

Shrewsbury and Telford  
Health Libraries



# Staff Publications Report

Published work involving staff of Shrewsbury  
and Telford Hospital NHS Trust during 2014.

List prepared by Shrewsbury and Telford Health Libraries in June 2015

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## Leonardo da Vinci partnership project: Enhance it (2014)

### Type of publication:

Conference abstract

### Author(s):

Salek T., Martin J., Gasljevic V., Horvath A., Borg C., Mestric Flegar Z., Jakovcic M., Silhavik J., Adonics A., Szlamka Z., Brincat I., Buttigieg D., Ciantar N., Sciortino A., Adkins A., \*Bennett T., Rice K., Taylor Y.

### Citation:

Clinical Chemistry and Laboratory Medicine, November 2014, vol./is. 52/11(eA360-eA361), 1434-6621 (November 2014)

### Abstract:

Aim: The aim of this Partnership project is to share and develop good practice in continuing professional development for biomedical scientists and from this to collaboratively develop an EU-toolkit for delivery of high quality continuing professional development activities provided by European hospital laboratories. Methods: University of Wolverhampton (UK), Department of clinical biochemistry of Tomas Bata hospital in Zlin (CZE), Pathology department of the Mater Dei Hospital of Malta, Croatian Metrology Society and Horvath and Dubecz Consulting, Ltd., Budapest (Hungary) are participants of the project. The project is divided into five parts: “ identify core elements of good practice by the comparison of approaches to CPD used within partner organizations and countries “ define European quality standards and criteria for accreditation and evaluation of local hospital CPD activities “ develop a framework for inclusion of reflective practice in CPD activities “ produce guidelines for European hospital laboratories on managing and organizing quality CPD opportunities for laboratory staff “ devise exemplar hospital laboratory CPD activities for provision on a new European hospitals CPD providers Community of Practice network. Results: The first exemplar activity and first project part has been completed, the common website [www.enhanceit.eu](http://www.enhanceit.eu) has been created. Part 1 of the toolkit, including its checklist, has been completed to general positive acceptance of all participants-both trainers and trainees. Conclusion: The project has successful progress and we hope it improve CPD practice in European Union.

### Link to more details or full-text:

[http://www.degruyter.com/dg/viewarticle.fullcontentlink:pdfeventlink/\\$002fj\\$002fcclm.2014.52.issue-11\\$002fcclm-2014-0890\\$002fcclm-2014-0890.pdf?format=INT&t:ac=j\\$002fcclm.2014.52.issue-11\\$002fcclm-2014-0890\\$002fcclm-2014-0890.xml](http://www.degruyter.com/dg/viewarticle.fullcontentlink:pdfeventlink/$002fj$002fcclm.2014.52.issue-11$002fcclm-2014-0890$002fcclm-2014-0890.pdf?format=INT&t:ac=j$002fcclm.2014.52.issue-11$002fcclm-2014-0890$002fcclm-2014-0890.xml)

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## Torrential epistaxis in the third trimester: a management conundrum. (2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Author(s):**

Crunkhorn RE, \*Mitchell-Innes A, Muzaffar J

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

Although epistaxis is common during pregnancy, large volume epistaxis is rare. Many standard epistaxis management options are limited in pregnancy due to absolute or relative contraindications. Ear, nose and throat surgeons need to be aware of what options can be used safely and effectively. We present a case of a 32-year-old woman, 32 weeks pregnant, who was admitted with heavy epistaxis refractive to conservative management. Several potential interventions including bismuth iodoform paraffin paste (BIPP) and Floseal were contraindicated or involved additional risk in pregnancy necessitating unorthodox management. This challenging case highlights suitable alternatives for managing large volume epistaxis during pregnancy, as well as discussing the differential diagnosis and relevant investigations. 2014 BMJ Publishing Group Ltd.

**Link to full-text:** <http://casereports.bmj.com/content/2014/bcr-2014-203892.abstract>

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## **Primary uterine osteosarcoma presenting synchronously with bilateral breast carcinomas (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Powell G, Barth L, Todd R, Ganesan R

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

Primary uterine sarcomas are infrequent neoplasms and most commonly leiomyosarcomas or endometrial stromal sarcomas. We report a rare case of primary uterine osteosarcoma discovered in a woman in her 60s following staging CT imaging for bilateral breast carcinomas. Examination of the subsequent hysterectomy specimen showed a tumour composed of malignant spindle cells and osteoclast-like giant cells associated with osteoid and neoplastic bone, in keeping with primary uterine osteosarcoma. Distinction of osteosarcoma from the more common carcinosarcoma is important due to the worse prognosis impacting on treatment decisions. In addition, synchronous presentation of this unusual tumour with bilateral breast carcinomas raises the possibility of a mutual genetic pathogenesis. 2014 BMJ Publishing Group Ltd.

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Link to full-text: <http://bmj-casereports.highwire.org/content/2014/bcr-2013-201502.abstract>

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## **Nintendo Wii related Achilles tendon rupture: first reported case and literature review of motion sensing video game injuries (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

\*Singh R, \*Manoharan G, \*Moore TS, \*Patel A

### **Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

### **Abstract:**

Achilles tendon ruptures tend to occur more commonly in healthy men between the ages of 30 and 50 years who have had no previous injury or problem reported in the affected leg. The injury is usually due to sudden forced plantar flexion of the foot, unexpected dorsiflexion of the foot and violent dorsiflexion of a plantar flexed foot, all of which occur during high impact activities. We present the first reported case of interactive activity with Nintendo Wii games that have resulted in Achilles tendon rupture in a 46-year-old man. There have been no previous reports of Achilles tendon rupture with Nintendo Wii usage; it is a relatively uncommon mode of injury and is rare in terms of epidemiology of motion sensing video game injuries. 2014 BMJ Publishing Group Ltd.

Link to full-text: <http://casereports.bmj.com/content/2014/bcr-2013-202657.abstract>

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## **Asymptomatic coronary artery spasm with acute pathological ST elevation on routine ECG: is it common? (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

Mohammed I, \*Zaatari MS, Tyrogalas N, Khalid MI

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

Asymptomatic spontaneous coronary artery spasm is rare and there are no case reports in literature presenting with acute ST elevation on routine ECG. We present the case of a 68-year-old Caucasian man who presented to a primary care physician for a routine ECG as part of hypertension follow-up. ECG revealed ST elevation in inferior leads II, III and aVF with reciprocal ST depression in leads I, aVL and also ST depression in anterior leads V1, V2 and V3 suggesting ongoing inferoposterior ST elevation myocardial infarction. The patient was completely well, stable and asymptomatic and he was rushed immediately to the coronary care unit via emergency ambulance. The patient was subjected to a battery of urgent investigations which were all normal. Also an urgent coronary angiogram was undertaken which showed completely normal coronary anatomy. 2014 BMJ Publishing Group Ltd.

Link to full-text: <http://casereports.bmj.com/content/2014/bcr-2013-202586.abstract>

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## Teenage pregnancy rates and outcomes in a district general hospital NHS Trust in rural Shropshire (2014)

**Type of publication:**

Conference abstract

**Author(s):**

\*Ritchie J., \*Moore K., \*Oates S.

**Citation:**

BJOG: An International Journal of Obstetrics and Gynaecology, November 2014, vol./is. 121/(19-20), 1470-0328 (November 2014)

**Abstract:**

**Introduction:** The UK has the highest rate of teenage pregnancy across Western Europe however; the rate has been reducing, and is currently at its lowest since 1969. Perceptions exist of worse outcomes in teenage pregnancies among healthcare professionals and the public alike. We aim to determine outcomes of teenage pregnancy (2013- 2014) and compare rates of teenage pregnancy (2008-2013) and at Shrewsbury and Telford Hospitals (SaTH) NHS Trust and compare with local population outcomes. **Methods:** A 12-month retrospective review of teenage pregnancy outcomes and comparison with outcomes of all deliveries at SaTH between April 2013 and March 2014; a total of 4916 deliveries. Data sources included the MEDWAY Hospital Database. Recorded pregnancy outcomes classified into two categories: outcomes in mothers' aged 19 years or younger at time of delivery and outcomes in all mothers' in who delivered at SaTH in the study period. Parameters assessed included mode of delivery; blood loss; perineal trauma; birthweight; Apgar scores. Teenage pregnancy rates over the last six years were compared to recorded rates in 1996. **Results:** The rate of teenage pregnancy has continued to reduce, especially those under 16 years. Over 90% of teenage mothers' had vaginal

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delivery; only 3% had elective and 5% had emergency caesarean deliveries. Low rates of instrumental deliveries were seen in each category; however, no failed instrumental deliveries occurred among teenage mothers<sup>â€™</sup>. Babies born over 37 weeks of gestation was lower among teenage mothers<sup>â€™</sup> however mean birthweights were similar and mean Apgar scores were the same in both groups. Severe perineal trauma was much lower among teenage mothers<sup>â€™</sup>; more than half had no perineal trauma. Furthermore, teenage mothers<sup>â€™</sup> had much lower rates of post-partum haemorrhage. Thus, one may suggest a lower risk of harm to teenage parturients and their babies compared with the general local population.

**Link to more details or full-text:**

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201411006-00055&LSLINK=80&D=ovft>

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## **Use of a massive haemorrhage protocol in a UK district general hospital is associated with a reduction in mortality (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Lambert L., Taylor B., Alistair W.

**Citation:**

Intensive Care Medicine, September 2014, vol./is. 40/1 SUPPL. 1(S208), 0342-4642 (September 2014) (also published in Anaesthesia, June 2014, vol./is. 69/(118), 0003-2409 (June 2014))

**Abstract:**

**INTRODUCTION.** Massive haemorrhage is associated with significant morbidity and mortality. In the context of major trauma managed in a large centre, the use of a massive haemorrhage protocol emphasizing early haemostatic resuscitation reduces mortality (1). However, it is not clear if these models are effective in non-trauma patients (2). There is some concern that these protocols may increase the wastage of blood products which might be a concern in smaller hospitals. (3) **OBJECTIVES.** To audit the activation of and compliance with a massive haemorrhage protocol in a UK district general hospital. To assess if compliance with the protocol resulted in a difference in mortality, morbidity, length of ICU stay, or use of blood products. **METHODS.** Retrospective audit over 12 months analyzing the case notes of all patients who had suffered a massive haemorrhage against a massive haemorrhage protocol which emphasizes early haemostatic resuscitation. **RESULTS.** The protocol was activated in 9 patients, but unfortunately notes were unavailable for one as he was undergoing outpatient treatment. A further 9 patients were identified as having had a massive transfusion, without activation of the protocol, from blood bank data as having been issued emergency uncrossmatched group O blood, or having had more than 10 units of any blood products in a 24 h period. Where a massive haemorrhage

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protocol was used, 1/8 patients (12.5 %) died. Where a major transfusion was conducted without activation of the protocol, 7/9 patients died (77.8 %). This finding was statistically significant ( $p = 0.0152$ ) using a 2-tailed fishers exact test. Fewer units of red cells ( $p = 0.0011$ ) and FFP ( $p = 0.0034$ ) were used in patients managed according to the protocol, but there was no difference in the use of platelets or cryoprecipitate. Two patients in the group where the protocol had not been activated were given cryoprecipitate despite normal fibrinogen levels, and a further two in this group were not given cryoprecipitate despite fibrinogen levels under 1 g/l

**CONCLUSIONS.** Use of a massive haemorrhage protocol which focuses on rapid haemorrhage control, haemostatic resuscitation and early use of blood is associated with a lower mortality than management of major bleeds without the protocol. This appears to apply in predominantly non-trauma patients in a non-specialist centre. This was a retrospective audit, and the group in whom the protocol was not activated had a higher expected mortality, therefore the results warrant further research.

**Link to more details or full-text:**

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## **Recurrent hypoglycaemia in a patient with type 1 diabetes (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Tan H.L., \*Manjunatha R., \*Barton D.

**Citation:**

BMJ Case Reports, July 2014, 1757-790X (21 Jul 2014)

**Abstract:**

**Link to more details or full-text:** <http://casereports.bmj.com/content/2014/bcr-2014-205613.extract><http://casereports.bmj.com/content/2014/bcr-2014-205613.extract>

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## **Brachialis muscle tendon insertion avulsion fracture in a 6-year-old child (2014)**

**Type of publication:**

Journal article

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Author(s):**

\*Crosswell S, \*Mbah CA, \*Hussain A, \*Turner R

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

A 6-year-old boy, who fell while playing at school, presented to the fracture clinic with a suspected right distal radius fracture. On examination, the child was tender over the dorsal aspect of the distal radius and also had pain and stiffness around the elbow joint with a lack of the last 25° of elbow flexion. An acute haemarthrosis was also suspected at presentation. Plain anteroposterior (AP) and lateral radiographs of the elbow joint revealed an abnormal calcification superimposed on the anterior aspect of the coronoid process (figure 1A, B), which had not been visualised on plain radiographs in A&E.

Link to more details or full-text: <http://casereports.bmj.com/content/2014/bcr-2013-202420.extract>

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## **A novel sampling device for collecting mucocellular material from the unprepared rectum (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Booth J., \*Lacy-Colson J., Norwood M., Murray C.

**Citation:**

Gut, June 2014, vol./is. 63/(A124-A125), 0017-5749 (June 2014) (also published in European Journal of Cancer, July 2014, vol./is. 50/(S240), 0959-8049 (July 2014))

**Abstract:**

**Background:** In vitro diagnostic tests are being developed to evaluate informative protein or DNA biomarkers in stool or blood samples. Stool samples are inconvenient to collect and handle, and may suffer from contamination that interferes with molecular assays. Blood samples may not be as informative early in the disease process. Studies have shown that significant numbers of exfoliated cells and their products are retained in a muco-cellular layer overlaying the colonic mucosa, but distinct from the stool, and that this material flows toward the rectum, where it can be captured for analysis.

