

MINERVA

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Coronal image of non-contrast abdominal computed tomography

Try the anatomy quiz in [ENDGAMES](#), p 38

When the National Health Service was set up in 1948, individual general practitioners (GPs) were expected to provide all necessary medical services by day and night throughout the year, and their remuneration was set on the assumption that each patient might need a visit outside normal hours once in a lifetime, and a second time to be certified dead. Now, demand for out-of-hours primary care is soaring, and GPs would not be able to cope without the help of a growing army of paramedics trained in emergency care. A systematic review looks at the evidence guiding the teaching of extended skills to these essential NHS professionals (*Emergency Medicine Journal* 2013, doi:10.1136/emered-2012-202129). Nobody seems to know quite what they need to be taught.

Killer plagues come and go, and meticillin resistant *Staphylococcus aureus* (MRSA) is currently on the wane—thanks largely to improved routine hygiene in hospitals. But waiting in the wings might be a great reservoir of new and more deadly strains, specially bred by primary care doctors through their notorious habit of giving antibiotics to everybody. This urban myth is examined in a European survey of MRSA strains and found to have little basis (*Lancet Infectious Diseases* 2013;13:409-15, doi:10.1016/S1473-3099(13)70036-7). Of 91 MRSA strains isolated, prevalence in healthy nasal carriers ranged from 12.1% (Hungary) to 29.4% (Sweden). Few strains would be difficult to treat with routine antibiotics if they became invasive.

Can you get Ebola virus twice? The fortunate answer is probably no, according to a study of Sudanese survivors in the *Journal of Infectious Diseases* (2013, doi:10.1093/infdis/jit162). If you are lucky enough to pull through, you will keep enough neutralising antibodies in your circulation to see off another encounter with the deadly filovirus for at least 10 years.

Having the label of “Barrett’s oesophagus” is sure to raise fears of oesophageal cancer, and these fears are realised in 2% of patients every 10 years. However, people with these morphological changes are far more likely to die of something else, according to a study based on the United Kingdom’s Clinical Practice Research Datalink (*Gastroenterology* 2013,



A 16 year old girl presented to the emergency department with a low body mass index and skin changes. She was diagnosed with anorexia nervosa, and the skin changes were thought to be “Casal’s necklace,” a typical presentation of pellagra. This diagnosis was clinically confirmed by rapid resolution within 72 hours of the patient’s commencing oral niacin replacement via a vitamin B complex supplement. Pellagra is rarely seen in the United Kingdom, and its diagnosis and treatment in the context of anorexia nervosa are crucial to the wellbeing of these patients.

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Patient consent obtained.

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doi:10.1053/j.gastro.2013.02.050). Ischaemic heart disease was the commonest cause of death by a factor of four.

“Boiled Greek coffee” is a phrase that conjures up unfortunate breakfasts in faraway hotels. But it seems to have its loyal advocates in the University of Athens Medical School, who have examined the association between chronic coffee consumption and endothelial function in older inhabitants of the Greek island of Ikaria (*Vascular Medicine* 2013;18:55-62, doi:10.1177/1358863X13480258). Of 142 people, 87% consumed a boiled Greek type of coffee. Daily coffee consumption was low, moderate, and high in 40%, 48%, and 13% of the study group, respectively. Endothelial function was evaluated by ultrasound measurement of flow mediated dilation, and

showed a direct correlation with coffee intake. Further studies on nicer kinds of coffee are clearly needed.

Since the 1960s, it was taught that if you gave ampicillin (or the prodrug amoxicillin) to patients with infectious mononucleosis, 80-100% of them would get a rash. But a study in *Pediatrics* tells a different story (2013, doi:10.1542/peds.2012-1575). Of 238 children with glandular fever admitted to two major Israeli hospitals, 173 were treated with antibiotics; 57 (33%) of those treated with antibiotics had a rash during their illness compared with 15 (23%) of those untreated. Amoxicillin was associated with the highest incidence of antibiotic induced rash, but this was just short of 30%—nothing like the nearly inevitable occurrence previously reported.

“So how long is this cough/sneeze/catarrh/sore throat going to go on for, doctor?” “Your guess is as good as mine” is the correct answer, according to a study in *Family Practice* (2013, doi:10.1093/fampra/cmt006). Patients and doctors in Wisconsin were equally hopeless at predicting the course of symptoms following an upper respiratory infection. These were carefully logged twice a day using the Wisconsin upper respiratory symptom score with 22 items, reduced from an original 44. Perhaps we should use this method more widely to distract patients while their colds get better.

The human head louse arrived about 5.6 million years ago, as human forerunners split off from chimpanzees. They have loved us and clung to us ever since. The ancient Egyptians had nit combs and would spit warm date meal at the lice to drive them away, while their priests took no chances and shaved themselves every two or three days. Nowadays, the best way to kill them is by osmotic rupture using dimeticone, but that means getting the concentration of dimeticone right. A study in *BMC Dermatology* compared one application of 4% dimeticone gel with two applications of 1% permethrin (2013;13:5, doi:10.1186/1471-5945-13-5). The dimeticone killed the lice, whereas permethrin was about as effective as a mouthful of warm date meal.

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