1. Efficacy of endovenous ablation of the saphenous veins for prevention and healing of venous ulcers.
Marston W.A.
AN: 2014969967
In many countries, endovenous ablation (EVA) has replaced surgical stripping as the preferred method of eliminating saphenous reflux in symptomatic patients. Studies have examined the success of EVA at saphenous closure and improving leg pain and edema. However, less information is available on the ability of these techniques to promote venous leg ulcer healing or to prevent recurrence. The comparison of surgery and compression with compression alone in chronic venous ulceration (ESCHAR) trial identified the role of saphenous stripping in reducing the rate of ulcer recurrence after healing, supporting this procedure for Clinical, Etiologic, Anatomic, and Pathologic (CEAP) clinical class 5 and 6 patients. In patients with venous ulcers, it remains controversial whether EVA procedures provide results similar to those of saphenous stripping in clinically relevant outcomes. This review examines the evidence supporting the use of thermal or nonthermal EVA in patients with healed or active venous ulcers and saphenous insufficiency.
Institution
(Marston) Division of Vascular Surgery, University of North Carolina, School of Medicine, Chapel Hill, NC, United States
Publisher
Elsevier Inc.
2. What practicing cardiologists need to know about radiation exposure in cath. Lab?.
Amro A.
AN: 2010391546
Institution
(Amro) Nuclear Cardiology Division, Prince Sultan Cardiac Center, Riyadh, Saudi Arabia
Publisher
Elsevier

Gottrup F., Karlsmark T.
Giornale Italiano di Dermatologia e Venereologia. 144 (3) (pp 217-228), 2009. Date of Publication: 2009.
AN: 2009433579
While the understanding of wound pathophysiology has progressed considerably over the past decades the improvements in clinical treatment has occurred to a minor degree. During the last years, however, new trends and initiatives have been launched, and we will continue to attain new information in the next decade. It is the hope that increasing parts of the new knowledge from basic wound healing research will be implemented in daily clinical practice. The development of new treatment products will also continue, and especially new technologies with combined types of dressing materials or dressing containing active substances will be accentuated. Further developments in the management structure and education will also continue and consensus of treatment guidelines, recommendations and organization models will hopefully be achieved.
Institution
(Gottrup, Karlsmark) Copenhagen Wound Healing Center, Department of Dermatology, D42, Bispebjerg Hospital, DK-2400 Copenhagen NV, Denmark
Publisher
Edizioni Minerva Medica

4. Critical limb ischemia.
Dawson D.L., Mills Sr. J.L.
Critical limb ischemia (CLI) is the most severe manifestation of peripheral artery disease (PAD). Without timely recognition, appropriate diagnosis, and revascularization, patients with CLI are at risk for amputation or potentially fatal complications. The past decade has seen substantial growth in endovascular CLI therapies and options now exist for treating long-segment lower-extremity arterial occlusive disease, but surgical bypass may yield more durable results. Patients who are younger, more active, and at low risk for surgery may have better outcomes with an operation. Surgical treatment is also indicated for failures of endovascular therapy, which may include early technical failures or later occlusion after placement of stents or other interventions.

5. Primary cutaneous small vessel vasculitis.
   Russell J.P., Weenig R.H.
   Current Treatment Options in Cardiovascular Medicine. 6 (2) (pp 139-149), 2004. Date of Publication: April 2004.
   AN: 2004434840
   Disorders associated with cutaneous vasculitis include numerous well-described etiologies. Primary cutaneous vasculitis limits discussion to primary leukocytoclastic vasculitis, essential mixed cryoglobulinemia, urticarial vasculitis, Henoch-Schonlein purpura, and erythema elevatum diutinum. Although the therapeutics for these disorders are based on limited data, we attempt to construct a consensus opinion on the management of primary cutaneous vasculitis. Therapy of primary cutaneous vasculitis is indicated for symptomatic or systemic involvement, because cutaneous small vessel vasculitis is frequently a self-limited, single episodic disease. Conservative, symptomatic treatment includes leg elevation, warming, antihistamines, and nonsteroidal anti-inflammatory drugs. For mild recurrent disease, colchicine, dapsone, and prednisone are first-choice agents. Systemic or severe cutaneous disease requires more potent immunosuppression (eg, prednisone, azathioprine, or mycophenolate mofetil). Plasmapheresis/plasma exchange and intravenous immunoglobulin are viable considerations for refractory disease, but are cumbersome and expensive modalities. There is insufficient evidence to advocate the use of new biological or monoclonal antibody therapies in primary cutaneous vasculitis. Copyright 2004 by Current Science Inc.
Phillis J., O'Grady H., Baker E.
Surgery (United Kingdom). 32 (9) (pp 468-471), 2014. Date of Publication: September 2014.
AN: 2014578038
Surgical site infections (SSI) are commonly classified as superficial, deep or organ/space infections in wounds that may be clean, clean-contaminated or dirty. The development of an SSI depends on patient, procedure and pathogen factors. Their incidence varies depending on procedure and they have a significant impact upon patient morbidity and healthcare resources. National guidelines compromise of a care bundle, aimed at reducing their incidence with preoperative, intraoperative and postoperative factors. This includes optimizing patient co-morbidities, appropriate antibiotic use, skin preparation, theatre discipline, theatre ventilation, and surgical technique. Wound care may be simple for those healing by primary intention or require specialist techniques if healing by secondary intention. 2014 Elsevier Ltd. All rights reserved.
Institution
(Phillips, O'Grady, Baker) Castle Hill Hospital, Hull, United Kingdom
Publisher
Elsevier Ltd

7. Managing pressure sores.
Hunter I.A., Davies J.
Surgery (United Kingdom). 32 (9) (pp 472-476), 2014. Date of Publication: September 2014.
AN: 2014578036
Management of pressure ulcers accounts for a significant proportion of healthcare resources. Pressure ulcers (or sores) are caused by pressure-induced necrosis of soft tissue and as such should be entirely preventable. Although pressure can be considered as the initiating insult, multiple factors also contribute to progression and development. Prevention and treatment of pressure ulcers requires a multidisciplinary approach. Recognition of at-risk patients and the introduction of preventative measures is the mainstay of prevention. Multiple adjuncts to pressure ulcer resolution such as pressure relief systems, nutritional supplementation, pharmaceutical debridement, antimicrobials, negative wound pressure therapy and surgery can be employed. Category I and II ulcers are treated conservatively with dressings and the removal of precipitating factors. Although the majority of pressure ulcers are managed by nursing staff without any medical intervention, deeper lesions with significant tissue necrosis and secondary infection may require surgical debridement and possibly reconstructive closure. The development of a pressure ulcer is often a reflection of significant comorbidity and treatment should be applied in the context
of the patient's overall likely clinical outcome and prognosis. 2014 Elsevier Ltd. All rights reserved.

Institution
(Hunter, Davies) Castle Hill Hospital, Hull Royal Infirmary, United Kingdom
Publisher
Elsevier Ltd

8.
Improving the world, one patient at a time.
Dunn D.
Nursing Critical Care. 9 (4) (pp 48), 2014. Date of Publication: July 2014.
AN: 2014542140

Institution
(Dunn) East Orange General Hospital, East Orange, NJ, United States

9.
Ultrasound of the groin region following surgical intervention of the great saphenous vein.
Mendoza E.
Phlebologie. 43 (3) (pp 156-159), 2014. Date of Publication: 2014.
AN: 2014516304

A considerable number of cases of phlebological surgery are postoperative controls, which are also essentially intended to serve as quality controls. Ultrasound plays the main role here, particularly also to identify early relapse (1). Relapse after surgery on the saphenofemoral junction causes the greatest problem after varicose vein treatment. Various attempts to stratify this have still not yielded sufficiently clear results (1, 4-6). This contribution aims to shed light on the duplex ultrasound investigation in the region of the saphenofemoral junction following crossectomy and endoluminal thermal procedures. Normal findings and various relapse possibilities are described. Schattauer 2014.

Institution
(Mendoza) Venenpraxis Wunstorf, Speckenstr. 10, D-31515 Wunstorf, Germany
Publisher
Schattauer GmbH
Developing a provisional, international Minimal Dataset for Juvenile Dermatomyositis: For use in clinical practice to inform research.
AN: 2014505564

Background: Juvenile dermatomyositis (JDM) is a rare but severe autoimmune inflammatory myositis of childhood. International collaboration is essential in order to undertake clinical trials, understand the disease and improve long-term outcome. The aim of this study was to propose from existing collaborative initiatives a preliminary minimal dataset for JDM. This will form the basis of the future development of an international consensus-approved minimum core dataset to be used both in clinical care and inform research, allowing integration of data between centres.