**Materials and Methods:** Origin Sciences (OS) has developed a novel sampling device that incorporates an inflatable nitrile membrane. Following insertion into the unprepared rectum via a standard proctoscope, the membrane is inflated to make contact with the rectal mucosa for 10 seconds. The membrane is then deflated and retracted into the device prior to removal from the patient. Upon

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retraction the sampled material is retained on the inverted membrane, which acts as a receptacle for the addition of buffer preserving the material for subsequent analysis. Results: The sampler has now been tested in over 2000 patients and healthy volunteers, and has shown excellent acceptability. Tests and in vitro experiments with monolayers of cultured human cells indicate that the membrane captures intact cells, which are easily washed off the membrane for further investigation. Detailed evaluation of the mucous-associated material captured by the device, in both normal and diseased states, shows it to be rich in protein and nucleic acids. Levels of soluble protein present in standard 3 mL capture buffer varied between 90 and 3000 µg/mL, with a mean of 710 µg/mL. OS has detected informative auto-antibodies of isotypes IgA, IgG, and IgM by ELISA in the protein component of these preparations. These preparations are also rich in nucleic acids; DNA was found at levels ranging from 0.5 to 21.9 µg/mL. This DNA appears to retain a high degree of integrity, since a number of informative genes have been detected by quantitative PCR. Conclusions: The sampling device represents a novel and minimally invasive tool for capturing biomarker-rich material from the unprepared rectum. With minimal contamination by stool, the material collected is readily analysable. In principle this device lends itself to point-of-care testing for a range of indications, including infectious and inflammatory diseases of the GI tract, in addition to malignancy.

**Link to more details or full-text:**

[http://gut.bmj.com/content/63/Suppl\\_1/A124.2](http://gut.bmj.com/content/63/Suppl_1/A124.2)

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## **Intraoperative hypercarbia and massive surgical emphysema secondary to transanal endoscopic microsurgery (TEMS). (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Chandra A, \*Clarke R, \*Shawkat H

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

We describe a case where full-thickness excision of a rectal lesion caused massive surgical emphysema and subsequent hypercarbia with associated difficulties with ventilation. This unique case highlights the risks of respiratory failure with extraperitoneal insufflation as in this case and as more commonly with intraperitoneal insufflation. Transanal endoscopic microsurgery (TEMS) is a technique that is being increasingly used in the management of large and early malignant rectal polyps. We reviewed the literature in order to understand the case and to highlight factors that should minimise any adverse sequelae. In the presence of ventilatory difficulties secondary to postoperative surgical emphysema, whether via extraperitoneal insufflation as described here or with intraperitoneal insufflation (as in laparoscopy), consider decreasing gas pressures, expediting the procedure, delaying extubation and prolonged close monitoring in recovery with possible admission to a high dependency unit (HDU) or intensive care unit (ICU).

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Link to more details or full-text: <http://casereports.bmj.com/content/2014/bcr-2013-202864.abstract>

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## **Unusual fracture combination in a paediatric acute ankle (combined medial talar compression fracture with medial malleolus fracture in an immature skeleton): a case report. (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

\*Crosswell S, Rhee SJ, \*Wagner WW

### **Citation:**

Journal of Surgical Case Reports, 2014, vol./is. 2014/10, 2042-8812;2042-8812 (2014)

### **Abstract:**

Talar compression fractures are uncommon orthopaedic injuries, especially in the immature skeleton. Fractures of the talar body constitute >5% of all foot and ankle fractures. The combination of a medial compression fracture and corresponding medial malleolar fracture is rare and not previously reported injury in the literature. We present a case report of a skeletally immature 15-year-old Caucasian male who sustained a medial malleolar and corresponding medial talus fracture after being ejected from his pushbike. This report outlines the potential difficulties in diagnosing an unusual fracture combination and the importance of initial management including necessary diagnostic imaging to identify such injuries. Through this case, we aim to highlight the need for having high suspicions of underlying fractures in paediatric trauma cases. The long-term complications and risks of osteonecrosis of the talus can have detrimental effect on a patient's outcome; therefore, we also emphasize the need for regular monitoring and long-term follow-up. Published by Oxford University Press and JSCR Publishing Ltd. All rights reserved. The Author 2014.

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## **Chest pain with raised troponin, ECG changes but normal coronary arteries (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

\*Amjad A,Â \*Ali A, \*Bashir A,Â \*Ali M,Â \*Azam MN

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

A 65-year-old woman presented to A&E department, with acute onset central chest pain and dyspnoea. ECG showed dynamic T wave changes while 12 h troponin was elevated. A diagnosis of acute coronary syndrome was made and she underwent an inpatient coronary angiogram. Although her coronary arteries were normal, symptoms persisted and D-dimers were found to be elevated. This led to a CT pulmonary angiogram, which ruled out pulmonary embolism, but uncovered a large ascending aortic aneurysm with a contained leak. She was immediately transferred to regional cardiothoracic unit for urgent surgical intervention. This case report illustrates the importance of a good clinical history, physical examination and timely investigations. It also emphasises that not all chest pain events with elevated troponin level are due to acute coronary syndrome and that alternative diagnoses should still be considered.

**Link to more details:**

Link to full-text: <http://casereports.bmj.com/content/2014/bcr-2013-201975.abstract>

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## **A rare obstetric emergency: acute uterine torsion in a 32-week pregnancy (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Moores KL, \*Wood MG, \*Foon RP

**Citation:**

BMJ Case Reports, 2014, vol./is. 2014/, 1757-790X (2014)

**Abstract:**

Uterine torsion is rare in pregnancy and the cause in most cases is unknown. It is associated with fetal compromise, with perinatal mortality reported to be around 12%. Our case describes an acute torsion, presenting in pregnancy with severe abdominal pain and vomiting with a viable 32-week gestation. Emergency caesarean section was performed and the 180degree uterine torsion was diagnosed intraoperatively. Posterior hysterotomy was required for delivery prior to detorsion of the uterus. This report describes that prompt recognition and intraoperative vigilance can achieve a successful maternal and fetal outcome in this rare and difficult obstetric scenario.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

Link to more details or full-text: <http://casereports.bmj.com/content/2014/bcr-2013-202974.abstract>

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## **A prospective evaluation of undiagnosed joint hypermobility syndrome in patients with gastrointestinal symptoms. (2014)**

### **Author(s):**

Fikree A, Grahame R, \*Aktar R, Farmer AD, Hakim AJ, Morris JK, Knowles CH, Aziz Q

### **Citation:**

Clinical Gastroenterology & Hepatology, 10 2014, vol./is. 12/10(1680-87.e2), 1542-3565;1542-7714 (2014 Oct)

### **Abstract:**

**BACKGROUND & AIMS:** The Joint Hypermobility Syndrome (JHS) is a common connective tissue disorder characterized by joint hyperflexibility, dysautonomia, and chronic pain. Gastrointestinal (GI) symptoms are reported in JHS patients attending rheumatology clinics, but the prevalence and symptom pattern of previously undiagnosed JHS in GI clinics are unknown.**METHODS:** By using validated questionnaires, a prospective cross-sectional study in secondary care GI clinics estimated the prevalence of JHS in new consecutively referred patients, compared GI symptoms in patients with and without JHS, and by using multiple regression determined whether the burden of GI symptoms in JHS patients was dependent on chronic pain, autonomic, psychological, and medication related factors. A positive control group consisted of JHS patients referred from rheumatology clinics with GI symptoms (JHS-Rh).**RESULTS:** From 552 patients recruited, 180 (33%) had JHS (JHS-G) and 372 did not (non-JHS-G). Forty-four JHS-Rh patients were included. JHS-G patients were more likely to be younger, female with poorer quality of life ( $P = .02$ ) than non-JHS-G patients. After age and sex matching, heartburn (odds ratio [OR], 1.66; confidence interval [CI], 1.1-2.5;  $P = .01$ ), water brash (OR, 2.02; CI, 1.3-3.1;  $P = .001$ ), and postprandial fullness (OR, 1.74; CI, 1.2-2.6;  $P = .006$ ) were more common in JHS-G vs non-JHS-G. Many upper and lower GI symptoms increased with increasing severity of JHS phenotype. Upper GI symptoms were dependent on autonomic and chronic pain factors.**CONCLUSIONS:** JHS is common in GI clinics, with increased burden of upper GI and extraintestinal symptoms and poorer quality of life. Recognition of JHS will facilitate multidisciplinary management of GI and extra-GI manifestations. Copyright 2014 AGA Institute. Published by Elsevier Inc. All rights reserved.

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## **Minimising negative ankle and foot X-rays in the Emergency Department-Are the Ottawa ankle rules good enough? (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

\*Crosswell S, \*Leaman A, \*Phung W

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Injury, 12 2014, vol./is. 45/12(2002-4), 0020-1383;1879-0267 (2014 Dec)

**Abstract:**

**OBJECTIVES:** To review fracture rates in patients who had X-rays of either the ankle or foot or both in the Emergency Department of a district hospital.**METHOD:** A retrospective review of 2589 Emergency Department patients who had X-rays of the ankle or foot or both over a 12-month period.**RESULTS:** There were 1199 ankle X-rays taken of which 193 (16%) showed a significant fracture. There were 1081 patients who had a foot X-rayed of which 165 (15%) showed a significant fracture. Younger patients had more X-rays but older patients were more likely to have a fracture. There were 309 patients who had an ipsilateral ankle and foot X-rayed at the same time, and of these 42 (14%) showed one fracture and just two (0.6%) showed a significant fracture of both ankle and foot.**CONCLUSIONS:** The approach to X-raying ankle and feet in this study is probably widespread, and Ottawa Ankle Rules still seem to be of limited use in diagnosing fractures. This low yield of positive X-ray could be accepted or a more sophisticated ankle rule introduced. Copyright 2014 Elsevier Ltd. All rights reserved.

**Link to more details or full-text:**

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## **Gefitinib for oesophageal cancer progressing after chemotherapy (COG): a phase 3, multicentre, double-blind, placebo-controlled randomised trial (2014)**

**Type of publication:**

Randomised Controlled Trial

**Author(s):**

Dutton SJ, Ferry DR, Blazeby JM, Abbas H, Dahle-Smith A, Mansoor W, Thompson J, Harrison M, \*Chatterjee A, Falk S, Garcia-Alonso A, Fyfe DW, Hubner RA, Gamble T, Peachey L, Davoudianfar M, Pearson SR, Julier P, Jankowski J, Kerr R, Petty RD

**Citation:**

Lancet Oncology, 07 2014, vol./is. 15/8(894-904), 1470-2045;1474-5488 (2014 Jul)

**Abstract:**

**BACKGROUND:** Evidence is scarce for the effectiveness of therapies for oesophageal cancer progressing after chemotherapy, and no randomised trials have been reported. We aimed to compare gefitinib with placebo in previously treated advanced oesophageal cancer.**METHODS:** For this phase 3, parallel, randomised, placebo-controlled trial, eligible patients were adults with advanced oesophageal cancer or type I/II Siewert junctional tumours, histologically confirmed squamous-cell carcinoma or adenocarcinoma, who had progressed after chemotherapy, with WHO performance status 0-2, and with measurable or evaluable disease on CT scan. Participants were recruited from 48 UK centres and randomly assigned (1:1) to gefitinib (500 mg) or matching placebo by simple randomisation with no stratification factors. Patients, clinicians, and trial office staff were masked to treatment allocation.

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Treatment continued until disease progression, unacceptable toxicity, or patient choice. The primary outcome was overall survival, analysed by intention to treat. This trial is registered, number ISRCTN29580179. FINDINGS: Between March 30, 2009, and Nov 18, 2011, 450 patients were randomly assigned to treatment groups (one patient withdrew consent; 224 patients allocated gefitinib and 225 allocated placebo included in analyses). Overall survival did not differ between groups (median 373 months, 95% CI 323-450, for gefitinib vs 367 months, 95% CI 297-437, for placebo; hazard ratio 0.90, 95% CI 0.74-1.09,  $p=0.29$ ). Among the prespecified patient-reported outcomes (110 patients on gefitinib and 121 on placebo completed both baseline and 4 week questionnaires and were included in analyses), odynophagia was significantly better in the gefitinib group (adjusted mean difference -8.61, 95% CI -14.49 to -2.73;  $n=227$ ;  $p=0.004$ ), whereas the other outcomes were not significantly improved compared with placebo: global quality of life (269, 95% CI -233 to 772,  $n=231$ ,  $p=0.293$ ), dysphagia (-318, 95% CI -836 to 200,  $n=231$ ,  $p=0.228$ ), and eating (-411, 95% CI -996 to 175,  $n=229$ ,  $p=0.168$ ). Median progression-free survival was marginally longer with gefitinib than it was with placebo (157 months, 95% CI 123-190 in the gefitinib group vs 117 months, 95% CI 107-137 in the placebo group; HR 0.80, 95% CI 0.66-0.96,  $p=0.020$ ). The most common toxicities were diarrhoea (36 [16%] of 224 patients on gefitinib vs six [3%] of 225 on placebo) and skin toxicity (46 [21%] vs two [1%]), both mostly grade 2. The commonest grade 3-4 toxicities were fatigue (24 [11%] vs 13 [6%] patients) and diarrhoea (13 [6%] vs two [1%]). Serious adverse events were reported in 109 (49%) of 224 patients assigned to gefitinib and 101 (45%) of 225 on placebo. 54 (24%) of patients in the gefitinib group achieved disease control at 8 weeks, as did 35 (16%) of patients on placebo ( $p=0.023$ ). INTERPRETATION: The use of gefitinib as a second-line treatment in oesophageal cancer in unselected patients does not improve overall survival, but has palliative benefits in a subgroup of these difficult-to-treat patients with short life expectancy. Future research should focus on identification of predictive biomarkers to identify this subgroup of benefiting patients. FUNDING: Cancer Research UK. Copyright 2014 Elsevier Ltd. All rights reserved.

