# What's Up?
# @St John's Hospital

**Issue 23, May 2nd, 2019**

Blessed with a canopy of trees in the campus – to beat the scorching heat this summer.
PC: Dr. Rakesh

## World Allergy Week 2019

**EDITORIAL TEAM**:
Archana S, Avinash. H. U, Bhavyank Contractor, Blessy Susan Biji, Deepak Kamath, Jenniefer Gabriela, Jyothi Idiculla, Manu. M. K. Varma, Merlin Varghese Susan, Nivedita Kamath, Rakesh Ramesh, Ruchi Kanhere, Sanjiv Lewin, Sanjukta Rao, Santu Ghosh, Saudamini Nesargi, Sheela Immaculate, Srilakshmi Adhyapak, Rev. Fr. Vimal Francis, Winston Padua

St John's National Academy of Health Sciences
St John's Medical College Hospital, Bengaluru

# CONTENTS


Message From The Editorial Team ..... 02
Updates This Week (World Allergy Week 2019) .....04
Updates This Week (HICC Quiz) .....06
Updates This Week (GeneXpert free in SJMCH) .....06
Updates This Week (Friday Clinical Meeting) .....07
Rhyme Chime .....08
Research Snippets .....09
Ig Nobel.....10
Survivor's Corner .....12
St. John's Watchdog .....14
Laughter Is The Best Medicine .....16
The Quotable Osler .....17
Medicine Dis Week.....17
Reference 1 of Medicine Dis Week.....18
Reference 2 of Medicine Dis Week.....21
The Story Of Medicine.....22
Pearls Of Wisdom .....22
L Johny .....23
Did You Know? .....23

# MESSAGE FROM THE EDITORIAL TEAM

**Hallo Alle!!!**

We are pleased to share the twenty third issue of "What's Up? @ St John's Hospital" magazine today. It gives us immense pleasure to introduce another new member to our team of editorial board, Ms. Jenniefer Gabriela (Lecturer, Department of Physiotherapy).

We plan show-casing published research done by the staff of St. John's National Academy of Health Sciences. The articles will be selected based on a set of pre-determined criteria. We request you to submit the articles which have been published in the year 2018 (January to December) for this section of magazine.

The present issue highlights 'World Allergy Week' (2nd week of April). We thank Dr. Anitha Ross (Professor and Head, Department of ENT) and Dr. Soumya M S (Assistant Professor, Department of ENT) for providing a write up on the 'Crossroads of Allergy'.

The present issue narrates a beautiful story of 73 year young lady who knocked the doors of death and survived in 'Survivor's corner. And our watchdog busts the myth of a video demonstrating 'clot breaking exercise!'.

Please feel free to communicate with us to publish your achievements. Feedback on any section of magazine is welcome. Happy Reading!!

**Editorial Team**

# COMING SOON.....

# New Section!!

## "PUBLISHED RESEARCH!"

We will publish Abstracts of your published research.....

Based on criteria laid down by the Editorial Board.....

Email your Full Articles at the earliest to Dr. Santu Ghosh

**santu.g@stjohns.in**

Articles published in the year 2018 (1st January to 31st December 2018)

# UPDATES THIS WEEK

# WORLD ALLERGY WEEK

## 2nd Week April 2019

## CONFLICT BETWEEN MAN AND ENVIRONMENT – CROSSROADS OF ALLERGY

*- Dr. Soumya M S (Assistant Professor), Department of ENT*

Every year the second week of April is celebrated as the world allergy week.

The blooming of spring flowers perhaps marks an increase in the symptoms of allergic rhinitis, allergic conjunctivitis and asthma. Of late, the traffic jams and pollution in Bangalore has worsened the scenario. Air pollutants combine with pollen and make the pollen heavy. The heavy pollen instead of reaching higher levels of the atmosphere levitate at a lower level worsening allergies.

Thunderstorm Asthma – This rare phenomenon was observed in Melbourne, Australia on 21st November 2016. Melbourne experienced the largest, most devastating epidemic of thunderstorm asthma with 2,332 ambulance calls, 3,365 excess respiratory related exacerbations and 9 asthma related deaths to this thunderstorm event.

Grains of pollen get sucked into the storm clouds. Once those grains take in a certain amount of water, they pop, making even smaller grains. Those smaller grains get into the wind at ground level. There, they can be breathed in easily that can lead to severe nasal allergy and asthma attacks.

This is a very important warning sign about the "***Conflict Between Man and Environment***" and is a pointer towards a need for increased awareness and to shoulder more responsibility towards our environment.

# UPDATES THIS WEEK

# WORLD ALLERGY WEEK

## 2nd Week April 2019

## Department of ENT

Every year, the Department of ENT organises an Interdepartmental allergy meet in the month of April. Key players in this meet are Chest Medicine, Dermatology and ENT.

