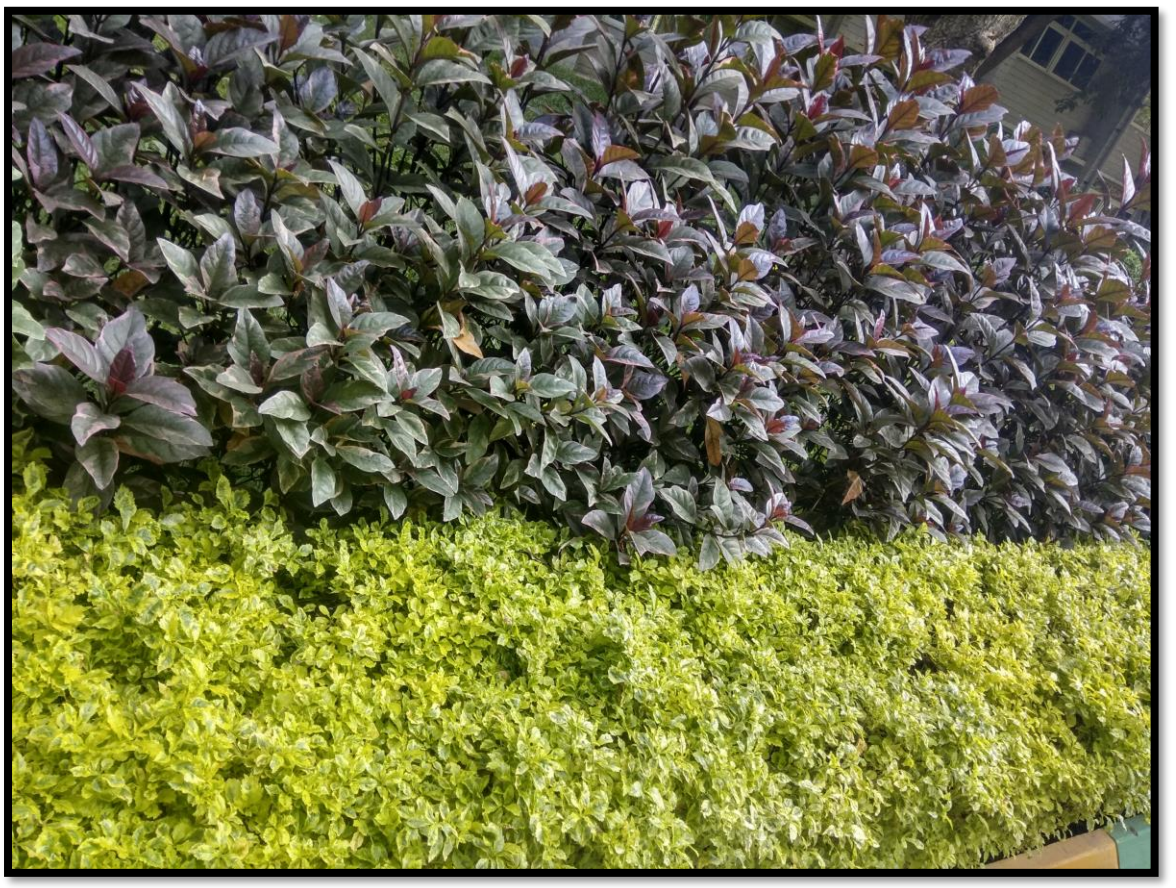
What's Up?
@St John's Hospital

Issue 22, April 15th, 2019



The garden next to walk-way along the Golden Jubilee Block. Does it not look, Burgundy and Yellow, the colours of ribbon for oral cancer awareness?

PC: Dr. Avinash

ORAL CANCER AWARENESS MONTH

EDITORIAL TEAM:
Archana S, Avinash. H. U, Bhavyank Contractor, Blessy Susan Biji, Deepak Kamath, 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

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MESSAGE FROM THE EDITORIAL TEAM

Hallo alle!!!

We are pleased to share the twenty second issue of "What's Up? @ St John's Hospital" magazine today.

We plan to start a new section, to encourage research and publications for the staff of St. John's. To begin with, we will choose published research from the year 2018 (January to December). Please mail us your publications.

The present issue is themed burgundy brown and yellow to symbolize Oral Cancer awareness month. We thank the Surgical Oncology team for providing a brief write up on Oral Cancer awareness.

In this issue we highlight 'Horticulture department' team of St. John's in 'Team of the Month' and 'Nutrition and Lifestyle management services' in 'Know your hospital' section. Do not miss these sections.

Please feel free to communicate with us to publish your achievements and events. All the feedbacks are welcome. Happy Reading!!

Editorial Team

UPDATES THIS WEEK

ORAL CANCER AWARENESS MONTH

- Dr. Paramesh, Dr. Medha, Dr. Vijayalakshmi, Dr. Rakesh Ramesh
(Department of Surgical Oncology)

INTRODUCTION:

The month of April is observed as Oral cancer awareness month. As per GLOBOCAN 2018, oral cavity cancer is the 2nd most common cancer in India, and the most common cancer in Indian males. Tobacco continues to be the most important risk factor and despite the various anti-tobacco measures, a vast majority of population fall prey to the harmful effects of tobacco use. This problem is further compounded by the lack of awareness about the disease and poor access to tertiary care centres, leading to a large majority of patients presenting in a locally advanced stage.

However, the risk factors are modifiable and hence oral cancers are amenable to primary and secondary prevention. So, the need of the hour is to augment tobacco control measures, educate people and spread awareness about the harmful effects of tobacco consumption and also about various treatment options available for oral cancers. This would help control the incidence of oral cancers, lead to prompt and early diagnosis and timely management by multimodality approach.

RISK FACTORS:

The risk factors for the development of oral cancers include tobacco smoking or tobacco chewing, oral snuff, chewing betel quid, consumption of alcohol, repeated dental trauma, poor oral hygiene and Human papilloma virus (HPV) infection.

Tobacco is by far the most important risk factor for Oral cancer. Oral tobacco products are linked to cancers of the cheek, gums and inner surface of lips. They also cause gum disease, destruction of bone sockets around teeth, and teeth loss. Longer the duration of exposure, higher will be the risk of developing oral cancers.

UPDATES THIS WEEK

ORAL CANCER AWARENESS MONTH

Although tobacco use has declined, it continues to be highly prevalent in populations with low socio economic background, especially among young people and women.

Human papilloma virus (HPV) is associated with oropharyngeal cancers. The number of HPV associated oropharyngeal cancers have increased over the past few decades. They are more common in young adults, with no history of alcohol or tobacco abuse.

CLINICAL PRESENTATION:

Signs and symptoms of oral cancer may include chronic ulcers in the oral cavity, loosening of teeth, pain, long standing nodules, any abnormality that bleeds when touched, painless lumps in neck.

PREVENTION AND EARLY DIAGNOSIS:

As tobacco exposure is the most common risk factor, tobacco cessation will significantly reduce the disease burden. Revising and augmenting the tobacco control programs will help create public awareness regarding the harmful effects of tobacco.

