

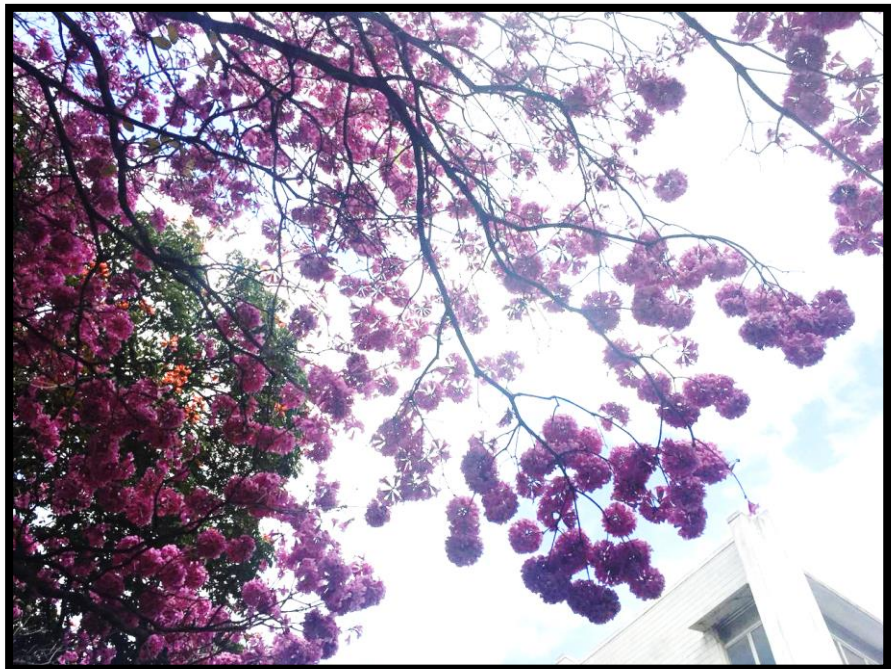
What's Zip? @St John's Hospital

Issue 14, December 10th, 2018



International
Day of
Persons with
Disabilities

3 DECEMBER



Pink and Purple bloom everywhere in the campus, So festive and so lively.

PC: Dr. Rakesh

Med-Expo 2018

EDITORIAL TEAM:

Archana S, Avinash. H. U, Bhavyank Contractor, Deepak Kamath, Manu. M. K. Varma, Nivedita Kamath, Pratiksha Rao, Rakesh Ramesh, Ruchi Kanhere, Saudamini Nesargi, Sanjiv Lewin, Sanjukta Rao, Rev. Fr. Vimal Francis, Winston Padua

*Names are in Alphabetical Order

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






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[What's Up? @ St.John's Hospital](#)

Issue 14, December 10th, 2018

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MESSAGE FROM THE EDITORIAL TEAM

Salve omnes!!!

“What’s Up? @ St John’s Hospital” magazine’s fourteenth issue is out today. It’s festive season here in St John’s this month, Happy Christmas to all of you.

We thank the Department of Physical Medicine and Rehabilitation for providing us a short write up on International Day of Persons with Disabilities which is observed on 3rd December 2018. We have created a brief report on St. John’s Med Expo 2018, try to find your stall there.

Do not miss Survivor’s corner this time, where there is a miracle story of Mrs. S who knocked the doors of death and survived.

Feel free to communicate with us for publishing your achievements and events.

Regards

Editorial Team

UPDATES THIS WEEK

INTERNATIONAL DAY OF PERSONS WITH DISABILITIES

3rd DECEMBER 2018

The International day of persons with disability (IDPWD) was celebrated on 3rd of December in hospital OPD Foyer area and Trauma ward garden. United Nations observe and promote celebration of IDPWD since 1992. This year's theme focused on ***empowering persons with disabilities for an inclusive, equitable and sustainable development as part of the 2030 Agenda for Sustainable Development.***

Department of Physical Medicine and Rehabilitation (PMR) along with Department of Physiotherapy arranged programs for public awareness about various disabilities, inclusiveness, and rights of Persons with Disability (PWD). Rev. Fr. Dr. Paul Parathazham (Director, SJNAHS), Rev. Fr. Pradeep Kumar Samad (Associate Director Hospital), Rev. Fr. Vimal Francis (HR Manager), Sr. Fathima (Chief of Nursing Services), heads of departments from PMR, Physiotherapy, and Medico-Social Work were present for inauguration ceremony. Post-graduate students from PMR, staff and interns from Physiotherapy and Occupational therapy performed a skit which depicted comprehensive rehabilitation service which is provided at St. John's.

A mime was performed by 3rd year physiotherapy students which depicted the role of physiotherapy in rehabilitating individuals with disabilities. These depicted challenges faced by PWD and the comprehensive treatment and facilities provided at our hospital.



UPDATES THIS WEEK

INTERNATIONAL DAY OF PERSONS WITH DISABILITIES

3rd DECEMBER 2018

Patients who were rehabilitated before under the Departments of PMR and Physiotherapy were invited to share their thoughts. Some of them are working in renowned companies like INFOSYS, Accenture which are sensitive towards the needs of PWD (Persons with disability). However they still find hindrances in complete participation, which makes us wonder how PWD are faring in other work environments.

In afternoon hours, games were arranged in Trauma Ward garden for patients, their care-givers, staff and students. Everyone had exciting time and it lifted the spirits of all.