This year there were very informative talks from the 3 departments namely,

1. Link between allergic rhinitis and asthma by Dr Kavitha, Chest Medicine.
2. Recent advances in Chronic urticaria by Dr Soumya Kaimal, Dermatology
3. Latest trends in treatment of allergic rhinitis by Dr Deepthi Satish, ENT

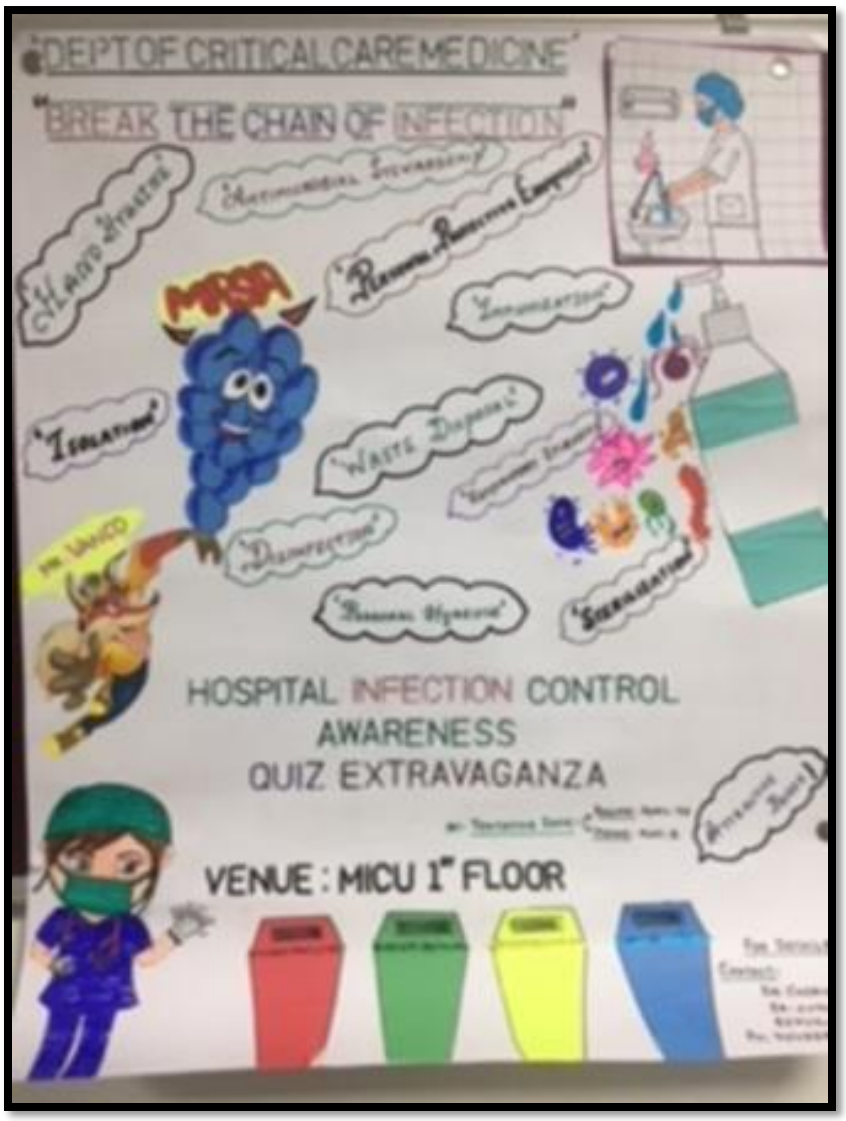
PC: Dr. Deepthi Satish (Senior Resident, ENT)

# UPDATES THIS WEEK

## HOSPITAL INFECTION CONTROL AWARENESS QUIZ

**26th April 2019**

**Department of Critical Care Medicine**



On 26th April 2019, Department of Critical Care Medicine, conducted HICC awareness quiz. In preliminary round 13 doctors and 112 nurses participated.

Finals round will be an oral quiz scheduled on 3rd May 2019.

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# GeneXpert for Tuberculosis to be FREE for SJMCH Patients

The GeneXpert (CBNAAT test) for tuberculosis will now be available free of charge for all the patients of St John's Medical College Hospital as a part of MOU signed with the District TB officer. Complete postal address and mobile number of the patients should be mandatorily filled in the request form.