Awareness also needs to be spread regarding the warning signs of disease manifestation, especially in people with history of tobacco exposure. The importance of oral self examination cannot be overemphasized. The possible signs and symptoms of oral cavity and oropharyngeal cancers include:

1) A sore in the mouth that doesn't heal
2) Pain in the mouth that doesn’t go away
3) A lump or thickening in the cheek
4) A white or red patch on the gums, tongue, tonsil, or lining of the mouth

UPDATES THIS WEEK

ORAL CANCER AWARENESS MONTH

5) A sore throat or a feeling that something is caught in the throat that doesn't go away
6) Trouble chewing or swallowing
7) Trouble moving the jaw or tongue
8) Numbness of the tongue or other area of the mouth
9) Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
10) Loosening of the teeth or pain around the teeth or jaw
11) Voice changes
12) A lump or mass in the neck
13) Weight loss
14) Constant bad breath

Any suspicious symptoms should be evaluated by an oncologist to enable early detection.

WORK UP

Evaluation of symptomatic patients will include thorough clinical examination and tissue diagnosis of suspicious lesion. A cross sectional imaging of the head, neck and chest will aid in staging and treatment planning.

TREATMENT

The management of patients with oral cancers will depend on stage of presentation and the subsite involved. The multimodality management will require a dedicated oncological team comprising surgical oncologist, radiation oncologist, medical oncologist, rehabilitation specialists. Surgery forms the mainstay of therapy for resectable lesions. Surgical resection includes complete resection of primary with adequate three dimensional margins, and comprehensive neck dissection. This is followed by soft tissue and/or rigid reconstruction to ensure optimal functional outcomes. Adjuvant radiation therapy and chemotherapy significantly reduces the recurrences rates. Majority of these patients will require psychological support and functional rehabilitation throughout the treatment duration to ensure comprehensive oncological and functional cure.

UPDATES THIS WEEK

ORAL CANCER AWARENESS MONTH

CONCLUSION

With rapid advances in oncology and global health care, we can emphatically convey that oral cancers can not only be completely cured but also can be prevented. Education and spreading public awareness along with effective tobacco control measures will help us fight the menace of oral cancer.

WORLD KIDNEY DAY 2019 PROGRAMME

14th March 2019

"Kidney Health for Everyone, Everywhere"

DEPARTMENT OF PEDIATRIC NEPHROLOGY
St. John's Medical College Hospital, Bengaluru

The "World Kidney Day" (WKD) was celebrated across the world on March 14, 2019. On this occasion the Dept. of Pediatric Nephrology, St. John's Medical College Hospital, Bengaluru conducted a programme for post-transplant children, their donors and children who are on dialysis.

The Theme for WKD this year was- "Kidney health for Everyone Everywhere". As a part of this event, Pediatric Nephrology Department organized various activities for creating awareness about kidney health. Tips about providing food for children with kidney diseases; quiz for caregivers and parental education on kidney health were conducted. Nursing college students performed a role play on importance of kidney health. Educational posters were displayed in the Pediatric Nephrology ward to promote the various aspects of kidney health and disease. On this day, Make a Wish foundation identified and fulfilled the wishes of children on dialysis and transplantation.

UPDATES THIS WEEK

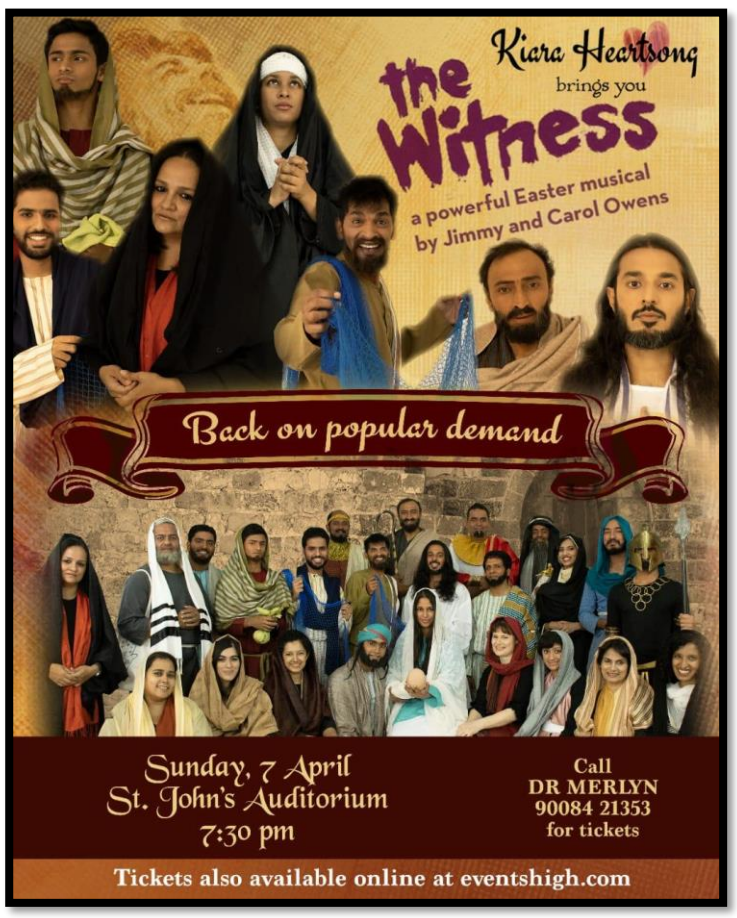
WORLD KIDNEY DAY 2019 PROGRAMME

The department organised a programme to felicitate benefactors who have been an integral part of our activities and provided us great support in the care of children with kidney disease. Adult kidney donors, who have given a new lease of life to their children were honoured. Several kidney donors and transplant recipients shared their experiences and motivated other families to consider renal transplantation for their children in ESRD. The programme ended with a magic show and distribution of gifts to all the children as a token of our love and appreciation. Dr.Sanjiv Lewin (Chief of Medical Services), Rev. Fr. Vimal Francis (Human Resource Manager) and Mrs. Theresamma Thomas (Nursing Superintendent) participated in the programme.

UPDATES THIS WEEK

The Witness

An Easter Musical By Jimmy and Owens on 7th April 2019



'The Witness' , An Easter Musical by Jimmy and Carol Owens with Dr. Arvind Kasthuri as Peter was performed by 'The Kiara Silver Chorale' in St. John's Auditorium. The programme was staged in partnership with St. John's Oncology Centre to support the treatment of needy cancer patients. The first show was presented on 29th March 2019. In view of huge demand, the show was reperformed on 7th April 2019. The fund was raised by the Kiara Heartsong in memory of their mentor and advisor Rev. Fr. Clement Campos after his demise.

