EDITOR

IS THE STATISTICAL SIGNIFICANCE OF  $P < 0.05$  STILL RELEVANT?.....P13

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IS IT A CENTRAL OR A PERIPHERAL WRIST DROP?.....P14

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HERPES SIMPLEX VIRUS MENINGOENCEPHALITIS: IS IT NICE TO CONTINUE.....P15

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