Multiple barriers are faced by PWD while they are on their path of being integrated in the society or even later in form of physical as well as attitudinal barriers. Patients in their speeches raised the need for reducing these barriers with more accessible environment and educating the society to change their mindset towards PWD.





UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

30th November 2018

Accept crosspathy and deliver health care where it is needed

Recorded and Reported By: Ms. Sheela Immaculate

Sr.Riya from the batch of 2013 spoke for the topic and Ms. Jiss Joy spoke against the topic. The moderators were Dr.Johnson, Associate Professor , Department of Psychiatry and Dr.Bobby Joseph, Professor and Head , Department of Community Medicine.

The meeting started at 2.30 pm with the interesting thoughts given by Dr. G D Ravindran (Professor, Department of Geriatrics) on professionalism followed by an informative talk by Dr. Sunita (Professor, Department of Psychiatry). Dr. Sunita questioned the interns and postgraduates (PG) about how would they deal with their difficult seniors in the hospital settings. She gave a scenario of a senior PG being rude and irresponsible, harasses the junior PG to do everything in the ward. The junior PG ends up in not finishing his work and therefore gets screwed up by the HOD. The interns answered stating that they would suffer that period of 2 months and leave the unit rather than reporting to the authorities and face the consequences. Dr. Sunita advised that it is better to report to the authorities and take a disciplinary action rather than leaving the person to behave the same way with others. She enforced reporting is not an offence. She gave a take home message that ensuring discipline is not harassment, to disagree is not being difficult and if somebody needs discipline, do it with care.

The debate started by 3.10 pm. Sr.Riya spoke for the topic. Sr.Riya spoke about the statistical data of the distribution of population in urban and rural areas ie 31.1% of population is in urban areas and the rest of the population is in rural areas. The Doctor Patient ratio in rural areas are 1: 11,049 that is 10 times more than the recommended Doctor patient ratio.



UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

30th November 2018

Accept crosspathy and deliver health care where it is needed

She emphasized that Bihar has the least number of allopathic doctors with 1 doctor serving 28,891 patients and Delhi has the highest number of allopathic doctors with 1 doctor serving 2,203 patients. She explained that only few doctors are willing to work and render their services in the rural areas. 70% of population is in rural area whereas only 3% of doctors are serving in rural area and 25% in semi urban areas. Most of the MBBS MD doctors are serving in the cities and most of the rural areas are served by the practitioners of Indian system of medicine. Rural areas are dependent on unprivileged, unstructured health care practices. AYUSH has an effective role in promoting health care and prevention of diseases. If the other system of medicine doctors are well trained in primary care and public health competencies through a bridge course, they can be placed at the sub centres to provide health care to the rural areas. She also said that the other forms of medicine practitioners can be trained atleast in over the counter drugs so that it will useful in some form for the patients in the rural areas. She placed an idea of making the other forms of medicine efficient in allopathy and making them available for the rural area to avoid loss of life. She also said there is nothing wrong in combining other forms of medicine with allopathy in order to save the life of the patients.

Dr. Johnson, (Department of Psychiatry) questioned the crowd about how we can make the medical services better in the rural areas. One of the students replied most of the allopathic doctors do not wish to go to rural areas since they are been underpaid in rural areas. So if the doctors who would like to work for rural areas are paid well, then there can be an improvement in the availability of medical services in the rural areas. He also spoke about an ayurvedic doctor who came with the complaints of 8 episodes of vomiting but when she was questioned about the treatment in Ayurveda for vomiting, she told a quiet and calm environment would do as a treatment. But she didn't even know 1 antiemetic drug.



UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

30th November 2018



Accept crosspathy and deliver health care where it is needed

So if the efficiency of the other form of medicine practitioners is not competent enough like allopathy practitioners, how will they treat patients and save lives?

Sr.Riya said that it is not comparing allopathy with other system of medicine but they can aid in delivering health care. She also gave an example that one of her sisters were given a training in identifying tuberculosis bacteria and she successfully diagnosed more than thousand people and was rewarded by the Government of India for her work. She concluded stating that when given proper training crosspathy can help the people very well to acquire medical facilities.

Ms.Jiss Joy, Batch of 2013 spoke against the crosspathy. She spoke about the various cases that are been affected by crosspathy. She spoke about a case in which there was a loss of life just because the other form of medicine practitioner prescribed allopathic medicines without knowing the side effects of the drug. She also said that crosspathy would act as a back door for the people to become doctors without undergoing proper education with MBBS. She spoke about another case ,that a baby was treated by an ayurvedic doctor and the baby ended up steven Johnson syndrome and was luckily saved after allopathic treatment. She said that the MBBS and the other forms of medicine syllabus never matches and how can they become efficient or equal. to the allopathic doctors just with a bridge course of 6 months or 1 year. She said that allopathy and other forms of medicine can never match. She concluded stating that allopathic practitioners has to practice allopathy and other forms of medical practitioners has to practice only their form of medicine.

Dr.Bobby Joseph (Professor, Head, Department of community medicine) stated that it is the supreme court order that crosspathy should not be done, since there were lot of cases that has been noted against crosspathy.





UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

30th November 2018

Accept crosspathy and deliver health care where it is needed

Dr. Cecil Ross (Professor, Department of General Medicine), added on, that none of the other forms of medicine are lesser than allopathy. He also said that just because allopathy has good results on patients it doesn't mean other forms of medicine are worthless. He also gave an example that several doses of perinorm and emeset may not work, but a ginger lemon juice can work for vomiting in some patients. He also said that if a person has money he would get good medical facility and if he doesn't have money he wouldn't. So that is the actual situation of the present world. He concluded stating that allopathy and other forms of medicine has to work towards better care to the patient. So if the combination of different forms of medicine gives a good result on patient then crosspathy can be accepted.