The collected fund after the show was handed over to the Management. The fund is called '***Fr. Clement Campos – Kiara Heartsong Fund***' (In the Picture from left to right – Rev. Fr. Jesudass Rajamanikam (Associate Director Finance), Rev. Fr. Duming Dias (Associate Director College), Rev. Fr. Paul Parathazham (Director), Mrs. Wendy and Dr. Arvind Kasthuri)

UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

29th March 2019

Clinical Pathological Case Discussion

An inter-departmental clinical pathological case discussion was held on 29-03-2019, Dr.Jananee Muralidharan from the Department of Internal Medicine and Dr. Belinda George from the Department of Endocrinology took the lead in discussing a complex, interesting case.

The case was of a 33 year old male, IT professional who presented with chronic dry cough, significant weight loss, fatigue and 2 episodes of painless hematuria. Dr. Jananee made a detailed presentation of the history, physical examination findings and results of key investigations. Urinalysis showed dysmorphic RBCs which Dr.Limesh, from the Department of Nephrology deemed to be of glomerular origin. The chest X-Ray findings were suggestive of para-tracheal lymphadenopathy. A variety of differentials ranging from tuberculosis to connective tissue disorders were discussed.

The Angiotensin Converting Enzyme (ACE) levels were elevated. Ultimately, the renal biopsy demonstrated a non-caseating granuloma. This picture coupled with the fact that the patient had hypercalcuria and elevated ACE levels led to the diagnosis of Sarcoidosis.

The team discussing the case also included Dr. Renuka from the Department of Pathology, Dr. Soumya from Radiology, Dr. Meryl Anthony from Dermatology and Dr. Prashanth Kedlaya, Nephrology. Overall, there was an interesting discussion on ruling out various differentials and arriving at a diagnosis.

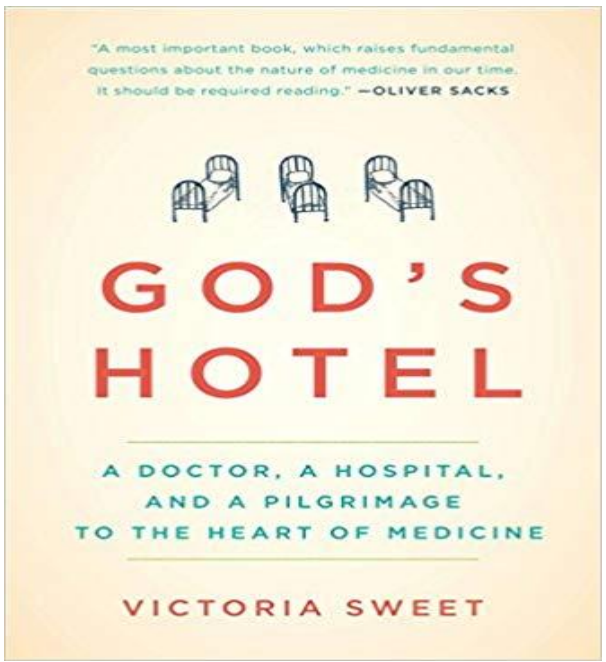
UPDATES THIS WEEK

FRIDAY CLINICAL MEETING

5th April 2019

An afternoon in God's Hotel

Jointly organized, by Department of Medicine, Unit 3 and Department of Ethics, the first of its kind ***book reading session*** on Victoria Sweet's God's Hotel- A doctor, a hospital and a pilgrimage to the heart of Medicine was held on 22 March 2019. The author, a physician takes the readers on a slow journey into the art and science of Medicine



The book deals with her personal pilgrimage to Camino de Santiago along with the metamorphosis of a medieval infirmary to a modern and multistoried hospital. The excerpts were read by Dr Jyothi, Dr Jananee (Medicine), Dr Althea (Dermatology), Dr Pradip (Surgery) and Dr Arjun (Microbiology). In slow motion each patient is a book and each reading from the tome exposed facets of Medicine which are usually unopened and unexpolored. The breath and the movements which make a man and not his cadaver, the story of the demented lady with diabetes who was polypharmacied, the man with macroglossia, the doctor who buys his patient a pair shoes and the wedding of two inmates blessed by the hospital staff were the highlights.

A LONE CRUSADER

- *Dr. Srilakshmi Adhyapak*

The vast expanse so blue,
Flecked with white clouds few.
Forever changing, always on the move,
Like human seasons, they seem to prove.

I spot a speck which grows larger,
Circling, wheeling it recedes farther.
A lone eagle in his pinnacle of glory,
Braving debacles rough as emory.

Serene and unruffled, he surveys,
The world beneath him of wondrous ways.
I watch him, unshakled and free as he soars,
In quiet solitude, away from daily mores.

Effortlessly he glides, now high, now low,
Rippling muscles, reflexes never too slow.
Battling gales squally and gusty,
Never losing balance, self willed and gutsy.

Quelling nature's fury unharnessed,
Searingly confident and self possessed.
A lone sentinel in the empty orb so high,
Mute testimony to indomitable spirit nigh.

Picture © ArtStation

RESEARCH SNIPPETS

Novice Researchers generally choose **QUANTITATIVE DESIGN** studies, given that they are well structured, with a clearly crafted research methodology to obtain numerical data which can be easily transformed to specific statistics producing clear cut results.