Methods: A working group of internationally-representative JDM experts was formed to develop a provisional minimal dataset. Clinical and laboratory variables contained within current national and international collaborative databases of patients with idiopathic inflammatory myopathies were scrutinised. Judgements were informed by published literature and a more detailed analysis of the Juvenile Dermatomyositis Cohort Biomarker Study and Repository, UK and Ireland.

Results: A provisional minimal JDM dataset has been produced, with an associated glossary of definitions. The provisional minimal dataset will request information at time of patient diagnosis and during on-going prospective follow up. At time of patient diagnosis, information will be requested on patient demographics, diagnostic criteria and treatments given prior to diagnosis. During on-going prospective follow-up, variables will include the presence of active muscle or skin disease, major organ involvement or constitutional symptoms, investigations, treatment, physician global assessments and patient reported outcome measures.

Conclusions: An internationally agreed minimal dataset has the potential to significantly enhance collaboration, allow effective communication between groups, provide a minimal standard of care and enable analysis of the largest possible number of JDM patients to provide a greater understanding of this disease. This preliminary dataset can now be developed into a consensus-approved minimum core dataset and tested in a wider setting with the aim of achieving international agreement. 2014 McCann et al.; licensee BioMed Central Ltd.

Institution
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11. Endoscopic resection for oesophageal mucosal adenocarcinoma.  
Hendy P.  
Frontline Gastroenterology. 5 (3) (pp 154), 2014. Date of Publication: July 2014.  
AN: 2014491170  
Publisher  
BMJ Publishing Group

12. Quantitative analysis and formulation development of a traditional Thai antihypertensive herbal recipe.  
Charoonratana T., Songsak T., Monton C., Saingam W., Bunluepuech K., Suksaeree J., Sakunpak A., Kraisintu K.  
Phytochemistry Reviews. 13 (2) (pp 511-524), 2014. Date of Publication: June 2014.  
AN: 2014402523  
The health benefits of herbs and herbal products are gaining more attention in southeast Asia. The World Health Organization (WHO) has been supporting countries to promote application of traditional medicines so that this valuable resource is utilized safely and effectively. In Thailand, many traditional herbal recipes have been established since ancient times. Since then, they have been carefully modified, based on the wisdom of traditional Thai medicine practitioners. For this study, a traditional Thai antihypertensive herbal recipe (TTAH) was selected and studied in detail. According to WHO guidelines, both analysis of a sizeable chemical constituent, and formulation data of a product, are a requirement to support a clinical trial for an herbal recipe. Therefore, high-performance liquid chromatography-mass spectrometry (LC-MS) was used to investigate the chemical fingerprints, chemical constituents, and putative active ingredients of the TTAH. Eight chemical fingerprints were established. Metabolic profiling of 10 possible compounds was also identified and all were shown to be active pharmaceutical compounds. An attempt was also made to prepare a suitable formulation of the TTAH, to standardize the amount of active ingredients per dose, and to improve patient compliance. All evaluated parameters guided us to prepare the TTAH as a capsule. This informative data can be included in part of the chemistry-manufacturing-control guidance prior to phase 1/2 clinical trials. 2014 Springer Science+Business Media.  
Institution  
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(Monton, Saingam, Suksaeree) Sino-Thai Traditional Medicine Research Center, Faculty of Pharmacy, Rangsit University, Lak-Hok, Muang, Pathum Thani 12000, Thailand  
(Bunluepuech) Faculty of Traditional Thai Medicine, Prince of Songkla University, Hatyai, Songkhla 90112, Thailand  
(Kraisintu) Faculty of Oriental Medicine, Rangsit University, Lak-Hok, Muang, Pathum Thani 12000, Thailand  
Publisher
Barratt N.
Journal of the Dermatology Nurses’ Association. 6 (1) (pp 27-32), 2014. Date of Publication: January-February 2014.
AN: 2014333223
Pressure ulcers are one of the most preventable types of chronic wounds, yet they continue to cause a significant resource burden on the healthcare system. The purpose of this review is to determine if implementing the clinical practice guideline recommendations, according to the National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel, of nutritional support is beneficial in treating and preventing pressure ulcers. Review of these studies indicates that there is strong evidence to support the clinical practice guideline recommendation of nutritional support for patients with pressure ulcers. Further research is needed to quantify and specify the particular nutritional support in wound healing to shape future clinical practice guidelines. Copyright 2014 Dermatology Nurses’ Association.
Institution
(Barratt) University of South Florida, 4202 E. Fowler Ave., Tampa, FL 33620, United States
Publisher
Lippincott Williams and Wilkins

White R., Ellis M., Price J., Whitaker J., Williams A.
AN: 2014252153
Institution
(White) Department of Tissue Viability, University of Worcester, Worcester, United Kingdom
(Ellis, Price) Royal Devon and Exeter NHS Foundation Trust, United Kingdom
(Whitaker) Northern Lymphology Ltd., United Kingdom
(Whitaker) University of Central Lancashire, United Kingdom
(Williams) NHS Highland Lymphoedema Project/ The Haven, Blantyre, United Kingdom
Publisher
Wounds UK
Dressings and products in pediatric wound care.
King A., Stellar J.J., Blevins A., Shah K.N.
Advances in Wound Care. 3 (4) (pp 324-334), 2014. Date of Publication: 01 Apr 2014.
AN: 2014243061

Significance: The increasing complexity of medical and surgical care provided to pediatric patients has resulted in a population at significant risk for complications such as pressure ulcers, nonhealing surgical wounds, and moisture-associated skin damage. Wound care practices for neonatal and pediatric patients, including the choice of specific dressings or other wound care products, are currently based on a combination of provider experience and preference and a small number of published clinical guidelines based on expert opinion; rigorous evidence-based clinical guidelines for wound management in these populations is lacking. Recent Advances: Advances in the understanding of the pathophysiology of wound healing have contributed to an ever-increasing number of specialized wound care products, most of which are predominantly marketed to adult patients and that have not been evaluated for safety and efficacy in the neonatal and pediatric populations. This review aims to discuss the available data on the use of both more traditional wound care products and newer wound care technologies in these populations, including medical-grade honey, nanocrystalline silver, and soft silicone-based adhesive technology. Critical Issues: Evidence-based wound care practices and demonstration of the safety, efficacy, and appropriate utilization of available wound care dressings and products in the neonatal and pediatric populations should be established to address specific concerns regarding wound management in these populations. Future Directions: The creation and implementation of evidence-based guidelines for the treatment of common wounds in the neonatal and pediatric populations is essential. In addition to an evaluation of currently marketed wound care dressings and products used in the adult population, newer wound care technologies should also be evaluated for use in neonates and children. In addition, further investigation of the specific pathophysiology of wound healing in neonates and children is indicated to promote the development of wound care dressings and products with specific applications in these populations. Copyright 2014 by Mary Ann Liebert, Inc.
Dowsett C., Swan J., Orig R.
AN: 2014247861
Significant NHS reforms mean tissue viability services need to implement new treatments and ways of working in order to deliver significant cost savings. In this two part article, the changing NHS is discussed, followed by an example of a new treatment, a monofilament fibre pad that can aid in the clinician in accurately assessing pressure ulcers.
Institution
(Dowsett) East London Foundation Trust, London, United Kingdom  
(Swan, Orig) Queen Elizabeth Hospital Birmingham NHS Foundation Trust, Birmingham, United Kingdom
Publisher
Wounds UK