The meeting came to an end at 4.10 pm.

UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report

The St. John's Med-Expo 2018 was conducted for 3 days (5th, 6th and 7th December 2018) with the intention to bring awareness among the general public. The Exhibition was inaugurated on 5th December 2018. There were 30 stalls from various departments of the St John's National Academy of Health Sciences. Here is a brief report of each stall.



DEPARTMENT OF MICROBIOLOGY:

Stall demonstrated the benefits of hand hygiene practically by showing the culture plates of finger prints before and after hand wash or sanitiser use.



DEPARTMENT OF PATHOLOGY:

The theme of stall was primarily 'Cancer'. The stall was designed to demonstrate the importance of pathologists in management of patients. (How and what the pathologists do?)



DEPARTMENT OF UROLOGY:

The main objective of this stall was to educate people regarding renal stones, prostate cancer and benign prostatic hypertrophy. Also to introduce the general public about the use of laser in treatment of urological conditions. They also registered volunteers for organ donation.

UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF PHARMACOLOGY:

The stall was designed to make general public aware, how a drug is discovered and how much time it takes to release into the market. Charts explaining clinical trials and phases of drug trials. Also explained about the difference between the trade name and generic names. Routes of drug administration.



DEPARTMENT OF PMR (Physical Medicine and Rehabilitation):

The stall demonstrated various available methods of physical rehabilitation such as prosthesis, special foot wear and the awareness. Highlight was demonstration of 'Mirror therapy' in hemiplegia patients.



DEPARTMENT OF PAEDIATRICS:

Stall promoted well being in children. The effort was to educate the children and their parents about the healthy growth and overall development of children.



UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF COMMUNITY HEALTH MEDICINE:

The objective of the stall was to bring awareness about tuberculosis. Also showcased the app which is indigenously developed, which helps in compliance of DOTS therapy.



DEPARTMENT OF DERMATOLOGY

Concept of Skin Score which reflects the skin health was being demonstrated. People were educated about the harmful effects of the OTCs in skin conditions. Also displayed laser and its uses in dermatology.

DEPARTMENT OF PAEDIATRIC SURGERY:

The stall was intended to bring awareness about surgical conditions in paediatric age and risk of foreign body in children. It was catchy to know about Red alert (blood in stools), Green alert (bilious vomiting and yellow alert (jaundice) which should warrant the parents to get their children to a paediatric surgeon.



UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF PLASTIC SURGERY:

The theme of the stall was "Reconstructing Human Body; Restoring Humanity". The stall was designed to highlight the role and wide scope of plastic surgery. It also highlighted the management of burns and various reconstructions.



DEPARTMENT OF RADIATION ONCOLOGY:

The stall highlighted the role of Radiation in the treatment and cure of cancer. Effort was to bring in awareness about the signs/symptoms of cancer and curability of cancer. Miniaturised models of Radiotherapy machines were displayed to demonstrate the workflow.



DEPARTMENT OF PHYSIOTHERAPY:

The stall highlighted the techniques of physiotherapy in training balance and gait. It also demonstrated the role of physiotherapy from womb to tomb (paediatric to elderly!). The model of Community based Rehabilitation centre (CBR) was eye catching.



UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF ORTHOPAEDICS:

The stall was educating the public regarding the backpain (prevention and treatment). Various implants available. Also explained bony anatomy.



DEPARTMENT OF ENT:

The theme of stall was 'Audiology Speech & Language pathology'. The stall demonstrated the mechanism of hearing and deafness. It highlighted the management options for the same.



DEPARTMENT OF TRANSFUSION MEDICINE:

The stall educated and motivated public about the importance of blood donation, highlighting the fact that 1 donation can save three lives. It also demonstrated 4 blood groups.



DEPARTMENT OF GENERAL MEDICINE:

The theme was 'Life style in style' was meant for promoting healthy life style. The stall offered recording height, weight, BMI and Blood pressure.

UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF GENERAL SURGERY:

Highlighted modern concept of skilful and precision surgery. Displayed various specimens and visitors had a practical opportunity to try out laparoscopy.



DEPARTMENT OF GYNAECOLOGIC ONCOLOGY:

The main objective of the stall was to highlight prevention and treatment of cervical cancer. It also explained about the role of HPV vaccination. Posters were intended to remove the scare about Gynaecologic cancers.



DEPARTMENT OF OBSTETRICS & GYNAECOLOGY:

The stall was to create awareness about the importance of nutrition and significance of anemia in pregnancy. Also showcased model depicting labour.