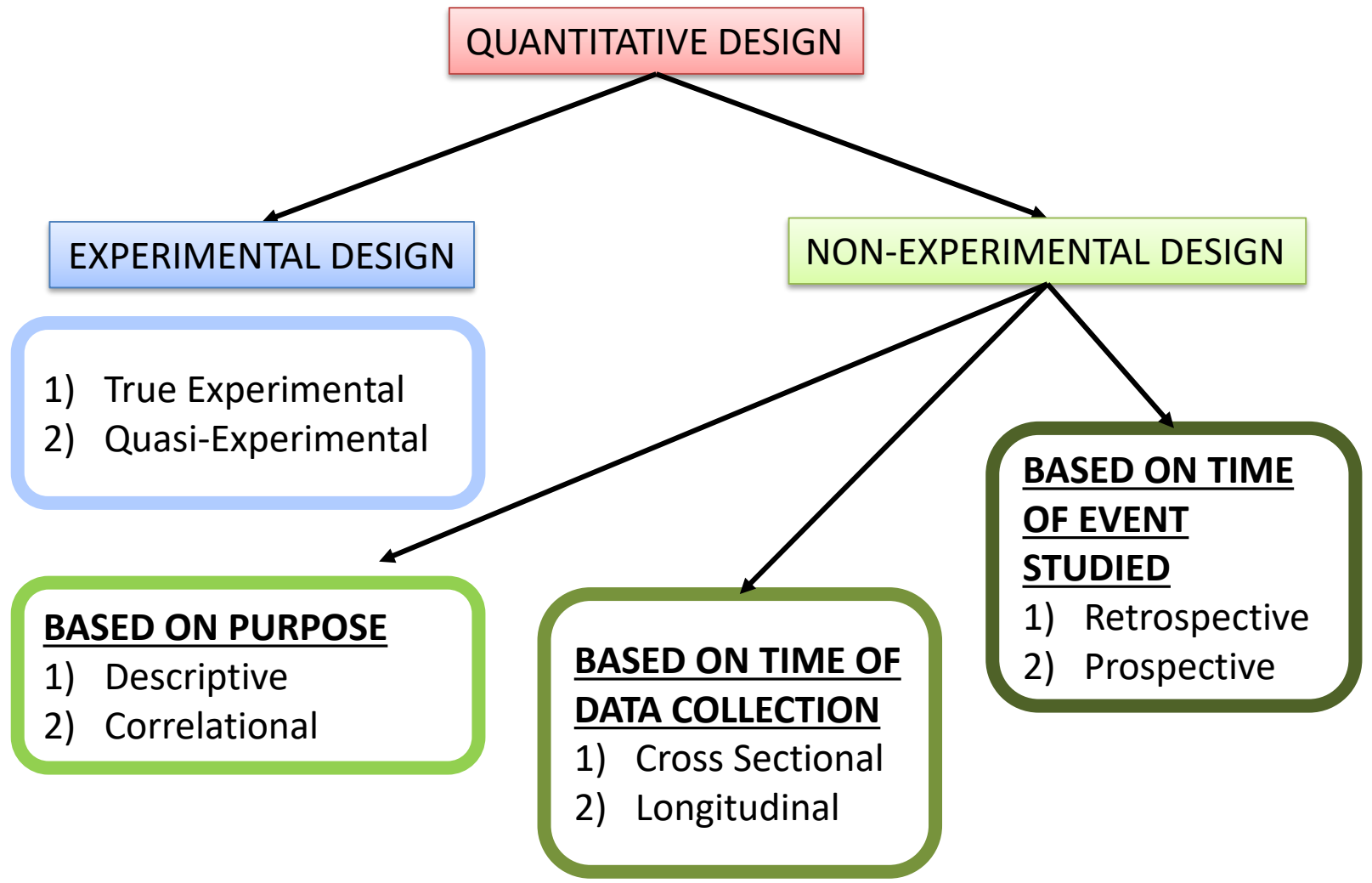
On the other hand **QUALITATIVE STUDIES** are flexible, not very structured in their methodology, devoid of numericals, rather bringing out themes to explain a phenomenon, description of a culture, understanding of a case study or studying social processes.

Pain experienced by patients during IV Cannulation can be obtained on a scale of 0 to 10 using a Numerical Intensity Pain Scale (NIPS) in a quantitative study, while LIVED EXPERIENCE of Hemophilic patients undergoing IV cannulation in the day care would be a Qualitative study.

The latter would generate a multitude of experiences that could be clubbed as themes, providing a rich narrative to the readers.

However, young researchers are often encouraged to take up Quantitative studies for obvious reasons.

Given below are the types of Quantitative Research Designs.



Team of The Month

HORTICULTURE DEPARTMENT

Battling the dust and noise of Bengaluru traffic, when you step into the grounds of St. John's, you are immediately transported into a lush green world which revitalizes you, helping you to take on the day ahead. Have you ever wondered who is responsible for maintaining these soothing surroundings?

The verdant greenery of our campus is maintained by the horticulture department headed by Sr. Roshni, former secretary of the Finance Director, and it collaborates with the maintenance department and security department. Horticulture is the branch of agriculture involved in the science of growing and caring for plants. It is socially important because it dictates how we use plants, for food and other human purposes, as well as repairing the environment and personal aesthetics.

The department utilizes 19 employees where 10 of the staff are permanent employees and 9 are under contract basis to achieve the humungous task of maintaining the beauty of our campus.

Team of The Month

HORTICULTURE DEPARTMENT

Their duty timings are from 7.30am to 3.30pm. The Horticulture department is involved with the aesthetic cultivation of ornamental plants, native plants and flowers. Their work involves plant propagation and cultivation with the aim of improving plant growth, yields, quality, resistance to insects and environmental stresses. They work as gardeners, therapists, designers and technical advisors in the food and non-food sectors of horticulture.

The colourful variety of plants in our institution has been provided by Sashi nursery. Our institution also possess a nursery which is just opposite to the hospital reception, to the right side of Pauline book stall.

In addition, the department also takes care of the variety of animal species which adds beauty and life to our institution, creating a pleasant respite for our patients and an iconic memory for our visitors.

Team of The Month

HORTICULTURE DEPARTMENT

The Team: Mr. Chowrappa, Mr. Devaraj, Mr. Swamy Shetty,Mr. Raphel, Mr. Ramu,Mr. Anthony, Mr. Chandrashekar, Mr. Joseph, Mr. David, Mr. Bugappa, Mr. Vijayakumar, Mr. Srinivasulu, Mr. Murali, Mr. Chinnappa, Mr. David, Mr. Sakthivelu, Mr. Anthony, Mr. Krishnappa,Mr. Bala Chinnappa. In the Centre Sr. Roshni.