Foy White-Chu E., Conner-Kerr T.A.
AN: 2014116314
Comprehensive care of chronic venous insufficiency and associated ulcers requires a multipronged and interprofessional approach to care. A comprehensive treatment approach includes exercise, nutritional assessment, compression therapy, vascular reconstruction, and advanced treatment modalities. National guidelines, meta-analyses, and original research studies provide evidence for the inclusion of these approaches in the patient plan of care. The purpose of this paper is to review present guidelines for prevention and treatment of venous leg ulcers as followed in the US. The paper further explores evidence-based yet pragmatic tools for the interprofessional team to use in the management of this complex disorder. 2014 White-Chu and Conner-Kerr.
Institution
(Foy White-Chu) Oregon Health and Science University, Portland VA Medical Center, Portland, OR, United States  
(Conner-Kerr) Winston-Salem State University, Department of Physical Therapy, Winston Salem, NC, United States
Publisher
Dove Medical Press Ltd (PO Box 300-008, Albany, 44 Corinthian Drive, Albany,Auckland 0752, New Zealand)
Electrostimulation: Current status, strength of evidence guidelines, and meta-analysis.
Koel G., Houghton P.E.
Advances in Wound Care. 3 (2) (pp 118-126), 2014. Date of Publication: 01 Feb 2014.
AN: 2014120526
Significance: Delayed healing of skin wounds is a serious problem for the patients, clinicians, and society. The application of interventions with proven effectiveness to increase wound healing is relevant. Recent Advances: This article summarizes the results of effect studies with the application of electrostimulation (ES) as additional treatment to standard wound care (SWC). Therefore, five published narrative reviews are discussed. In addition, 15 studies with a clear randomized controlled trial design are analyzed systematically and the results are presented in four forest plots. The healing rate is expressed in the outcome measure percentage area reduction in 4 weeks of treatment (PAR4). This leads to a continuous measure with mean differences between the percentage healing in the experimental group (SWC plus ES) and in the control group (SWC alone or SWC plus placebo ES). Adding ES to SWC in all wound types increases PAR4 by an extra 26.7% (95% confidence interval [CI] 15.6, 37.8); adding unidirectional ES to SWC increases PAR4 by 30.8% (95% CI 20.9, 40.6) and adding unidirectional ES to the treatment of pressure ulcers increases PAR4 by 42.7% (95% CI 32.0, 53.3). Critical Issues: There is a discrepancy between the proven effectiveness of ES as additional treatment to SWC and the application of ES in real practice. Possible drawbacks are the lack of clinical expertise concerning the proper application of ES and the extra time effort and necessary equipment that are needed. Future Directions: Clinicians concerned about the optimal treatment of patients with delayed wound healing should improve their practical competency to be able to apply ES.

Glioma cell migration and invasion as potential target for novel treatment strategies.
Translational Neuroscience. 4 (3) (pp 314-329), 2013. Date of Publication: September 2013.
AN: 2014068063
Diffuse human gliomas constitute a group of most treatment-refractory tumors even if maximum treatment strategies including neurosurgical resection followed by combined radio-/chemotherapy are applied. In contrast to most other neoplasms, diffusely infiltrating gliomas invade the brain along pre-existing structures such as axonal tracts and perivascular spaces. Even in cases of early diagnosis single or small clusters of glioma cells are already encountered far away from the main tumor bulk. Complex interactions between glioma cells and the surrounding extracellular...
matrix and considerable changes in the cytoskeletal apparatus are prerequisites for the cellular
movement of glioma cells through the brain thereby escaping from most current treatments. This
review provides an overview about classical and current concepts of glioma cell
migration/invasion and promising preclinical treatment approaches. 2013 Versita Sp. z o.o.
Institution
(Naumann, Rubel, Esteban) Laboratory for Molecular Neuro-Oncology, Hertie Institute for Clinical
Brain Research and Center Neurology, University of Tubingen, Ottfried-Muller-Strase 27, 72076 Tubingen, Germany (Harter, Iliina, Blank, Mittelbronn) Edinger Institute, Institute of Neurology,
University of Frankfurt am Main, Germany
Publisher
Versita (6, Przasnyska St, Warsaw 01-756, Poland)

20.
Deep venous thrombosis after major abdominal surgery in a Ugandan hospital: A prospective
study.
Muleledhu A.L., Galukande M., Makobore P., Mwambu T., Ameda F., Kiguli-Malwadde E.
International Journal of Emergency Medicine. 6 (1), 2013. Article Number: 43. Date of
Publication: December 2013.
AN: 2014099720
Background: Deep venous thrombosis (DVT) is a major cause of morbidity and mortality among
postoperative patients. Its incidence has been reported to range between 16% and 38% among
general surgery patients and may be as high as 60% among orthopaedic patients. The most
important clinical outcome of DVT is pulmonary embolism, which causes about 10% of hospital
deaths. In over 90% of patients, occurrence of DVT is silent and presents no symptoms until
onset of pulmonary embolism and/or sudden death. The only effective way of guarding against
this fatal condition is therefore prevention/prophylaxis. However, prophylaxis programs are
usually based on the estimated prevalence of DVT in that particular community. There is currently
no data concerning rates of postoperative DVT in Uganda. The purpose of the study was
therefore to determine the prevalence of DVT among postoperative patients at Mulago Uganda's
National Referral Hospital. Methods: A cross sectional descriptive study was conducted between
March and June 2011. Eligible patients were identified and screened and patient details were
collected. Clinical examinations were done on postoperative days (PODs) 1, 2, and 4 and
Doppler ultrasounds were done on POD 7 and POD 21 to assess for DVT. Patients found with
DVT were treated appropriately according to local treatment guidelines. Results: A total of 82
patients were recruited, 4/82 (5%) had DVT. The most common risk factor was cancer. The
overall mean age was 45 years (range 20-83 years). The male to female ratio was 1.6:1.
Participants with more than one risk factor for DVT were 16/82 (20%). Conclusions: Prevalence of
DVT among major post-abdominal surgery patients was low (5%). Cancer was the most common
associated factor apart from surgery. 2013 Muleledhu et al.
Institution
(Muleledhu, Mwambu) Department of Surgery, Mulago National Referral Hospital, P.O. Box 7072,
Kampala, Uganda (Muleledhu, Galukande, Makobore) Department of Surgery, Makerere
University College of Health Sciences, P.O. Box 7072, Kampala, Uganda
Telfer P.
Thalassemia Reports. 3 (1 SUPPL.) (pp 69-71), 2013. Date of Publication: 2013.
AN: 2013209240
Sickle Cell Disease is a rare condition in many regions of Europe and general clinicians responsible for local services to patients with SCD may have relatively little experience and knowledge of the condition. Inadequate and inappropriate management may deprive patients of treatments and support shown to be beneficial, and may result in sub-optimal outcomes in the short and long-term. A recent report of fatal outcomes in patients with haemoglobin disorders in the UK (National Confidential Enquiry into Patient Outcome and Death, 2008) has highlighted a number of cases where mortality could have been avoided by adherence to standard guidelines or protocols. P. Telfer, 2013 Licensee PAGEPress, Italy.
Institution
(Telfer) Barts and The London Children's Hospital, London, United Kingdom
Publisher
Page Press Publications (via Giuseppe Belli, Pavia 7, 27100, Italy)

22. Pharmacognostic studies of potential herb - Tridax procumbens Linn.
Zambare A.V., Chakraborty G.S., Banerjee S.K.
AN: 2013150023
The study is aimed at development of physicochemical parameters and to investigate the active principle present in Tridax Procumbens Linn. Tridax Procumbens Linn. (Asteraceae) commonly known as Coat Buttons is an important plant used against various disorders in indigenous system of medicine such as Wound-Healing, Hepatoprotective, Anti-Inflammatory, Anti-diabetic and Immunomodulatory activities. Thus from the extensive literature survey it was revealed that no reports were available on microscopic evaluation, standardization parameters and chemo profile of Tridax Procumbens to check the identity and purity of the drug. The present work embodies the investigations carried out to establish methods for quality control of drugs as per WHO guidelines:
complete botanical evaluation which comprises macroscopic, microscopy physicochemical parameters like loss on drying extractive value, ash value and to investigate the Phytochemical present the extract in the preliminary level were carried out for the quality control of the drug. Thus it was thought worthwhile to explore this endangered plant on the basis of this standardization parameter. The study will provide referential information for the correct identification of the crude drug.

