

## FOR SHORT ANSWERS

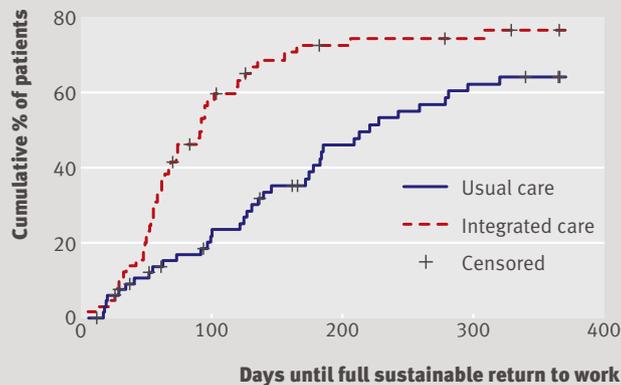
See p 449

## FOR LONG ANSWERS

Go to the Education channel on [bmj.com](http://bmj.com)

### STATISTICAL QUESTION

#### Hazard ratios



Kaplan-Meier survival curves for the integrated and usual care interventions of the time until a fully sustained return to work for patients with chronic low back pain

Previous questions described survival (time to event) data. The example used was a randomised controlled trial, which compared the effectiveness of an integrated care programme with usual care in facilitating the return to work for patients with chronic low back pain. The integrated care programme was a combined patient and workplace directed intervention. Trial participants were adults aged 18-65 years, who had had low back pain for more than 12 weeks, were in paid work, and were absent or partially absent from work.

The primary outcome was duration of time off work after randomisation until a fully sustained return to work. Trial participants were followed for 12 months (figure). Integrated care was more effective than usual care in reducing disability and facilitating a return to work (hazard ratio 1.9, 95% confidence interval 1.2 to 2.8).

Which of the following, if any, are true?

- At any time during follow-up, patients on integrated care were 1.9 times as likely to experience a fully sustained return to work compared with those receiving usual care
- Time until recovery was reduced by 90% for integrated care compared with usual care
- Patients on usual care had a greater hazard of further absence from work because of chronic back pain after an initial sustained return to work
- The hazard ratio was statistically significant at the 5% level of significance

Submitted by Philip Sedgwick and Louise Marston

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### PICTURE QUIZ Management of paediatric burns

An 11 year old girl presented to an accident and emergency department with an injury to her right foot. She had splashed hot oil from a pan on to her socks while preparing food in the kitchen. Her mother had immediately placed the affected foot in cold water for 15 minutes and dressed the injury with cling film. Her mother had then taken her without delay to the hospital. The girl had no other injuries and non-accidental injury was not suspected. She was otherwise fit and well, she was not taking any regular drugs, and she had no allergies.

On arrival, she was given oral paracetamol and intranasal diamorphine analgesia. On initial examination, the affected area on the right foot measured 4x5 cm; some of the area appeared pink, the rest of the area was covered with blisters. After deroofting of the blisters using plastic forceps (figure), all the affected skin was moist, blanched on gentle pressure, and was sensate. Routine general examination was otherwise unremarkable.

- What is the per cent total body surface area of the burn and how is this determined?
- What is the probable depth of this burn?
- Would you use intravenous fluids to resuscitate this child?
- Would you discuss this burn with the specialist burn centre?  
Justify your decision
- What are the potential complications of this particular burn?

Submitted by A W N Reid, J Akhtar, O P Shelley

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### ON EXAMINATION QUIZ Pancreatitis

This week's question is on pancreatitis and is taken from the onExamination revision questions for the MRCP part 1 exam.

A 53 year old man is admitted via the emergency department. His main presenting symptom is severe upper abdominal pain. During history taking he says that he lost his job a few months ago and that his alcohol intake has been steadily increasing as a result. He is currently drinking more than one bottle of vodka a day. Blood tests taken on admission show a serum amylase of 902 U/l (normal range 50-150).

Which one of the following blood tests is not part of the Glasgow criteria for assessing the severity of an attack of pancreatitis?

- Albumin
- Arterial blood gas
- Calcium
- C reactive protein
- Lactate dehydrogenase

**ANSWERS TO ENDGAMES, p 463.** For long answers go to the Education channel on [bmj.com](http://bmj.com)

### STATISTICAL QUESTION

#### Hazard ratios

Answers *a* and *d* are true, whereas *b* and *c* are false.

### ON EXAMINATION QUIZ

#### Pancreatitis

Answer D is the correct answer.

### PICTURE QUIZ

#### Management of paediatric burns

- 1 The total body surface area is less than 1% using the palmar method for small burns: the area of patient's palm and fingers corresponds to about 0.8% total body surface area in children and adults. For larger burn areas use Lund and Browder charts (children) or Wallace's rule of nines (adults).
- 2 Superficial dermal. Although the burn appears lighter than the patient's normal skin tone, the examination findings (moist, blanched on gentle pressure, and sensate) are clinical features of this depth of burn (table). Blistering denotes a dermal burn but does not help determine whether it is superficial or deep dermal.
- 3 No, the burn is less than 10% of the total body surface area, which is the threshold for defining a major burn that requires intravenous fluids in children.
- 4 Yes. The location of this burn is on a "critical site"—the feet.
- 5 Infection; scarring: scar hypertrophy is more common in certain areas of the body (including the feet), and problems of hypopigmentation or hyperpigmentation are more common in people with dark skin; and toxic shock syndrome, which is often missed. It is a rare but serious complication and the most common cause of unexpected death in children with small burns.