**Link to more details or full-text:**

<http://www.sciencedirect.com/science/article/pii/S1470204514700245>

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## The use of a remifentanil infusion and elective tracheostomy to avoid ventilation in a patient with tetanus (2014)

**Type of publication:**

Journal article

**Author(s):**

\*Redshaw C., \*Slater R.

**Citation:**

Journal of the Intensive Care Society, April 2014, vol./is. 15/2(161-163), 1751-1437 (April 2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Abstract:**

Tetanus is very rare in developed countries but the mortality is still high in the elderly population despite access to intensive care medicine. Death can frequently occur from secondary complications due to the need to sedate, paralyse and ventilate patients in an effort to control spasms. We describe the case of a 77-year-old man with tetanus in whom we successfully controlled tetanic spasms with a remifentanyl infusion where conventional treatment failed, thus preventing the need for mechanical ventilation. We also describe the use of an elective percutaneous tracheostomy which was performed for airway protection. This prevented him from developing pneumonia from aspirating the excess secretions caused by the autonomic features of tetanus.

Link to more details or full-text: <http://inc.sagepub.com/content/15/2/161.short>

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## Obesity delays 62 day treatment pathway for breast cancer (2014)

**Type of publication:**

Conference abstract

**Author(s):**

\*Lake B., \*Pearson L., \*Wilkins H., \*Rastall S.

**Citation:**

European Journal of Surgical Oncology, May 2014, vol./is. 40/5(624), 0748-7983 (May 2014)

**Abstract:**

Introduction: There is increasing obesity in the UK, affecting 26% of women. The highest rate is in the West Midlands. (HSCIC 2013) This growing obese population will significantly impact health care. Breast cancer diagnosis and treatment have a 62 day cancer target. (CRS 2007) Accepted practice is triple assessment which is affected by elevated BMI; more difficult examination, repeated biopsy, technically difficult and time consuming imaging. This can delay diagnosis and treatment of breast cancer. Method: Somerset Cancer Database was used to identify all patients diagnosed with non-invasive or invasive Breast Cancer from 1st April 2012 to 31st March 2013 at Shrewsbury & Telford NHS Trust. Patients having hormone treatment or radiotherapy alone were excluded. Patient demographics were obtained from Pre-operative Anaesthetic Database. Biopsy rate was obtained from review. Imaging was reviewed by Breast Radiographer. SPSS was used to calculate independent T-test for statistical analysis. Results: 505 patients were diagnosed, of these 352 had surgery. Mean age 60 (30-87), mean BMI 28.6(16.5-55), with 35% of patients classified as obese. Number of days to treatment of BMI 35, 36 to 42 days was statistically significant  $P > 0.0438$  ( $T = 2.0348$ ,  $SE = 2.949$ ). Time taken for mammogram for super-obese patient BMI compared to normal BMI was significantly longer 7.5 minutes to 3.4 minutes  $P > 0.0001$  ( $T = 11.6028$ ,  $SE = 0.353$ ). Conclusion: Obesity significantly delays treatment pathway in Breast Cancer patients, and increases mammographic imaging time. These are important considerations with an increasingly obese population for health care provision planning of such patients.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Link to more details or full-text:**

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## **Diagnostic accuracy of point-of-care tests for detecting albuminuria: A systematic review and meta-analysis (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

\*McTaggart M.P., Newall R.G., Hirst J.A., Bankhead C.R., Lamb E.J., Roberts N.W., Price C.P.

### **Citation:**

Annals of Internal Medicine, April 2014, vol./is. 160/8(550-557), 0003-4819;1539-3704 (15 Apr 2014)

### **Abstract:**

Experts recommend screening for albuminuria in patients at risk for kidney disease. Purpose: To systematically review evidence about the diagnostic accuracy of point-of-care (POC) tests for detecting albuminuria in individuals for whom guidelines recommend such detection. Data Sources: Cochrane Library, EMBASE, Medion database, MEDLINE, and Science Citation Index from 1963 through 5 December 2013; hand searches of other relevant journals; and reference lists. Study Selection: Cross-sectional studies, published in any language, that compared the accuracy of machine-read POC tests of urinary albumin-creatinine ratio with that of laboratory measurement. Data Extraction: Two independent reviewers extracted study data and assessed study quality using the QUADAS-2 (Quality Assessment of Diagnostic Accuracy Studies 2) tool. Data Synthesis: Sixteen studies (n = 3356 patients) that evaluated semiquantitative or quantitative POC tests and used random urine samples collected in primary or secondary ambulatory care settings met inclusion criteria. Pooling results from a bivariate random effects model gave sensitivity and specificity estimates of 76% (95% CI, 63% to 86%) and 93% (CI, 84% to 97%), respectively, for the semiquantitative test. Sensitivity and specificity estimates for the quantitative test were 96% (CI, 78% to 99%) and 98% (CI, 93% to 99%), respectively. The negative likelihood ratios for the semiquantitative and quantitative tests were 0.26 (CI, 0.16 to 0.40) and 0.04 (CI, 0.01 to 0.25), respectively. Limitation: Accuracy estimates were based on data from single sample urine measurement, but guidelines require that diagnosis of albuminuria be based on at least 2 of 3 samples collected in a 6-month period. Conclusion: A negative semiquantitative POC test result does not rule out albuminuria, whereas quantitative POC testing meets required performance standards and can be used to rule out albuminuria.

**Link to more details or full-text:** [Hepatology](#)

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

# Safety of short, in-hospital delays before surgery for acute appendicitis: Multicentre cohort study, systematic review, and meta-analysis (2014)

## Type of publication:

Journal article

## Author(s):

Bhangu A., Panagiotopoulou I.G., Chatzizacharias N., Rana M., Rollins K., Ejtehadi F., Jha B., Tan Y.W., Fanous N., Markides G., Tan A., Marshal C., Akhtar S., Mullassery D., Ismail A., Hitchins C., Sharif S., Osborne L., Sengupta N., Challand C., Pournaras D., Bevan K., King J., Massey J., Sandhu I., Wells J.M., Teichmann D.A., Peckham-Cooper A., Sellers M., Folaranmi S.E., Davies B., Potter S., Egbeare D., Kallaway C., Parsons S., Upchurch E., Lazaridis A., Cocker D., King D., Behar N., Loukogeorgakis S.P., Kalaiselvan R., Marzouk S., H. Turner E.J., Kaptanis S., Kaur V., Shingler G., Bennett A., Shaikh S., Aly M., Coad J., Khong T., Nouman Z., Crawford J., Szatmary P., West H., MacDonald A., Lambert J., Gash K., Hanks K.A., Griggs E., Humphreys L., Torrance A., Hardman J., Taylor L., Rex D., Bennett J., Crowther N., McAree B., Flexer S., Mistry P., Jain P., Hwang M., Richardson J., Oswald N., Wells A., Newsome H., Martinez P., B. Alvarez C.A., Leon J., Carradice D., Gohil R., Mount M., Campbell A., Iype S., Dyson E., Groot-Wassink T., Ross A.R., Charlesworth P., Baylem N., Voll J., Sian T., Creedon L., Hicks G., Goring J., Ng V., Tiboni S., Palser T., Rees B., Ravindra P., Neophytou C., Dent H., Lo T., Broom L., O'Connell M., Foulkes R., Griffith D., Butcher K., McLaren O., Tai A., Yano H., T. Torrance H.D., Moussa O., Mittapalli D., Watt D., Basson S., Gilliland J., Wilkins A., Yee J., Cain H., Wilson M., Pearson J., Turnbull E., Brigid A., Yassin N.A., Clarke J., Mallappa S., Jackson P., Jones C., Lakshminarayanan B., Sharma A., Fareed K., Yip G., Brown A., Patel N., Ghisel M., Tanner N., Jones H., Witherspoon J., Phillips M., Ho M.F., Ng S., Mak T., Campaign N., Mukhey D., Mitchell W.K., Amawi F., Dickson E., Aggarwal S., Satherley L.K., Asprou F., Keys C., Steven M., Muhlschlegel J., Hamilton E., Yin J., Dilworth M., Wright A., Spreadborough P., Singh M., Mockford K., Morgan J., \*Ball W., \*Royle J., \*Lacy-Colson J., Lai W., Griffiths S., Mitchell S., Parsons C., Joel A.S., Mason P.F., Harrison G.J., Steinke J., Rafique H., Battersby C., Hawkins W., Gurram D., Hateley C.A., Penkethman A., Lambden C., Conway A., Dent P., Yacob D., Oshin O.A., Hargreaves A., Gossedge G., Long J., Walls M., Futaba K., Pinkney T., Puig S., Nepogodiev D., Marriott P., Boddy A., Jones A., Tennuci C., Battersby N., Wilkin R., Lloyd C., Sein E., McEvoy K., Whisker L., Austin S., Colori A., Sinclair P., Loughran M., Lawrence A., Horsnell J., Bagenal J., Pisesky A., Mastoridis S., Solanki K., Siddiq I., Merker L., Sarmah P., Richardson C., Hanratty D., Evans L., Mortimer M., Bhalla A., Bartlett D., Beral D., Blencowe N.S., Cornish J., Haddow J.B., Hall N.J., Johnstone M., Pilgrim S., Trong S., Velineni R.

## Citation:

Annals of Surgery, May 2014, vol./is. 259/5(894-903), 0003-4932;1528-1140 (May 2014)

## Abstract:

OBJECTIVE: To determine safety of short in-hospital delays before appendicectomy. BACKGROUND: Short organizational delays before appendicectomy may safely improve provision of acute surgical services. METHODS: The primary endpoint was the rate of complex appendicitis (perforation, gangrene, and/or abscess). The main explanatory variable was timing of surgery, using less than 12 hours from admission as the reference. The first part of this study analyzed primary data from a multicentre study on appendicectomy from 95 centers. The second part combined this data with a systematic review and meta-analysis of published data. RESULTS: The cohort study included 2510 patients with acute

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appendicitis, of whom 812 (32.4%) had complex findings. Adjusted multivariable binary regression modelling showed that timing of operation was not related to risk of complex appendicitis [12-24 hours odds ratio (OR) 0.98 (P = 0.869); 24-48 hours OR 0.88 (P = 0.329); 48+ hours OR 0.82 (P = 0.317)]. However, after 48 hours, the risk of surgical site infection and 30-day adverse events both increased [adjusted ORs 2.24 (P = 0.039) and 1.71 (P = 0.024), respectively]. Meta-analysis of 11 nonrandomized studies (8858 patients) revealed that delay of 12 to 24 hours after admission did not increase the risk of complex appendicitis (OR 0.97, P = 0.750). **CONCLUSIONS:** Short delays of less than 24 hours before appendectomy were not associated with increased rates of complex pathology in selected patients. These organizational delays may aid service provision, but planned delay beyond this should be avoided. However, where optimal surgical systems allow for expeditious surgery, prompt appendectomy will still aid fastest resolution of pain for the individual patient.

**Link to more details or full-text:**

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## **Retinopathy of prematurity in English neonatal units: A national population-based analysis using NHS operational data (2014)**

### **Type of publication:**

Journal article

### **Author(s):**

Wong H.S., Santhakumaran S., Statnikov Y., Gray D., Watkinson M., Modi N., Kadalraja R., Kefas J., Srinell S., Ramesh C., Rackham O., Brearey S., Thirumurugan A., Losa I., McBride T., Amegavie L., Zipitis C., Yadan M., Maddock N., Moise J., Edi-Osagie N., Heal C., Birch J., Al-Zidgali F., Hasib A., Kisat H., Soe A., Long D., Fedee J., Lama M., Gupta R., Rawlingson, De Boer R.C., Rao P., Blake K., Bhaduri A.K., Halahakoon C., \*Deshpande, Mohite A., Tewary K.K., Palmer K., Gallagher A., Nycyk J., Simmons P., Morgen I., Underhill H.C., Mahesh Babu R.N., Dalton S., Dixon H., James M., Jayalal V., Dyke M., Babiker S., Soe T., Rubin S., Ogilvy-Stuart A., Evans I., Wickham T., Van Someren V., Watkin S., Blumberg R., Sharief N., Aladangady N., Sullivan C., Alford L., Sharma B., Khan A., Hamdan S., Ahmed J.S., Foo A., Talekar R., Adiotomre P., Gibson A., Thomas M., Mathur R., Cruwys M., Mannix P., Ariff H., Garbasa M., Lal M., Bosman D., Fenton A., Bolton A.R., Abu-Harb M., Verber I., Olivier J., Larson J., Cherinet Y., Munyard P., Osbourne N., Raman M., Watts T., Hannam S., Walter S., Kuna J., Chang Y.L., Shephard R., Lindo D., Calvert S., Wigfield R., Wylie P., Misra I., Shettihalli N., Khashu M., Hall M., Groves C., De Halpert P., Schapira D., Kinsey S., Butterworth S., Garg A., Whitehead G., Sanghavi R., Whincup G., Khader K., Mallik A., Amess P., Godden C., Reynolds P., Brannan N., Noble V., Rao A.S., Wardle S., Ratnayaka M., Holman J., Zengeya S., Jones S., Wach R., Tooley J., Mann R.J., Eaton M., Babirecki M., Seal S., Schwartz K., Gibson D., Jampala C., Pairedeau P., Miall L., Shyamannr K., Qunib M.