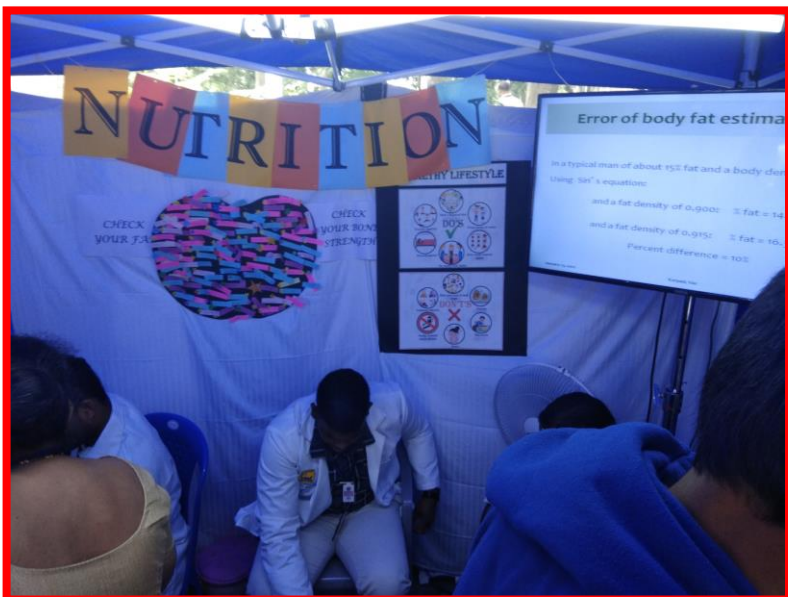
DEPARTMENT OF NEUROLOGY:

The stall was educating public regarding the myths and misconceptions regarding epilepsy and stroke. Highlighting 'FAST'

UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF NUTRITION:

The stall educated public about the importance of healthy diet and nutrition. It had facilities to measure Body mass index, fat content and bone mineral density. It also offered diet counselling for people in need.



DEPARTMENT OF DENTAL SURGERY:

The stall was intended to educate public about dental health and hygiene. It also explained about the various common dental procedures and implants.



DEPARTMENT OF ENDOCRINOLOGY:

The main intention was to create awareness regarding diabetes mellitus and hypothyroidism.



DEPARTMENT OF GERIATRICS:

Stall was designed to bring awareness about geriatrics. It highlighted the issues of diet and exercise, polypharmacy, risk of fall, vaccination and dementia in elderly population.

UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF BIOCHEMISTRY:

The main objective of the stall was to highlight the importance of HbA1C in diagnosis and management of Diabetes Mellitus.



DEPARTMENT OF CARDIOLOGY:

The aim of stall was to do primordial prevention of cardiovascular diseases. The stall educated public regarding the risk factors of CVS diseases. It also offered free evaluation of BMI, Body Fat content, GRBS & Blood Pressure.



DEPARTMENT OF NEONATOLOGY:

The theme of the stall was to manage pre-term neonates. The importance of kangaroo mother care and the benefits were highlighted. They also showcased the incubators meant for preterm babies.



UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



DEPARTMENT OF PULMONARY

MEDICINE:

The main aim was to spread awareness about sleep testing and sleep apnoea syndrome. They also demonstrated effects of smoking on lungs. The stall also showcased bronchoscopy.



COLLEGE OF NURSING:

The college of nursing had organised free blood pressure, GRBS, Haemoglobin, Height and weight measurements. Their main aim was to educate public for healthy living.



DEPARTMENT OF NEPHROLOGY:

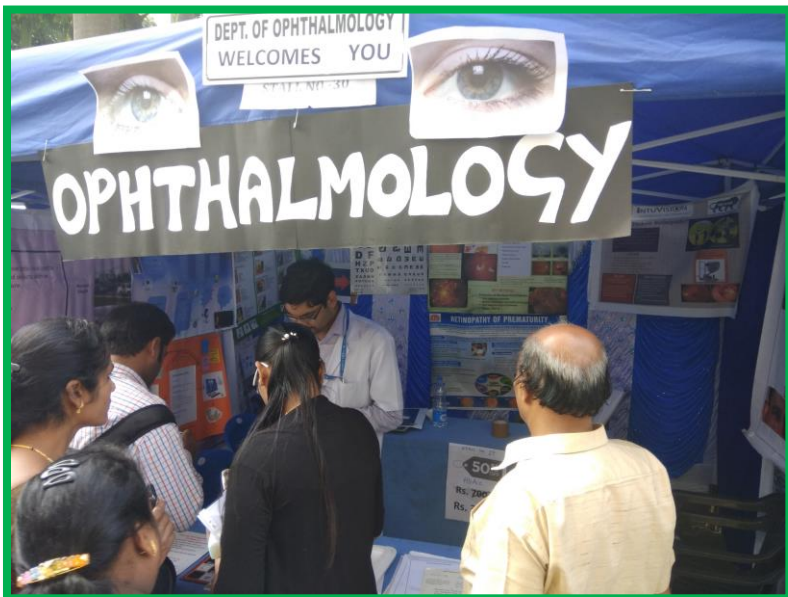
The stall showcased a model of dialysis machine and explained mechanism of dialysis in renal failure patient. The objective was to spread awareness about kidney health and early detection of kidney diseases. Also highlighted organ donation.



