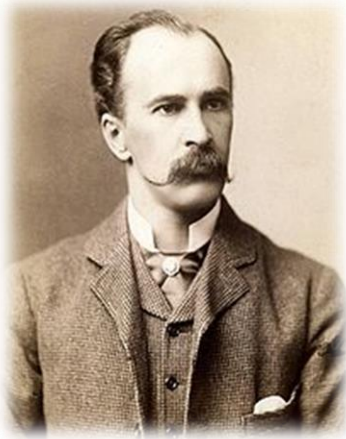
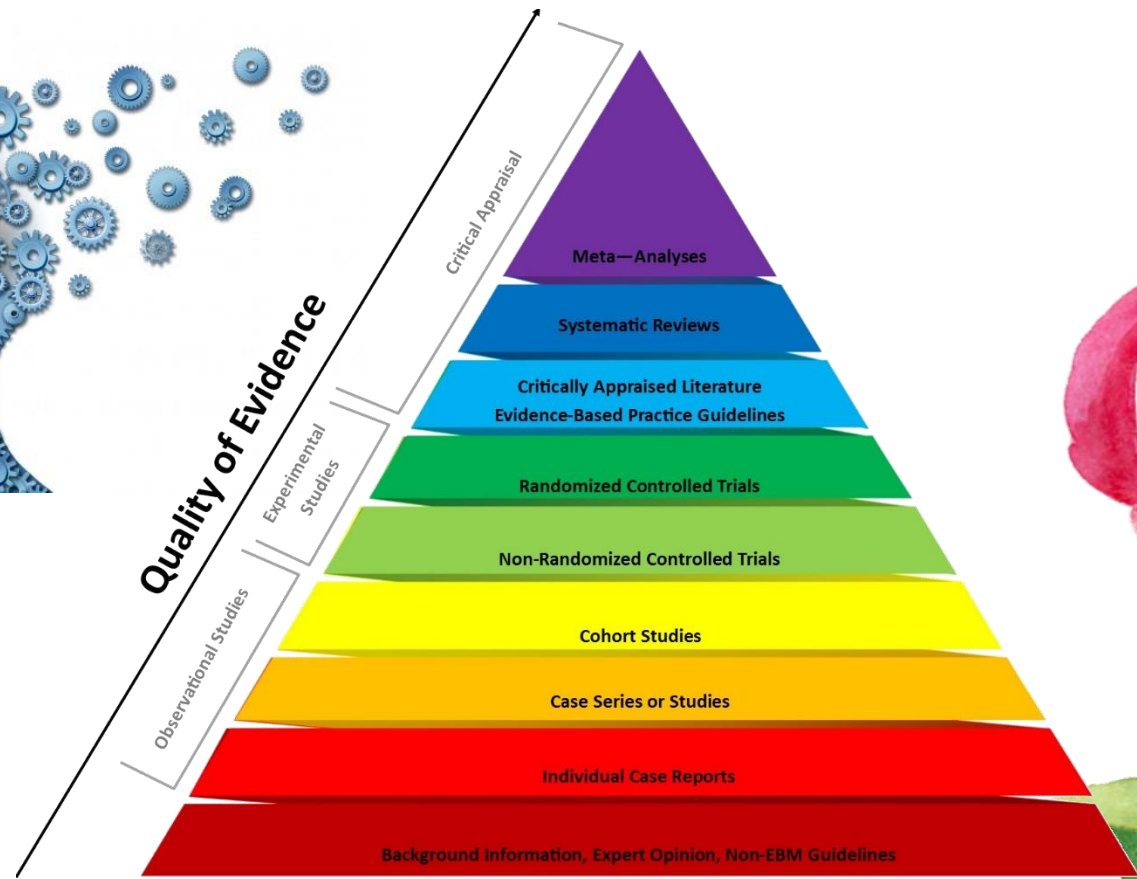


Hospital Weekly Newsletter

Issue 1, August 16th 2018



SIR WILLIAM OSLER

HISTORY OF Medicine

EDITORS:
Dr. Sanjiv Lewin
Dr. Avinash. H. U

Pearls of Wisdom

We Carry within us the wonders we seek around us.

- Sir Thomas Browne



And above all, watch with glittering eyes the whole world around you because the greatest secrets are always hidden in the most unlikely places. Those who don't believe in magic will never find it.

- Roald Dahl

Three things in human life are important: the first is to be kind; the second is to be kind; and the third is to be kind.

- Henry James



16th August 2018



A Bird's Eye View.....

