

MINERVA

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A collapse with hypertension and hypokalaemia

Try the picture quiz in **ENDGAMES**, p 38

We might look oddly at a plumber who came to clear a pipe and left saying “By the way, I saw several other bits that look a bit blocked but decided to leave them alone.” The blocked pipes model of coronary artery disease is widely shared by patients and clinicians, but it is delusive. When performing percutaneous stenting at the time of ST elevation myocardial infarction, many cardiologists are tempted to treat “bystander” coronary artery lesions as well as the culprit lesion. But in an observational study of outcomes in eight leading London tertiary centres (*Circulation* 2014, doi:10.1161/CIRCOUTCOMES.114.001194), this was strongly associated with greater in-hospital cardiac morbidity and higher mortality at one year.

And plumbers often fail to agree on what is a blocked pipe. Five coronary angiograms were sent on a web based platform to 495 interventional cardiologists so that they could decide on which lesions needed treatment (*Circulation* 2014, doi:10.1161/CIRCINTERVENTIONS.114.001608). They could request the fractional flow reserve (FFR)—the recommended measure for assessing the effect of stenoses. But in 71% of instances, participants made treatment decisions solely on angiographic appearance, and in 47% of cases this was discordant with the known FFR, using 0.80 as the cut-off value. The “oculo-stenotic reflex”—see a lesion, pop a stent—proved a poor guide to decision making.

Minerva is puzzled by statements that resistant bacteria could soon render antibiotics useless for most common infections. Bacteria do not conspire against us: they adapt to what is around them. A survey of hospital onset bacteraemia caused by *Staphylococcus aureus* infection in 132 Australian hospitals (*Clinical Infectious Diseases* 2014;59:969-75, doi:10.1093/cid/ciu508) shows a 63% drop in annual incidence since 2002—when infection prevention and control activities were implemented—with an even greater drop in those caused by meticillin resistant strains. We already know what works.

Testicular cancer is the most common cancer in men aged 15-40 years, and 99% of stage I tumours are curable, whatever treatment strategy is adopted. This includes surveillance after initial treatment, although adjuvant therapy markedly reduces the risk of recurrence. A review of the evidence in *Annals of Oncology* (2014, doi:10.1093/annonc/mdl514) concludes that



A 19 year old man on haemodialysis for renal failure caused by Goodpasture’s disease presented with progressive left elbow swelling. Plain radiography showed large, amorphous, peri-articular soft tissue calcifications, characteristic of tumoral calcinosis. This rare condition occurs in 0.5-1.2% of patients on long term haemodialysis. It is caused by deposition of calcium phosphate in soft tissue surrounding large joints. Treatment modalities include normalisation of serum phosphate and calcium, parathyroidectomy (in patients with tertiary hyperparathyroidism), and surgical excision of the mass. Resolution occurs after successful renal transplantation. Recognition of the clinical and radiological manifestations of this condition is crucial to ensure appropriate management.

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Patient consent obtained.

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the choice should lie with the patient because the outcomes of each option are finely balanced and preference sensitive.

When patients make informed choices they vary in the clinical care they choose. This is good variation, whereas bad variation occurs when clinicians lack the necessary evidence or fail to follow it. A group of Italian paediatric nephrologists sent a web based large scale survey evaluating knowledge of, attitudes towards, and methods for diagnosing, treating, and managing urinary tract infections in children to 1129 European

paediatricians (*Archives of Disease in Childhood* 2014, doi:10.1136/archdischild-2014-306119). They found little consistency in management, with many doctors failing to follow any of the three principal guidelines.

A study of 14 primary clinical trial registries listed on the WHO International Clinical Trials Registry platform shows how difficult it is for anybody to keep track of what research is going on and what it shows (*Trials* 2014;15:428, doi:10.1186/1745-6215-15-428). Characteristics of the online registry systems were different for each organisation, and few websites provided useful clinical trial information to patients and the public.

“Am I my brother’s keeper?” asks a Dutch study of how health professionals respond to perceived incompetence or impairment in their colleagues (*BMJ Quality and Safety* 2014, doi:10.1136/bmjqs-2014-003068). The study was hampered by a low response rate (28.5%), but 9% of the 1238 professionals from 10 areas of healthcare who responded had dealt with a colleague whom they thought incompetent in the previous year, and two thirds had acted on it.

Placentas are unexpected things to find in an eye surgery unit, but they can be useful in acute ocular chemical burns—as shown by a study comparing treatment with umbilical cord serum versus amniotic membrane transplantation (*British Journal of Ophthalmology* 2014, doi:10.1136/bjophthalmol-2014-305760). In a retrospective series of 55 eyes treated within three weeks of injury for grade III-V chemical burns, those treated with cord serum had better outcomes than those given amniotic membranes, and this first technique also avoids a surgical manoeuvre in already inflamed eyes.

Something is better than nothing in coughing toddlers and babies aged 2-47 months, according to a study comparing agave nectar, placebo, and no treatment (*JAMA Pediatrics* 2014, doi:10.1001/jamapediatrics.2014.1609). Parents reported equal benefits from placebo and agave nectar on cough frequency; severity of cough, congestion, and rhinorrhoea; and the effect of coughing on sleep (in both child and parent), which were significantly greater than with no treatment. So parents can give any syrup that comes to hand rather than searching for agaves to collect nectar from.

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