### **Citation:**

Archives of Disease in Childhood: Fetal and Neonatal Edition, May 2014, vol./is. 99/3(F196-F202), 1359-2998;1468-2052 (May 2014)

### **Abstract:**

Objectives: To report on retinopathy of prematurity (ROP) screening compliance against a national

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

guideline, factors associated with non-compliance and effect on ROP treatment. Design: National cohort study using operational NHS data from the National Neonatal Research Database (NNRD) for the period 2009-2011. Setting: 161 (94%) neonatal units in England. Population: Infants born below 32 weeks' gestation and/or with a birth weight below 1501 g. Main outcome measures: ROP screening status ('on-time', 'early', 'late', 'unknown') and associated infant and neonatal unit characteristics, ROP treatment. Results: The proportion of infants screened on-time increased over the study period (p

**Link to more details or full-text:**

<http://fn.bmj.com/cgi/pmidlookup?view=long&pmid=24361602><http://fn.bmj.com/cgi/pmidlookup?view=long&pmid=24361602>

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## **A prospective observational study of real-world treatment patterns and treatment outcomes in patients with advanced or metastatic renal cell carcinoma (mRCC) receiving pazopanib (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Bamias A., Bono P., Procopio G., Herrmann E., Vazquez-Estevez S., Rodriguez Sanchez A., \*Srihari N., Schrijvers D.L., Hawkins R.E., Vogelzang N.J., Sapunar F.J., Kothari D., Khan S., Mehmud F., Jonasch E., Schmidinger M.

**Citation:**

Journal of Clinical Oncology, May 2014, vol./is. 32/15 SUPPL. 1, 0732-183X (20 May 2014)

**Abstract:**

Background: Pazopanib is an oral, selective, multikinase inhibitor of VEGF receptors 1/2/3, PDGF receptors alpha/s, and stem cell factor receptor (c-Kit) that is approved for first-line treatment of patients with advanced renal cell carcinoma (RCC) and for patients who received prior cytokine therapy. The COMPARZ study of pazopanib versus sunitinib as first-line treatment demonstrated noninferiority of pazopanib for progression-free survival (PFS) in the intention-to-treat population, and pazopanib statistically favored health-related quality of life (HRQoL) in 11 of the 14 domains measured (NEJM 2013;369:722-31). The PISCES patient preference study demonstrated that significantly more patients preferred pazopanib over sunitinib due to overall better HRQoL and less fatigue (JCO 2012;30 suppl 15:CRA4502). The purpose of the PRINCIPAL study is to evaluate the real-world effectiveness and safety of pazopanib in patients with advanced or mRCC. Methods: This is a global, multicenter, prospective, observational study (VEG115232, NCT01649778 ) designed to enrol up to 700 patients. Primary endpoints include PFS, overall response rate, overall survival, relative dose intensity data, HRQoL data, and safety data. Additional treatment strategies for RCC will be obtained post-progression. Key inclusion criteria include a clinical decision to initiate treatment with pazopanib (before enrolment in the study), no prior systemic therapy for advanced or mRCC, and no participation in an interventional trial. The study has enrolled 339 patients to date and is currently recruiting in 15 countries, including Europe, Asia,

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Latin America, and the United States. This study will determine patient outcomes with pazopanib in a real-world setting in terms of efficacy, safety, and patient compliance outside the normal parameters of a controlled trial. PRINCIPAL will also provide further data in patient groups that were under-represented in the controlled clinical trials to date, such as the elderly and patients with co-morbidities.

**Link to more details or full-text:**

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## **Nephrotic-range proteinuria on interferon-beta treatment: Immune-induced glomerulonephritis or other pathway? (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Yuste C., \*Rapalai M., \*Pritchard B.A., \*Jones T.J., Tucker B., \*Ramakrishna S.B.

**Citation:**

Clinical Kidney Journal, April 2014, vol./is. 7/2(190-193), 2048-8505;2048-8513 (April 2014)

**Abstract:**

We present a case report of a 37-year-old woman with multiple sclerosis (MS) who developed nephrotic-range proteinuria secondary to membranoproliferative glomerulonephritis (MPGN)-like disease with mesangial C3 deposition without evidence of immune-complex deposition in the context of long-term interferon-beta (IFN-beta) therapy. The complete remission of proteinuria following cessation of IFN-beta, strongly suggests causality. To our knowledge, this is the second case report of MPGN associated with IFN-beta use. This being the case, the negative immune screen, normal inflammatory markers and the absence of immune complex deposits would imply a different pathway to that previously suggested.

**Link to more details or full-text:**

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## **The spectrum of dermal hyperneury. Report of six cases (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Ieremia E., \*Mudaliar V., \*Kelly S., Grech B., Rodriguez P., Martin B., Calonje E.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

British Journal of Dermatology, July 2014, vol./is. 171/(90), 0007-0963 (July 2014)

**Abstract:**

Dermal hyperneury is defined as the presence of increased and hypertrophic myelinated and nonmyelinated nerve fibres in the dermis. Cutaneous nerve hyperplasia is rare and can be seen in lesional skin in multifocal or localized forms. When multifocal, it can be present in a pure cutaneous or mucocutaneous form or it may have syndromic associations. It is fascinating that it is present in the normal skin of patients with multiple endocrine neoplasia type 2b (MEN2b) and Cowden syndrome, but also in the lesional skin of those patients, as well as in neurofibromatosis (type 2), attenuated forms of MEN2b and in medullary thyroid carcinoma with macular amyloidosis. Localized, it may be encountered in areas of trauma, nodular prurigo, notalgia paraesthetica, neurocristic hamartoma and rarely in cases of chronic rubbing/scratching (Schaffer JV, Kamino H, Witkiewitz A et al. Mucocutaneous neuromas. An underrecognised manifestation of PTEN hamartoma- tumor syndrome. Arch Dermatol 2006; 142: 625-32; Winkelmann RK, Carney JA. Cutaneous neuropathology in multiple endocrine neoplasia, type 2b. J Invest Dermatol 1982; 79: 307-12). We present six cases spanning through the spectrum of conditions described. We describe four patients with multiple cutaneous papules, variably symptomatic. Extensive investigations did not reveal any syndromic associations. Furthermore, we include two localized forms: one case of notalgia paraesthetica and one case of trauma. It is interesting to note that PTEN and RET mutations seen in Cowden and MEN2b syndromes, respectively, are implicated in common pathways of the growth and development of neural-crestderived and nerve tissue. We would like to propose dermal hyperneury as a distinct rare entity specifically in those cases presenting with multiple lesions confined to the skin and no syndromic stigmata, and therefore, no associated risk of malignancy.

**Link to more details or full-text:**

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## **Epidermal growth factor receptor copy number gain (EGFR CNG) and response to gefitinib in esophageal cancer (EC): Results of a biomarker analysis of a phase III trial of gefitinib versus placebo (TRANS-COG) (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Petty R.D., Dahle-Smith A., Miedzybrodzka Z., Dutton S.J., Murray G.I., Stevenson D., \*Massie D., Osbourne A., Clark C., Mansoor W., Thompson J., Harrison M., Chatterjee A., Falk S., Elyan S., Garcia-Alonso A., Fyfe D.W., Chau I., Collinson D., Ferry D.

**Citation:**

Journal of Clinical Oncology, May 2014, vol./is. 32/15 SUPPL. 1, 0732-183X (20 May 2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Abstract:**

Background: The Cancer Oesophagus Gefitinib (COG) trial randomised (1:1) 450 patients(pts) with advanced EC who had progressed after 1-2 lines of chemotherapy to gefitinib (G) or placebo (P). Improved disease control rates- DCR= RECIST CR+PR+SD at 8 weeks (P 15.6%, G 24.1%, p = 0.016), improved patient reported outcomes, and progression free survival (HR = 0.80, 95%CI 0.66, 0.96, p = 0.020) were seen with G-indicative of rapid and durable responses that were observed in a subset. We hypothesised that EGFR CNG in ECs would identify a subgroup responsive to G. Methods: EGFR CNG was determined by FISH on FFPE tumour specimens(all subject to central pathology review) and performed blind to treatment allocation and outcome. Disomy, low and high trisomy and low polysomy were classified as negative (No CNG) and high polysomy and amplification as positive(CNG). Primary endpoint was OS for G versus P in EGFR CNG and no CNG groups. Secondary endpoints were PFS, DCR and HRQL and outcomes in EGFR amplified patients only. Results: EGFR FISH results were available for 295 patients. Clinical features were not different from the COG trial . EGFR CNG was found in 46/295 (15.6%). There was no significant correlation with EGFR CNG and any clinical features which were also balanced in G and P groups. In EGFR CNG Pts OS was improved with G compared to P (HR=0.53 95%CI 0.28, 0.98 p=0.042), with survival for G vs P 71 vs 64% ,38 vs 14% , 25 vs 5% and 13 vs 0% at 3 ,6, 9, and 12 months respectively. There was no difference in OS for G vs P in EGFR No CNG pts (HR=0.892 95%CI 0.69, 1.16 p=0.395). For PFS EGFR CNG pts, HR=0.58, 95%CI 0.30, 1.07 p=0.080 for G vs P and HR=0.83 95% CI 0.64, 1.07,p=0.144 for EGFR No CNG pts. DCR was improved for G in EGFR CNG pts(42 vs 13%, p=0.035), and less so for EGFR No CNG (24 vs 14 % , p=0.053). EGFR amplification(6%) pts gained greatest benefit from G ( OS, HR=0.19 95%CI 0.05, 0.65 p=0.007). Conclusions: EGFR CNG identified a subgroup of EC who benefit from Gefitinib as a second line treatment and is a useful predictive biomarker for the first stratified treatment approach in this setting and also a subgroup that may be responsive to other anti-EGFR therapies.

**Link to more details or full-text:**

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## **Postpartum posterior reversible encephalopathy syndrome (PRES) in a twin pregnancy complicated by preeclampsia-eclampsia: Case report (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Papoutsis D., \*El-Attabi N., \*Sizer A.

**Citation:**

Clinical and Experimental Obstetrics and Gynecology, 2014, vol./is. 41/3(351-353), 0390-6663 (2014)

**Abstract:**

This is the second case in literature of posterior reversible encephalopathy syndrome (PRES) in a twin pregnancy complicated by preeclampsia-eclampsia. A 27-year-old primigravida with dichorionic

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

diamniotic twin pregnancy was admitted at 36 weeks of gestation for induction of labour due to preeclampsia. On the second day postpartum, the patient developed severe hypertension, visual symptoms, confusion, headache, and eclamptic fits. Head computed tomography (CT) showed hypodense basal ganglia lesions. The patient was treated in the intensive treatment unit with hydralazine and labetalol infusions and anticonvulsants. Five days later, there was complete clinical improvement and follow-up magnetic resonance imaging (MRI) was normal. The patient was discharged 11 days post-delivery. Diagnosis of PRES is based on the presence of clinical features of acute neurologic compromise, abnormal neuroimaging findings, and complete reversibility of findings after prompt treatment. Early recognition and proper treatment result in complete reversibility of this condition.

**Link to more details or full-text:**

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## **The stages of extrication: A prospective study (2014)**

**Type of publication:**

Journal article

**Author(s):**

Nutbeam T., \*Fenwick R., Hobson C., Holland V., Palmer M.

**Citation:**

Emergency Medicine Journal, December 2014, vol./is. 31/12(1006-1008), 1472-0205;1472-0213 (01 Dec 2014)

**Abstract:**

Background: Many patients will require extrication following a motor vehicle collision (MVC). Little information exists on the time taken for the various stages of extrication. Objective: To report the time taken for the various stages of extrication. Methods: A prospective, observational study carried out in the West Midland Fire Service's metropolitan area. Time points related to extrication were collected 'live' by two-way radio broadcast. Any missing data were actively gathered by fire control within 1 h of completion of extrication. This paper reports an interim analysis conducted after 1 year of data collection following a 3-month run-in and training period: data were analysed from 1 January 2011 to 31 December 2011 inclusive. Results: During the study period 228 incidents were identified. Seventy-nine were excluded as they met the predetermined exclusion criteria or had incomplete data collection. This left 158 extrications that were suitable for analysis. The median time for extrication was 30 min, IQR 24-38 min. Conclusions: In patients requiring extrication following an MVC a median time of 8 min is typically required before initial limited patient assessment and intervention. A further 22 min is typically required before full extrication. Prehospital personnel should be aware of these times when planning their approach to a trapped patient.

**Link to more details or full-text:**

<http://emj.bmj.com/content/31/12/1006.abstract><http://emj.bmj.com/content/31/12/1006.abstract>

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## **Anesthetic agents in patients with very long-chain acyl-coenzyme A dehydrogenase deficiency: a literature review (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Redshaw C, \*Stewart C

**Citation:**

Pediatric Anesthesia, 11 2014, vol./is. 24/11(1115-9), 1155-5645;1460-9592 (2014 Nov)

**Abstract:**

Very long-chain acyl-coenzyme A dehydrogenase deficiency (VLCADD) is a rare disorder of fatty acid metabolism that renders sufferers susceptible to hypoglycemia, liver failure, cardiomyopathy, and rhabdomyolysis. The literature about the management of these patients is hugely conflicting, suggesting that both propofol and volatile anesthesia should be avoided. We have reviewed the literature and have concluded that the source papers do not support the statements that volatile anesthetic agents are unsafe. The reports on rhabdomyolysis secondary to anesthesia appear to be due to inadequate supply of carbohydrate not volatile agents. Catabolism must be avoided with minimal fasting, glucose infusions based on age and weight, and attenuation of emotional and physical stress. General anesthesia appears to be protective of stress-induced catabolism and may offer benefits in children and anxious patients over regional anesthesia. Propofol has not been demonstrated to be harmful in VLCADD but is presented in an emulsion containing very long-chain fatty acids which can cause organ lipidosis and itself can inhibit mitochondrial fatty acid metabolism. It is therefore not recommended. Suxamethonium-induced myalgia may mimic symptoms of rhabdomyolysis and cause raised CK therefore should be avoided. Opioids, NSAIDs, regional anesthesia, and local anesthetic techniques have all been used without complication.