MEDICINE DiS WEEK

Bronchial Asthma:

Metaanalysis of 36,010 patients suggest, that combination of Long acting β 2 Agonists with Glucocorticoid did not result in higher risk of serious asthma related events as compared to Glucocorticoid alone. On contrary, results in fewer acute exacerbations.

- N Engl J Med. 2018 Jun 28;378(26):2497-2505.

Umbilical Hernia and Mesh Repair

Although most ventral hernias are repaired with mesh reinforcement, some surgeons repair small umbilical hernias with sutures only. In a trial in which 300 adults were randomly assigned to open suture or mesh repair of a primary umbilical hernia 1 to 4 cm in diameter, suture repair resulted in more recurrences at 30 months (12 versus 4 percent) but similar postoperative pain and complication rates. Hence, when technically feasible, mesh repair is recommended for all ventral hernias, including umbilical hernias larger than 1 cm; smaller primary ventral hernias can be repaired with suture or mesh.

- Lancet. 2018;391(10123):860.

Do you have anything interesting to be published?
– Write to Dr. Avinash. H. U, avinash.hu@stjohns.in

ORIGINAL ARTICLE

Combined Analysis of Asthma Safety Trials of Long-Acting β_2 -Agonists

William W. Busse, M.D., Eric D. Bateman, M.B., Ch.B., M.D.,
Arthur L. Caplan, Ph.D., H. William Kelly, Pharm.D., Paul M. O'Byrne, M.B.,
Klaus F. Rabe, M.D., Ph.D., and Vernon M. Chinchilli, Ph.D.

ABSTRACT

BACKGROUND

Safety concerns regarding long-acting β_2 -agonists (LABAs) in asthma management were initially identified in a large postmarketing trial in which the risk of death was increased. In 2010, the Food and Drug Administration (FDA) mandated that the four companies marketing LABAs for asthma perform prospective, randomized, controlled trials comparing the safety of combination therapy with a LABA plus an inhaled glucocorticoid with that of an inhaled glucocorticoid alone in adolescents (12 to 17 years of age) and adults. In conjunction with the FDA, the manufacturers harmonized their trial methods to allow an independent joint oversight committee to provide a final combined analysis of the four trials.

METHODS

As members of the joint oversight committee, we performed a combined analysis of the four trials comparing an inhaled glucocorticoid plus a LABA (combination therapy) with an inhaled glucocorticoid alone. The primary outcome was a composite of asthma-related intubation or death. Post hoc secondary outcomes included serious asthma-related events and asthma exacerbations.

RESULTS

Among the 36,010 patients in the intention-to-treat study, there were three asthma-related intubations (two in the inhaled-glucocorticoid group and one in the combination-therapy group) and two asthma-related deaths (both in the combination-therapy group) in 4 patients. In the secondary analysis of serious asthma-related events (a composite of hospitalization, intubation, or death), 108 of 18,006 patients (0.60%) in the inhaled-glucocorticoid group and 119 of 18,004 patients (0.66%) in the combination-therapy group had at least one composite event (relative risk in the combination-therapy group, 1.09; 95% confidence interval [CI], 0.83 to 1.43; $P=0.55$); 2100 patients in the inhaled-glucocorticoid group (11.7%) and 1768 in the combination-therapy group (9.8%) had at least one asthma exacerbation (relative risk, 0.83; 95% CI, 0.78 to 0.89; $P<0.001$).

CONCLUSIONS

Combination therapy with a LABA plus an inhaled glucocorticoid did not result in a significantly higher risk of serious asthma-related events than treatment with an inhaled glucocorticoid alone but resulted in significantly fewer asthma exacerbations.

From the Department of Medicine, Division of Allergy, Pulmonary and Critical Care Medicine, University of Wisconsin School of Medicine and Public Health, Madison (W.W.B.); the Pulmonary Division, Department of Medicine, University of Cape Town, Cape Town, South Africa (E.D.B.); the Division of Medical Ethics, Department of Population Health, New York University School of Medicine, New York (A.L.C.); the Department of Pediatrics, University of New Mexico Health Sciences Center, Albuquerque (H.W.K.); the Department of Medicine, McMaster University, Hamilton, ON, Canada (P.M.O.); LungenClinic Grosshansdorf and Christian Albrechts University Kiel, Kiel, and Airway Research Center North, German Center for Lung Research, Grosshansdorf — both in Germany (K.F.R.); and the Department of Public Health Sciences, Penn State College of Medicine, Hershey, PA (V.M.C.). Address reprint requests to Dr. Busse at the University of Wisconsin Hospitals and Clinics, 600 Highland Ave., Madison, WI 53792, or at wwb@medicine.wisc.edu.