Institution
(Zambare, Chakraborthy, Banerjee) SVKM’s, NMiMS, School of Pharmacy and Technology Management, Shirpur (MH), India

Publisher
Society of Pharmaceutical Sciences and Research (1117, Sector 12 A, Panchakula, Haryana, India)

23. Health economics information in wound care: The elephant in the room.
Carter M.J.
Advances in Wound Care. 2 (10) (pp 563-570), 2013. Date of Publication: 01 Dec 2013.
AN: 2013769312
Objective: To describe the role of health economics (HE) in wound care in relation to coverage and reimbursement. Approach: Narrative description of key concepts with supporting references. Results: The process of approval or clearance of wound care products within the U.S. regulatory framework often causes lack of high level of evidence regarding clinical outcomes. There is also a paucity of HE information and great reluctance to use such information (when it is available) by insurers and Centers for Medicare and Medicaid, as well as other health-care agencies. Cost-effectiveness (CE) studies are the most common type of HE study in wound care, and the most common outcomes are incremental CE ratios (ICERs). Interpretation of ICERs requires considerable judgment when results are not obvious and is hampered by lack of contemporary and useful benchmarks. While many lessons have been learned in applying CE to coverage and reimbursement decisions in other western countries - including transparency of decision-making and involvement of patients - there is still a major aversion to using CE in the United States. Applying CE to basic wound care and advanced therapeutics has the potential to decrease the costs of wound healing considerably. Innovation and Conclusions: Many CE approaches, including modeling, provide sufficiently detailed information that decision-makers can make informed decisions about wound care products in regard to coverage and reimbursement. The reluctance to use CE information in the United States, however, is likely to contribute heavily to the ever-increasing costs in wound care. Copyright 2013, Mary Ann Liebert, Inc. 2013.

Institution
(Carter) Strategic Solutions, Inc., 1143 Salsbury Ave., Cody, WY 82414, United States
Publisher
Mary Ann Liebert Inc. (140 Huguenot Street, New Rochelle NY 10801-5215, United States)
24.
Are we fully implementing guidelines and working within a multidisciplinary team when managing venous leg ulceration?
Vowden P., Vowden K.
Wounds UK. 9 (2) (pp 17-20), 2013. Date of Publication: 2013.
AN: 2013759129
Compression therapy is the accepted treatment for lower limb venous leg ulceration, but reviews of leg ulcer therapy have shown patients do not receive adequate compression. In the UK, current guidelines recognise the importance of a multidisciplinary approach to care, addressing both issues relating to the wound and the treatment of the underlying venous insufficiency. Managing underlying disease is vital in the long-term care of patients with venous leg ulceration. Despite this, many people with venous leg ulceration have not undergone full venous assessment or been referred for consideration of venous disease therapy.
Institution
(Vowden) Bradford Teaching Hospitals NHS Foundation Trust, University of Bradford, NIHR Healthcare Technology Cooperative for the Prevention and Treatment of Wounds, Bradford, United Kingdom  (Vowden) Bradford Teaching Hospitals NHS Foundation Trust, University of Bradford, Bradford, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

25.
Dowsett C.
AN: 2013759107
A growing body of research evidence suggests that biofilms play an important role in chronic wounds and are often one of the causes of delayed wound healing. Biopsies from chronic wounds found that 60% of the specimens contain biofilm structures in comparison to only 6% of biopsies from acute wounds (James et al, 2008). Here, the author discusses the clinical relevance of biofilms and offers a practice-based approach to their identification and treatment with a suggested management pathway, utilising case study examples. The aim of care should be to prevent biofilm formation in the first instance, treat if biofilm present, and prevent reconstruction.
Institution
(Dowsett) Tissue Viability, East London Foundation Trust, London, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
Using treatment pathways to improve healing of venous leg ulceration.
Gardner S.
AN: 2013759148
Background: A leg ulcer prevalence audit carried out by staff working in community services within an NHS Trust identified an average wound duration time of 24 months, which impacted negatively on the patient and nursing capacity. Aim: To evaluate whether the implementation of evidence-based treatment pathways would lead to complete healing in 70% of people with venous leg ulceration at 24 weeks. Methods: Two evidence-based pathways were designed (standard and complex) with a key focus on wound bed preparation, appropriate compression and wound progression over 6 weeks. Patients (n=77) were assigned to a pathway -61 to the complex pathway and 16 to the standard pathway. Data relating to wound size and pain levels were requested every 6 weeks for 24 weeks or healing. Results: Out of the 77 people starting on a pathway, 45 remained for 24 weeks or until healing. Of these, 71% (n=32) healed completely within 16 weeks, 20% (n=9) improved by >70% and 9% (n=4) remained static. There were 32 patients removed from the pilot for a range of reasons, predominantly poorly controlled co-morbidities and deterioration in their arterial status. Conclusion: Using an evidence-based treatment pathway can improve the healing rates of people with venous leg ulceration; however, a multidisciplinary approach to managing underlying co-morbidities is needed if outcomes are to be optimised.
Institution (Gardner) Oxford Health NHS Foundation Trust, Oxford, United Kingdom
Publisher Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

Standardising wound care documentation in clinical practice: The wound healing assessment and monitoring (WHAM) tool.
Shepherd J., Nixon M.
AN: 2013759145
Background: Across the UK, there is no standardised approach to wound assessment and documentation (Dowsett, 2009), or collection of wound healing rate data. Aim: This article outlines an initiative to improve the assessment and documentation of wound care in a community setting. Methods: The authors have devised a new package of wound care documentation, which incorporates a visual healing graph adapted from the National Pressure Ulcer Advisory Panel (NPUAP, 1998) Pressure Ulcer Score for Healing (PUSH) tool. This tool provides a standardised, evidence-based, visual approach to wound assessment and
documentation. The new approach is named the Wound Healing Assessment and Management (WHAM) tool. Results: Use of the tool has demonstrated improvements in the quality of care that patients receive in relation to wound care and improvements in quality of life. Conclusion: The WHAM tool shapes holistic assessment, supports clinical judgement, ensures regular evaluation, and initiates consistent, regulated practice.

Institution
(Shepherd, Nixon) Lancashire Care NHS Foundation Trust, Preston, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

28. Audit of the use of compression hosiery in two NHS Trusts.
Stephen-Haynes J., Sykes R.
AN: 2013759134
Background: Compression therapy is integral in the treatment and prevention of venous and lymphovenous disorders. Methods: An audit of 42 nurses from Worcestershire Health and Care Trust and Worcestershire Acute Hospitals Trust was conducted to identify factors influencing decision making when selecting compression hosiery. Results: The most common reason given for using compression hosiery was to prevent ulcer recurrence, and the majority reported using British Standard off-the-shelf hosiery. Nurses were most likely to have their compression hosiery selection influenced by patient concordance. Conclusion: While there was evidence of sound practice, particularly in terms of the use of compression hosiery to prevent chronic venous disease progression, this study highlights a need for practice development and education for nurses in the use and selection of compression hosiery.
Institution
(Stephen-Haynes) Department of Tissue Viability, Birmingham City University, United Kingdom
(Stephen-Haynes, Sykes) Worcestershire Health and Care NHS Trust, Stourport-on-Severn, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

White R., Brown A., Lattimer C.R., Geroulakos G., Elstone A.
Wounds UK. 9 (3) (pp 8-14), 2013. Date of Publication: 2013.
AN: 2013732534
Institution

Aim: To get insight into the frequency of venous leg ulceration in the Dutch dermatologic practice, and into how this profession treats this disease. Design: Material and Methods: An e-survey was conducted. To all Dutch dermatologists and residents dermatology an email was sent with an online link to a questionnaire on venous leg ulcers. Results: The overall response was 30%. 83.5% of the doctors usually treat their patients according to the guideline. The dermatologic practice consists on average of 73 patients (range 0-500; SD 93) with leg ulceration, and yearly 54 new leg ulcer patients (range 0-300; SD 50) are seen. 65% of the patients are women, 80% is more than 45 years of age and 55% is older than 65. Of all ulcers, 77% has a venous aetiology, of which 59% has a primary cause. Mean time to heal is 74 days (range 4-200; SD 39). Per year, dermatologists admit on average 7 patients (range 0-50; SD 11) because of leg ulceration. Eventually, 47% of the admitted patients are treated by skin transplantation. Conclusions: This questionnaire gives a good insight in the epidemiology, and the diagnostic and therapeutic regimen for patients with venous leg ulcers in Dutch dermatologic practice. Schattauer 2013.

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Publisher Schattauer GmbH (Hoelderlinstr 3 Stuttgart D-70174, Germany)

Ingenol mebutate is a once-daily topical treatment for actinic keratosis (AK) that is applied for only two or three days depending on body site. It has recently been approved by the FDA for the treatment of AK on the face, scalp, trunk and extremities and recommended for approval by the CHMP in September 2012. In this drug profile, the author reviews its mode of action, efficacy and tolerability and comments on the drug's likely place in practice. 2013 John Wiley & Sons, Ltd.