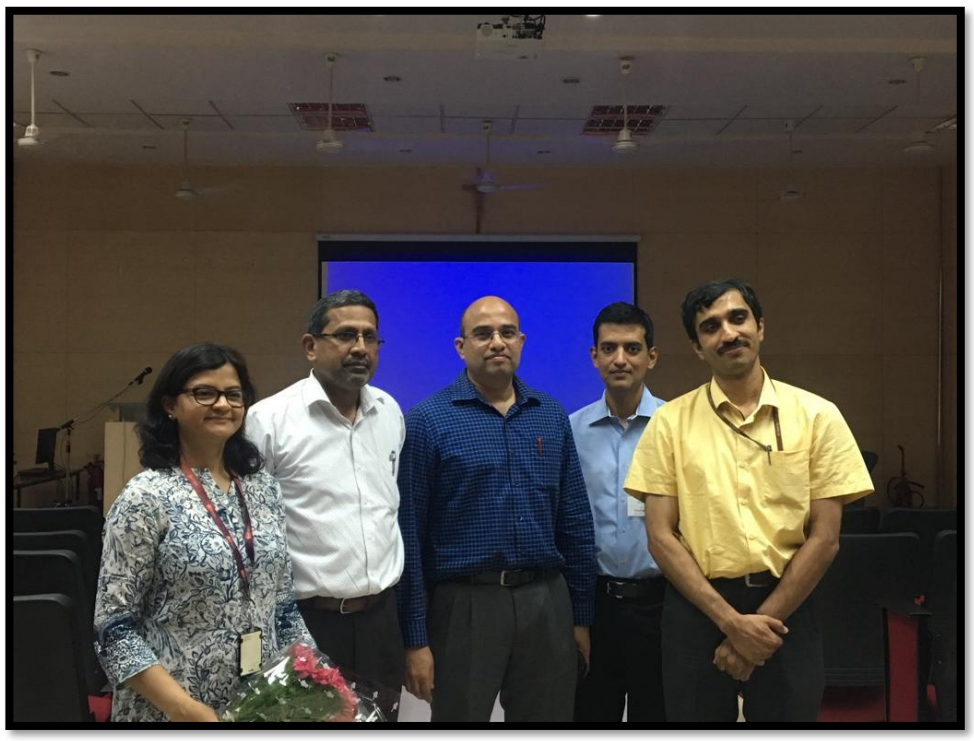
# UPDATES THIS WEEK

# FRIDAY CLINICAL MEETING

## 12th April 2019

## Department of Endocrinology

The Department of Endocrinology conducted "Cushing's Awareness day" on 12th April 2019 as a part of the Friday clinical meeting. The CME was moderated by Dr. Vageesh Ayyar (Professor and Head, Dept. of Endocrinology) and sessions were chaired by Dr. Venkatesh Madhugiri (Professor and Head, Dept. of Neurosurgery) and Dr. Jyothi M. Idiculla, (Professor and Head, Dept. of Medicine). Dr. Belinda George, aptly described the red flags to identify and screen patients of Cushing's in a busy OPD. Dr. Dwarkanath S (Professor, Dept. of Neurosurgery, NIMHANS), in his engrossing lecture and videos on surgical management of Cushing's disease left the audience to believe that Cushing's is curable. Dr. Nalini Wagmode spoke about evaluating the hypothalamo-pituitary axis (HPA) post treatment and highlighted the use of '*acton prolongatum*' in our clinical practice. The highlight of the session was a talk by Mrs. Gayathri Biswas, who has lived through the experience of this condition. She described the painful journey of long years between symptoms, diagnosis and management that we can hardly imagine. The session concluded with a vote of thanks by Dr. Vageesh Ayyar



From Left to Right: Mrs. Gayathri Biswas, Dr. Vageesh Ayyar, Dr. Dwarkanath S, Dr. Venkatesh Madhugiri and Dr. Ishwar Bhat

Acknowledgement: Dr. Nalini Wagmode

# Cobbled-Tones

*- Dr. Jyothi Idiculla*

Cobbled Stones in Front of St. John's Oncology Centre [PC: Dr. Jyothi Idiculla]

Random squares spotted around
Campus scenes on hard ground
Bright yellow lining them found
Beauty to the beholding eyes abound!

# RESEARCH SNIPPETS

When it comes to choosing a research design young researchers especially post graduate students could find themselves at a loss. And more often than not, they are encouraged to take up interventional studies which use an experimental design, wherein the researcher manipulates/carries out an intervention (which is the independent variable) and observes its effect on certain variables (called dependent variables).

Experimental designs are classified into two types:

A. True Experimental
B. Quasi Experimental.

**TRUE EXPERIMENTAL STUDIES**

True experimental studies investigate a cause and effect relationship under controlled conditions. Eg: Effect of aroma therapy on pain experienced by post operative patients.

The 3 essential characteristics of a true experimental design are:

1. Randomization – random selection of post op patient and random allocation to the intervention group or control group.
2. Manipulation – Intervention / independent variable (Aroma therapy).
3. Control – use of a control group / controlling extraneous variables.

RCT (randomized controlled trails) are the best form of true experimental design.

# IG NOBEL 😂

# 1994 - ENTOMOLOGY

## Robert A. Lopez

### Of Mites and Man!

Robert A. Lopez of Westport, NY, valiant veterinarian and friend of all creatures great and small, for his series of experiments in obtaining ear mites from cats, inserting them into his own ear, and carefully observing and analyzing the results. [Published as "Of Mites and Man," The Journal of the American Veterinary Medical Association, vol. 203, no. 5, Sept. 1, 1993, pp. 606-7.]

**An Ig Nobel hero: Mites in his ear**

Dr Robert Lopez had bugs in his ear. He put them there himself, partly on behalf of a client, partly to satisfy his own curiosity. Lopez conducted his experiments with ear mites from cats.

The vet, from Westport, New York, was the type of doctor who goes to great lengths to help someone in need. He was a man of endurance, a marathon runner and the father of 14 children.

A chance observation prompted him "to investigate the possibility of transmission of the ear mite, otodectes cynotis , to human beings". Lopez later wrote a study, Of Mites and Man, for the 1993 Journal of the American Veterinary Medical Association…

…



REF: https://www.improbable.com/ig/winners/

# IG NOBEL 😂

# 1994 - ENTOMOLOGY

## Robert A. Lopez

Dr. Robert Lopez of Westport, NY infected himself with ear mites, not once, not twice, but **three times**, all in the interest of science. In 1993 he wrote up the results for the Journal of the American Veterinary Association.

He searched the literature but, at that time (1968) found no reports of humans being infected with Otodectes cynotis. So he took the natural next step and gave himself ear mites.

The source of his infection was a cat. He took a sterile swab and scooped about a gram of ear mites from the cat's ear and put it into his own. He didn't have to wait long for results:

"Immediately, I heard scratching sounds, then moving sounds, as the mites began to explore my ear canal. Itching sensations then started, and all three sensations merged into a weird cacophony of sound and pain that intensified from that moment, on and on …" At first, I thought this wouldn't, and couldn't, last very long. However, as the day and evening wore on, I began to worry.

