



Unexpected findings on trauma imaging. . . and other stories

Incidental findings on whole body computed tomography

Whole body computed tomography (CT) scanning for multiple trauma is carried out five times more often in major trauma units than in other trauma units and non-designated hospitals in England and Wales (*Emerg Med J* doi:10.1136/emmermed-2016-205722). There are large variations within these groups too. But beware of what you request. Another study (*Emerg Med J* doi:10.1136/emmermed-2016-205722), this time from Switzerland, found that in 2440 whole body CTs ordered for major trauma, incidental abnormalities were present in three quarters, with 8.4% considered as requiring urgent attention.

Was it really pneumonia?

“Pneumonia” on a patient’s hospital summary becomes part of a registry. Registries then get used for epidemiology and quality control. The British Thoracic Society undertook an audit of hospital coding for pneumonia as the primary diagnosis for inpatients over two winter months in 2014-5 (*Thorax* doi:10.1136/thoraxjnl-2016-209405). The study found 6660 patients who fulfilled the diagnostic criteria for community acquired pneumonia (median age 78) and 1251 who did not (median age 80). Reliance on coding can be a road to error.

Timing decompressive hemicraniectomy

Strokes that cause enough oedema to threaten brain stem herniation can be managed by removing half of the cranium, and this has been the subject of several prospective trials over the past decade. These trials, however, were not designed to determine the best timing for the procedure. Nationwide sampling using a US database from 2002 to 2011 showed slightly worse outcomes after discharge if hemicraniectomy was delayed beyond 72 hours (*Stroke* doi:10.1161/STROKEAHA.116.014727), though in-hospital mortality was not affected.

Survival after heart failure diagnosis: no change

Between 1998 and 2012, there were many initiatives to improve the detection and treatment of heart failure in the UK, including

the Quality and Outcomes Framework in general practice. But a study of survival following first diagnosis shows no change over this period (*Fam Pract* doi:10.1093/fampra/cmw145). It was based on 54 313 patients from The Health Improvement Network database of 587 general practices, and shows that mortality remains stuck at about 20% at one year, 50% at five years, and 70% at 10.

Longlasting efficacy of chloramphenicol

By rights, any antibiotic available over the counter for topical use for more than a decade should have lost its efficacy by now. But a retrospective review of laboratory records for adult patients with suspected bacterial conjunctivitis between 2001 and 2012 attending the Royal Liverpool University Hospital (*BMJ Open Ophthalmol* doi:10.1136/bmjophth-2016-000006) shows that sensitivity to chloramphenicol remains stable and high among common eye bacteria.

Noma

In the grim footage of the Bergen-Belsen camp liberation in 1945, corpses can be seen with large holes in their faces due to noma, a necrotising gangrene probably caused by normal oral bacteria spreading through the tissues of extremely undernourished people. It is a disease that should never be seen, but a global survey (*Am J Trop Med Hyg* doi:10.4269/ajtmh.16-0718) estimates that there are still 30 000-40 000 cases a year, mostly in starving children with other illnesses in sub-Saharan Africa. Mortality is 85%.

Men's shed talk

“Counter and Complicit Masculine Discourse Among Men’s Shed Members”: the paper’s title made Minerva fear a torrent of locker room talk à la Trump (*Am J Mens Health* doi: 10.1177/1557988316685618). But it turns out that men’s sheds in Canada are just like public benches in southern European countries: places where old men can congregate to talk wistfully about their prostates and their lack of woodcarving skills.