For further queries : Dial 9591990315

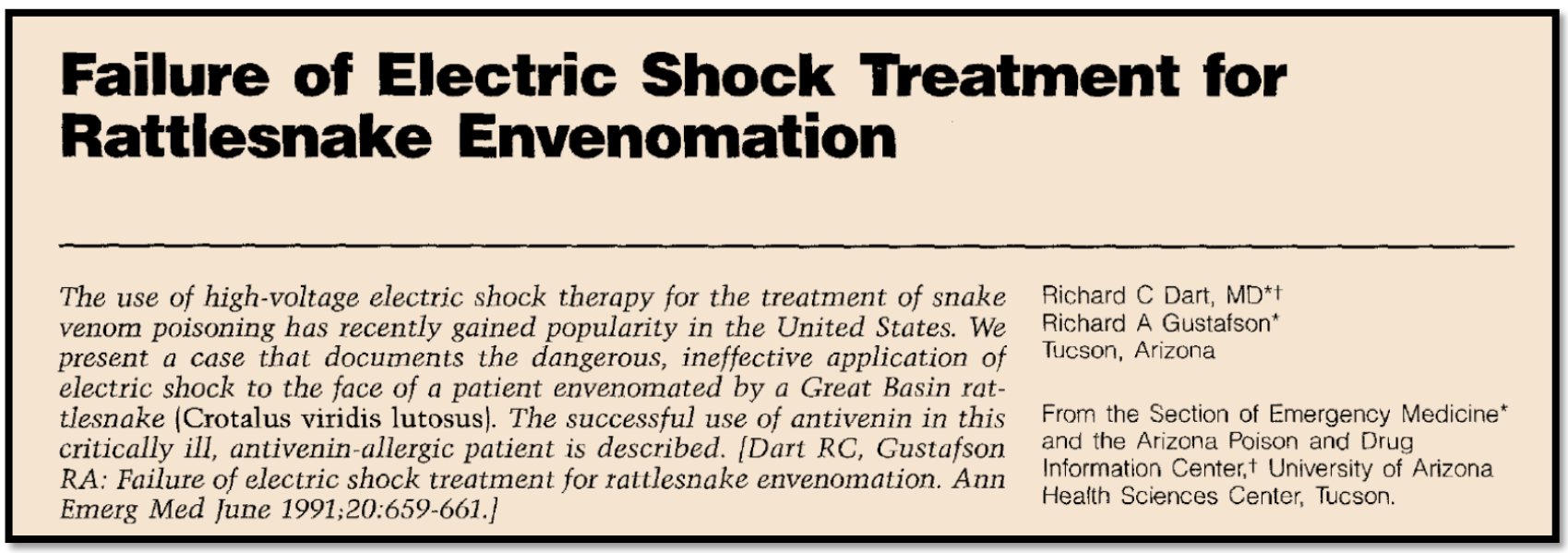
IG NOBEL 😂

1994 - MEDICINE

Patient X, Dr. Richard C. Dart and Dr. Richard A. Gustafson

Failure of Electric Shock Treatment for Rattlesnake Envenomation

This prize was awarded in two parts. First, to **Patient X**, formerly of the US Marine Corps, valiant victim of a venomous bite from his pet rattlesnake, for his determined use of electroshock therapy -- at his own insistence, automobile sparkplug wires were attached to his lip, and the car engine revved to 3000 rpm for five minutes. Second, to **Dr. Richard C. Dart** of the Rocky Mountain Poison Center and **Dr. Richard A. Gustafson** of The University of Arizona Health Sciences Center, for their well-grounded medical report: "***Failure of Electric Shock Treatment for Rattlesnake Envenomation***." [Published in Annals of Emergency Medicine, vol. 20, no. 6, June 1991, pp. 659-61.]



Failure of Electric Shock Treatment for Rattlesnake Envenomation

The use of high-voltage electric shock therapy for the treatment of snake venom poisoning has recently gained popularity in the United States. We present a case that documents the dangerous, ineffective application of electric shock to the face of a patient envenomated by a Great Basin rattlesnake (Crotalus viridis lutosus). *The successful use of antivenin in this critically ill, antivenin-allergic patient is described. [Dart RC, Gustafson RA: Failure of electric shock treatment for rattlesnake envenomation. Ann Emerg Med June 1991;20:659-661.]*

Richard C Dart, MD*†
Richard A Gustafson*
Tucson, Arizona

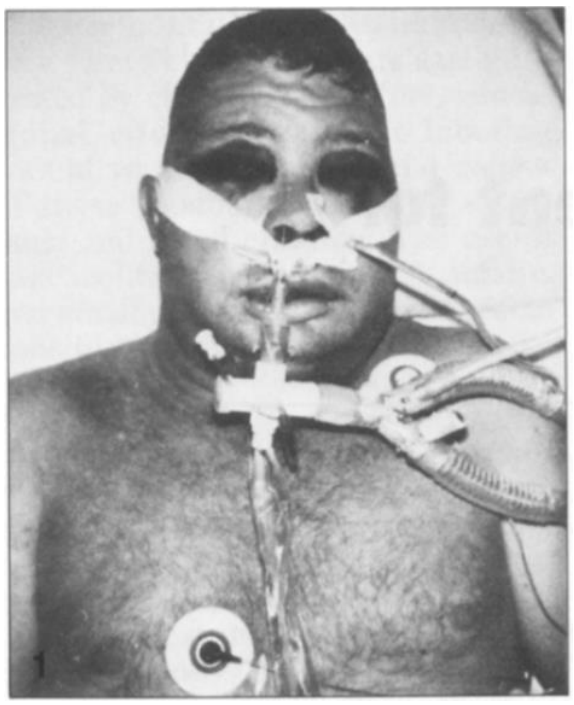
From the Section of Emergency Medicine* and the Arizona Poison and Drug Information Center,† University of Arizona Health Sciences Center, Tucson.

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

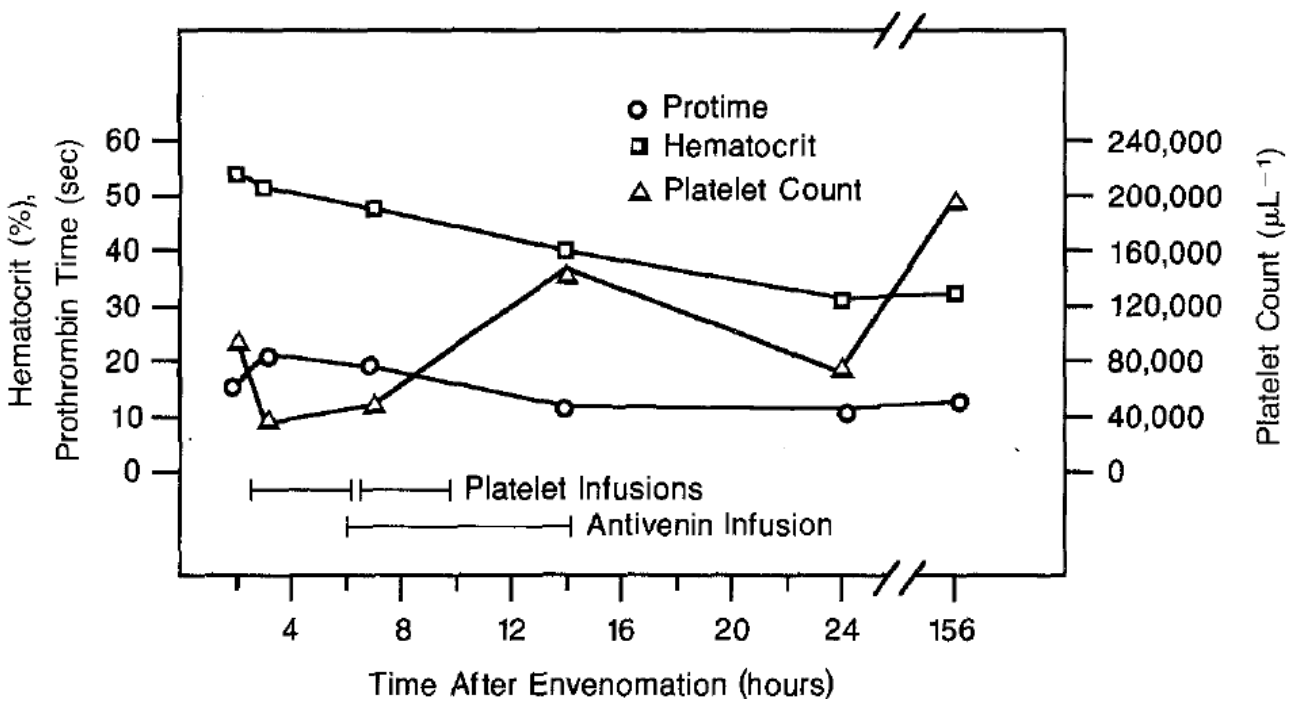
IG NOBEL 😂

1994 - MEDICINE

Failure of Electric Shock Treatment for Rattlesnake Envenomation



Photograph of patient taken shortly after admission showing massive swelling of face extending onto chest and ecchymosis of periorbital and upper chest regions.



