BMJ family highlights

What's new this month in BMJ Journals

A virus, not a vaccine, causes infantile encephalitis

A survey of 156 UK children aged 2 months to 3 years admitted to hospital with encephalitis or fever and convulsions (almost all cases over a three year period) has shown that human herpesviruses 6 and 7 caused 17% of cases. These viruses have been associated with the benign infection exanthema subitum (roseola infantum) and only occasionally with convulsions or encephalitis. Investigators from the Royal Free and University College Medical School, London, recommend searching for evidence of human herpesvirus in all children with acute neurological disease, especially when there is a temporal relation with immunisation, where a mistaken claim of an adverse reaction is easily made.

Arch Dis Child 2005;90:619-23

Fortuitous resolution of acute coronary syndrome

A 68 year old man presented with syncope and coronary angiography evidence of an arterial thrombus. A guide catheter was inserted, and loss of blood pressure reading at its tip just after an aspiration catheter was pulled out suggested the site of the occlusion. Removing the guide catheter under negative pressure released a massive thrombus.

Heart 2005;91:706

A survey of 560 UK medical students who wore (or had worn) contact lenses showed that only 21% had been warned of the risk of corneal ulceration, only 1% in writing. Only 2% knew that the lenses could also cause corneal vascularisation and scarring or ptosis. Those who did know about any of the risks underestimated morbidity. Despite this, 87% stated they would still wear lenses after learning the associated risks. The authors recommend that even though incidents are uncommon (1:500 to 1:3000), fully informed consent should be obtained when prescribing contact lenses.

Br J Ophthalmol 2005;89:782-3

Faecal occult blood is a useful adjunct to colonoscopy

When 785 patients enrolled in a colonoscopy surveillance programme volunteered for interval faecal occult blood testing, six colorectal cancers and eight significant adenomas were detected. The patients had had either cancer or a polyp or had an indicative family history and were having colonoscopy every three to five years. Half of those on the database invited to have annual tests agreed to do so. The authors recommend that faecal occult blood testing should be done at least once between scheduled endoscopies, particularly in patients with a history of colonic neoplasia rather than just a positive family history.

Gut 2005;54:803-6

Two unusual presentations

A 63 year old woman reported five days of left sided flank pain but had no other symptoms.

The only abnormal laboratory finding was a raised C-reactive protein. Two hours after normal abdominal ultrasonography, computed tomography showed necrosis and swelling of the pancreatic tail and fluid over the perirenal space. Serum amylase was normal and lipase slightly raised. She recovered from acute pancreatitis over seven days.

An 80 year old man presented with 15 minutes of severe buttock pain followed by fluctuating unconsciousness. In the emergency department his blood pressure was 60/00 and pulse 136 but he recovered spontaneously. Abdominal examination showed a huge soft pulsating mass in the umbilical region with an audible bruit. He collapsed again while having a computed tomography scan, and operation found an abdominal aortic aneurysm with a massive retroperitoneal haematoma. He made an uninterrupted recovery after aortic grafting.

Emerg Med J 2005;22:452-3, 453-4

Inhaled steroids are best continued in COPD

Patients with chronic obstructive pulmonary disease (COPD) develop acute and persistent deterioration in lung function when inhaled fluticasone is withdrawn from combined therapy with long acting β_2 agonists. They also become more breathless, have more disturbed sleep, and use more rescue medication. A randomised controlled study of withdrawal in 497 patients in the Netherlands who had $FEV_1 < 50\%$ expected after using bronchodilators, and frequent exacerbations, suggests a key role for inhaled corticosteroids in such patients, even if their COPD is apparently well controlled with long acting β_2 agonists. The study was funded by GlaxoSmithKline.

Thorax 2005;60:480-7

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