32.
Foam sclerotherapy.
Reich-Schupke S., Stucker M.
Phlebologie. 42 (1) (pp 31-36), 2013. Date of Publication: 2013.
AN: 2013293030
Since October 2009, the use of Athoxysklerol foam has been approved in Germany as an option for treating varicose veins. According to the current guidelines, foam sclerotherapy can be used for all types of varicose veins. It has proved itself particularly useful for treating branch varicose veins and perforators, and as a non-surgical alternative for trunk varicose veins. Apart from the history and clinical examination, the prerequisites for planning and carrying out foam sclerotherapy include mapping the veins by means of careful duplex ultrasound scanning of the standing patient. Once a decision for sclerotherapy has been made, patients must be fully informed about the treatment and give their consent in writing. For the venepuncture, patients should be standing or sitting down. If the varicose veins are clearly visible or the venepuncture is performed under ultrasound guidance, the patient can be recumbent. The foam should always be applied with the patient lying down. The Tessari and DSS systems are well-established methods of producing foam. After injection of the foam, compression should be applied at the injection site, a local compression bandage applied, and finally a medical compression stocking put on top. The adverse effects of foam sclerotherapy do not differ substantially from those of liquid sclerotherapy. Duplex ultrasonography is appropriate for monitoring therapeutic success.
Schattauer 2013.
Institution
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Publisher
Schattauer GmbH (Hoelderlinstr 3 Stuttgart D-70174, Germany)
Overview of HPV-related Dermatoses and Applications of Sinecatechins Ointment.
Bhatia N.
Current Dermatology Reports. 1 (4) (pp 161-167), 2012. Date of Publication: 2012.
AN: 2013264111
The incidence of Condyloma acuminata and other HPV-related dermatoses is increasing, with as many as one million new cases of infections diagnosed yearly. Therapeutic options that were once limited to in-office procedures or topical podophyllin toxins are now directed toward modifying the immune responses against the viral burden and minimizing recurrence potential. For years, compliance with follow-up and topical management has been limited due to issues with convenience, toxicities, and costs. There are now several pharmacological agents in the dermatology marketplace that can be incorporated into treatment regimens, either as monotherapy or in combination with in-office destruction modalities. One of the newer agents, Sinecatechins 15 % ointment (Veregen), promotes localized antioxidative effects in conjunction with other proinflammatory actions. As the elucidations of the immune mechanisms that create viral diseases as well as other dermatoses continues to expand, so will the potential applications of this class of therapies. Several studies have supported its use in the treatment of external genital warts as well as other diseases. This article focuses on the pathogenesis and epidemiology of external genital warts and other manifestations of HPV, as well as on the history, mechanisms of action, and therapeutic applications of Sinecatechins 15 % ointment. 2012 Springer Science+Business Media, LLC.
Institution
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Publisher
Current Medicine Group LLC (400 Market St, Ste 700 Philadelphia PA 19106, United States)

A five-decade odyssey in vascular surgery: Reflections and optimism for the future.
Dardik H.
AN: 2013245261
Publisher
Sociedade Brasileira de Angiologia e Cirurgia Vascular (Avenida Venezuela 131 grupo 509/510, Cep 20081-311 Rio de Janeiro, Brazil)

Integrative medicine selects best practice from public health and biomedicine.
The meaning of terms Integrated and Integrative are described variously by an amalgam of latest scientific advances with ancient healing systems, of complementary medicine and biomedicine, and sexually transmitted infections and HIV/AIDS. It means seamless good quality care between hospital and primary care. They provoke approval mostly from patients and disapproval mostly from advocates of science and evidence-based medicine. The Institute of Applied Dermatology in Kasaragod, Kerala, India has championed a mix of Biomedicine, Yoga and herbals from Ayurvedic medicine, partly based on publications from the Department of Dermatology of the University of Oxford. In Oxford dermatology, acceptance of value of integrative medicine (IM) is demonstrated, especially in wound healing and the skin's blood supply. This has long featured in the university's research program. A variety of approaches to the practice of medicine are illustrated with reference to Osler, Garrod, and Doll. IM is believed to underlie contemporarily best practice. Particular emphasis is given to the control of heat, pain, redness, and swelling, all manifestations of inflammation, and the importance of emotion as a stimulus or inhibitor carried by neural pathways. These may explain some unbelievable Asian practices and one of the many roles of Yoga. The concept of Integrative is expanded to include care of the earth and nutrition, the hazards of climate change, Gardens for Health, do (k) no (w) harm as a key to good practice.

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Publisher
Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

36.
Major clinical research advances in gynecologic cancer in 2012.
AN: 2013070514
Ten topics were chosen among major clinical research achievements in gynecologic oncology in 2012. For ovarian cancer, comprehensive review of the history of bevacizumab studies was followed by poly adenosine diphosphate [ADP]-ribose polymerase (PARP) inhibitors and other molecular targeted agents such as epidermal growth factor receptor tyrosine kinase inhibitor and AMG 386. For the development of genomic study in gynecologic cancers, BRCA and DICER1 mutations were covered in epithelial and nonepithelial ovarian cancer, respectively. For endometrial cancer, targeted agents including mammalian target of rapamycin (mTOR) inhibitors and bevacizumab were discussed. Radiation therapy "sandwiched" between combination chemotherapy schedules for the treatment of uterine papillary serous carcinoma was also reviewed. Preoperative prediction of lymph node metastasis, definition of low-risk group, and recurrence and survival outcomes of laparoscopic approaches were addressed. For cervical cancer, we reviewed long-term benefit of human papillomavirus test and efficacy of
paclitaxel/carboplatin versus paclitaxel/cisplatin in stage IVB, persistent or recurrent disease. In addition, the effect of three dimensional image-based high-dose rate brachytherapy was also reviewed. For vulvar cancer, the diagnostic value of sentinel lymph node biopsy was discussed. For breast cancer, positive results of three outstanding phase III randomized clinical trials, CLEOPATRA, EMILIA, and BOLEO-2 were introduced. Lastly, updates of major practice guidelines were summarized. 2013. Asian Society of Gynecologic Oncology, Korean Society of Gynecologic Oncology.

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(Lee) Department of Internal Medicine, Seoul National University Hospital, Seoul, South Korea
Publisher
Korean Society of Gynecologic Oncology and Colposcopy (102 Ho, 55-5 Nonhyeon-dong, Gangnam-gu, Seoul 135010, South Korea)

Prevention methodologies against infection after total joint arthroplasty.
Current Orthopaedic Practice. 23 (6) (pp 533-539), 2012. Date of Publication: November-December 2012.
AN: 2013035086
Surgical site infections after lower extremity total joint arthroplasty procedures remain a substantial economic burden to the patient, the treating institution, and the healthcare system. The complexity of these surgical procedures creates the potential for various patient-related or surgery-related risk factors for infection. Although there is much literature regarding the use of many preventative methods, a consensus regarding the true efficacy and application of such practices generally is not available. In this review, we evaluated selected preventative measures including: the Centers for Disease Control and Prevention recommendations, skin preparation techniques, surgical draping techniques, operative dress, operating room ventilation, hair removal techniques, as well as operating room traffic control. Our literature review consisted of searching PubMed, EMBASE, Ovid, and other relevant orthopaedic journal databases. Preference was given to randomized-controlled trials, data from national registries, and meta-analyses within the past 5 years written in the English language. After reviewing the available literature, we present the authors' current preferred infection prevention methodology and protocol. 2012 Wolters Kluwer Health.
Institution
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SUMMARY Abdominoperineal excision (APE) for rectal cancer was described by Miles over 100 years ago. The technique and approach have undergone a number of modifications, however, the essence of the procedure remains essentially unchanged. Management of rectal cancer has changed significantly over the century as surgery and adjuvant therapies have evolved, with improved outcome and a marked decline in incidence of APE. It has been widely recognized that tumors requiring APE are associated with higher rates of local recurrence and positive resection margins compared with anterior resection. The modern challenge remains in obtaining oncological equivalence for both procedures. This article reviews the history and evolution of APE, assesses its current status and explores modern perspectives on optimizing the surgical approach.  2012 Future Medicine Ltd.

