Reader comments

NUCLEAR WHOLE-BODY BONE SCANNING FOR LEPROSY

We read the publication on “Usefulness of nuclear whole-body bone scanning for diagnosis of leprosy” with great interest.¹ Marquez et al concluded that “although leprosy is an uncommon disease, the use of bone scintigraphy can help determine if there is periostitis and the extent of involvement.”¹ We would like to share ideas and experience from our settings in Asia where leprosy is still common. In clinical practice, the diagnosis is usually based on the immunodiagnosis and histopathology. After the diagnosis, the medication is given and whole-body bone scanning is rarely done. Since the standard leprosy medication is the final treatment of choice for any cases of leprosy, the additional expensive investigation is usually not done in our setting. The common problem in Asian patients is anemia, and bone marrow involvement is usually diagnosed by bone marrow aspiration study.² In general practice, the important consideration for additional bone scanning in patients with leprosy is cost-effectiveness. Further study to verify the cost-effectiveness of additional whole-body bone scanning for diagnosis of leprosy should be done.

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SOME COMMENTS ON PRESIDENT TRUMP'S MEDICAL EXAMINATION IN JANUARY 2018

It is reassuring that President Trump was found to be in “excellent” physical and mental health. My general thoughts after perusing the data:

1. A hemoglobin A1c blood test was 5% and his blood glucose was 89 mg/dL, both good. If they had been elevated, into the prediabetic range, I'd add the drug metformin to reduce his chances of developing diabetes mellitus while he works on weight loss and a regular exercise routine.

2. His coronary calcium score was 133, indicative of some atherosclerosis. A stress echocardiogram did not reveal any ischemia. I'd strive to get his low-density lipoprotein cholesterol under 70 mg/dL.^{1,2} I didn't see a C-reactive protein blood test. If it were high, that would be another reason for getting his low-density lipoprotein cholesterol lower. His 10-year cardiovascular event risk is 8% based on the Framingham Risk Score (which does not include the coronary calcium result).
3. His blood pressure was 122/74 mm Hg, within current guidelines that suggest that it be kept <130/80 mm Hg.³
4. I'm not sure why he had a more expensive echocardiogram, unless he had a precordial heart murmur or an abnormal resting electrocardiogram, as it wasn't likely to add anything.
5. He is one pound from being in the obese category on the body mass index. One could ask Melania or whoever if he snores a lot or has apneic episodes. If so, a sleep apnea study could be done.
6. The 30-question mini-mental state test is a rather superficial screen. He could certainly pass simple questions akin to “name the president” and “where do you live?” More extensive testing is available, if needed.
7. President Trump does not smoke or drink alcohol. The former should prolong his life. The latter could increase his cardiovascular risk compared to a light alcohol user (1–7 standard-sized drinks in a week),⁴ but would lower his risk of future oral and esophageal cancer.⁵

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