Letters

CHRISTMAS RELATED FRACTURES ADMITTED TO THE FRACTURE DEPARTMENT, NORTHERN IRELAND.

Editor,

In the Fractures Department, RVH, an increased incidence of fractures sustained whilst performing Christmas related activities was noted. These include patients falling from a height whilst storing presents in the attic and decorating the house with Christmas decorations. We aimed to record the experiences of the Fractures Department, RVH in relation to fractures sustained whilst performing such activities.

In January 2013, a search of PubMed was performed using the terms ‘Christmas related injuries’, ‘Christmas related fractures’ and ‘seasonal fractures’, to identify any related published data. This obtained 12 results, however none were of relevance. No data has been published on Christmas related fractures and therefore a comparison to other fracture department trends cannot be made.

A retrospective search of patients with fractures related to Christmas activities was performed on the trauma database, ‘FORD’ (Fracture Outcome Research Database) and on trauma admission sheets for December 2010, 2011, 2012.

Fifteen patients were identified as having sustained a fracture whilst performing a Christmas related activity, equivalent to 1.5% of the 983 admissions during December 2010, 2011, 2012. There were seven males and eight females, with a mean age of 54.5 years. The total inpatient stay was 276 days. The mean length of inpatient stay was 18.4 days (range 3 - 66).

The results demonstrate increasing annual incidence. Three patients in 2010, three patients in 2011 and nine patients in 2012.

Ten patients sustained their fracture as a result of a fall from the attic or ladder leading to the attic, while five patients sustained a fracture during a fall while putting up Christmas decorations. Ten patients underwent surgical management and five had conservative management.

The individual fractures sustained and their management are displayed in Table 1.

These results highlight a relationship between patients performing Christmas related activities and sustaining a fracture. Christmas decorating is dangerous. Fifteen patients experienced significant injury, requiring urgent hospital admission, utilising 276 bed days in total. There is increasing incidence over the three years reviewed. A significant proportion of musculoskeletal injuries are managed in the outpatient setting, including the fracture clinic and emergency department. A further review, including emergency department attendances, may reveal a larger proportion of injuries.

The reason for this increasing incidence is unclear, but may represent an increasing tendency for the public to decorate more excessively. To reach difficult areas, ladders and chairs are often required which may become unstable, placing the public at greater risk of injury. It appears the attic is also an area of danger.

During the festive period, attendances and injuries requiring treatment and inpatient stay place increased pressure on services. These can potentially be saved for general trauma with a cost saving to the department.

These are preventable injuries and it is therefore important to consider methods by which to avoid them, including education about carrying heavy loads, increasing awareness of potential risks when using unstable platforms and how to prevent injury. This should result in a reduced number of patients being admitted with fractures relating to these activities.

The authors have no conflict of interest.

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CARDIAC METASTASIS FROM A SQUAMOUS CELL CARCINOMA OF THE TONGUE IN THE ABSENCE OF LOCAL RECURRENCE.

Editor,

A 77-year-old man presented to hospital following two episodes of collapse. Past medical history was significant for stable angina, osteoarthritis and squamous cell carcinoma of the tongue. On examination, he appeared frail with evidence of weight loss. Pulse was recorded at 108 beats per minute and was irregular. He was pyrexial with a temperature of 38.3°C. Auscultation of the chest revealed crackles at the left base. The remainder of the physical examination was unremarkable. In particular there was no evidence of lymphadenopathy or local recurrence of tongue cancer. An electrocardiogram confirmed atrial fibrillation. A chest X-ray displayed widespread pleural plaques and consolidation at the left base. Blood work was significant for an elevated white cell count, serum high sensitivity troponin T concentration and serum C-reactive protein concentration.

The patient was commenced on digoxin and received treatment for a lower respiratory tract infection. A computed tomography (CT) scan of brain was unremarkable. A transthoracic echocardiogram demonstrated a large mass in the right atrium (RA) and prolapsing through the tricuspid valve (TV) into the right ventricle (RV), during the cardiac cycle, with evidence of intramural invasion (I).