**Link to more details or full-text:**

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## **Demonstrating the impact of laboratory medicine on clinical outcomes (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Hallworth M.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Clinical Chemistry and Laboratory Medicine, July 2014, vol./is. 52/(S34), 1434-6621 (July 2014)

**Abstract:**

Clinical laboratory workers believe that the work they perform in providing laboratory tests is valuable. However, data to validate this has been limited, and evidence of the contribution of laboratory medicine to the overall process of diagnosis and management is not easy to obtain. This session will describe the work of the IFCC Task Force on the Impact of Laboratory Medicine on Clinical Management and Outcomes (TF-ICO). It will examine existing evidence, review the gaps in our understanding and deficiencies in the way laboratory medicine is used, and indicate how these can be remedied. Many articles and presentations seeking to promote the value of laboratory medicine have made use of what has become known as the "70% claim". This is presented in various forms, most commonly that "Laboratory Medicine influences 70% of clinical decisions", or minor variations around this figure. However, the data on which this estimate was based represents unpublished studies and anecdotal observations, and cannot now be objectively verified. The IFCC TF-ICO was established in 2012 to evaluate the available evidence supporting the impact of laboratory medicine in healthcare, and to develop the study design for new studies to generate evidence of the contribution made by laboratory medicine. This presentation will examine existing evidence, review the gaps in our understanding and deficiencies in the way laboratory medicine is currently used, indicate how these might be remedied and offer a vision of a future state in which laboratory medicine is used effectively to support patient care and enhance patient safety. An approach to measuring value will be proposed in which the net value of a testing process is defined as delivered benefits minus delivered harm (undesirable effects of testing). Value is maximized by increasing the benefits and reducing harm. Much of the evidence relating to the value of laboratory medicine is poorly structured and does not relate to clinical outcomes. A more rigorous approach is required. Laboratory medicine has much to offer, but can cause adverse outcomes if not properly used. Laboratorians need to refocus their attention onto improving outcomes.

**Link to more details or full-text:**

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## **Coordination of end-of-life care for patients with lung cancer and those with advanced COPD: a letter of response. (2014)**

**Author(s):**

\*Crawford EJ, \*Moudgil H, \*Srinivasan K, \*Naicker T, \*Ahmad N

**Citation:**

NPJ Primary Care Respiratory Medicine, 2014, vol./is. 24/(14030), 2055-1010 (2014)

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## **A novel method for securing intraoperative nasopharyngeal suction. (2014)**

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Author(s):**

\*Pankhania M, Mitchell S, Bowyer D

**Citation:**

Annals of the Royal College of Surgeons of England, October 2014, vol./is. 96/7(559-60), 0035-8843;1478-7083 (2014 Oct)

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## **Sleep apnoea in the elderly (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Ahmad N, \*Srinivasan K, \*Naicker TR, \*Moudgil H

**Citation:**

The Lancet Respiratory Medicine, 11 2014, vol./is. 2/11(e21), 2213-2600;2213-2619 (2014 Nov)

**Abstract:**

**Link to more details or full-text:**

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## **BMC medicine editorial board members on open access publishing (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Carmont M.R., Lawn S.D., Stray-Pedersen B., Shoenfeld Y., Meier P.

**Citation:**

BMC Medicine, January 2014, vol./is. 12/1, 1741-7015 (21 Jan 2014)

**Abstract:**

In recognition of Open Access week (21st-27th October 2013), we asked some BMC Medicine Editorial Board Members to share their views and experiences on open access publishing. In this short video, they

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

highlight the benefits of visibility and dissemination of their research, and discuss the future directions for this model of publishing.

**Link to more details or full-text:** <http://www.biomedcentral.com/1741-7015/12/10>  
<http://www.biomedcentral.com/1741-7015/12/10>

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## **Personal view: Spurious syndromes: We create disease by giving every illness a name (2014)**

**Type of publication:**

Journal article

**Author(s):**

Dover C.

**Citation:**

BMJ (Online), March 2014, vol./is. 348/, 1756-1833 (04 Mar 2014)

**Abstract:**

**Link to more details or full-text:**

tags:

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## **BerEP4 and CD34 immunostaining distinguishes basaloid tricholemmoma from basal cell carcinoma (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Turnbull N., Ghumra W., \*Mudaliar V., Vella J., Sanders S., Taibjee S., Carr R.

**Citation:**

American Journal of Dermatopathology, February 2014, vol./is. 36/2(e54-e55), 0193-1091 (February 2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Abstract:**

Aim: To study of the utility of an immunopanel comprising BerEP4, EMA and CD34 in the differential diagnosis of basaloid tricholemmoma and basal cell carcinoma. Method: An immunopanel comprising BerEP4, EMA and CD34 was applied to 48 tricholemmomas (TL) diagnosed and collected over a 12 year period including 10 tumours with a prominent basaloid component (BTL). Patterns of immunostaining were compared with BCC from our extensive database. Positive immunostaining was defined as moderate to strong intensity in a minimum of 10% of the tumour area. Results: Positivity for BerEP4, EMA and CD34 respectively was as follows: TL – 1/24 (4.1%), 4/21 (19%), 34/34 (100%), BTL- 2/9 (22%), 1/7 (14%), 10/10 (100%) and BCC – 218/219 (99.5%), 10/199 (5%), 0/14 (0%). CD34 in TL was often only focally positive (10% in 5/ 10 cases of BTL). BerEP4 was expressed in at most 20% of the tumour area in basaloid tricholemmomas, but in at least 40% of the tumour area in 95.4% of BCC. Conclusion: Immunostaining for CD34 in combination with BerEP4 helps distinguish BTL from BCC.

**Link to more details or full-text:**

[http://gsia.tums.ac.ir/images/UserFiles/12030/Forms/306/XXXIV\\_Symposium\\_of\\_the\\_International\\_Society\\_of\\_25.pdf](http://gsia.tums.ac.ir/images/UserFiles/12030/Forms/306/XXXIV_Symposium_of_the_International_Society_of_25.pdf)  
[http://gsia.tums.ac.ir/images/UserFiles/12030/Forms/306/XXXIV\\_Symposium\\_of\\_the\\_International\\_Society\\_of\\_25.pdf](http://gsia.tums.ac.ir/images/UserFiles/12030/Forms/306/XXXIV_Symposium_of_the_International_Society_of_25.pdf)

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## **UK temporomandibular joint replacement database: Report on baseline data (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Idle M.R., Lowe D., Rogers S.N., Sidebottom A.J., Speculand B., Worrall S.F.

**Citation:**

British Journal of Oral and Maxillofacial Surgery, March 2014, vol./is. 52/3(203-207), 0266-4356;1532-1940 (March 2014)

**Abstract:**

Our goal is to establish the long-term collection of data on temporomandibular joint replacement from all centres in the UK where this is done. Currently, 16 surgeons have been identified, and 13 of them had entered data when this paper was being prepared. Data are entered online through the Snap Survey and then analysed annually. We report on 402 patients (332 (83%) female and 70 (17%) male) who had 577 joints inserted between 1994 and 2012. The main diagnoses that resulted in total joint replacement were osteoarthritis, failed operation, ankylosis, and seronegative arthritis. Preoperatively, the median (IQR) maximal incisal opening was 20 (15-26) mm (mean 20) and the median pain scores on the visual analogue scale (VAS 0-10) were 8 for both joints. The median (IQR) baseline dietary score (liquid 0 – solid 10) was 4 (3-6). A total of 173 (43%) patients had had one or more open procedure(s) before total replacement, 177 (44%) had not had open operation, and 52 (13%) had no data entered. The 3 primary systems used were the TMJ Concepts System (Ventura, USA), the Biomet System (Biomet/Lorenz Microfixation, Jacksonville, USA), and the Christensen System (TMJ Implants, Golden, USA). The median

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(IQR) duration of inpatient stay was 3 (2-4) days (mean 3). Follow-up data will be collected to assess patient recorded outcome measures (PROM) and objective measurements of total joint replacements in the UK from 1994 onwards. 2013 The British Association of Oral and Maxillofacial Surgeons.

**Link to more details or full-text:**

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## **Overlap between dermatomyositis and ANCA vasculitides (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Yuste C., \*Rapai M., \*Pritchard B.A., \*Jones T.J., \*Amoasii C., \*Al-Ansari A., \*Ramakrishna S.B.

**Citation:**

Clinical Kidney Journal, February 2014, vol./is. 7/1(59-61), 2048-8505;2048-8513 (February 2014)

**Abstract:**

We present the second report of the association between antineutrophil cytoplasm antibodies (ANCA)-associated vasculitis with dermatomyositis (DM). A 47-year-old woman suddenly developed rapidly progressive renal failure in the context of (DM). The kidney biopsy showed focal and segmental necrotizing glomerulonephritis with crescent formation. Cyclophosphamide treatment was commenced resulting in a significant recovery of kidney function and maintenance of recovery at 6 months. Although the pathophysiology is unknown, we hypothesize that CD8-T-deficient cells and MPO+ neutrophils in the DM lesions play an important role in the disease process.

**Link to more details or full-text:**

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## **Anatomy of the sural nerve and its relation to the achilles tendon by ultrasound examination (2014)**

**Type of publication:**

Journal article

**Author(s):**

Kammar H., \*Carmont M.R., Kots E., Laver L., Mann G., Nyska M., Mei-Dan O.

**Citation:**

Orthopedics, March 2014, vol./is. 37/3(e298-e301), 0147-7447 (March 2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Abstract:**

Sural nerve injury is a relatively common complication after surgery on the Achilles tendon. Studies to determine the course of the sural nerve have been performed on cadaveric specimens. The purpose of this cross-sectional study was to use ultrasound to determine the relations of the sural nerve in a healthy population. The authors performed ultrasound examination of the posterior triangle of the ankle and Achilles tendon to determine the course of the sural nerve relative to the Achilles tendon in healthy participants. The mean distance between the nerve and the tendon was 21.48, 11.47, 5.8, and 0.81 mm lateral to the Achilles tendon as measured at the insertion and 4, 8, and 11 cm proximally, respectively. Male participants tended to have a nerve that was initially more lateral to the Achilles insertion compared with women. The distance between the sural nerve and the Achilles tendon was found to be lower in older participants, with the nerve passing significantly closer to the tendon at all levels (P

**Link to more details or full-text:**

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## **Does traction on the cervix under anaesthesia tell us when to perform a concomitant hysterectomy? A 2-year follow-up of a prospective cohort study (2014)**

**Type of publication:**

Journal article

**Author(s):**

Madhu C., \*Foon R., Agur W., Smith P.

**Citation:**

International Urogynecology Journal and Pelvic Floor Dysfunction, September 2014, vol./is. 25/9(1213-1217), 0937-3462;1433-3023 (September 2014)

**Abstract:**

Introduction and hypothesis: Variations exist in urogynaecological practice to decide on hysterectomy in managing prolapse. This study evaluates the outcomes of uterine preservation during anterior colporrhaphy with apparent uterine descent with cervical traction under anaesthesia. We hypothesize that cervical traction should not be used to assess uterine prolapse. Methods: Thirty-five women opting for surgery for symptomatic anterior prolapse (> stage 2) with no uterine prolapse (point C at -3 or above) were recruited. "Validated cervical traction" was applied under anaesthesia. Only an anterior repair was performed. Incontinence Modular Questionnaire Vaginal Symptoms (ICIQ-VS) questionnaires were used for follow-up. Wilcoxon test was used for statistical analysis. Results: Stage 2 uterine prolapse (POPQ) was demonstrated in all women with traction under anaesthesia. Follow-up was possible in 29 women, 5 did not respond and 1 needed a hysterectomy at 6 months (2.86 %, 95 % CI 0.07-14.91 %). The mean follow-up time was 23 months (range: 13-34 months). There was a significant reduction in the ICIQ-VS scores from 22.7 (pre-operative) to 7.97 at 23 months (p

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Link to more details or full-text:**

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## **Top 15 research priorities for preterm birth with clinicians and service users' involvement-outcomes from a James Lind Alliance priority setting partnership (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

Uhm S., Alderdice F., Chambers B., Gyte G., Gale C., Duley L., James C.P., David A.L., McNeill J., Turner M.A., Shennan A., \*Deshpande S., Crowe S., Chivers Z., Brady I., Oliver S.

**Citation:**

Archives of Disease in Childhood: Fetal and Neonatal Edition, June 2014, vol./is. 99/(A158), 1359-2998 (June 2014)

**Abstract:**

Background Preterm birth is the single most important determinant of adverse infant outcomes in terms of survival, quality of life, psychosocial and emotional impact on the family, and health care costs. Research agenda in this area has been determined primarily by researchers, and the processes for priority setting in research have often lacked transparency. Objectives To identify 15 most important priorities for future research for practitioners and service users in the area of preterm birth. Methods A priority setting partnership was established by involving clinicians, adults who were born preterm, and parents and families with experience of preterm birth. Research uncertainties were gathered from surveys of service users and clinicians, and analyses of systematic reviews and clinical guidance, and then prioritised in a transparent process, using a methodology advocated by the James Lind Alliance. Results 593 uncertainties were submitted by 386 respondents and 52 were identified from literature reviews. After merging similar questions, a long list of 104 questions were distributed for voting. The 30 most popular items were then prioritised at a workshop. The top 15 research priorities included prevention of preterm birth, management of neonatal infection, necrotising enterocolitis, pain and lung damage, care package at discharge, feeding strategies, pre-eclampsia, emotional and practical support, attachment and bonding, premature rupture of membranes and best time for cord clamping. Conclusions These top research priorities in preterm birth provide guidance for researchers and funding bodies to ensure that future research addresses questions that are important to both clinicians and service users.

**Link to more details or full-text:**

[http://fn.bmj.com/content/99/Suppl\\_1/A158.1.abstract](http://fn.bmj.com/content/99/Suppl_1/A158.1.abstract)[http://fn.bmj.com/content/99/Suppl\\_1/A158.1.abstract](http://fn.bmj.com/content/99/Suppl_1/A158.1.abstract)

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## **Video Q&A: state-of-the-art therapy for the elite and non-elite athlete: an interview with Mike Carmont (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Carmont MR

**Citation:**

BMC Medicine, 2014, vol./is. 12/(8), 1741-7015;1741-7015 (2014)

**Abstract:**

In this video Q&A, Mr Mike Carmont answers questions about state-of-the-art treatments for elite athletes, and the progress and challenges behind translating these into successful therapies for the non-elite athlete.