UPDATES THIS WEEK

St. John's Med Expo 2018

Brief Report



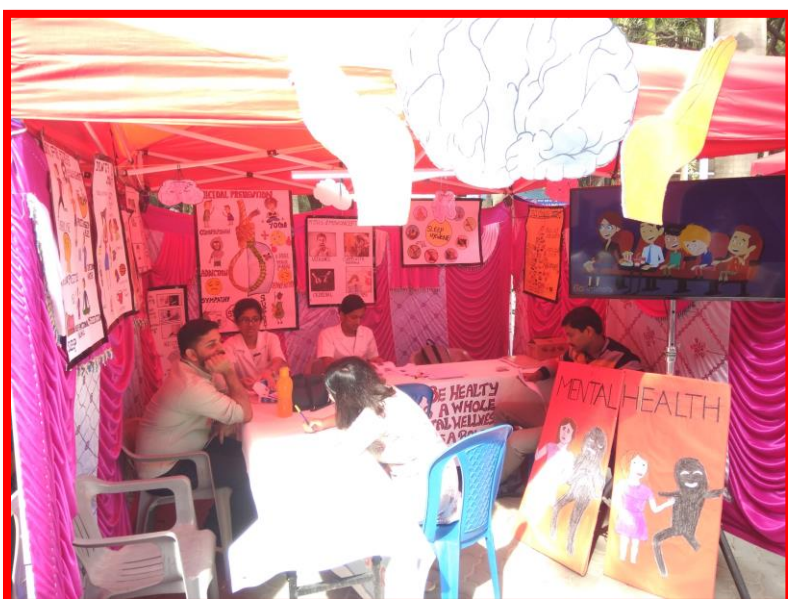
DEPARTMENT OF OPHTHALMOLOGY:

The theme was BLINDNESS: Prevent it, Treat it, Fight it. The stall offered self vision testing and free screening for diabetic and hypertensive retinopathy. It also had eye donation forms encouraging people to pledge the eyes.



DEPARTMENT OF ANATOMY:

The stall displayed cadavers to show how human organs look like. They were also informing public about voluntary body donation after death, the procedure involved in the same.



DEPARTMENT OF PSYCHIATRY:

The stall was designed to bring awareness about the common mental illnesses affecting public and how to recognise them. Highlight was on sleep hygiene and stress management.

IG NOBEL

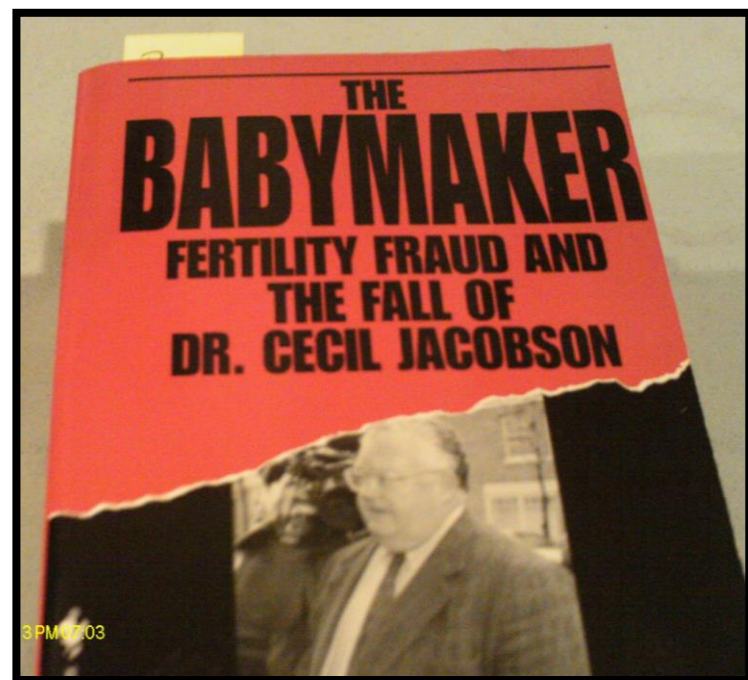


1992 - BIOLOGY

Dr. Cecil Jacobson

Dr. Cecil Jacobson, relentlessly generous sperm donor, and prolific patriarch of sperm banking, for devising a simple, single-handed method of quality control.

This book titled “The Babymaker: Fertility fraud and the fall of Dr. Cecil Jacobson” is the shocking account of the renowned fertility doctor convicted of fraud for diagnosing false pregnancies and inseminating possibly as many as 75 patients with his own sperm. The full story is told here by Rick Nelson, an investigative producer for ABC-TV's Prime Time Live. Photographs.



Dr. Cecil Jacobson

In 1992, Jacobson was convicted of 52 counts of mail fraud, wire fraud and perjury. He was sentenced to five years in prison and had his medical license revoked. Jacobson appealed his convictions and sentence, but they were upheld by the court of appeals. He now lives in Provo, Utah, where he is involved in agricultural research.



SURVIVOR's CORNER

A 30 year old Mrs S, Primigravida at 29 weeks of gestation with chronic hypertension with super imposed pre-eclampsia, low lying placenta and fibroid uterus had regular antenatal checkups elsewhere and was referred to St. John's at 29 weeks of gestation for uncontrolled hypertension and further management. Patient was admitted on 16th Oct 2018 and all the necessary investigations were done and medications were started accordingly. She was being monitored in the labour room. On 19th October at 3: 40 pm, patient complained of sudden onset breathlessness and decreased perception of foetal movements. On examination, she was found to have impending heart failure and immediate decision for emergency caesarean section was taken by the obstetrician on call. She was shifted within minutes into Operation Theatre (OT).

While everyone were getting prepared for the Caesarean section in the OT, Mrs S, suddenly arrested on the table. The Obstetrician immediately performed the caesarean section while the anaesthesia team started CPR (Cardiopulmonary resuscitation). The baby was extracted and handed over to the paediatrician. After 3 cycles of CPR, there was return of spontaneous circulation.

Mrs S was shifted to MICU on ventilator for further care. She recovered slowly with a multidisciplinary team approach and was extubated and shifted to ward after a week. The Neonatology team took care of the preterm baby and Mrs S was soon seen walking to the NICU to see her baby for the first time.

