

Emergency Medicine Update Feb. 2002

1. Vertebral and carotid artery injuries can be tough calls in trauma, and occur much more often than we thought. Any vigorous neck flexion/extension, such as in whiplash, yoga or chiropractic manipulation can cause it. When it presents with neuro symptoms or Horner's syndrome, the diagnosis is easier, but this isn't the case a lot of the time (J Trauma, Aug. 01) Since anticoagulation is the treatment, perhaps to be on the safe side, patients with whiplash should receive aspirin instead of NSAIDs because of its antiplatelet effect? Want to know the status of an aorta? Usually a CT without contrast is enough to operate with, with the addition of contrast only if there is a question (Ann Thor Surg Aug. 01).
2. We ask all patients who have had trauma about tetanus immunization, but there were only 26 cases of this disease in the USA last year. (J Trauma *ibid.*) There is a possibility that even every ten years is not necessary for reimmunization (see Leibman, Letter, Ann Emerg Med. Jan 97).
3. One last note on trauma- kicks/punches to the stomach can produce a "traumatic" appendicitis (PEC Aug. 01).
4. A large review indicates that ovarian torsion is not similar to testicular torsion. It is frequently missed, and even when it isn't, salvage is rare (Ann Emer Med. Aug. 01).
5. A wonderful article on rapid strep tests- even though they are only 78-94% sensitive, when combined with pre test probability, likelihood ratios show pretty good correlation without doing expensive cultures (PEC *ibid.*).
6. Chest pain with a recent clear catheterization: This occurs 66% of the time! (Eur Heart J Aug. 01). Think impaired blood reserve or microvascular causes- a functional angio is indicated (Mayo Aug. 01). If no cause can be found, syndrome X is the diagnosis. L arginine seems to work as perhaps theophylline. Nitrates should not be used (Arch Int Med. 13 Aug. 01).
7. Travelers who have fever within three weeks of their return: If they come back from Africa, malaria should be high on the list, while Asian travelers developed Dengue fever. Aside from scattered cases of typhoid fever and hepatitis A, most travelers with fever who were admitted to the hospital have URI, gastroenteritis or bacterial pneumonia (CID Sept. 01).
8. Hydrogen fluoride exposures are treacherous. The antidote is calcium gluconate, but you need massive amounts, as only 7cc of HF will chelate all the calcium in the body. Ionophoresis seems to allow deeper penetration of calcium with much better results (CCM Aug. 01).

9. We don't do so poorly- only 3-5% of intubations in academic EDs required three or more attempts. Good advice- do head flexion and elevation for best viewing (AEM Aug. 01).
10. While Israeli military recruits all get the N. Meningitis vaccine, Yeshiva students, foreign college students and workers all live in dormitories and do not get the vaccine. It should be required (CID Sept. 01, JAMA 8 Aug. 01).
11. Blood patches work 93% of the time the first time. Perhaps should do prophylactically? Use a 20 or smaller gauge needle on all LPs (Anest Aug. 01).
12. In kids with fever, EPs did less blood cultures, less urine cultures, and less CBCs than pediatricians, but they did more chest films, more LPs and used more IM antibiotics. Except for the last thing, I think they were right! (Peds Aug. 01).