Otodectes cynotis, Wikipedia

The pruritus was increasing. The sounds in my ear (fortunately, I had chosen only one ear) were becoming louder as the mites travelled deeper toward my eardrum." (The Guardian, Oct 2, 2007)



REF: https://www.improbable.com/ig/winners/

# SURVIVOR's CORNER

A 73 year young, enthusiastic and successful lady was celebrating Deepavali with her lovely family. Unfortunately all the enjoyment stopped when her saree caught fire while lighting lamps. She sustained injuries due to burns. The family rushed her to emergency department of our hospital. On evaluation she had sustained 26% flame burns with possibility of inhalational injury. On a background of multiple comorbidities, age and obesity, the prognosis was meant to be guarded. However, the patient herself and family were determined to fight this illness.

She was resuscitated with fluids and was evaluated for further injuries by emergency physicians. Initially she was admitted with the plastic surgery team. She was subjected to multiple operative procedures requiring general anaesthesia. Again due to her co-morbidities she was technically a "difficult airway" to handle. The well-equipped anaesthesia team were able successfully secure airway for the procedures. Unfortunately she developed infection of the wounds, and during one such procedure, there was shock and worsening general condition for which she was shifted to MICU. The patient and family should be appreciated here for their never give-up attitude.

She was subjected to invasive mechanical ventilation, multiple sessions of wound debridement and dressing. The nursing and support staff played a vital role in providing care in terms of dressing, mobilisation, prevention of transfer of infection and also in reporting early signs of deterioration. Due to prolonged weaning from invasive ventilation and also to protect airway for subsequent procedures (background of difficult airway) she was advised for tracheostomy. The skilled ENT team accepted this difficult challenge and performed the procedure with ease. She was in hospital for almost two months. She had several risk factors for compromised nutrition but the nutrition team was actively involved in assessment and prescribing appropriate calories and proteins for her physiological derangements. The physiotherapy department would encourage her for both passive and active exercises. It helped to prevent the development of contractures.

# SURVIVOR's CORNER

This multidisciplinary approach combined with determination and co-operation from the patient and her family, helped her to be discharged from MICU to ward.

Now she is back to home with a speaking valve in her tracheostomy and is looking forward to celebrating the next festival! The family has expressed their gratitude to the multidisciplinary team and coordination. We congratulate the entire team.

**Acknowledgement**: Dr. Rohit Patnaik, DM Resident, Critical Care

# EXERCISE FOR HEART BLOCKAGES?

In this issue of St. John's Watchdog, we discuss a video that has gone viral about an exercise that claims to 'cure or save' people from heart blockages.

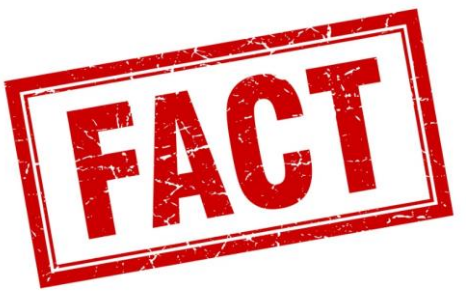
**Video Content**: The video shows an East Asian man in a black round necked T-shirt, who is demonstrating a set of 'exercises' and a narrative voice-over. The video starts with the man asking the observers to place their right hand over their pre-cordial area (chest wall over the heart) and 'massage' the chest wall in circular motions 10 times, followed by making a fist and gently thumping the same area ten times, followed by placing the finger tips of the right hand on the precordium and tap-massaging the area ten times. At this point the voice-over says that this manoeuvre 'opens the underlying blocks and restores blood flow'. The video demonstrates other superficial manoeuvres and ends with some breathing manoeuvres. The video is 3:27s long. The message under the video proclaims "The exercise this man is showing has cured and saved thousands from heart blockages…! Now this video has gone viral and thousands of heart patients are searching for this clip. Some people claimed that their back pain vanished in just 7 days!"

# St John's WATCHDOG

WhatsApp

## EXERCISE FOR HEART BLOCKAGES?

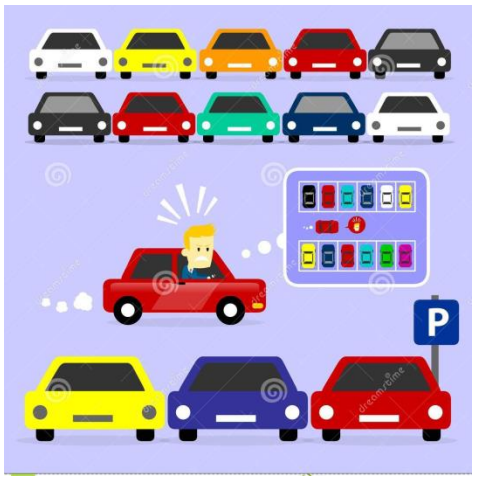
**Facts:** As such it is evident that such exercise manoeuvres have no scientific basis. The heart with its coronary arteries is a deep organ and superficial massages make no difference. Exercises by themselves are unlikely to resolve atheromatous plaques (fatty material deposits in the artery wall) or thrombotic blocks (clots). There is no evidence that an 'exercise only' intervention can 'cure or save heart blockages', much less such kind of superficial exercise manoeuvres. For preventing ischemic heart disease, evidence shows that there is no substitute for continually leading a healthy lifestyle throughout life and keeping risk factors such as hypertension and high cholesterol under control. People with established coronary artery disease need to be treated with a range of evidence based treatments. It is beneficial for all to practise aerobic exercise for a minimum of 30 minutes/day, 5 days a week and resistance exercises at least twice a week (as a bare minimum, guidelines vary depending on co-morbid conditions like diabetes).