Fortunately both mother and baby were saved and, on 19th November 2018, both were successfully discharged from the hospital.

Kudos to the obstetrician and the anaesthesia team for their quick actions!!



LAUGHTER IS THE BEST MEDICINE...



New Year Resolutions!!!



Never put off until tomorrow, what you know you'll forget about in an hour!

Wife: "Our new neighbour always kisses his wife when he leaves for work. Why don't you do that?"



Husband: "How can I? I don't even know her."

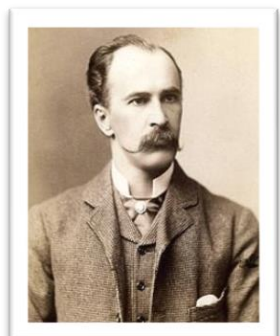


Snake 1: Are we poisonous?
Snake 2: I don't know. Why?
Snake 1: I just bit my lip.



Q: What's a good holiday tip?
A: Never catch snowflakes with your tongue until all the birds have gone south for the winter.





SIR WILLIAM OSLER

Books influence character:

Carefully studied, from such books come subtle influences which give stability to character and help to give a man a sane outlook on the complex problems of life.



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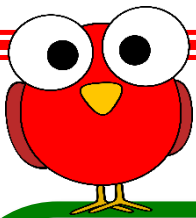


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Culture is helpful to physicians:

A physician may possess the science of Harvey and the art of Sydenham, and yet there may be lacking in him those finer qualities of heart and head which count for so much in life... Medicine is seen at its best in men whose faculties have had the highest and most harmonious culture. .

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



MEDICINE DIS WEEK

A Bird's Eye View.....

Whether Pro-calcitonin levels should guide use of Antibiotics in LRTI or not?

In a multi-institutional randomised controlled study, 1656 patients who presented to emergency with suspected LRTI were randomised to received antibiotics based on the baseline and serial levels of pro-calcitonin versus the usual care. There was no significant difference between the procalcitonin group and the usual-care group in antibiotic-days (mean, 4.2 and 4.3 days, respectively; difference, -0.05 day; 95% confidence interval [CI], -0.6 to 0.5; P = 0.87) or the proportion of patients with adverse outcomes (11.7% [96 patients] and 13.1%[109 patients]) within 30 days.

- Huang DT et al., N Engl J Med. 2018 Jul 19;379(3):236-249.

Can Sentinel Lymphnode biopsy (SLNB) be done in Ca. Breast post NACT?

A meta-analysis of patients who achieved complete response after NACT, tested whether SLNB could be an alternative to axillary lymph node dissection in these patients. The pooled estimate of identification rate was 90% (95%C.I. 87 to 93) and the false-negative rate (FNR) was 14%(11 to 17). In subgroup analysis, the FNR with use of dual mapping was 11% (6 to 15), compared with 19% (11 to 27) with single mapping. The FNR was 20% (13 to 27) when 1 node was removed, 12% (5 to 19) with 2 nodes removed and 4% (0 to 9) with removal of ≥ 3 nodes. SLNB could be an option in carefully selected patients by appropriate technique after NACT.

-Tee SR et al., Br J Surg. 2018 Nov;105(12):1541-1552.

ORIGINAL ARTICLE

Procalcitonin-Guided Use of Antibiotics for Lower Respiratory Tract Infection

D.T. Huang, D.M. Yealy, M.R. Filbin, A.M. Brown, C.-C.H. Chang, Y. Doi, M.W. Donnino, J. Fine, M.J. Fine, M.A. Fischer, J.M. Holst, P.C. Hou, J.A. Kellum, F. Khan, M.C. Kurz, S. Lotfipour, F. LoVecchio, O.M. Peck-Palmer, F. Pike, H. Prunty, R.L. Sherwin, L. Southerland, T. Terndrup, L.A. Weissfeld, J. Yabes, and D.C. Angus, for the ProACT Investigators*

ABSTRACT

BACKGROUND

The effect of procalcitonin-guided use of antibiotics on treatment for suspected lower respiratory tract infection is unclear.

METHODS

In 14 U.S. hospitals with high adherence to quality measures for the treatment of pneumonia, we provided guidance for clinicians about national clinical practice recommendations for the treatment of lower respiratory tract infections and the interpretation of procalcitonin assays. We then randomly assigned patients who presented to the emergency department with a suspected lower respiratory tract infection and for whom the treating physician was uncertain whether antibiotic therapy was indicated to one of two groups: the procalcitonin group, in which the treating clinicians were provided with real-time initial (and serial, if the patient was hospitalized) procalcitonin assay results and an antibiotic use guideline with graded recommendations based on four tiers of procalcitonin levels, or the usual-care group. We hypothesized that within 30 days after enrollment the total antibiotic-days would be lower — and the percentage of patients with adverse outcomes would not be more than 4.5 percentage points higher — in the procalcitonin group than in the usual-care group.