The patient’s condition deteriorated acutely on day 28 of the admission; he was managed conservatively and died the following day.

On post-mortem examination, a tumour was observed arising...
from the medial border of the right atrium, extending through the tricuspid valve and into the right ventricle with infiltration of the myocardium (Figure 3). Histology demonstrated squamous cell carcinoma infiltrating the myocardium. The histological appearances were similar to those of the patient’s previous tongue tumour (Figure 4), confirming a diagnosis of a cardiac metastasis from a squamous cell carcinoma of the tongue.

Post-mortem studies show cardiac metastases in up to 25% of patients who have died from malignancy, however, ante-mortem presentation is rare. The most common tumours metastasising to the heart are carcinomas of the lung, breast and oesophagus, malignant lymphoma, leukaemia and malignant melanoma. Cardiac metastases usually present in patients with advanced widespread tumour disease. Treatment is therefore usually palliative and the prognosis is poor. In the present case an extensive cardiac metastasis was observed in the absence of clinically detectable local recurrence, lymphadenopathy or metastases elsewhere. Although such cases of cardiac metastasis are uncommon, similar cases have been described in the literature.

The authors have no conflict of interest.


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REFERENCES


REVELIGIOUS BELIEFS AND ATITUDES TOWARD SUICIDE IN A COHORT OF MEDICAL STUDENTS AT QUEEN’S UNIVERSITY BELFAST.

Editor,

In 2002-2003 fourth year medical students at Queen’s University Belfast were invited to participate in a study of their religious beliefs and attitudes toward suicide. The study proposal was approved by the local Research Ethics Committee. Data was collected using the Royal Free Questionnaire for Spiritual and Religious Beliefs (Self-Report Version) and an abbreviated form of the Suicide Opinion Questionnaire (8 factor model). The questionnaires were offered to all 4th year medical students at a lecture during their undergraduate psychiatric placement; 152 were returned out of a year group of 180. Our statistical analysis of the results from the Suicide Opinion Questionnaire showed a lack of internal consistency and therefore much of the data was unusable. Further review of the literature showed that other authors have raised questions about the statistical reliability of the Suicide Opinion Questionnaire (SOQ), particularly regarding factor stability. However, some of the data is of relevance to factors influencing an important aspect of clinical practice. Demographic and spiritual information about the cohort are listed in Table 1.

Table 1.


<table>
<thead>
<tr>
<th>Gender</th>
<th>Age range</th>
<th>Religion</th>
<th>Religious Activity</th>
<th>Attendance at religious ceremony</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21-25 (mean 22)</td>
<td>Religious and/or spiritual</td>
<td>Prays alone</td>
<td>57%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>Neither religious nor spiritual</td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td></td>
<td>Protestant</td>
<td></td>
<td>43%</td>
</tr>
<tr>
<td>Muslim</td>
<td></td>
<td>Buddhist</td>
<td></td>
<td>3%</td>
</tr>
</tbody>
</table>

Some of the SOQ (Likert scale) data from the cohort was suitable for statistical analysis. Eight separate questions from the abbreviated SOQ formed a domain which measured belief about a right-to-die (Cronbach’s Alpha 0.79). The strength of belief in a right-to-die was then correlated against strength of religious belief (0-10 scale). This showed a moderately negative correlation i.e. a strong belief in a powerful deity that can influence what happens in one’s daily life tended to be associated with a belief that one does not have a right-to-die (p value <0.0001, R -0.43).

We can therefore see that this cohort of 2002-2003 fourth year medical students in Belfast had slightly more females than males with nearly 90% indicating affiliation to the Roman Catholic or Protestant churches. A majority engaged in religious activity of some kind. Of particular contemporary interest is a moderate correlation between a belief in a powerful deity and the belief that one does not have the right to end one’s own life.

The authors wish to acknowledge the help of Mr Michael Stevenson and Ms Regina Verghis (Clinical Research Support Centre) with the statistical analysis.