WhatsApp

# LAUGHTER IS THE BEST MEDICINE...

A man is struggling to find a parking space. “Lord,” he prays. “I can’t stand this. If you open a space up for me, I swear I’ll give up the drink and go to mass every Sunday.”
Suddenly, the clouds part and the sun shines on an empty parking spot. Without hesitation, the man says: “Never mind, I found one!”

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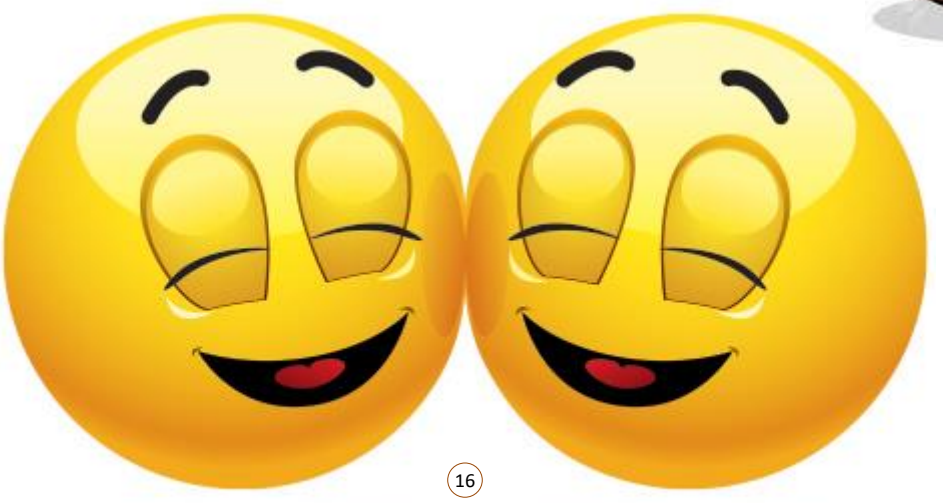
The village blacksmith finally found an apprentice willing to work hard for long hours. The blacksmith instructed the boy, “When I take the shoe out of the fire, I’ll lay it on the anvil; and when I nod my head, you hit it with this hammer.”
The apprentice did just as he was told. Now he’s the village blacksmith.

Doctor: “I’m sorry but you suffer from a terminal illness and have only 10 to live.”
Patient: “What do you mean, 10? Ten what? Months? Weeks?!”
Doctor: “Nine.”

© www.123rf.com





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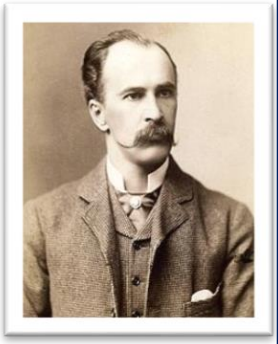
# THE QUOTABLE OSLER



SIR WILLIAM OSLER

**Knowing what to do provides imperturbability:**

In a true and perfect form, imperturbability is indissolubly associated with wide experience and an intimate knowledge of the varied aspects of disease. With such advantages he is so equipped that no eventuality can disturb the mental equilibrium of the physician; the possibilities are always manifest, and the course of action is clear. From its very nature this precious quality is liable to be misinterpreted, and the general accusation of hardness, so often brought against the profession, has here its foundation. Now a certain measure of insensibility is not only an advantage, but a positive necessity in the exercise of a calm judgement, and in carrying out delicate operations.

© One foot in front of the other

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan

# MEDICINE DIS WEEK

*A Bird's Eye View.....*

**Oral H1 antihistamines for controlling Itch in Eczema (Atopic Dermatitis).**

The symptoms of eczema may disturb sleep, cause fatigue and reduce quality of life (QOL). Oral H1 antihistamines are used as an 'add-on' therapy along with topical treatments in adults and children with eczema. Cochrane review of 25 studies with 3285 randomised patients showed that there was no significant reduction in SCORAD (SCORing Atopic Dermatitis index) between placebo and any of the H1 antihistamines (Cetirizine, Fexofenadine or loratadine). Hence it is not recommended to use H1 antihistamines regularly in patients with eczema. However this study does not measure QOL.

- **Matterne U et al., Cochrane Database Syst Rev. 2019 Jan 22;1:CD012167.**

**Interval Appendicectomy or follow up in Conservatively managed Periappendicular abscess**

A Randomised controlled study was planned to compare planned interval appendicectomy versus MRI based followup in patients who recovered out of periappendicular abscess. However the study had to be terminated after accrual of 60 patients owing to serious ethical concerns in patients of follow-up group. Overall there was 20% incidence of appendicular neoplasm, and all of them occurring in patients over the age of 40 years. Hence authors concluded recommending strongly interval appendicectomy over followup.

-**Mällinen J et al., JAMA Surg. 2018 Nov 28. doi: 10.1001/jamasurg.2018.4373.**

Cochrane Library

Cochrane Database of Systematic Reviews

# Oral H1 antihistamines as 'add-on' therapy to topical treatment for eczema (Review)

Matterne U, Böhmer MM, Weisshaar E, Jupiter A, Carter B, Apfelbacher CJ

Matterne U, Böhmer MM, Weisshaar E, Jupiter A, Carter B, Apfelbacher CJ.
Oral H1 antihistamines as 'add-on' therapy to topical treatment for eczema.
*Cochrane Database of Systematic Reviews* 2019, Issue 1. Art. No.: CD012167.
DOI: 10.1002/14651858.CD012167.pub2.