N Engl J Med 2018;378:2497-505.

DOI: 10.1056/NEJMoa1716868

Copyright © 2018 Massachusetts Medical Society.



Mesh versus suture repair of umbilical hernia in adults: a randomised, double-blind, controlled, multicentre trial

Ruth Kaufmann, Jens A Halm, Hasan H Eker, Pieter J Klitsie, Jeroen Nieuwenhuizen, Dick van Geldere, Maarten P Simons, Erwin van der Harst, Martijne van 't Riet, Bronno van der Holt, Gert Jan Kleinrensink, Johannes Jeekel, Johan F Lange

Summary

Lancet 2018; 391: 860–69

Published Online

February 16, 2018

[http://dx.doi.org/10.1016/S0140-6736\(18\)30298-8](http://dx.doi.org/10.1016/S0140-6736(18)30298-8)

See [Comment](#) page 821

Department of Surgery, Erasmus University Medical Center, Rotterdam, Netherlands (R Kaufmann MD, H H Eker MD, P J Klitsie MD, J Nieuwenhuizen MD, Prof J F Lange MD); Department of Surgery, Albert Schweitzer Hospital, Dordrecht, Netherlands (R Kaufmann); Trauma Unit, Department of Surgery, Academic Medical Center, Amsterdam, Netherlands (J A Halm MD); Department of Surgery, VU University Medical Center, Amsterdam, Netherlands (H H Eker); Department of Orthopaedic Surgery, HagaZiekenhuis, The Hague, Netherlands (P J Klitsie); Department of Surgery, LUMC, Leiden, Netherlands (J Nieuwenhuizen); Department of Surgery, Isala, Zwolle, Netherlands (D van Geldere MD); Department of Surgery, Onze Lieve Vrouwe Gasthuis, Netherlands (M P Simons MD); Department of Surgery, Maasstad Hospital, Rotterdam, Netherlands (E van der Harst MD); Department of Surgery, Reinier de Graaf Gasthuis, Delft, Netherlands (M van 't Riet MD); Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, Netherlands (B van der Holt PhD); and Department of Neuroscience, Erasmus University Medical Center, Rotterdam, Netherlands (Prof G J Kleinrensink PhD, Prof J Jeekel MD)

Correspondence to:

Dr Ruth Kaufmann, Erasmus University Medical Center, NL-3015 CN Rotterdam, Netherlands
ruth.kaufmann@gmail.com

Background Both mesh and suture repair are used for the treatment of umbilical hernias, but for smaller umbilical hernias (diameter 1–4 cm) there is little evidence whether mesh repair would be beneficial. In this study we aimed to investigate whether use of a mesh was better in reducing recurrence compared with suture repair for smaller umbilical hernias.

Methods We did a randomised, double-blind, controlled multicentre trial in 12 hospitals (nine in the Netherlands, two in Germany, and one in Italy). Eligible participants were adults aged at least 18 years with a primary umbilical hernia of diameter 1–4 cm, and were randomly assigned (1:1) intraoperatively to either suture repair or mesh repair. In the first 3 years of the inclusion period, blocked randomisation (of non-specified size) was achieved by an envelope randomisation system; after this time computer-generated randomisation was introduced. Patients, investigators, and analysts were masked to the allocated treatment, and participants were stratified by hernia size (1–2 cm and >2–4 cm). At study initiation, all surgeons were invited to training sessions to ensure they used the same standardised techniques for suture repair or mesh repair. Patients underwent physical examinations at 2 weeks, and 3, 12, and 24–30 months after the operation. The primary outcome was the rate of recurrences of the umbilical hernia after 24 months assessed in the modified intention-to-treat population by physical examination and, in case of any doubt, abdominal ultrasound. This trial is registered with ClinicalTrials.gov, number NCT00789230.

Findings Between June 21, 2006, and April 16, 2014, we randomly assigned 300 patients, 150 to mesh repair and 150 to suture repair. The median follow-up was 25·1 months (IQR 15·5–33·4). After a maximum follow-up of 30 months, there were fewer recurrences in the mesh group than in the suture group (six [4%] in 146 patients *vs* 17 [12%] in 138 patients; 2-year actuarial estimates of recurrence 3·6% [95% CI 1·4–9·4] *vs* 11·4% (6·8–18·9); $p=0\cdot01$, hazard ratio 0·31, 95% CI 0·12–0·80, corresponding to a number needed to treat of 12·8). The most common postoperative complications were seroma (one [$<1\%$] in the suture group *vs* five [3%] in the mesh group), haematoma (two [1%] *vs* three [2%]), and wound infection (one [$<1\%$] *vs* three [2%]). There were no anaesthetic complications or postoperative deaths.