Link to more details or full-text: <http://europepmc.org/abstract/PMC/PMC3896799>

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## **Major trauma training for emergency nurses (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Fenwick R

**Citation:**

Emergency Nurse, 04 2014, vol./is. 22/1(12-6), 1354-5752;1354-5752 (2014 Apr)

**Abstract:**

The Midlands regional trauma network was established in March 2012 to improve and standardise the care offered to patients with major trauma. This article discusses the results of a survey of formal training in, and self-assessed knowledge of, trauma management among emergency department nurses working in the network. Less than one third of the nurses had received formal training against which standards can be benchmarked, and the article recommends that nurse education standards are reinstated as key performance indicators in the region.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Link to more details or full-text:**

<http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2012531636&authtype=athens&site=ehost-live>

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## **Rapid sequence induction in urgent care settings. (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Fenwick R

**Citation:**

Emergency Nurse, 03 2014, vol./is. 21/10(16-24), 1354-5752;1354-5752 (2014 Mar)

**Abstract:**

In the management of critically ill patients in emergency departments, rapid sequence induction (RSI) of anaesthesia is often required. This article examines the elements of RSI that are necessary before endotracheal tube placement and reviews the findings of a national audit project, conducted by Royal College of Anaesthetists and Difficult Airway Society. It also considers the role of nurses in RSI procedures.

**Link to more details or full-text:**

<http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2012497882&authtype=athens&site=ehost-live>

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## **Surgical approaches for lung volume reduction in emphysema. (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Crawford E, \*Srinivasan K, \*Moudgil H, \*Naicker T, \*Ahmad N

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Clinical Medicine, October 2014, vol./is. 14/5(558), 1470-2118;1470-2118 (2014 Oct)

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## **Association of primary care factors with hospital admissions for epilepsy in England, 2004-2010: National observational study (2014)**

**Type of publication:**

Journal article

**Author(s):**

Calderon-Larranaga A, Soljak M, Cowling TE, Gaitatzis A, \*Majeed A

**Citation:**

Seizure, September 2014, vol./is. 23/8(657-61), 1059-1311;1532-2688 (2014 Sep)

**Abstract:**

**PURPOSE:** There has been little research on the accessibility and quality of primary care services for epilepsy and emergency hospital admissions for epilepsy.

**METHODS:** We examined time trends in admissions for epilepsy in England between 2004-2005 and 2010, and the association of admission rates with population and primary care factors. The units of analysis were the registered populations of 8622 general practices. We used negative binomial regression to model indicators from the Quality and Outcomes Framework, the UK's primary care pay for performance scheme, to measure the accessibility and quality of care for epilepsy, and supply of general practitioners, after adjustment for population factors.

**RESULTS:** The mean indirectly standardised admission rate decreased from 122.9 to 102.6 (-16.5%;  $P < 0.001$ ) over the study period, while the mean percentage of patients seizure free increased from 65.3% to 74.9% ( $P < 0.001$ ). In the multivariable analysis, a one unit increase in the percentage of seizure free adult patients on epilepsy drugs predicted a 0.20% decrease (IRR=0.9980; 95% CI: 0.9974-0.9986) in admission rate. The percentage of patients who were able to book a GP appointment over two days ahead predicted a 0.12% decrease (IRR=0.9988; 95% CI: 0.9982-0.9994). The deprivation score of practice populations (IRR=1.0179;  $P < 0.001$ ) and general practitioner supply (IRR=1.0022;  $P < 0.001$ ) were both positively associated with admission rates.

**CONCLUSION:** Patient access to primary care appointments and percentage of patients who have been recorded as seizure free for 12 months were associated with lower admission rates. However the effect sizes are small relative to that of population deprivation.

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## **Abdominal cocoon (2014)**

**Type of publication:**

Journal article

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Author(s):**

\*Christian B S Katz, \*Robert T Diggory, Abdus Samee

**Citation:**

BMJ Case Reports 2014; doi:10.1136/bcr-2013-203102

**Abstract:**

Intestinal obstruction secondary to cocoon formation is not common. We report a case of a patient who had presented with abdominal pain and distension accompanied by vomiting. Investigations, laparotomy and histology together revealed primary peritoneal carcinoma as the cause of the patient's symptoms.

**Link to more details or full-text:** <http://casereports.bmj.com/content/2014/bcr-2013-203102.full.pdf+html><http://casereports.bmj.com/content/2014/bcr-2013-203102.full.pdf+html>

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## **The Telford tonsillectomy tie trainer: an AirSim model modification (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Douglas, JA; \*Senior, AJ; \*Scott, A

**Citation:**

Annals of The Royal College of Surgeons of England, Volume 96, Number 8, November 2014, pp. 634-634(1)

**Abstract:**

**Link to more details or full-text:**

<http://www.ingentaconnect.com/content/rcse/arcs/2014/00000096/00000008/art00042><http://www.ingentaconnect.com/content/rcse/arcs/2014/00000096/00000008/art00042>

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## **Calcaneus osteotomy (2014)**

**Type of publication:**

Journal article

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Author(s):**

Tennant J.N., \*Carmont M., Phisitkul P.

**Citation:**

Current Reviews in Musculoskeletal Medicine, 2014, vol./is. 7/4(271-276), 1935-973X;1935-9748 (2014)

**Abstract:**

Calcaneal osteotomy is an extra-articular, joint-sparing procedure that is used in the correction of cavovarus and planovalgus foot deformity. Careful indications and contraindications for the procedure, with meticulous surgical technique, should be followed to avoid complications and to achieve optimal outcomes. Multiple options of osteotomies exist, including translational (medializing and lateralizing calcaneal osteotomy, with ability to slide proximally or distally, closing wedge (Dwyer), and rotational type osteotomies (Evans, Z-osteotomy). Future directions for innovation include developments of both implants and surgical techniques.

**Link to more details or full-text:**

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## **UK consensus position on the management of homozygous familial hypercholesterolaemia and the introduction of new agents (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

R. Cramb, H. Soran, \*N. Capps, A. Rees, K. Ray, W. Madira, J. Deanfield, G. Thompson

**Citation:**

Atherosclerosis, August 2014, vol./is. 235/2(e252-e253), 0021-9150 (August 2014)

**Abstract:**

**Objectives:** To provide a consensus position on the potential use of new therapies in the management of homozygous familial hypercholesterolaemia (HoFH) based on a review of the current standards of care, unmet medical need and new clinical evidence. The term HoFH is used to include compound heterozygous familial hypercholesterolaemia as defined in the National Institute for Clinical Excellence guidelines. **Methods:** Participants in this discussion included clinicians managing HoFH in specialist centres, clinicians from lipid clinics and cardiologists with an interest in lipid disorders. **Results:** HoFH is a rare inherited disorders of cholesterol metabolism with a historical reported prevalence of 1/1,000,000. A survey in the United Kingdom (UK) identified 43 patients with a diagnosis of HoFH who receive care in one of 8 UK specialist centres. Conventional lipid lowering agents have a limited variable effect on low density lipoprotein cholesterol (LDLC) levels in HoFH. The current standard of care is by the use of lipoprotein apheresis that provides a temporary reduction in LDL-C with repeat apheresis at weekly or

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fortnightly intervals. Some of these patients are unable to tolerate regular apheresis, a high proportion may not achieve the European Atherosclerosis Society LDL-C targets for apheresis and there is uncertainty whether regular apheresis will prevent progression of disease. With the advent of new therapeutic approaches, the first of these being a microsomal transfer protein (MTP) inhibitor, UK clinicians have considered adopting a potential management pathway to enhance care of patients with HoFH. Conclusion: HoFH are rare but life-threatening conditions, that require specialist therapeutic options. We describe a management pathway for patients with HoFH that considers current therapeutic options and directs the indications for new treatments to ensure maximum clinical benefit.

**Link to more details or full-text:**

tags:

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## **Case report of generalized pustular psoriasis of von Zumbusch associated with hypothyroidism (2014)**

### **Type of publication:**

Conference abstract

### **Author(s):**

\*Mirhadi S., Moazenzade M.

### **Citation:**

British Journal of Dermatology, December 2014, vol./is. 171/6(e147-e148), 0007-0963 (December 2014)

### **Abstract:**

Generalized pustular psoriasis (GPP), a rare subtype of psoriasis, is characterized by abrupt extensive pustular eruptions with potentially fatal outcome. This report describes a case of GPP associated with hypothyroidism. A 28-year-old Iranian woman presented 5 years ago with pustular lesions with underlying erythematous background, which spread over > 50% of her body and was particularly severe in her calf and lower abdomen. The size of lesions was 4-20 cm. She also had systemic symptoms including fever, rigors, arthralgia, loss of appetite and severe depression. In addition, she had peripheral oedema and lymphadenopathy in the submental and anterior cervical chain. She had no significant past medical history. Her family history included mild localized psoriasis in her mother. She was admitted on five occasions, for 2 weeks, at intervals of 6-12 months with acute relapses. The attacks occurred mainly during the winter and summer. No drugs have been implicated. Skin biopsy confirmed pustular psoriasis. Unbroken pustules were sterile. The main biochemical abnormalities were elevated erythrocyte sedimentation rate, leucocytosis, iron-deficiency anaemia, hyperlipidaemia and hypoproteinaemia in the acute phase. During her third attack, it was noticed that she had hypothyroidism. She was treated with low-dose systemic corticosteroid for her acute attacks. Both the skin lesions and peripheral oedema started to respond on day 5 of steroids. Weaning of steroids was commenced in week 3. Among systemic drugs, she tolerated only a retinoid (Neotigason) and she had longer remissions with retinoids. Following the correction of her anaemia, hypothyroidism and

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

peripheral circulation using tensile bandage, and additional family support, her condition is now improving. She occasionally gets small localized lesions that respond well to combined topical steroid with mupirocin. Following resolution of her pustules, topical Daivonex (calcipotriol) and steroid are used. The plan is to reduce the dose of Neotigason gradually. Multiple trigger factors for GPP have been described, including low thyroid activity. GPP is associated with autoimmune conditions such as hypothyroidism. Its prognosis is better in younger age and when the pustular psoriasis is preceded by ordinary psoriasis. In conclusion, we report a typical case of GPP with systemic symptoms, raised inflammatory markers, leucocytosis, hypoalbuminaemia, anaemia, hyperlipidaemia and hypothyroidism. Pharyngitis and emotional stress were identified as triggers. Her management was quite complicated and the disease finally responded to steroids, retinoid and calcipotriol. This patient did not develop any life-threatening complication.

**Link to more details or full-text:**

tags:

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## **A man with absolute dysphagia after eating a steak (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Osborne MS, Saunders T, \*Fuerstenberg F, Costello D, Dhesi B

**Citation:**

BMJ, 2014, vol./is. 349/(g5462), 0959-535X;1756-1833 (2014)

**Abstract:**

**Link to more details or full-text:** <http://www.bmj.com/content/349/bmj.g5462>

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## **Not going on a journey: Histamine toxicity (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Wilmshurst P., \*Hallworth M.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

BMJ (Online), August 2014, vol./is. 349/, 1756-1833 (04 Aug 2014)

**Abstract:**

**Link to more details or full-text:**

<http://www.bmj.com/content/349/bmj.g2048><http://www.bmj.com/content/349/bmj.g2048>

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## **Laparoscopic ileocaecal resection for Crohn's disease: Initial experience in Shrewsbury (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Vidyasankar V., \*Cheetham M., \*McCloud J

**Citation:**

Colorectal Disease, July 2014, vol./is. 16/(189), 1462-8910 (July 2014)

**Abstract:**

Aim: Randomised controlled trials have demonstrated short-term advantages to laparoscopic surgery for ileocaecal Crohn's disease. Following the introduction of laparoscopic colorectal surgery, we extended our repertoire to include laparoscopic Crohn's resections. The aim of our study was to assess the safety and outcome following the introduction of laparoscopic resection for ileocaecal Crohn's. Method: Between January 2008 and November 2012, 30 patients (12 men and 18 women, Median age 30 years), underwent laparoscopic ileocaecal resection for Crohn's disease. 27 patients had stricturing disease, 2 patients presented with a mass and 1 presented with perforation. Patients were given an intraoperative spinal anaesthetic followed by PCA for 48 hours. All patients were commenced on an enhanced recovery programme. Results: Mean operative time was 90 min. Mean hospital stay was 3 days (range 3-7 days). Two patients (6%) required conversion to open surgery because of a fixed mass (n = 1) and dense adhesions (n = 1). One patient (3%) required reoperation due to haemorrhage. One patient (3%) had prolonged hospital stay due to ileus. One patient (3%) had an anastomotic leak. There were no deaths in this series. Conclusion: Our study demonstrates that laparoscopic resection of ileocaecal Crohn's disease can be safely performed at a district general hospital with a short length of stay and minimal morbidity.

**Link to more details or full-text:**

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## **Does compliance with the 2 week wait colorectal cancer referral system lead to a higher cancer detection rate? (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Kaur P., \*Cheetham M., \*McCloud J.

**Citation:**

Colorectal Disease, July 2014, vol./is. 16/(73), 1462-8910 (July 2014)

**Abstract:**

Background: Current guidelines suggest that patients with a suspected colorectal cancer are seen within 2 weeks of the referral made by general practitioners. Recent data has shown an increase in referrals with a decrease in cancer yield, with up to 25% of all referrals made not meeting referral guidelines. This study aims to determine if there is a higher cancer detection rate in referrals compliant with the referral criteria. Method: A retrospective study of patients referred to a 2-week wait colorectal clinic over a 3-month period was performed. Referral proformas and initial clinic letters were assessed to determine compliancy with the 2 week wait criteria and number of cancers diagnosed. Results: 287 patients were seen in the 3 month period. 38% of referrals were not compliant with the referral criteria. The main reasons for noncompliance were age of the patient (28%) and duration of symptoms (21%). 15 (5.2%) patients were diagnosed with cancer. Compliant referrals had higher cancer detection rate, 13/180 patients (7.2%) when compared with non-compliant referrals, 2/107 patients (1.9%). Conclusion: Compliance with the referral criteria is associated with a higher cancer detection rate. Better education for general practitioners may help to reduce the number of non-compliant referrals reducing work load on strained colorectal units.