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WILEY

[Intervention Review]

# Oral H1 antihistamines as 'add-on' therapy to topical treatment for eczema

Uwe Matterne[1], Merle Margarete Böhmer[1], Elke Weisshaar[2], Aldrin Jupiter[2], Ben Carter[3], Christian J Apfelbacher[1]

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**Editorial group:** Cochrane Skin Group.
**Publication status and date:** New, published in Issue 1, 2019.

**Citation:** Matterne U, Böhmer MM, Weisshaar E, Jupiter A, Carter B, Apfelbacher CJ. Oral H1 antihistamines as 'add-on' therapy to topical treatment for eczema. *Cochrane Database of Systematic Reviews* 2019, Issue 1. Art. No.: CD012167. DOI: 10.1002/14651858.CD012167.pub2.

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## ABSTRACT

### Background

The symptoms of eczema can lead to sleeplessness and fatigue and may have a substantial impact on quality of life. Use of oral H1 antihistamines (H1 AH) as adjuvant therapy alongside topical agents is based on the idea that combining the anti-inflammatory effects of topical treatments with the blocking action of histamine on its receptors in the skin by H1 AH (to reduce the principal symptom of itch) might magnify or intensify the effect of treatment. Also, it would be unethical to compare oral H1 AH alone versus no treatment, as topical treatment is the standard management for this condition.

### Objectives

To assess the effects of oral H1 antihistamines as 'add-on' therapy to topical treatment in adults and children with eczema.

### Search methods

We searched the following databases up to May 2018: the Cochrane Skin Group Specialised Register, CENTRAL, MEDLINE, Embase, and the GREAT database (Global Resource of EczemA Trials; from inception). We searched five trials registers and checked the reference lists of included and excluded studies for further references to relevant randomised controlled trials (RCTs). We also searched the abstracts of four conference proceedings held between 2000 and 2018.

### Selection criteria

We sought RCTs assessing oral H1 AH as 'add-on' therapy to topical treatment for people with eczema compared with topical treatment plus placebo or no additional treatment as add-on therapy.

### Data collection and analysis

We used standard Cochrane methodological procedures. Primary outcome measures were 'Mean change in patient-assessed symptoms of eczema' and 'Proportion of participants reporting adverse effects and serious adverse events'. Secondary outcomes were 'Mean change in physician-assessed clinical signs', 'Mean change in quality of life', and 'Number of eczema flares'.


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# REFERENCE 1: MEDICINE DIS WEEK

**Main results**

We included 25 studies (3285 randomised participants). Seventeen studies included 1344 adults, and eight studies included 1941 children. Most studies failed to report eczema severity at baseline, but they were conducted in secondary care settings, so it is likely that they recruited patients with more severe cases of eczema. Trial duration was between three days and 18 months. Researchers studied 13 different H1 AH treatments. We could not undertake pooling because of the high level of diversity across studies in terms of duration and dose of intervention, concomitant topical therapy, and outcome assessment. Risk of bias was generally unclear, but five studies had high risk of bias in one domain (attrition, selection, or reporting bias). Only one study measured quality of life, but these results were insufficient for statistical analysis.

Although this review assessed 17 comparisons, we summarise here the results of three key comparisons in this review.

***Cetirizine versus placebo***

One study compared cetirizine 0.5 mg/kg/d against placebo over 18 months in 795 children. Study authors did not report patient-assessed symptoms of eczema separately for pruritus. Cetirizine is probably associated with fewer adverse events (mainly mild) (risk ratio (RR) 0.68, 95% confidence interval (CI) 0.46 to 1.01) and the need for slightly less additional H1 AH use as an indication of eczema flare rate (P = 0.035; no further numerical data given). Physician-assessed clinical signs (SCORing Atopic Dermatitis index (SCORAD)) were reduced in both groups, but the difference between groups was reported as non-significant (no P value given). Evidence for this comparison was of moderate quality.

One study assessed cetirizine 10 mg/d against placebo over four weeks in 84 adults. Results show no evidence of differences between groups in patient-assessed symptoms of eczema (pruritus measured as part of SCORAD; no numerical data given), numbers of adverse events (RR 1.11, 95% CI 0.50 to 2.45; mainly sedation, other skin-related problems, respiratory symptoms, or headache), or physician-assessed changes in clinical signs, amount of local rescue therapy required, or number of applications as an indicator of eczema flares (no numerical data reported). Evidence for this comparison was of low quality.

***Fexofenadine versus placebo***

Compared with placebo, fexofenadine 120 mg/d taken in adults over one week (one study) probably leads to a small reduction in patient-assessed symptoms of pruritus on a scale of 0 to 8 (mean difference (MD) -0.25, 95% CI -0.43 to -0.07; n = 400) and a greater reduction in the ratio of physician-assessed pruritus area to whole body surface area (P = 0.007; no further numerical data given); however, these reductions may not be clinically meaningful. Results suggest probably little or no difference in adverse events (mostly somnolence and headache) (RR 1.05, 95% CI 0.74 to 1.50; n = 411) nor in the amount of 0.1% hydrocortisone butyrate used (co-intervention in both groups) as an indicator of eczema flare, but no numerical data were given. Evidence for this comparison was of moderate quality.