Institution (Wallace, White, Lynch, Heriot) Division of Cancer Surgery, Peter MacCallum Cancer Centre, St Andrews Place East Melbourne, Victoria, Australia

Publisher Future Medicine Ltd. (2nd Albert Place, Finchley Central, London N3 1QB, United Kingdom)


Dominici L.S., Golshan M.

Breast Diseases. 23 (4) (pp 351-352), 2012. Date of Publication: 2012.

AN: 2012716700

Publisher Academic Press Inc. (1250 Sixth Avenue, San Diego, California CA 92101, United States)
Lugli M., Maleti O., Perrin M.
Phlebolymphology. 19 (3) (pp 107-120), 2012. Date of Publication: 2012.
AN: 2012650800
The Clinical Practice Guidelines of The Society for Vascular Surgery and The American Venous Forum, published in the 2011 Journal of Vascular Surgery supplement, is the most complete document on the management of varicose veins ever published in English. It is the work of leading members of the American Venous Forum, who are major contributors to advances in this field. However, most of them are vascular surgeons and this may have influenced their recommendations. A total of 14 guidelines are recommended or suggested using the recommendation grading system of Guyatt et al. The present article will specifically review these recommendations, bearing in mind that as Europeans we may have some divergence of opinion with our American colleagues.
Publisher
Les Laboratoires Seriver (50 Rue Carnot, F-92284, Suresnes Cedex, France)

41. Editorial.
Partsch H.
Phlebolymphology. 19 (3) (pp 106), 2012. Date of Publication: 2012.
AN: 2012650799
Publisher
Les Laboratoires Seriver (50 Rue Carnot, F-92284, Suresnes Cedex, France)

42. Traditional Herbal Practices by the Ethnic People of Kalahandi District of Odisha, India.
Mallik B.K., Panda T., Padhy R.N.
AN: 2012530090
Objective: To record ethnobotanical information from a hill-dwelling aboriginal tribe of Odisha.
Methods: Gathering information on medicinal uses of plants by moving door to door for
conducting personal interviews with socio-economically backward tribals (aborigine people) of Niyamagiri hill area of Kalahandi district, Odisha state, India and recording the accumulated knowledge with the snowball technique. Plants were identified by the users on forest floor and were botanically classified. Results: This communication consists of uses of parts of 111 plant species belonging to 105 genera of 59 plant families, against 68 human ailments, diarrhoea, dysentery, scabies, intestinal worms, gastrointestinal disorders, venereal disease, gynecological disorders, gingivitis, rheumatism, joint pains, wounds, cut injuries, mouth troubles, ear diseases, acute eye infections, foot inflammation, foot crack and eczema, particularly. These plants are used as herbal healing sources, as a part of cultural practice of aborigines down the ages. Among these plants, many are specific to the climate identified zone of the hilly forest patches of the district. Conclusions: The present record of ethnomedicinal data indicated that the backward local ethnic people use plants from their surroundings, as healing sources for all possible ailments. 2012 Asian Pacific Tropical Biomedical Magazine.

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Publisher
Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)


The Current Procedural Terminology coding determines the reimbursement level of any service provided by physicians and practitioners in any outpatient care setting. The American Medical Association unveiled revisions and updates to certain dermatology services and procedural codes late in 2011. All dermatology practices and providers are highly encouraged to pay close attention to these revisions and updates, as these may ultimately affect the final code selection of services performed, which will in turn determine whether the service performed is reimbursable or not. This article will help you get up to speed with the 2012 changes, revisions, and updates, as they affect dermatology Current Procedural Terminology coding. 2012 Dermatology Nurses' Association.

Institution
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Publisher
Lippincott Williams and Wilkins (351 West Camden Street, Baltimore MD 21201-2436, United States)
44. Characteristics and clinical managements of chronic skin ulcers based on Traditional Chinese Medicine.
Li F.-L., Wang Y.-F., Li X., Li F., Xu R., Chen J., Geng L., Li B.
Date of Publication: 2012.
AN: 2012341984
Chronic skin ulcer (CSU), including diabetic ulcers, venous ulcers, radiation ulcers, and pressure ulcers, remains a great challenge in the clinic. CSU seriously affects the quality of life of patients and requires long-term dedicated care, causing immense socioeconomic costs. CSU can cause the loss of the integrity of large portions of the skin, even leading to morbidity and mortality. Chinese doctors have used traditional Chinese medicine (TCM) for the treatment of CSU for many years and have accumulated much experience in clinical practice by combining systemic regulation and topical treatment of CSU. Here, we discuss the classification and pathogenic process of CSU and strategies of TCM for the intervention of CSU, according to the theories of TCM. Particularly, we describe the potential intervenient strategies of the qing-hua-bu protocol with dynamic and combinational TCM therapies for different syndromes of CSU. Copyright 2012 Fu-Lun Li et al.
Institution
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Publisher
Hindawi Publishing Corporation (410 Park Avenue, 15th Floor, 287 pmb, New York NY 10022, United States)

45. Endoscopic management of esophageal-gastric variceal bleeding.
Wang H.P.
AN: 70783792
Acute variceal hemorrhage (AVH) from esophageal varices (EV) or gastric varices(GV) is a devastating complication of portal hypertension. The prognosis of AVH has remarkably improved and results from advancement in the approaches of AVH including pharmacological therapies, endoscopic intervention, transjugular intrahepatic portosystemic shunt (TIPS). and surgery. Being
an essential part in the management of AVH. Endoscopy plays important roles. Patients with AVH frequently present with unstable hemodynamics. Ideally, risks of circulatory collapse and airway compromise should be minimized before patients are transported to endoscopy rooms. Therefore, restoration of circulatory volume and blood component therapies should be started immediately on patients' arrival. The optimal timing of endoscopy for patients with AVH has long been controversial. Practice guidelines from the international conference (the Baveno workshop) for the management of AVH recommended UGI endoscopy be performed as soon as possible (<12 hours) after admission. We conducted a retrospective analysis of 311 consecutive cases with AVH and found that timing of endoscopy > 15 hours after presentation was an independent risk factor associated with mortality (odds ratio 3.67: 95% confidence interval, 1.27-10.39). To prevent the first bleeding from esophageal varices, sclerotherapy is no longer recommended. There is no doubt that band ligation and nonselective beta-blocker (NSBB) are effective, respectively, to prevent first bleeding in the EV with medium to large size. Endoscopic therapy plays a pivotal role in the hemostasis of AVH. EVL is the recommended endoscopic therapy to control active EV bleeding. Endoscopic injection therapy with tissue glue (e.g., N-butyl-2-cyanoacrylate and 2-octyl-cyanoacrylate) to obliterate varices has become the endoscopic treatment of choice for isolated gastric varices (IGV) and gastroesophageal varices extending beyond cardia (GOV2). Use of thrombin or fibrin has been explored in the management of acute GV bleeding with promising preliminary results. It is recommended that patients receive secondary prophylaxis before they are discharged from hospital for a bleeding episode, especially for those with large varices, red color signs, and decompensated cirrhosis. EVL remains the preferred endoscopic treatment for secondary prevention of EV bleeding. Usually several sessions of banding ligation is needed in order to eradicate EV. However, the time interval of band ligation remains an unsettled issue.

Institution
(Wang) National Taiwan University Hospital, Taiwan (Republic of China)
Publisher
Japan Gastroenterological Endoscopy Society

46.
(ii) Diagnosis and management of infection after total knee arthroplasty.
Odak S., McNicholas M.
Orthopaedics and Trauma. 26 (2) (pp 80-85), 2012. Date of Publication: April 2012.
AN: 2012328908
The incidence of infection after total knee replacement (TKR) has been reported variously between 0.4% to 2% in the current literature. As the numbers of TKR procedures are increasing annually, so are the numbers of prosthetic joint infections. Although the incidence of infection has been dramatically reduced over the last decade, an infected prosthetic joint still significantly adversely affects the outcome of TKR and adds undue financial burden on the healthcare system. This article aims to review the current literature regarding the factors associated with infected TKR, along with diagnosis and management of this serious potential complication. 2012 Elsevier Ltd.
Institution
47.
Debridement of a traumatic haematoma using larval therapy.
Rafter L.
Wounds UK. 8 (1) (pp 81-88), 2012. Date of Publication: March 2012.
AN: 2012239262
Institution
(Rafter) Mary Seacole Research Centre, De Montfort University Leicester, Wound Care Solutions
Tissue Viability Nurse Consultant, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

