Figure 5 Radionuclide 3 mCi technetium scan revealed tracer uptake at three different levels other than the normal thyroid gland region.

CONFLICTS OF INTEREST

None identified.

REFERENCES

1. Al-Akeely MH. Dual thyroid ectopia. *Saudi Med J* 2003;24:1021–1023.
2. Larochelle D, Arcand P, Belzile M, Gagnon NB. Ectopic thyroid tissue: a review of the literature. *J Otolaryngol* 1979;8:523–530.
3. Batsakis JG, El-Naggar AK, Luna MA. Thyroid gland ectopia. *Ann Otol Rhinol Laryngol* 1996;105:996–1000.
4. Kreisner E, Neto EC, Gross JL. High prevalence of extrathyroidal malformation in a cohort of Brazilian patients with permanent primary congenital hypothyroidism. *Thyroid* 2005;15:165–169.
5. Van Vliet G. Development of the thyroid gland: lessons from congenitally hypothyroid mice and men. *Clin Genet* 2003;63:445–455.
6. Morgan NJ, Emberton P, Barton RP. The importance of thyroid scanning in neck lumps: a case report of ectopic tissue in the right submandibular region. *J Laryngol Otol* 1995;109:674–676.
7. Neinas FW, Gorman CA, Devine KD, Woolner LB. Lingual thyroid. Clinical characteristics of 15 cases. *Ann Intern Med* 1973;79:205–210.
8. Abdallah-Matta MP, Dubarry PH, Pessey JJ, Caron P. Lingual thyroid and hyperthyroidism: a new case and review of literature. *J Endocrinol Invest* 2002;25:264–267.
9. Barai S, Bandopadhyaya GP, Kumar R, Malhotra A, Halanaik D. Multiple ectopic thyroid masses in hypothyroid child. *Pediatr Radiol* 2004;34:584.

Journal scan

Eastridge BJ, Salinas J, Wade CE, Blackbourne LH. Hypotension is 100 mmHg on the battle field. *Am J Surg* 2011;202:404–408.

Historically, emergency physicians and trauma surgeons have referred to a systolic blood pressure (SBP) of 90 mmHg as hypotension. Recent evidence from the civilian trauma literature suggests that 110 mmHg may be more appropriate based on associated acidosis and outcome measures. In this analysis, the authors from Trauma and Surgical Critical Care, US Army Institute for Surgical Research, Fort Sam Houston, TX 78234-6315, USA sought to determine the relationship between SBP, hypoperfusion, and mortality in the combat casualty. A total of 7,180 US military combat casualties from the Joint Theatre Trauma Registry from 2002 to 2009 were analysed with respect to admission SBP, base deficit, and mortality. Base deficit, as a measure of hypoperfusion, and mortality were plotted against

10 mmHg increments in admission SBP. By plotting SBP, baseline mortality was <2% down to a level of 101–110 mmHg, at which point the slope of the curve increased dramatically to a mortality rate of 45.1% in casualties with an SBP of 60 mmHg or less but >0 mmHg. A presenting SBP of 0 mmHg was associated with 100% mortality. The data also established a similar effect for base deficit with a sharp increase in the rate of acidosis, which became manifest at an SBP in the range of 90–100 mmHg. The authors concluded that an SBP of 100 mmHg or less may be a better and more clinically relevant definition of hypotension and impending hypoperfusion in the combat casualty. One utility of this analysis may be the more expeditious identification of battlefield casualties in need of lifesaving interventions such as the need for blood or surgical intervention.

Contributed by
Col MM Harjai*

*Senior Advisor (Surgery and Paediatric Surgery),
Command Hospital (SC), Pune – 40.

doi: 10.1016/S0377-1237(12)60052-5