***Loratadine versus placebo***

A study of 28 adults compared loratadine 10 mg/d taken over 4 weeks versus placebo. Researchers found no evidence of differences between groups in patient-assessed pruritus, measured by a 100-point visual analogue scale (MD -2.30, 95% CI -20.27 to 15.67); reduction in physician-assessed clinical signs (SCORAD) (MD -4.10, 95% CI -13.22 to 5.02); or adverse events. Study authors reported only one side effect (folliculitis with placebo) (RR 0.25, 95% CI 0.01 to 5.76). Evidence for this comparison was of low quality. Number of eczema flares was not measured for this comparison.

**Authors' conclusions**

Based on the main comparisons, we did not find consistent evidence that H1 AH treatments are effective as 'add-on' therapy for eczema when compared to placebo; evidence for this comparison was of low and moderate quality. However, fexofenadine probably leads to a small improvement in patient-assessed pruritus, with probably no significant difference in the amount of treatment used to prevent eczema flares. Cetirizine was no better than placebo in terms of physician-assessed clinical signs nor patient-assessed symptoms, and we found no evidence that loratadine was more beneficial than placebo, although all interventions seem safe.

The quality of evidence was limited because of poor study design and imprecise results. Future researchers should clearly define the condition (course and severity) and clearly report their methods, especially participant selection and randomisation; baseline characteristics; and outcomes (based on the Harmonising Outcome Measures in Eczema initiative).

## PLAIN LANGUAGE SUMMARY


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JAMA Surgery | Original Investigation

# Risk of Appendiceal Neoplasm in Periappendicular Abscess in Patients Treated With Interval Appendectomy vs Follow-up With Magnetic Resonance Imaging

## 1-year Outcomes of the Peri-Appendicitis Acuta Randomized Clinical Trial

Jari Mällinen, MD; Tero Rautio, MD, PhD; Juha Grönroos, MD, PhD; Tuomo Rantanen, MD, PhD; Pia Nordström, MD, PhD; Heini Savolainen, MD, PhD; Pasi Ohtonen, MSc; Saija Hurme, MSc; Paulina Salminen, MD, PhD

**IMPORTANCE** The step after conservative treatment of periappendicular abscess arouses controversy, ranging from recommendations to abandon interval appendectomy based on low recurrence rates of the precipitating diagnosis to performing routine interval appendectomy owing to novel findings of increased neoplasm risk at interval appendectomy. To our knowledge, there are no randomized clinical trials with sufficient patient numbers comparing these treatments.

**OBJECTIVE** To compare interval appendectomy and follow-up with magnetic resonance imaging after initial successful nonoperative treatment of periappendicular abscess.

**DESIGN, SETTING, AND PARTICIPANTS** The Peri-Appendicitis Acuta randomized clinical trial was a multicenter, noninferiority trial conducted in 5 hospitals in Finland. All patients between age 18 and 60 years with periappendicular abscess diagnosed by computed tomography and successful initial nonoperative treatment from January 2013 to April 2016 were included. Data analysis occurred from April 2016 to September 2017.

**INTERVENTIONS** Patients were randomized either to interval appendectomy or follow-up with magnetic resonance imaging; all patients underwent colonoscopy.

**MAIN OUTCOMES AND MEASURES** The primary end point was treatment success, defined as an absence of postoperative morbidity in the appendectomy group and appendicitis recurrence in the follow-up group. Secondary predefined end points included neoplasm incidence, inflammatory bowel disease, length of hospital stay, and days of sick leave.

**RESULTS** A total of 60 patients were included (36 men [60%]; median [interquartile range] age: interval appendectomy group, 49 [18-60] years; follow-up group, 47 [22-61] years). An interim analysis in April 2016 showed a high rate of neoplasm (10 of 60 [17%]), with all neoplasms in patients older than 40 years. The trial was prematurely terminated owing to ethical concerns. Two more neoplasms were diagnosed after study termination, resulting in an overall neoplasm incidence of 20% (12 of 60). On study termination, the overall morbidity rate of interval appendectomy was 10% (3 of 30), and 10 of the patients in the follow-up group (33%) had undergone appendectomy.

**CONCLUSIONS AND RELEVANCE** The neoplasm rate after periappendicular abscess in this small study population was high, especially in patients older than 40 years. If this considerable rate of neoplasms after periappendicular abscess is validated by future studies, it would argue routine interval appendectomy in this setting.

**TRIAL REGISTRATION** ClinicalTrials.gov identifier: NCT03013686.

*JAMA Surg*. doi:10.1001/jamasurg.2018.4373
Published online November 28, 2018.

Invited Commentary

Supplemental content

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It's story TIME

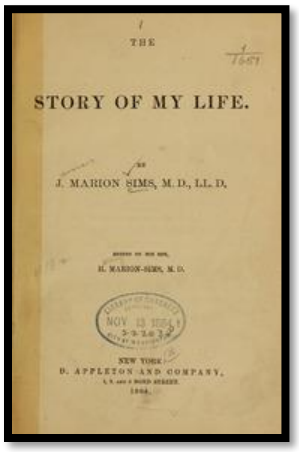
# THE STORY OF MEDICINE

## Father of Gynaecology

Prior to 1852, one of the most appalling conditions that women had to suffer was vesico-vaginal or rectovaginal fistula. The incurable incontinence would result in inflamed thighs, covered in sores and intolerable itch, and smell. The suffering women were forced to retreat from family.

James Marion Sims, upon graduation from medical school in 1835, settled in Montgomery, Alabama. In 1845, Sims was called to visit a black slave girl, Anarcha, who following a three-day labour developed a vaginal fistula. Sims was touched by suffering of many such ladies, and finding a cure to it inspired him. Soon he started to operate on these slave women, with their owner's consent. He tried a variety of techniques and always failing. All these procedures were experimented without anaesthesia.