**Link to more details or full-text:**

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## **Is the MMR vaccination programme failing to protect women against rubella infection? (2014)**

**Type of publication:**

Journal article

**Author(s):**

\*Skidmore S., Boxall E., Lord S.

**Citation:**

Epidemiology and Infection, 2014, vol./is. 142/5(1114-1117), 0950-2688;1469-4409 (2014)

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Abstract:**

In recent years the number of pregnant women susceptible to rubella has increased markedly. In the West Midlands the proportion has risen from 1.4% in 2004 to 6.9% in 2011. Locally, the proportion of non-immune women ranges from 1.6% in those born prior to 1976 to 17.8% in those born since 1986. The latter group comprises those given MMR in their second year with no further booster doses. The number of non-immune women will continue to rise as a consequence of low MMR uptake in the late 1990s. Repeat testing of samples with values

**Link to more details or full-text:** <http://www.ncbi.nlm.nih.gov/pubmed/23953764>

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## Multilevel bypass grafting: Is it worth it? (2014)

**Type of publication:**

Journal article

**Author(s):**

Sharples A., Kay M., Sykes T., Fox A., Houghton A.

**Citation:**

Annals of Vascular Surgery, October 2014, vol./is. 28/7(1697-1702), 0890-5096;1615-5947 (01 Oct 2014)

**Abstract:**

**Background** Traditionally, multilevel arterial disease has been treated with an inflow procedure only but simultaneous multilevel bypass graft procedures have been attempted. However, these procedures are potentially high risk. We report our single-center experience of performing multilevel bypass grafts over the last 15 years. **Methods** We retrospectively identified patients undergoing simultaneous aortoiliac and infrainguinal bypasses between January 1996 and January 2011 at a single district general hospital. **Results** There were 32 multilevel procedures performed. Indication for surgery was acute ischemia in 10 (31.3%), critical ischemia without tissue loss in 10 (31.3%), with tissue loss in 10 (31.3%), and claudication in 2 (6.3%). In 23 (71.9%) cases inflow was restored using a direct iliofemoral or aortofemoral reconstruction. In the remaining 9 (28.1%), an extra-anatomic bypass was constructed. Two (6.3%) patients died within 30 days of surgery. Twenty-nine (90.6%) patients survived to discharge. Twenty-eight patients (87.5%) were alive 1 year after surgery. Limb salvage was 96.9%, 85.7%, and 75.9% at 30 days, 1 year, and 5 years, respectively. Twelve (37.5%) patients required a total of 19 further ipsilateral vascular procedures. **Conclusions** Our results demonstrate that multilevel bypass procedures can be performed with good long-term outcomes and acceptable mortality, in what is typically a high-risk group with extensive comorbidities. In patients with severe critical limb ischaemia and tissue loss, who have a combination of aortoiliac and infrainguinal disease, there are significant benefits to a primary multilevel grafting procedure.

**Link to more details or full-text:**

## Is it a time to consider introducing simulation training for 'Child Safeguarding'? (2014)

**Type of publication:**

Conference abstract

**Author(s):**

\*Saran S., \*Brough R., \*Ganesh M., \*Vadali Y.

**Citation:**

Archives of Disease in Childhood, April 2014, vol./is. 99/(A64), 0003-9888 (April 2014)

**Abstract:**

Background Child protection medical examination is an essential competency for any trainee to progress through CCT. Often trainees are apprehensive when asked to perform Child Protection medicals. Inadequate training may lead to poor quality assessments resulting in potential risk to the child, family and possible litigations. Aim To elucidate the learning opportunities which Paediatric trainees get in an average sized district general hospital in England. Methods We have audited notes of children who were referred for the "Child Protection Medical Examination" to our hospital between 01/05/2012 to 30/09/2013. Results There were 24 "Child Protection Medical Assessments" performed during 16 months. Both boys and girls were equal in number (12 each). 3 (12%) children were under the age of 12 months, 11 (46%) were between 1 and 5 years and 10 (42%) were older than 5 years. 20 (84%) of these assessments were performed during the weekday and 4 (16%) were done during the weekends. 9 (38%) of the assessments were performed by the "Community Paediatric Registrars" who are on call to perform this task in the weekdays during the normal working hours. Equal number 9 (38%) of assessments was performed by the "Ward Registrars". On call general paediatric consultants did remaining 6 (24%) assessments. Conclusion Child safeguarding attracts media attention often due to medical inadequacies. We are aware about various serious case reviews in the past and a common recommendation in all of them was to ensure proper training of the front line staff. 24 child protection examinations in 16 months imply an average of 1.5 per month. Just to add to our worry is that on call registrars for child safeguarding have only performed 9 assessments in 16 months, i.e. approximately one assessment every other month. We are seriously concerned about lack of exposure which trainees are getting in this very important component of Paediatric training. We strongly feel to consider other training modalities including introducing simulation technique for "Child Safeguarding" in the Paediatric curriculum.

**Link to more details or full-text:** [http://adc.bmj.com/content/99/Suppl\\_1/A64.1](http://adc.bmj.com/content/99/Suppl_1/A64.1)

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## **Incidence of metachronous colorectal tumours at one year surveillance colonoscopy (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Bajwa A., \*McConnell C., \*Odulaja M., \*Chandra A., \*Luke D., \*Cheetham M.

**Citation:**

Colorectal Disease, September 2014, vol./is. 16/(59), 1462-8910 (September 2014)

**Abstract:**

Aim: The National Institution for health and care excellence (of United Kingdom) updated their guidelines for colorectal cancer follow up in 2011. This included the recommendation for a 1 year post op surveillance colonoscopy to detect metachronous malignant and premalignant colorectal tumours. The aim of this study was to assess the efficacy of this aggressive surveillance policy. Method: Seventy-five consecutive patients who had undergone colorectal resections with curative attempt over a 12 month period after the publication of the 2011 guidelines. Outcome after their 1 year surveillance colonoscopy was examined to determine the incidence of new colorectal cancers and adenomatous polyps. Results: Of 75 (male = 47) patients (median (range) 71 (34-89)) were included. No new colorectal cancers were detected at 1 year surveillance colonoscopy. New adenomatous polyps were detected in 11 of the 75 patients (15%). Conclusion: The 2011 NICE guidelines include both a recommendation for full pre operative colonoscopy to detect synchronous tumours, and one and 5 yearly post operative colonoscopies to detect metachronous lesions. The evidence for the efficacy for early surveillance is unclear. We detected no new colorectal cancers and only 15% had new adenomatous polyps at one year indicating that early surveillance may not be warranted.

**Link to more details or full-text:**

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## **Posaconazole responsive cerebral aspergillosis in an immunocompetent adult (2014)**

**Type of publication:**

Journal article

**Author(s):**

Ellenbogen J.R., Waqar M., Denning D.W., Cooke R.P.D., \*Skinner D.W., Lesser T., Javadpour M.

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Journal of Clinical Neuroscience, October 2014, vol./is. 21/10(1825-1827), 0967-5868;1532-2653 (01 Oct 2014)

**Abstract:**

Cerebral aspergillosis is a rare manifestation of invasive aspergillosis that usually affects immunocompromised patients. There are few treatment options for recurrent disease and experiences with immunocompetent patients are lacking. We report the clinical course of an immunocompetent patient with recurrent cerebral aspergillosis, following initial treatment with burr hole aspiration and voriconazole, who showed remarkable response to posaconazole. The patient remains clinically well with no evidence of recurrence on MRI 7 years following diagnosis. To our knowledge this is the first reported experience with posaconazole in an immunocompetent patient with cerebral aspergillosis.

**Link to more details or full-text:**

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## **The first case of thrombolysis for stroke in pregnancy in the UK (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Ritchie J., \*Lokman M., \*Panikkar J.

**Citation:**

BJOG: An International Journal of Obstetrics and Gynaecology, November 2014, vol./is. 121/(7), 1470-0328 (November 2014)

**Abstract:**

Case: A healthy 28-year-old Caucasian woman presented to the Royal Shrewsbury Hospital (RSH) in her second pregnancy at 39 weeks of gestation with a sudden onset of dense left hemiparesis. This woman had no preceding risk factors. An urgent CT scan showed no acute changes suggesting a diagnosis of ischaemic stroke. Through discussion between the stroke specialist and consultant obstetrician, it was decided for thrombolysis which was performed in the emergency department prior to transfer to a larger hospital with stroke facilities. We wished to discover how many other women had undergone thrombolysis for stroke in pregnancy and the associated risks. We conducted a literature review concentrating on stroke and pregnancy including known risk factors and thrombolysis in pregnancy. We have found no other documented case of thrombolysis being used for stroke in pregnancy in the UK. Additionally there are many case reports not from the UK that demonstrate good maternal and fetal outcomes after thrombolysis. Conclusion: Our case appears to be the first reported case of thrombolysis for stroke in pregnancy in the UK. All post investigations have so far come back as normal, which is unusual as most other cases have had known risk factors for stroke. Our patient has recovered well post thrombolysis, which demonstrates the importance of dealing with stroke in pregnancy

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

efficiently to allow thrombolysis to be achieved quickly. Although the risks and benefits need to be weighed up on an individual basis, our case and the relevant literature show that thrombolysis can be safely used in pregnancy with good maternal and fetal outcomes.

**Link to more details or full-text:**

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&AN=00134415-201411006-00021&LSLINK=80&D=ovft>

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## Dentistry in nasal reconstruction (2014)

**Type of publication:**

Conference abstract

**Author(s):**

\*Bhatia S., \*Mihalache G.

**Citation:**

British Journal of Oral and Maxillofacial Surgery, October 2014, vol./is. 52/8(e104-e105), 0266-4356 (October 2014)

**Abstract:**

Introduction: Popularity of aesthetic nasal surgery is testament to the importance patients place on the cosmetic appearance of the nose. Some nasal defects following tumour surgery require a Rhinectomy or partial Rhinectomy. Nasal defects can have significant psychological and functional morbidity. There are various surgical options for reconstruction of nasal defects. There a variety of reconstructive methods including prosthetic. Dentists are used to taking intra oral impressions. We used this expertise to reconstruct patient specific splints. Where the original nose is present prior to tumour excision we use that to make a two part splint to allow fabrication of a neo nose with good results. Materials: We present a series of patients that underwent partial rhinectomy for tumour. At presentation the nasal shape was largely intact. Impressions were taken of the nose, both intra and of the external nose. A two part interlocking splint was made to facilitate reconstruction and allows remodelling like the original nose. Three layer composite reconstruction was carried out with intra oral lining for mucosa, auricular cartilage for cartilage and a variety of skin flaps for external skin. Results: Nasal form and function was remarkable with good cosmesis. Good functional result with reconstruction of the external valve too. Conclusions: The use of the prefabricated individual splints allow for a better result with good forma and function of partial nasal reconstruction.

**Link to more details or full-text:**

## **Stabilisation and Transfer of Sick New-Borns Delivered in Stand-Alone Midwifery Led Units. (2014)**

**Type of publication:**

Conference abstract

**Author(s):**

\*Tyler, W, Philpott, A, Brown, S, Rhodes, J

**Citation:**

Archives of Disease in Childhood " Fetal & Neonatal Edition, 02 June 2014, vol./is. 99/(0-0), 13592998

**Abstract:**

BACKGROUND: Women should be offered the choice of delivering at home, in midwife-led units (MLU) or obstetric units.(1) 20% of Shropshire mothers choose delivery in an MLU which refer into Shrewsbury and Telford NHS Trust (SaTH) obstetric/neonatal unit for additional care. The West Midlands neonatal transfer service (WMNTS) is not commissioned to transfer babies from MLUs; any transfer required is performed by the MLU midwife and the West Midlands Ambulance Service (WMAS). These staff must be confident in recognising, stabilising and transferring babies requiring a higher level of care at or immediately after delivery. AIM: To develop an educational package for midwives and paramedics caring for sick newborns. PROJECT: Representatives from midwifery, neonatal care, WMAS and WMNTS met to develop a training package. They were informed by the Scottish Transport Team who deliver a course for their remote maternity units. Support for the project was given by SaTH, WMAS and WMNTS. A one day programme was delivered at Shrewsbury MLU in December 2013. FEEDBACK: 16 midwives and 4 paramedics attended the course. All lectures, workshops and simulations were rated as good (20%) or excellent (80%). The course was rated as excellent (95%) or good (5%). FURTHER DEVELOPMENTS: Dates are set for three additional courses. All staff supporting stand-alone MLUs will access this training on a two-yearly basis. This programme will be offered to other MLUs in the West Midlands. REFERENCE: National Institute for Clinical Excellence. Intrapartum care. 2007.