Interpretation This is the first study showing high level evidence for mesh repair in patients with small hernias of diameter 1–4 cm. Hence we suggest mesh repair should be used for operations on all patients with an umbilical hernia of this size.

Funding Department of Surgery, Erasmus University Medical Center, Rotterdam, Netherlands.

Introduction

Umbilical hernia is defined as a midline abdominal wall defect from 3 cm above to 3 cm below the umbilicus,¹ and is a common diagnosis in adults, with a global prevalence of 2%. Surgical repair is recommended for most symptomatic or clinically apparent umbilical hernias, which can be achieved by suture repair or use of mesh. Disappointingly, high recurrence rates of up to 54·5% have been reported with suture repair.² The use of mesh was proven to be beneficial in incisional and inguinal hernia repair, and mesh repair has therefore become the gold standard repair for these types of hernia,^{3–6} associated with low recurrence rates of up to 1% of large umbilical hernias in two randomised controlled trials of mesh versus suture repair and in a long-term follow-up, retrospective study.^{7–9} However, there is no solid evidence to advocate the use of mesh

instead of suture repair in small umbilical hernias (diameter ≤ 4 cm), and most surgeons would not use mesh repair for many of these small hernias.¹⁰ Both mesh and suture repair are currently used for the treatment of umbilical hernias. We therefore did a study to investigate whether mesh was superior in reducing recurrence of small umbilical hernias (diameter 1–4 cm) compared with suture repair.

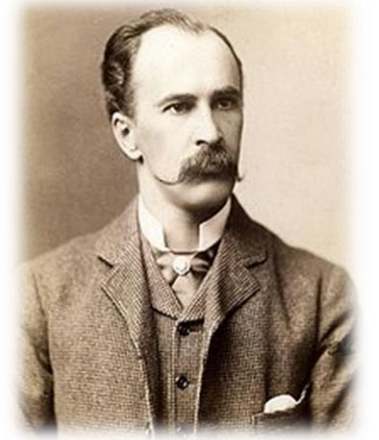
Methods

Study design and participants

We did a randomised, double-blind, controlled, multicentre trial with patients recruited from nine hospitals in the Netherlands, two in Germany, and one in Italy. This trial was approved by the Ethics Board of the Erasmus University Medical Center (Rotterdam, the Netherlands) and all participating hospitals.



The Quotable OSLER



SIR WILLIAM OSLER

The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.

To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.



In taking up the study of disease, you leave the exact and certain for the inexact and doubtful and enter a realm in which to a great extent the certainties are replaced by probabilities.



16th August 2018

It's story
TIME

The Story of Medicine

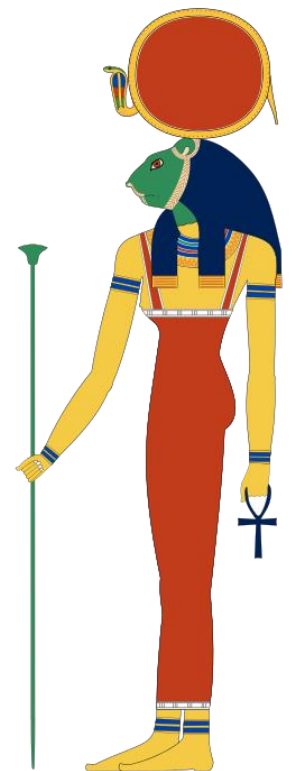


Concept of Disease: From Ancient Egypt

Magic is effective together with Medicine; medicine is effective together with magic.

Ebers Papyrus c.1500BC.

Egyptian Papyri dating back to over 3500 years ago gives us a fascinating insight into medical beliefs, practices and treatments of the ancient world. Ancient Egyptian Medicine, for Example, appears to have been a combination of clinical observation intertwined with the rich mysticism and religion of Egypt. The medical papyri, on the other hand, make specific reference to benign and malign influences that entered the body outside or, as written in the Ebers Papyrus; 'the breath of life enters into the right ear and the breath of death enters into the left ear.' The Egyptians also believed in disease 'demons' that needed to be appeased by healers or priest-Magicians in order to cure the patient, often using a variety of incantation. Pestilence was thought to be an infliction brought by Sekhmet, the Egyptian goddess of plagues and protection thereof.



Sekhmet, The Egyptian goddess of healing