Time profile of coagulation studies, platelet infusions, and antivenin infusion.

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

NUTRITION AND LIFESTYLE MANAGEMENT CLINIC AT ST. JOHN 'S MEDICAL COLLEGE HOSPITAL

Nutrition is the science of food and its relationship to health. The Nutrition clinic started functioning in the hospital from 1998 providing nutritional counselling to out-patients and in-patients of SJMCH. It was expanded and renovated by the Division of Nutrition, SJRI in April 2005.

The unit was founded by Dr. Anura. V. Kurpad and Dr. Rebecca Kuriyan Raj. The unit is currently headed by Dr. Rebecca Kuriyan Raj. The mission of the unit is to improve the health of individuals and the community through food and nutrition.

SERVICES

Individuals with nutrition-related disorders or chronic diseases are provided the best nutritional care, treatment, information and support at the nutrition clinic. The clinic aims to provide individualized, evidence based nutrition and lifestyle advice to patients/individuals, helping them to make sustainable long term changes to achieve optimal health.

The unit caters to 450 to 500 patients' nutritional needs in a month. The unit is committed to maintaining the highest professional standards and the nutritionists are qualified, trained, experienced, and dedicated. They work in collaboration with the doctors of the different departments and provide the appropriate nutritional plan for the patients.

A DEXA scanning facility, which is used to measure the bone mineral density (BMD) and body composition is available at the nutrition clinic. Patients from different departments are referred for the scan. The nutrition unit is actively involved in research and has a state of the art facility for body composition analysis and there are many collaborative ongoing research projects with many doctors from different departments.

Know Your Hospital!

LIFESTYLE NUTRITION

NUTRITION AND LIFESTYLE MANAGEMENT CLINIC

LOCATION & TIMINGS

- The unit is situated in the ground floor of the main hospital building adjacent to the PRO office.
- The outpatient department functions from **9am to 1.30 pm** from Monday to Saturday to cater to outpatients.
- The consult for each outpatient is about 40 minutes and includes a complete nutritional assessment, planning of individualized dietary schedule and counselling.
- In-patients are visited at the bedside in the afternoon, based on referrals received from the different departments.

RECOGNIZED TRAINING CENTRE:

The clinic has been recognised by the Indian Dietetic Association as a training centre for registered dieticians. Students are regularly trained in the clinic. The nutritionists of the clinic are regularly invited to schools, colleges, conferences and different communities to provide educational talks, translate and communicate emerging nutrition knowledge to the public and other professionals. Graduate and post graduate students of SJMC work closely with the Nutrition unit for their dissertation and research work.

RECENT PUBLICATION:

"Kuriyan R, Selvan S, Thomas T, Jayakumar J, Lokesh DP, Phillip MP, Aravind JV, Kurpad AV. Body composition percentiles in urban South Indian children and adolescents. Obesity. 2018 Oct;26(10):1629-36".

Standard curves for body composition (body fat and fat free mass) were developed for the first time in a large number of children (~10,000). These curves can be used by clinical and public health professionals to identify obesity in Indian children and thus plan appropriate interventions.

NUTRITION LIFESTYLE

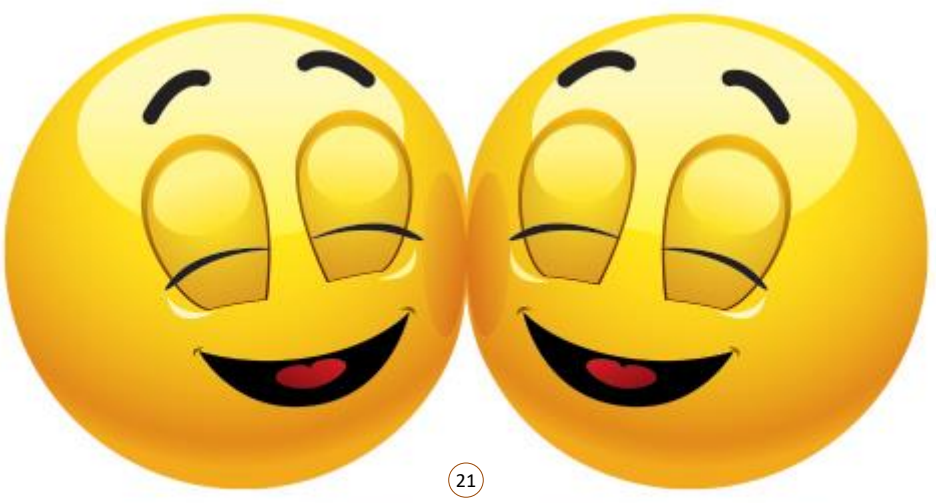
Know Your Hospital!

NUTRITION AND LIFESTYLE MANAGEMENT CLINIC

Left To Right: Mr. Jebin, Mr.Jagdish, Mr.Anbarassan, Ms.Chandini, Ms.Annie, Ms.Divya, Dr.Rebecca, Ms.Revu, Ms Arya

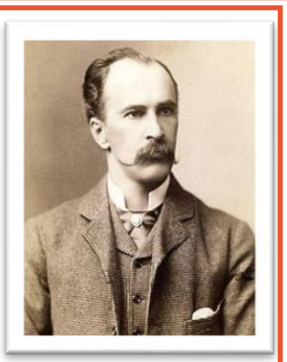
LAUGHTER IS THE BEST MEDICINE...

"Senior Executive, mom, effective 1st April, 2020! Some uncles came to school for campus recruitment."



Best of RK Laxman,
Times of India

THE QUOTABLE OSLER



SIR WILLIAM OSLER

Imperturbability is an important quality:

In the first place, in the physician or surgeon no quality takes rank with imperturbability…. Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgement in moments of grave peril, immobility, impassiveness, or, to use an old and expressive word, Phlegm. It is the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients.

© Shutterstock.com

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

MEDICINE DIS WEEK

A Bird's Eye View…..

MMR Vaccination and Autism.

In a large Danish Nation-wide Cohort Study of 6,57,461 children, 50,25,754 person years of followup, 6517 children were diagnosed with autism (Incidence rate of 129.7 per 1,00,000 person years). Comparing MMR vaccinated with unvaccinated children yielded a fully adjusted autism hazard ratio of 0.93 (95% CI, 0.85 to 1.02). The study hence strongly supports that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination.

- Hviid A et al., Ann Intern Med. 2019 Mar 5. doi: 10.7326/M18-2101.

Wound management in Extremity Fasciotomy

Morbidity from the treatment of extremity compartment syndrome is underappreciated. Closure technique effectiveness has yet to be definitively established. A Randomised non-blinded prospective study performed involving patients who underwent an extremity fasciotomy following trauma. Shoelace wounds were strapped with vessel loops under tension and VAC (Vacuum assisted closure) wounds were treated with a standard KCI VAC dressing. 21 patients were randomised. An interim analysis showed that 5/5 (100%) of wounds treated with shoelace technique closed primarily as opposed to 1/9 (11%) of VAC. The study was closed early in view of significant benefit of primary closure of fasciotomy wounds.