RESULTS

A total of 1656 patients were included in the final analysis cohort (826 randomly assigned to the procalcitonin group and 830 to the usual-care group), of whom 782 (47.2%) were hospitalized and 984 (59.4%) received antibiotics within 30 days. The treating clinician received procalcitonin assay results for 792 of 826 patients (95.9%) in the procalcitonin group (median time from sample collection to assay result, 77 minutes) and for 18 of 830 patients (2.2%) in the usual-care group. In both groups, the procalcitonin-level tier was associated with the decision to prescribe antibiotics in the emergency department. There was no significant difference between the procalcitonin group and the usual-care group in antibiotic-days (mean, 4.2 and 4.3 days, respectively; difference, -0.05 day; 95% confidence interval [CI], -0.6 to 0.5 ; $P=0.87$) or the proportion of patients with adverse outcomes (11.7% [96 patients] and 13.1% [109 patients]; difference, -1.5 percentage points; 95% CI, -4.6 to 1.7 ; $P<0.001$ for noninferiority) within 30 days.

CONCLUSIONS

The provision of procalcitonin assay results, along with instructions on their interpretation, to emergency department and hospital-based clinicians did not result in less use of antibiotics than did usual care among patients with suspected lower respiratory tract infection. (Funded by the National Institute of General Medical Sciences; ProACT ClinicalTrials.gov number, NCT02130986.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Huang at Scaife Hall, Rm. 606B, University of Pittsburgh, 3550 Terrace St., Pittsburgh, PA 15261, or at huangdt@upmc.edu

*The complete list of the ProACT Investigators is provided in the Supplementary Appendix, available at NEJM.org.

This article was published on May 20, 2018, at NEJM.org.

N Engl J Med 2018;379:236-49.

DOI: 10.1056/NEJMoa1802670

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Meta-analysis of sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with initial biopsy-proven node-positive breast cancer

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Background: Neoadjuvant chemotherapy for breast cancer has the potential to achieve a pathological complete response in up to 40 per cent of patients, converting disease that was initially node-positive to node-negative. This has raised the question of whether sentinel lymph node biopsy could be an alternative to axillary lymph node dissection in these patients. The aim was to undertake a systematic review and meta-analysis of the accuracy and reliability of sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with initial biopsy-proven node-positive breast cancer.

Methods: A literature search was conducted using PubMed, Ovid MEDLINE, Embase and Web of Science databases up to 30 April 2017. Inclusion criteria for studies were pathological confirmation of initial node-positive disease, and sentinel lymph node biopsy performed after neoadjuvant chemotherapy followed by axillary lymph node dissection.

Results: A total of 13 studies met the inclusion criteria and were included in the analysis (1921 patients in total). The pooled estimate of identification rate was 90 (95 per cent c.i. 87 to 93) per cent and the false-negative rate was 14 (11 to 17) per cent. In subgroup analysis, the false-negative rate with use of dual mapping was 11 (6 to 15) per cent, compared with 19 (11 to 27) per cent with single mapping. The false-negative rate was 20 (13 to 27) per cent when one node was removed, 12 (5 to 19) per cent with two nodes removed and 4 (0 to 9) per cent with removal of three or more nodes.

Conclusion: Sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with biopsy-proven node-positive breast cancer is accurate and reliable, but requires careful patient selection and optimal surgical techniques.

Paper accepted 26 July 2018

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Introduction

Neoadjuvant chemotherapy (NAC) was originally used in patients with breast cancer who had locally advanced and large unresectable tumours. More recently, its use has been extended to operable breast cancers, with the aim of downstaging the tumour, allowing less extensive surgery and improved cosmetic outcomes. NAC also provides an opportunity for early evaluation of the effectiveness of systemic therapy. Correlation between clinical and pathological response to chemotherapy is a strong prognostic factor for outcome, and can be used as a guide for further locoregional and systemic treatment¹.

The National Surgical Adjuvant Breast and Bowel Project (NSABP) B-18 trial² is one of the earliest large randomized trials on NAC. In the trial, breast tumour

size was reduced in 80 per cent of patients after NAC; 36 per cent had a complete clinical response and, of these, 26 per cent had a pathological complete response (pCR). Of node-positive patients, 89 per cent had a clinical nodal response and 44 per cent had a pCR. Overall, 12 per cent more breast-conserving procedures were undertaken in patients who would otherwise have required a mastectomy. Known tumour biomarkers can help determine which subset of tumours are most likely to be downstaged after NAC. Patients with high-grade breast tumours that are oestrogen receptor (ER)-negative and/or human epidermal growth factor receptor 2 (HER2)-positive have a higher likelihood of a pCR than those with ER-positive, HER2-negative tumours.

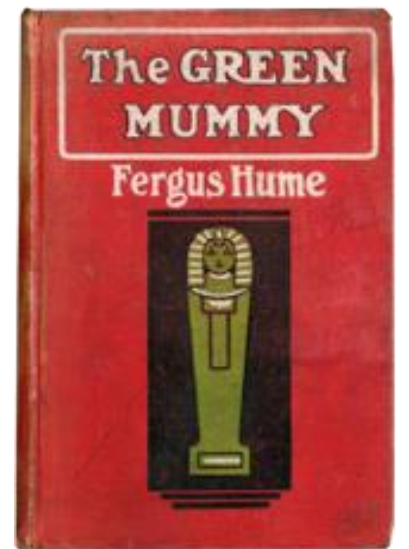
In the treatment of breast cancer, sentinel lymph node biopsy (SLNB) has replaced axillary lymph node

"Mummy"

Mummification did have a profound effect on the growth of medical science. It made the Egyptians familiar with the idea of cutting up corpses, and so encouraged an atmosphere of research.