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Key Words: Suicide, Religion, Medical Student, Beliefs, Demographics

PROXIMITY PREDICTS REFERRAL TO THE TERTIARY PAEDIATRIC CARDIOLOGY SERVICE

Editor,

In the present era, demands on the specialist services provided in paediatric cardiology centres have increased dramatically1,2. We aimed to determine the frequency and basis for inpatient consultation with the paediatric cardiology service in a tertiary teaching hospital.

Information regarding new patient referral activity in the Department of Paediatric Cardiology, RBHSC was collected prospectively Monday to Friday from 9am to 5pm during a 3-month period using a proforma.

Ninety-six new patient referrals were made, 77 were formally reviewed. The mean age at referral was 2 years (range birth to 17 years). The most common reasons for referral were identification of a murmur (33.3%) or for assessment of a condition likely to be associated with congenital heart disease (31.3%). Reasons for referral are illustrated in Figure 1. Almost two thirds (65.6%) of referrals were made from the RBHSC site, significantly more than any other peripheral hospital site (p < 0.05). However, there were no significant differences in the reason for referral between RBHSC and non-RBHSC sites (Chi-squared 0.21).

Of all the patients formally reviewed (n = 77), only five (7%) had major congenital heart disease (CHD) with diagnoses of hypoplastic left heart x2, coarctation, pulmonary atresia VSD and a large primum ASD. Eighteen patients (23%) had minor CHD not likely to require any intervention (e.g. small muscular VSD), 10% had features of normal transition from foetal circulation such as patent ductus arteriosus (PDA). Diagnoses reached are shown in Figure 2. A large number of patients (66.7%) were referred with incomplete first line investigations (i.e. CXR, ECG, measurement of saturations and blood pressure).

Triaging and managing of referrals represents a significant burden for junior medical staff on the paediatric cardiology ward and can potentially impact on level of care provided to inpatients. Proximity to the service appears to inappropriately increase number of referrals made although there is no difference in actual reason for referral. Similar to the current literature, few referrals yield significant pathology and the most frequent reason for referral remains evaluation of a murmur1,2.3. Limited information available at time of referral makes it difficult to prioritise the patient in a proper fashion and may make the whole process more time consuming.

We believe there is a requirement for further education of paediatric trainees regarding appropriate work-up of patients and which conditions require inpatient consultation.

The authors have no conflict of interest

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REFERENCES


POTENTIAL RISK OF UNIDIRECTIONAL ROTATION WHEN ADVANCING CENTRAL VENOUS CATHETERS.

Editor

We report a case of a polytrauma victim who required central
venous catheter insertion in intensive care. This line was inserted but required replacing due to malposition felt to be caused by unidirectional twisting motion.

A 78-year-old female was involved in a road traffic collision and sustained multiple injuries including pneumothoraces, diaphragm rupture and a lacerated spleen. She had chest drains placed and proceeded to laparotomy with splenectomy. Post-operatively she required dialysis in the intensive care unit.

A central venous catheter (CVC) “Arrow 12 FR Blueguard” was placed in the right subclavian vein using a Seldinger technique. After dilatation the catheter was advanced. In order to overcome some resistance in its placement a unidirectional clockwise rotating action was used. Initially position seemed satisfactory because of some ventricular ectopics associated with the guide wire and easy aspiration of blood from both ports.

Chest radiograph (figure 1) showed the dialysis line was twisted into a U-shape position. It was removed and a new line one was fed through into position.

A repeat chest radiograph (figure 2) indicated that withdrawal of the dialysis line had pulled the left subclavian CVC out of position and therefore also required replacement.

CVCs are placed commonly in emergency departments and intensive care units. Risks associated with central venous cannulation include malposition (9.3%), bloodstream infection (4.0%), arterial punctures (3.0%) and pneumothorax (1.5%). This particular complication has not previously been described.

The rotating technique used to advance the catheter caused the twisting motion, which may have resulting in kinking of the line. This case demonstrates a potential complication of the Seldinger technique. Smaller motions in both clockwise and anticlockwise directions could prevent this complication occurring in future.

The authors have no conflict of interest.

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