-Johnson LS et al., Am J Surg. 2018 Oct;216(4):736-739..

Annals of Internal Medicine

ORIGINAL RESEARCH

Measles, Mumps, Rubella Vaccination and Autism

A Nationwide Cohort Study

Anders Hviid, DrMedSci; Jørgen Vinsløv Hansen, PhD; Morten Frisch, DrMedSci; and Mads Melbye, DrMedSci

Background: The hypothesized link between the measles, mumps, rubella (MMR) vaccine and autism continues to cause concern and challenge vaccine uptake.

Objective: To evaluate whether the MMR vaccine increases the risk for autism in children, subgroups of children, or time periods after vaccination.

Design: Nationwide cohort study.

Setting: Denmark.

Participants: 657 461 children born in Denmark from 1999 through 31 December 2010, with follow-up from 1 year of age and through 31 August 2013.

Measurements: Danish population registries were used to link information on MMR vaccination, autism diagnoses, other childhood vaccines, sibling history of autism, and autism risk factors to children in the cohort. Survival analysis of the time to autism diagnosis with Cox proportional hazards regression was used to estimate hazard ratios of autism according to MMR vaccination status, with adjustment for age, birth year, sex, other childhood vaccines, sibling history of autism, and autism risk factors (based on a disease risk score).

Results: During 5 025 754 person-years of follow-up, 6517 children were diagnosed with autism (incidence rate, 129.7 per 100 000 person-years). Comparing MMR-vaccinated with MMR-unvaccinated children yielded a fully adjusted autism hazard ratio of 0.93 (95% CI, 0.85 to 1.02). Similarly, no increased risk for autism after MMR vaccination was consistently observed in subgroups of children defined according to sibling history of autism, autism risk factors (based on a disease risk score) or other childhood vaccinations, or during specified time periods after vaccination.

Limitation: No individual medical charts were reviewed.

Conclusion: The study strongly supports that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination. It adds to previous studies through significant additional statistical power and by addressing hypotheses of susceptible subgroups and clustering of cases.

Primary Funding Source: Novo Nordisk Foundation and Danish Ministry of Health.

Ann Intern Med. *doi:10.7326/M18-2101* **Annals.org**

For author affiliations, see end of text.

This article was published at Annals.org on 5 March 2019.

The hypothesized link between the measles, mumps, rubella (MMR) vaccine and autism continues to cause concern and challenge vaccine acceptance almost 2 decades after the controversial and later retracted *Lancet* paper from 1998 (1), even though observational studies have not been able to identify an increased risk for autism after MMR vaccination. In a 2014 meta-analysis, 10 observational studies on childhood vaccines were identified: 5 cohort studies and 5 case–control studies (2). Of these, 2 cohort studies and 4 case–control studies specifically addressed MMR and autism, all reporting no association. This is consistent with more recent studies of note (3, 4).

We previously addressed this issue in a nationwide cohort study of 537 303 Danish children with 738 cases of autism spectrum disorders (5). In our cohort, MMR vaccination was not associated with autistic disorder (rate ratio, 0.92 [95% CI, 0.68 to 1.24]) or other autism spectrum disorders (rate ratio, 0.83 [CI, 0.65 to 1.07]).

In this study, we aimed to evaluate the association again in a more recent and nonoverlapping cohort of Danish children that has greater statistical power owing to more children, more cases, and longer follow-up. A criticism of our and other previous observational studies has been that these did not address the concern that MMR vaccination could trigger autism in specific groups of presumably susceptible children, in contrast to all children (6); the current study addresses this concern in detail. We evaluate the risk for autism after MMR vaccination in subgroups of children defined according to environmental and familial autism risk factors. Another criticism has been that MMR is associated with a regressive form of autism, leading to a clustering of cases with onset shortly after MMR vaccination (7). We evaluate the risk for autism after MMR vaccination in specific periods in detail.

Methods

Ethical approval is not needed for register-based research in Denmark. The Danish Data Protection Agency approved the study.

Cohort

We conducted a nationwide cohort study of all children born in Denmark of Danish-born mothers from 1 January 1999 through 31 December 2010. We sourced the study cohort from the Danish Civil Registration System, which assigns a unique personal identification number to all people living in Denmark and keeps track of basic demographic information for each individual (8). This unique identifier is used in all other national registries and allows for individual-level linkage of health-related information, including vaccinations and autism diagnoses.

See also:

Editorial comment 1
Summary for Patients 2

Web-Only
Supplement

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Management of extremity fasciotomy sites prospective randomized evaluation of two techniques

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ABSTRACT

Introduction: Morbidity from the treatment of extremity compartment syndrome is underappreciated. Closure technique effectiveness has yet to be definitively established.
Methods: A randomized non-blinded prospective study was performed involving patients who underwent an extremity fasciotomy following trauma. Shoelace wounds were strapped with vessel loops under tension and VAC wounds were treated with a standard KCI VAC dressing. After randomization, patients returned to the OR every 96 h until primarily closed or skin grafted.
Results: 21 patients were consented for randomization with 11 (52%) successfully closed at the first re-operation. After interim analysis the study was closed early with 5/5 (100%) of wounds treated with the shoelace technique closed primarily and only 1/9 (11%) of VAC wounds closed primarily ($p = 0.003$). Overall primary closure was achieved in 74% of patients.
Conclusions: Aggressive attempts at wound closure lead to an increased early closure rate. For wounds that remain open after the first re-operation, a simple shoelace technique is more successful than a wound VAC for achieving same hospital stay skin closure.
Summary: Primary closure of fasciotomy wounds is the optimal outcome for mechanical function and patient satisfaction. This prospective randomized controlled trial suggests primary closure can be achieved at rates better than previously reported in the literature, with a regimented approach to wound evaluation and a simple, cost-effective technique.

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Introduction

While the indications for fasciotomies are generally well understood,[1] the morbidity associated with this potentially limb saving procedure is significant. Early complications include soft tissue infections, osteomyelitis, pain, and deep venous thrombosis related to immobility.[2] In addition, long term sequelae have been described including increased limb circumference, reduced range of motion, paresthesias, reduced muscle strength, chronic pain, pruritis, contractures, ulceration, edema, muscle herniation, discoloration, and general discontent with the injured limb.[2–7] If altered sensation is included, these sequelae affect up to 95% of all patients, and even with the exclusion of paresthesias and anesthesias, 81% of fasciotomies have long-term complications.[4]

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THE STORY OF MEDICINE

THE BLACK DEATH

In the 1930s plague erupted in the plains of Mongolia. Within a generation it had spread through circuitous trade routes of the 14th century. The plague had cut short the lives of millions. After having killed perhaps one third or more people of Europe, for some inexplicable reason the pandemic halted.

There were many theories generated to find the cause for this 'Black Death'. According to church it was God's punishment for sinfulness of humankind. Medieval doctors blamed a 'pestilential atmosphere caused either by planetary conjunction or by the earth quakes and volcanic eruptions. Others believed that air had become stiff and had to be broken by loud noises. So the bells were rung, guns were fired and birds released to fly around rooms.