48.
Nursing standards and outcomes developed by the Leg Ulcer Forum.
Whayman N.
AN: 2012239259
Quality standards are being developed by the National Institute for Health and Clinical Excellence (NICE) to support the NHS outcomes framework which the Department of Health has put into place to improve healthcare outcomes for all patients. These standards will drive quality throughout the NHS services. As yet there are no plans for quality standards to be developed for leg ulcer services, therefore, the national Leg Ulcer Forum has developed its own nursing standards outlined below.
Institution
(Whayman) Your Healthcare, Leg Ulcer Clinic Tolworth Hospital, Surbiton, Surrey, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
49.
Treatment of radiation-induced mucocutaneous toxicity.
Becker-Schiebe M., Lordick F., Hoffmann W.
Memo - Magazine of European Medical Oncology. 5 (1) (pp 39-42), 2012. Date of Publication: April 2012.
AN: 2012211698
During radiotherapy 80% to 90% of all patients will develop some degree of inflammation symptoms, such as erythema, dry or wet desquamation, skin folds, or mucositis depending on radiation-and patient-related factors and the extent of irradiated skin or mucosal areas. Up to now radiation induced local reactions represent still an important toxicity factor. Cutaneous and mucosal side effects may reduce the patient's compliance and can be limiting factors to follow radiotherapy protocols. Therefore, there is a high need for effective prophylactic and therapeutic treatments. Basically, guidelines recommend the avoidance of mechanical, chemical and thermal irritants, especially the exposure to high temperatures. To delay onset of radiodermatitis various preventive topicals may be applied like aqueous cream formula with or without antioxidative agents. In general, the treatment of radiodermatitis primarily should maintain moisture and skin permeability and consists of hydrophilic creams, antioxidative and anti-inflammatory topicals. Hydrocolloid dressings may reduce and improve wound healing in grade 2 and 3 reactions. Supportive therapy of radiation-induced mucositis includes the maintenance of oral care protocols and adequate nutrition during the course of treatment. A sufficient oral health status is one of the most important factors for prevention of severe oral complications. The MASCC guidelines recommend furthermore the use of non-medicated rinses with saline or sodium bicarbonate 4 to 6 times daily. Further approaches suggest the use of local anaesthetics and systemic analgesics for severe mucositis. Besides local preventive agents and supportive care protocols, modern radiation treatment techniques remain the most promising intervention in reducing the degree of skin reactions. 2012 Springer-Verlag.
Institution
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Publisher
Springer Wien (Sachsenplatz 4-6, P.O. Box 89, Vienna A-1201, Austria)

50.
Nutritional care of patients with pressure ulcers: Some evidence based guidelines.
Ullah N., Alam I.
Pakistan Journal of Medical Sciences. 28 (1) (pp 196-200), 2012. Date of Publication: 2012.
AN: 2012096556
Malnutrition has been shown to be a significant factor in the development and deterioration of pressure ulcers (PU). However, whether nutritional intervention can be effective in the treatment of PU is still unclear and controversial mainly due to inconsistent results reported in some recent studies. The objective of this review is to evaluate the effectiveness of nutritional care in patients
with PU. The review is expected to comprehend the definition, prevalence and effectiveness of nutritional care on the prevention and treatment of PU. In addition a discussion on the level of adequacy of nutritional care and the role of enteral and parenteral nutrition on the prevention and treatment of PU is also provided. Sources of Data/Study selection: Data from survey reports, health statistics, descriptive, cross-sectional and longitudinal studies published between 1990-2008 on the topic were included. Data searches concentrated on human studies only excluding those with irrelevant and incomplete conclusions. Data Extraction: The literature was accessed using data bases and abstracting systems including Medline, PubMed, Science Direct, Research GATE, etc. The prevalence of PU may range from 5-50%. Nutritional status is an independent risk factor for the development of pressure ulcers. Data from nutrition supplementation studies show faster recovery from PU and lesser hospital stay. Diets with high energy and protein, supplemented with vitamins, minerals and immunomodulators are generally indicated in PU. Enteral and parenteral nutrition are indicated when the patient fails to achieve nutritional needs through oral route and are recommended to be used without any contraindications.

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(Ullah, Alam) Human Nutrition Department, Faculty of Nutrition Sciences, Khyber Pakhtunkhwa Agricultural University, Peshawar, Pakistan
Publisher
Professional Medical Publications (Raja Ghazanfar Ali Road, Saddar, Karachi, Pakistan)

51.
Acute radiation syndrome and Fukushima: A watershed moment?.
Cerezo L., Macia i Garau M.
Reports of Practical Oncology and Radiotherapy. 17 (1) (pp 1-3), 2012. Date of Publication: January 2012.
AN: 2012115406
Institution
(Cerezo) Department of Radiation Oncology, Instituto de Investigacion Sanitaria, Hospital Universitario de la Princesa, Madrid, Spain (Macia i Garau) Radiation Oncology Department, Institut Catala d'Oncologia, Hospital Duran i Reynals, L'Hospitalet de Llobregat, Barcelona, Spain
Publisher
Elsevier Urban and Partner sp. z o.o. (ul. Kosciuszki 29, Wroclaw 50-011, Poland)

52.
The importance of uniform venous terminology in reports on varicose veins.
Vasquez M.A.
Phlebolymphology. 18 (3) (pp 130-139), 2011. Date of Publication: 2011.
AN: 2012095734
There is a need for a standardized consistent language in vascular surgery that allows easy flow of information and comparison of results among clinicians. Beginning with current nomenclature, a common language serves as a framework for more detailed efforts. Understanding the outcome assessment tools available provides the opportunity for universal outcome reporting. Data collected at widespread points can then be fairly compared, and common goals of therapy can be determined. Common outcomes that have demonstrated verifiable trends and reproducibility should be subjected to the rigors of evidence-based questioning. The resultant standards of care and expectations of therapy are then confidently presented for everyday practice and ongoing research.

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Publisher
LES LABORATOIRES SERIVER (50 Rue Carnot, F-92284, Suresnes Cedex, France)

53.
An exploratory clinical trial for combination wound therapy with a novel medical matrix and fibroblast growth factor in patients with chronic skin ulcers: A study protocol.
Morimoto N., Yoshimura K., Niimi M., Ito T., Tada H., Teramukai S., Murayama T., Toyooka C., Takemoto S., Kawai K., Yokode M., Shimizu A., Suzuki S.
Background: Chronic skin ulcers such as diabetic ulcers and venous leg ulcers are increasing and are a costly problem in health care. We have developed a novel artificial dermis, collagen/gelatin sponge (CGS), that is capable of the sustained release of basic fibroblast growth factor (bFGF) for more than 10 days. The objective of this study was to investigate the safety and efficacy of CGS impregnated with bFGF in the treatment of chronic skin ulcers. Methods/Design: Seventeen patients (> 20 years of age) with chronic skin ulcers that have not healed by conventional therapy for at least 4 weeks are being recruited. Patients will be applied with CGS impregnated with bFGF of 7 mug/cm² or 14 mug/cm² after debridement, and the wound bed improvement will be assessed 14 days after application. "Wound bed improvement" is defined as a granulated and epithelialized area on Day 14 in proportion to the baseline wound area after debridement of 50% or higher. Patients will be followed up until 28 days after application to observe the adverse events related to the application of CGS. Conclusion: This study has been designed to address the safety and efficacy of CGS impregnated with bFGF. If successful, this intervention may be an alternative to bioengineered skin substitutes and lead to substantial and important changes in the management of chronic skin ulcers such as diabetic ulcers and venous ulcers.
Institution
(Morimoto, Takemoto, Kawai, Suzuki) Department of Plastic and Reconstructive surgery, Graduate School of Medicine, Kyoto University, 54, Kawahara-cho Shogoin, Sakyo-ku, Kyoto 606-8507, Japan (Yoshimura, Niimi, Tada, Teramukai) Department of Clinical Trial Design and Management, Translational Research Center, Kyoto University Hospital, Japan
54. Emerging concepts in post-operative pain management.
Harsoor S.S.
AN: 2012059694
Institution (Harsoor) No. 21, 2nd Cross, Kirloskar Colony, Basaveshwarnagar, II Stage, Bangalore - 560 079, Karnataka, India
Publisher Indian Society of Anaesthetists (Flat No 12/1A K Point, 68-BAPC Roy Road, Kolkata 700009, India)