Meanwhile, he invented a new speculum, a new catheter and a new suture. As Anarcha underwent 30th operation in four years, Sims was successful. In 1852, he published a description of his work. Following his death in 1883, he was hailed as "father of Gynaecology". Generally, however, scholars and other researchers consider Sims' methods unethical.



# PEARLS OF WISDOM

Life is a ticket to the greatest show on earth.

- Martin H. Fischer

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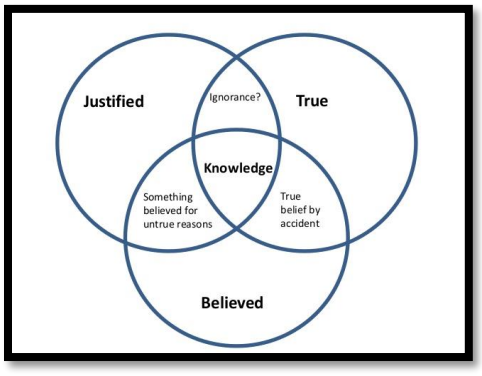


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To know what you know and what you do not know, that is true knowledge.

- Confucius

Happiness is not something readymade. It comes from your own actions.

- Dalai Lama

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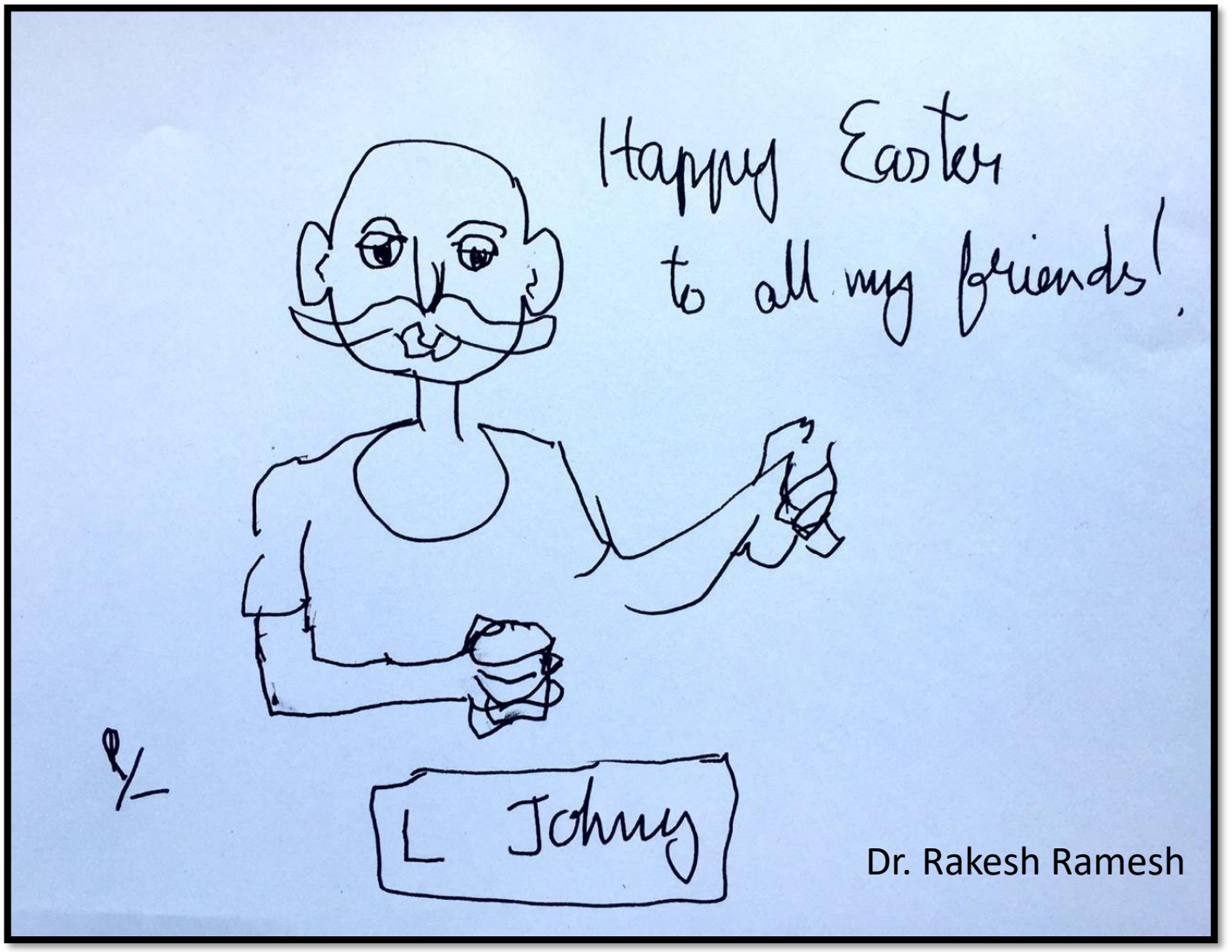
REF: 365 Days of Wonder: R.J.Palacio.

# L Johny




# Did You Know?

The hummingbird is the only known bird that can fly backwards! The ruby-throated little bird gets it's name from the sound generated as it beats its little wings over 80 times per second. Their rotator cuffs allow for a figure of 8 motion making them incredible flyers that can hover, fly forwards or backwards.

Source- Discovery Magazine

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