'Mummy'—a powder made from ground-up portions of embalmed cadavers. It is said to have used to treat both Crusaders and Saracens in Alexandria. This 'therapy' was also used by Guy de Chauliac, surgeon to Pope Clement VI, in the 14th century. 'Mummy' was still highly regarded in the early 16th century. Francois I of France used to carry a little packet of it, mixed with powdered rhubarb, in case of accident since it was thought to be good for bruises and wounds.

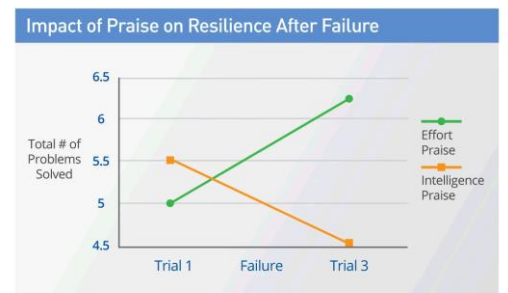
Today, Egypt's mummies tell us much about the ancient Egyptians themselves.



PEARLS OF WISDOM

Those who try to do something and fail are infinitely better than those who try to do nothing and succeed.

Lloyd Jones.



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The main thing is to be moved, to love, to hope, to tremble, to live.

Auguste Rodin

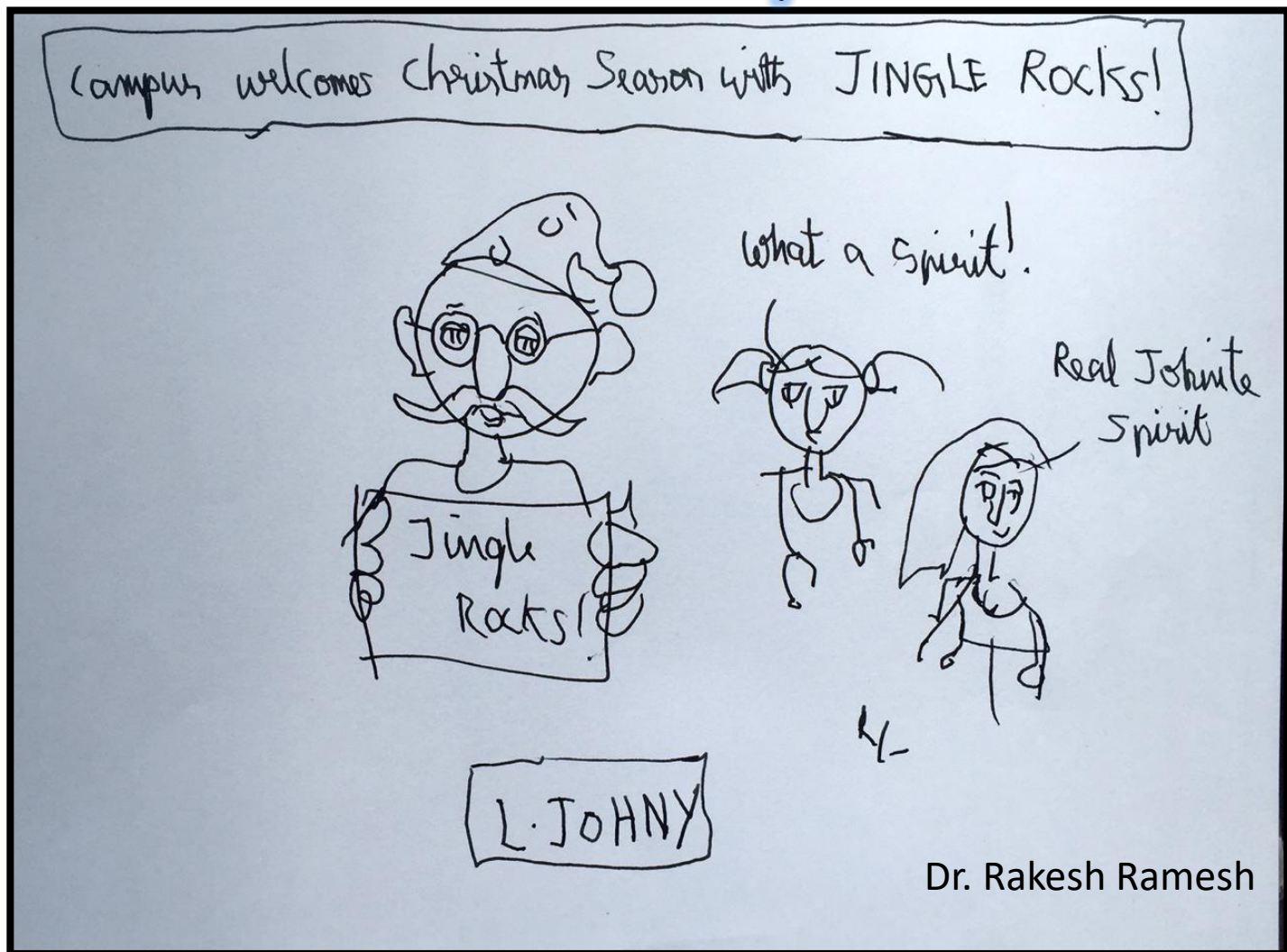
The greatest glory in living lies not in never falling, but in rising every time we fall.

Nelson Mandela



©Momspresso

L Johnny



Did You Know?

Contrary to popular belief, a camel's hump is made of fat and not water! The 80 odd pounds of lard allows the beast to travel for days in a desert with no food. When the camel consumes this emergency energy source, the hump shrinks in size and falls to one side. In fact, camel calves do not develop humps until they eat solid food.



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