<http://www.nice.org.uk/nicemedia/pdf/IPCNICEGuidance.pdf>

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## **Student nurses perceptions of spirituality and competence in delivering spiritual care: A European pilot study. (2014)**

**Type of publication:**

Journal article

**Author(s):**

Ross, Linda, van Leeuwen, R, Baldacchino, Donia, Giske, Tove, \*McSherry, Wilfred, Narayanasamy, Aru, Downes, Carmel, Jarvis, Paul, Schep-Akkerman, Annemiek

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Nurse Education Today, 01 May 2014, vol./is. 34/5(697-702), 02606917

**Abstract:**

Summary: Background: Spiritual care is expected of nurses, but it is not clear how undergraduates can achieve competency in spiritual care at point of registration as required by nursing/midwifery regulatory bodies. Aims: To describe undergraduate nurses' /midwives' perceptions of spirituality/spiritual care, their perceived competence in delivering spiritual care, and to test out the proposed method and suitability of measures for a larger multinational follow-on study. Design: Cross-sectional, multinational, descriptive survey design. Methods: Author administered questionnaires were completed by 86% of the intended convenience sample of 618 undergraduate nurses/midwives from 6 universities in 4 European countries in 2010. Results: Students held a broad view of spirituality/spiritual care and considered themselves to be marginally more competent than not in spiritual care. They were predominantly Christian and reported high levels of spiritual wellbeing and spiritual attitude and involvement. The proposed method and measures were appropriate and are being used in a follow-on study. Conclusions: The following are worthy of further investigation: whether the pilot study findings hold in student samples from more diverse cultural backgrounds; whether students' perceptions of spirituality can be broadened to include the full range of spiritual needs patients may encounter and whether their competence can be enhanced by education to better equip them to deliver spiritual care; identification of factors contributing to acquisition of spiritual caring skills and spiritual care competency.

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## **Achieving standards for unscheduled surgical care (2014)**

**Type of publication:**

Journal article

**Author(s):**

McArdle, Kirsten, \*Leung, Edmund, Cruickshank, Neil, Laloe, Veronique

**Citation:**

Clinical Governance: An International Journal, 01 March 2014, vol./is. 19/1(21-29), 14777274

**Abstract:**

Purpose " The Royal College of Surgeons published Standards for Unscheduled Surgical Care in response to variable clinical outcomes for emergency surgery. The purpose of this study is to assess for feasibility of a district hospital providing care in accordance to the recommendations. Design/methodology/approach " A total of 100 consecutive patient unscheduled episodes of care were prospectively included. Information regarding demographics, timeliness of investigations, operations, consultant input and clinical outcomes was collated. All patients were risk-adjusted for mortality. The data were compared to the guidelines. Findings " A total of 91 patients were included; 80 patients underwent surgery. There were 18 deaths (22.5 per cent), eight (10 per cent) post-operative within 30 days. There was no statistical difference between deaths and day of admission or surgery. There were 39 critically-ill patients, none were reviewed by a consultant within the recommended 30 minutes. Of the critically-ill patients, 23 underwent CT scanning, none within the recommended 30

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minutes. All patients were operated within the recommended timeframe by urgency grading. For those predicted mortality rate .5 per cent, a consultant was present in theatre for 97 per cent of cases. All patients had a consultant review within 24 hours of admission. Originality/value – To the authors' knowledge this is the first evaluation of the practical difficulties in achieving consultant delivered care in surgery in a district general hospital. These results are interesting to clinicians and service planners involved in developing emergency services. Adhering to these guidelines would require significant re-allocation of resources in most hospitals and may require centralisation of services.

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## **Enhance It - Enhancing Hospital Laboratory Standards for Continuing Professional Development: Transnational Evaluation of a Novel CPD Activity for Specialists in Laboratory Medicine (2014)**

### **Type of publication:**

Conference abstract

### **Author(s):**

Martin J, Gasljevic V, Šajlek T, Horvath A, Borg C, Flegar-Meštrić Z, Jakovcic M, Silhavik J, Adonics A, Szlamka Z, Brincat I, Buttigieg D, Ciantar N, Sciortino AL, Mifsud A, Adkins A, \*Bennett T, Rice K, Taylor Y.

### **Citation:**

The Future of education 2014

### **Abstract:**

A project which has received funding of over 100,000 euros from the European Union's Lifelong Learning Leonardo Program is developing good practice in continuing professional development (CPD) for Specialists in Laboratory Medicine. The Partnership is developing an EU-toolkit for delivery of high quality CPD activities provided by European hospital laboratories. This paper reports on the first stage of the project which is transnational evaluation of a novel European CPD activity by hospital laboratories in Croatia, Czech Republic, Malta and the United Kingdom. An innovative CPD activity was designed to facilitate participation by Specialists in Laboratory Medicine in all partner countries. The topic of Health and Safety was chosen to enable maximum European participation as it is a multi-disciplinary topic of relevance to all Specialists in Laboratory Medicine in all partner countries. A series of thirty images of either good or bad laboratory practice in Health and Safety were provided to participants who were required to state whether the photograph depicted good or bad practise. If bad practise was shown Specialists in Laboratory Medicine were asked to explain what further actions would be taken including reporting procedures. On completion of the exercise, participants took part in a discussion group, completed a reflective learning sheet and filled in an evaluation questionnaire. Subsequently, in order to contextualise the CPD activity within their own laboratories participants will be asked to note any poor practice in their laboratory, discuss with colleagues, develop an action plan, repeat at monthly intervals and report on Health and Safety improvements. Over one hundred Specialists in Laboratory Medicine from four different European countries Croatia (n=14), Czech Republic (n= 10), Malta (n=65) and UK (n=29) took part in this new CPD activity. Several different grades of laboratory staff evaluated the activity and indicated that the exercise had been useful and appropriate to their scope of practice (99.2%) and relevant for their own CPD (97%). For over 80% of participants, this was the first time that

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they had taken part in this novel format of CPD activity. Discussion with colleagues following completion of the activity provided useful enhancement to both scope of practice (92%) and CPD (87%). Subsequent completion of a reflective learning sheet was shown to be beneficial for 86% of participants. We conclude that participation in this novel CPD activity which demonstrated a 100% overall satisfaction rate, has facilitated enhanced European cooperation between participating hospital laboratories and will provide a platform for future more intensive European co-operation by Specialists in Laboratory Medicine to work closely together to harmonise their practice and profession throughout the European Union.

**Link to more details or full-text:** [http://conference.pixel-online.net/FOE/acceptedabstracts\\_scheda.php?id\\_abs=554#null](http://conference.pixel-online.net/FOE/acceptedabstracts_scheda.php?id_abs=554#null)

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## **Autoregulation versus defaecation: An unusual side effect of CPAP (2014)**

**Type of publication:**  
Conference abstract

**Author(s):**

\*Stone H., \*Fazal F., \*Moudgil H., \*Ahmad N., \*Naicker T., \*Srinivasan K.

**Citation:**

European Respiratory Journal, September 2014, vol./is. 44 (Suppl 58)

**Abstract:**

Introduction Continuous Positive Airway Pressure is the first line treatment for symptomatic moderate to severe obstructive sleep apnoea. Side effects of CPAP are well known; however faecal incontinence secondary to CPAP is not documented. We present the case of a patient with OSA who developed this on commencing CPAP. Case A 50 year old female with ulcerative colitis had a total colectomy in 1992 and a subsequent ileo-anal pouch reconstruction. She was referred to the sleep clinic as she was experiencing daytime somnolence (Epworth score of 15/24). Her sleep study demonstrated severe obstructive sleep apnoea with an apnoea-hypopnoea index of 35.2, and for 12.5% of the study, her SaO<sub>2</sub> were below 90%. She was commenced on CPAP using auto titration. Initially, she experienced problems with faecal leakage – defecating up to 4 times per night. During this time her mean CPAP pressure had been 17cm water. She was subsequently converted CPAP at 10cms fixed maximum pressure and now tolerates CPAP very well; having a degree of faecal leakage only 2 or 3 times a week, rather than every night as previously. Her Epworth score has now fallen to 9/24, her AHI is 2.5 and her OSA symptoms have improved, leading to better treatment compliance. Conclusion It was hypothesised that the patient's problems were related to increased intra-thoracic pressure from the CPAP, resulting in raised intra-abdominal pressure, putting a strain on the ileo-anal pouch reconstruction giving rise to the faecal incontinence. This resolved with lower CPAP pressures, resolving the faecal frequency whilst still

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adequately treating the OSA. Limiting pressures should be considered in the future in patients with colorectal disease to avoid faecal incontinence.

Link to more details or full-text: [http://erj.ersjournals.com/content/44/Suppl\\_58/P2292.short?rss=1](http://erj.ersjournals.com/content/44/Suppl_58/P2292.short?rss=1)

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## **The diagnosis of malignancy following a venous thromboembolic event-how high is the risk? (2014)**

### **Type of publication:**

Conference abstract

### **Author(s):**

\*Crawford E., \*Moudgil H., \*Naicker T., \*Ahmad N., \*Srinivasan K.

### **Citation:**

European Respiratory Journal, September 2014, vol./is. 44 Supp 58

### **Abstract:**

UK guidance on the treatment of venous thromboembolism (VTE) recommends that patients with a first, unprovoked VTE should be screened for malignancy. This is based on two historical population-based studies which suggest that between 7.5 and 11% of patients diagnosed with an unprovoked VTE will develop cancer in the following two years. (Murchison, J. T. et al. Br J Cancer 2004;91(1):92-95. Baron, J.A. et al. Lancet 1998; 351(9109):1077-1080.) We wanted to compare local figures with this historical data in order to aid local guideline development. A retrospective case note review identified 417 patients within our institution diagnosed with VTE between January 2010 and January 2011. Ten of these patients (2%) developed cancer in the two years following diagnosis. Results In 2 out of 10 of these patients, tests performed as part of the routine work-up for VTE identified abnormalities that ultimately led to a diagnosis of cancer. None of the patients had extensive malignancy screening as advocated by current UK guidance. Within our local population, the risk of developing cancer in the two years following an unprovoked VTE appears to be significantly less than figures quoted in the literature. UK guidelines may not reflect current medical practice, which could be identifying cancer earlier, nor does it take into account the possibility of regional and national variations of disease. A cautious approach should be taken when counselling patients regarding future cancer risk and when considering further investigations for malignancy.

Link to more details or full-text: [http://erj.ersjournals.com/content/44/Suppl\\_58/P4115](http://erj.ersjournals.com/content/44/Suppl_58/P4115)

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\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

## **Recurrence patterns for venous thromboembolism-who is most at risk? (2014)**

### **Type of publication:**

Conference abstract

### **Author(s):**

\*Crawford E., \*Moudgil H., \*Naicker T., \*Ahmad N., \*Srinivasan K.

### **Citation:**

European Respiratory Journal, September 2014, vol./is. 44 Supp 58

### **Abstract:**

National guidance regarding the treatment of venous thromboembolism (VTE) advocates anticoagulating newly diagnosed patients for three months, followed by consideration of indefinite anticoagulation to reduce the risk of recurrent VTE in certain clinical situations. (NICE Clinical Guideline CG144, issued June 2012.) There is recent evidence that although deep vein thromboses (DVT) and pulmonary emboli (PE) are manifestations of the same disease, their patterns of recurrence and hence future morbidity and mortality risk are different. (Baglin, T. et al. Journal of Thrombosis and Haemostasis 2010; 8(11):2436-2442.) We undertook a retrospective case-note review of 416 patients diagnosed with a VTE event within our institution between January 2010 and January 2011 to assess risk and pattern of VTE recurrence. 35 patients (8.4%) had a recurrent VTE event in the 3 years following diagnosis. Median time to recurrence was 12 months (mean 16.5, SD 10.5). None of the patients were anticoagulated at the time of recurrence and no patients died as a result of their thromboembolic event. Patterns of VTE recurrence The majority of patients with recurrent VTE in our study presented as a further DVT and as such, could be considered at lower risk of associated morbidity and mortality compared to those presenting with PE. Clinicians should consider the likely presentation of any further VTE recurrence as part of their assessment before advocating indefinite anticoagulation in these patients, particularly as the introduction of new oral anticoagulant drugs is likely to make the logistics of prescribing lifelong anticoagulation less complex.

Link to more details or full-text: [http://erj.ersjournals.com/content/44/Suppl\\_58/P4114.short?rss=1](http://erj.ersjournals.com/content/44/Suppl_58/P4114.short?rss=1)

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## **Review: Spiritual wellbeing of Iranian patients with acute coronary syndromes: a cross-sectional descriptive study (2014)**

### **Author(s):**

\*McSherry, Wilfred

\* indicates author/editor affiliated with Shrewsbury and Telford Hospital NHS Trust

**Citation:**

Journal of Research in Nursing, 01 September 2014, vol./is. 19/6(528-530), 17449871

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## **Evaluating the Productive Ward at an acute NHS trust: experiences and implications of releasing time to care. (2014)**

**Author(s):**

Wright, Stella, \*McSherry, Wilfred

**Citation:**

Journal of Clinical Nursing, 01 July 2014, vol./is. 23/13/14(1866-1876), 09621067

**Abstract:**

**Aims and objectives** To demonstrate how a national programme aimed to increase the amount of direct time nurses spend with patients<sup>â€™</sup>, impacts on both staff and patient experience. **Background** The Productive Ward is an improvement programme developed by the NHS Institute for Innovation and Improvement (2007, ) which aims to enable nurses to work more efficiently by reviewing process and practice, thus releasing more time to spend on direct patient care. However, there is little empirical published research around the programme, particularly concerning impact, sustainability and the patient perspective. **Design** This manuscript presents the findings from qualitative interviews involving both staff and patients. **Methods** Semi-structured one-to-one interviews were conducted with patients ( n = 8) and staff ( n = 5) on five case study wards. Seven focus groups were held according to staff grade ( n = 29). **Results** Despite initial scepticism, most staff embraced the opportunity and demonstrated genuine enthusiasm and energy for the programme. Patients were generally complimentary about their experience as an inpatient, reporting that staff made them feel safe, comfortable and cared for. **Conclusion** Findings showed that the aims of the programme were partially met. The implementation of Productive Ward was associated with significant changes to the ward environment and improvements for staff. The programme equipped staff with skills and knowledge which acted as a primer for subsequent interventions. However, there was a lack of evidence to demonstrate that Productive Ward released time for direct patient care in all areas that implemented the programme. **Relevance to clinical practice** Developing robust performance indicators including a system to capture reinvestment of direct care time would enable frontline staff to demonstrate impact of the programme. Additionally, staff will need to ensure that reorganisation and instability across the NHS do not affect sustainability and viability of the Productive Ward in the long term.

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