

MINERVA

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Painful blisters on the hand

Try the picture quiz in ENDGAMES, p 40

A new systematic review of the association between miscarriage and coronary heart disease in women (*Heart* 2013, doi:10.1136/heartjnl-2012-303237) gives Minerva pause for thought. We know that recurrent miscarriage can sometimes be an indicator of underlying autoimmune disease, such as the antiphospholipid syndrome or systemic lupus erythematosus, but some deeper more common vascular mechanism seems to be at play that links miscarriage with cardiovascular risk. Having just one miscarriage increases a woman's risk of coronary heart disease by about 45%, and having more than one doubles it. We need more and better primary studies from the large and accurate databases that are now coming online.

One of the most common dilemmas that paediatricians face is how far to go in investigating children after a first episode of febrile urinary tract infection. In a study in *Pediatrics* (2013;131:e665-71, doi:10.1542/peds.2012-0164), several Italian paediatricians, plus one from Australia, looked at six widely used guidelines and calculated the effect on diagnostic yield, cost, and radiation. They concluded that "no perfect diagnostic algorithm exists at the present time. An aggressive protocol has a high sensitivity for detecting abnormalities, which in some cases could be of questionable benefit to the infants, and is burdened with high financial and radiation costs." It also causes children much distress.

People facing death in the UK are allowed no choice in the mode and timing of their end, but palliative care physicians sometimes allow them a say in where they want to die. This is known as advance care planning (ACP), and it has been recommended by the Department of Health since 2008 for all dying patients but continues to be uncommon unless there has been referral to palliative care. In *BMJ Supportive and Palliative Care* (2013, doi:10.1136/bmjspcare-2012-000327), a hospice in the South West of England looks back at the effect of ACP in the 57% of patients who completed it. ACP was associated with a reduction in the number of days in hospital in the last year of life and lower hospital costs. It's a pity that so much of palliative care research remains at this observational level, but at



A 66 year old woman with a history of triple negative breast cancer developed rapidly progressive skin metastases in the radiation field. These presented as indurated violaceous annular plaques with areas of nodularity and ulceration. Chemotherapeutic regimens were complicated by recurrent episodes of cellulitis and ulceration. The skin lesions progressed with enlarging coalescing erythematous nodules extending distally along the right arm, which resulted in oedema and functional loss. A diagnosis of carcinoma erysipeloïdes was made. She died as a result of progression of visceral disease four months later. Carcinoma erysipeloïdes is an uncommon metastatic pattern that can be confused with infection and suggests a poor prognosis.

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Patient consent obtained.

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least this study should give GP commissioners something to think about, given that the costs of hospital care in the last year of life are enormous.

Fatty people often have fatty livers; when this happens, we call it non-alcoholic fatty liver disease. These people also often have fatty arms, and a friend of mine has proposed that there should be a new field of orthopaedic studies devoted to fatty elbow disease. The cure for fatty liver disease is clear: don't do liver ultrasounds. The cure for fatty elbow disease is to wear long sleeved garments. But no, it will not do to be flippant when hepatologists bid us to be serious. For a good example, see the commentary "Yin Yang 1 and farnesoid X receptor: a balancing act in non-alcoholic fatty liver disease?" (*Gut* 2013, doi:10.1136/gutjnl-2012-304338). At least I think the four Belgian authors are being serious, although it would be nice to think they are also having a bit of a laugh.

From time to time, southerly winds blow all the way from the Sahara Desert to the British Isles, covering cars with fine dust. How the people of these isles long for those winds just now.

The city of Rome is much closer to the Sahara, and there the coming of the desert dust is less welcome: as the particulate matter falls on its populace, the hospitals of the eternal city fill up with patients who have respiratory and cardiovascular problems or stroke (*Occupational and Environmental Medicine* 2013, doi:10.1136/oemed-2012-101182).

When Minerva was recently asked what she understood about clinical risk management, she answered "Foucault." Sensing the possibility that her reply had been misunderstood, she went on to explain that the reason she knew Foucault on clinical risk management was that she had just read a clear exposition of the Foucaultian heuristic in an article by Michael Fisher and Ewan Ferlie (*Accounting, Organizations and Society* 2013;38:30-49, doi:10.1016/j.aos.2012.11.002). But, unfortunately, when these authors looked at what happened in real life in a mental health unit, the reasoned predictions of the dead French philosopher were not borne out: instead of hybridising their ideas in mutual harmony, the competing risk managers ended up breaking crockery.

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