It is widely believed that its memory lives on in the nursery rhyme '***Ring-a-Ring o' Roses***': the roses refer to the red spots that appeared over the buboes, and '***A-tisoo! A-tishoo! We all fall down***!' recalls the violent sneezing that accompanied pneumonic plague.

PEARLS OF WISDOM

Superheroes are made but heroes are born

-Antonio

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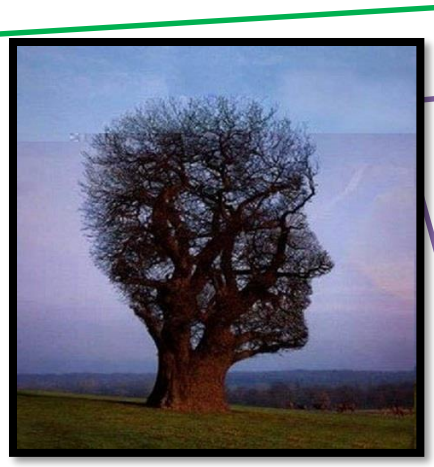

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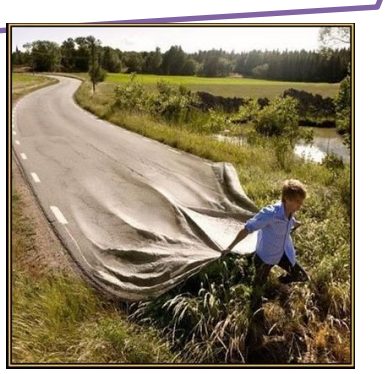
A tree is known by its fruit; a man by his deeds. A good deed is never lost; he who sows courtesy reaps friendship, and he who plants kindness gathers love .

- St. Basil

Do not go where the path may lead, go instead where there is no path and leave trail .

- Ralph Waldo Emerson



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

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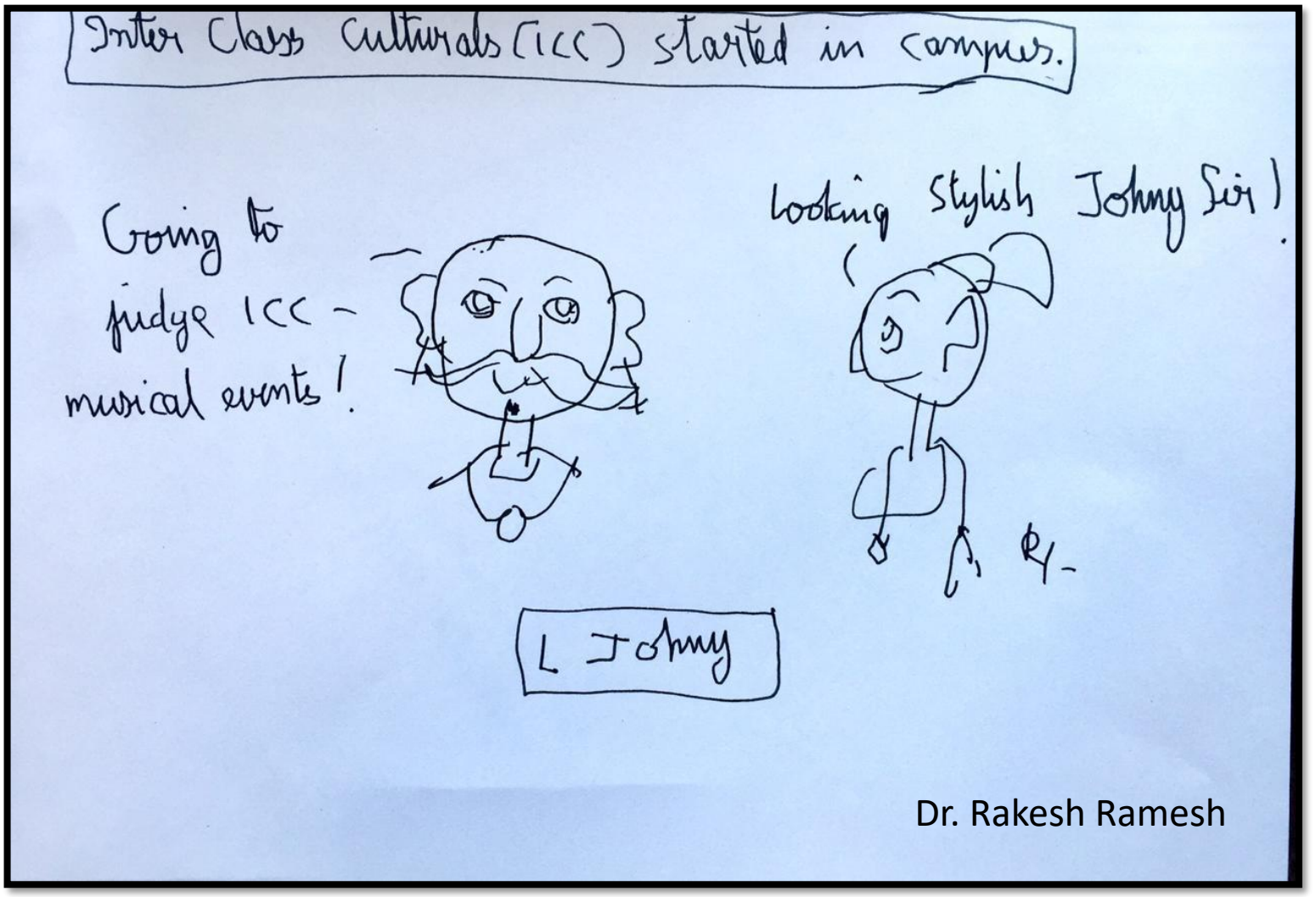
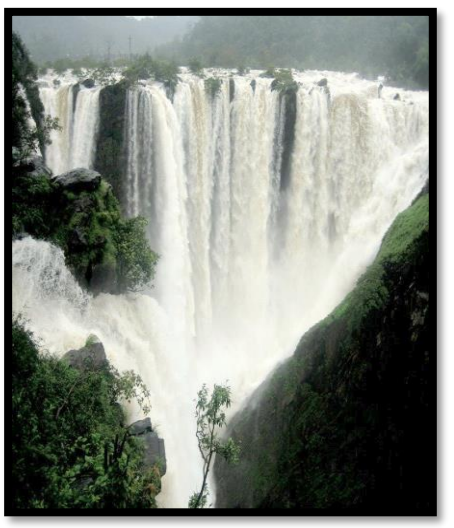


Dr. Rakesh Ramesh

Did You Know?

Mawsynram, a village in the north eastern Indian state of Meghalaya, is one of the wettest places on earth, recording an average annual rainfall of 11,872 mm. It held a place in the Guinness Book of World Records in 1985 for receiving 26,000 mm of rain that year!!

Source: National Geographic. 4 February 2013.



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