Emergency Medicine Update - January 2005

Joseph B. Leibman, MD

Senior Attending, Department of Emergency Medicine, Sheba Medical Center, Tel-HaSHomer, Israel

1. Buprenorphine is a member of the antagonist agonist group of pain relievers that we have mentioned in November. The Ann of Emerg Med recently did a review on it (May 2004) – it is 20-40 times stronger than morphine and has a low abuse potential. Higher doses - the antagonist part predominates so little is gained. While we tend to use marketed medications (anyone using Etopan? Why?) there may be a role for this medication in your practice- especially with the elderly. In Israel it is called Nopan
2. **Injury May 2004. NEJM 20 May 2004:** Rare to find a good article on this subject, and this wasn't one either. Calcaneal fractures do poorly in smokers and those who are overweight. The decision about surgery vs. conservative treatment – no good evidence exists. If a related topic interests you - that of plantar fasciitis - see the NEJM 20 May 2004
3. Cranberry juice, if it works, has a mild effect against UTI, and more research is needed. I include this excellent review since it comes from Dr. Raz in Afula (CID 15 May 2004). On this subject let me remind you that if it works, it works by making it difficult for bacteria to adhere, not by acidifying the urine. Furthermore, it is very sour, and requires a lot of sweetener to drink - beware of calories.
4. **Neuro suppl 27 April 2004:** The best treatment to prevent TIAs is aspirin plus dypiridamole - which is better than Plavix and cheaper. In Israel we call dypiridamole Cardoxin
5. **J Trauma April 2004:** Have you noticed that FAST has become a three view test - we ignore the pericardial view! These authors feel that two views are necessary - parasternal is the best, then subxiphoid - if it is negative, it really is negative, if it is positive - do an echo or CT. It could be a collapsed RV.
6. **Can Fam Phys April 2004:** Probiotics have been a subject of this medium before, but it seems this may be overblown - most products on the market grow very little if any of the good organisms. Yogurt may be good for you, but not for this reason.
7. **Arch Ped Adol Med May 2004:** We'll say it again - oral rehydration is the best for people of all ages - and probably the safest. The AAP guidelines already say this (1997)
8. **Pharmacotherapy May 2004:** Migraines are due to vascular spasm??? Sorry – they are due to neurohumoral effects (on a genetic basis?) but not due to spasm. We should have known this - because triptans are not antispasmodics
9. **AJOG April 2004:** Trying to diagnose the vaginitis on clinical grounds will lead to error many times. You need to do the KOH sniff test and wet mounts.
10. **PIDJ May 2004:** I have never met the man, but he is definitely one of the Israelis who does stellar work. Ron Dagan strikes again with an outstanding article that links WBC and ANC counts to the likely cause of Otitis media - pneumococcus has a much higher count. Tympanic membrane aspirates were used in this study.
11. Hypertrophic scars are a problem and I, being a keloid sufferer, am concerned about this subject. What they state in this article is that most absorbable sutures work for only one month and more time is needed - consider using permanent non absorbable clear nylon sutures or polypropelene sutures which last for six months. Keep the healing area moist- silicone gels may help. For keloids - intralesional nonabsorbable steroids - triamcinolone- laser and 5FU may help.
12. **PEC May 2004:** Antihistamine coma, phenothiazine and choral hydrate can all be reversed by flumazenil?? So they say in PEC May 2004 Abe Berger from Beth Israel told me that it works for propofol as well.
13. **Chest May 2004:** I have mentioned this before - Burke Cuhna looks at community acquired pneumonias, and states you can use some antibiotics frequently without any worry about resistance. He feels ceftriaxone (Rocephin and others) and Doxycycline (Doxy 100 and others) can be used without any worry of incurring resistance. In contrast tetracycline, macrolides and cotrimazole (Resprim, USA-Bactrim and Septra) do cause resistance. Among the quinolones -Ciprofloxin causes the most resistance (Ciprogis and others- in USA-Cipro) while levofloxin (Tavanic), moxifloxacin (Megaxin) have not stimulated any resistance. Beta lactams are interesting - seems as long as you give a high dose you will kill the bug. Let me remind you that current thought is to give a high dose for short periods of time. I do not believe in ten days for most treatments.