55. Evidence in venous ulcer management: A new consensus recommendation.
White R., Ali O., Mackie M., Dix F., Young T., Clark M., Chadwick P., Hutchcox S., King B., Mangan M., Bateman S.D., Oliver-Williams R.
Wounds UK. 7 (4) (pp 69-75), 2011. Date of Publication: December 2011.
AN: 2012044637
The estimated UK prevalence of venous leg ulceration (VLU) is 0.1-0.3%, increasing with age (Scottish Intercollegiate Guidelines Network [SIGN], 2010). The anticipated annual cost of treating a VLU in the UK has been estimated to be between 1,298 and 1,526 based on 2001 prices (Iglesias et al, 2004), and accounts for 30-50% of home nursing visit resources (Lees and Lambert, 1992; van Hecke et al, 2008). Most VLU treatments are carried out in the outpatient setting, with 50% of ulcers healing within ten weeks. However, some VLUs may take up to ten years to heal, with a 70% recurrence rate. Of those patients hospitalised because of poor or non-healing, most demonstrated recurrence of the ulcer within two months (Reeder et al, 2010).
56.
Resumption of valued activities in the first year post liver transplant.
Scott P.J., Brown V.L.
Occupational Therapy in Health Care. 26 (1) (pp 48-63), 2011. Date of Publication: January 2012.
AN: 2012012916
Current practice in education of transplant recipients includes general guidelines about return to involvement in life activities emphasizing medical precautions during wound healing and avoidance of activities that present risk of infection or rejection. This approach assumes patients gradually resume pre-transplant involvement in life activities: an assumption that has not been tested. Using the Canadian Occupational Performance Measure, this cross-sectional descriptive pilot study (n = 20) explored differences in the performance of activities of daily living, instrumental activities of daily living, leisure, and productivity at three time periods within the first year. Results showed basic daily tasks are stable by the third month but some instrumental tasks declined by the end of the first year post transplant. Results indicated that there were significant differences in the Short Form-36 mental component score of the group performing "worse than expected" suggesting that preparation of recipients is needed to enable them to set realistic expectations. Results indicate the need for a longitudinal study of the resumption patterns of life activities for realistic expectations of recovery and guidelines for the treatment team. 2012 Informa Healthcare USA, Inc.
Institution
(Scott) Department of Occupational Therapy, Indiana University, 1140 Michigan Street, Indianapolis, IN 46202-5119, United States  (Brown) Department of Anthropology, State University of New York at Binghamton, Binghamton, NY, United States
Publisher
Informa Healthcare (69-77 Paul Street, London EC2A 4LQ, United Kingdom)

57.
Leg Club update.
Gibson E.
Wounds UK. 7 (3) (pp 110), 2011. Date of Publication: September 2011.
AN: 2011582211
Institution
(Gibson) Aspen Medical Europe Ltd., United Kingdom  (Gibson) East Kent University Hospitals NHS Foundation Trust, United Kingdom
(Gibson) Buckinghamshire University, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
58.
Putting patients first: Reducing the human and economic costs of wounds.
Stephen-Haynes J., Bielby A., Searle R.
Wounds UK. 7 (3) (pp 47-55), 2011. Date of Publication: September 2011.
AN: 2011582202
This article proposes a systematic, measured and disciplined approach to wound care in order to maximise efficiency and reconcile the apparently conflicting issues of dwindling resources and increasing demand for quality care. This integrated approach to wound care would use advanced wound care techniques and products in accordance with best practice guidelines and support appropriate use through a programme of education and training. The effectiveness of this approach in changing practice would be underpinned via an ongoing process of monitoring and evaluation.
Institution
(Stephen-Haynes) Department of Tissue Viability, Professional Development Unit, Birmingham City University, United Kingdom  (Stephen-Haynes) Worcestershire Health Care NHS Trust, United Kingdom
(Bielby, Searle) Smith and Nephew Healthcare Ltd., Hull, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

59.
Femoral head autograft for acetabular reconstruction in cementless total hip arthroplasty for developmental hip dysplasia.
Gao W.-Q., Chen J.-Y., Cheng J., Li Z., Chi L.-T.
Date of Publication: June 2011.
AN: 2011413923
Background: Patients with Crowe II, III, IV type of hip dysplasia have poorly developed true acetabulum and often present with lateral wall defects due to femoral head erosion, so most patients require autologous bone graft and artificial acetabular reconstruction. Objective: To evaluate the clinical effect of bulk femoral head autograft for acetabular reconstruction in cementless total hip arthroplasty (THA) for developmental hip dysplasia (DDH). Methods: From March 2007 to November 2009, THA was performed for 15 patients (15 hips) with osteoarthritis secondary to DDH. The length difference was (2.7+/-0.8) cm between two lower limbs of the unilateral DDH patients. The Harris scores were (41.6+/-12.8) points preoperatively. The standard procedure of THA was performed in 15 patients (15 hips), the structural femoral head autograft for restoring normal level of rotating center of the acetabulum in other patients. Results And Conclusion: The incision healed by first intention in all patients. The duration of follow-up ranged from 1 to 2years (average 1 year). The X-ray films showed bony healing between the grafted bone and the ilium in all patients. At last follow-up, the length difference was (0.8+/-0.3) cm
between two lower limbs and the Harris score was (89.3+/-6.5) points, showing statistically
differences (P < 0.05) when compared with preoperation. The X-ray films showed no signs of
dislocation, absorption and collapse of the grafted bone. THA combined with structural femoral
head autograft for patients with osteoarthritis secondary to DDH can obtain favorable results. This
method can restore normal level of rotating center of the acetabulum, provide reliable acetabular
fixation, and restore acetabular bone stock in patients with Crowe type II and type III DDH.
Institution
(Gao, Chen, Cheng, Li, Chi) Department of Hip Trauma, Sichuan Provincial Orthopedics Hospital,
Chengdu 610041, Sichuan Province, China
Publisher
Journal of Clinical Rehabilitative (P.O. Box 1200, Shenyang 110004, China)

60.
Secondary efficacy endpoints in the SONIC study.
Kornbluth A.
Gastroenterology and Hepatology. 7 (4) (pp 5-7), 2011. Date of Publication: April 2011.
AN: 2011254358
Publisher
Gastro-Hep Communications, Inc. (611 Broadway, Suite 310, New York NY 10012, United
States)

61.
Surgical risks in patients on inflammatory bowel disease medications.
Lashner B.A.
Gastroenterology and Hepatology. 7 (4) (pp 246-247), 2011. Date of Publication: April 2011.
AN: 2011254355
Institution
(Lashner) Center for Inflammatory Bowel Disease, Department of Gastroenterology, Cleveland
Clinic, Cleveland, OH, United States
Publisher
Gastro-Hep Communications, Inc. (611 Broadway, Suite 310, New York NY 10012, United
States)
Recently, the Infectious Diseases Society published evidence-based guidelines for the treatment of methicillin-resistant Staphylococcus aureus infections. The guideline discusses the management of a variety of infections including skin infections, bacteremia and endocarditis, pneumonia, and osteomyelitis and joint infections. Copyright 2011 by Lippincott Williams & Wilkins.
Institution (File) Northeastern Ohio Universities, College of Medicine and Pharmacy, Rootstown, United States (File) Summa Health System, 75 Arch St, Akron, OH 44304, United States Publisher Lippincott Williams and Wilkins (351 West Camden Street, Baltimore MD 21201-2436, United States)

Aims: To compare honey-based ointments and dressings for the treatment of paediatric partial-thickness burns and skin lesions with results from cases treated with conventional methods. Methods: Eight children (eight months-13 years) were included in the study when admitted to the emergency room (ER). Five had partial-thickness burns (2-35% total body surface area [TBSA]). The three others had necrotic ulcers, circular skin lesions and deep cervical trauma. After stabilising the patients in the ER, honey-based products were applied. Parents were given instructions on how to apply the honey ointment and dressings at home. Patients were followed up weekly on an out-patient basis. Similar cases treated with povidone iodine were collated from hospital archives for comparison. Results: All honey cases had complete epithelialisation by the end of the second week, without any adverse effects. The povidone iodine group needed on average three weeks for epithelialisation and had prolonged hospitalisation. The home care by the parents provided stress-free healing for both children and parents. Conclusions: The honey-based therapy indicates a fast (19 days vs 25-31 days), cost-effective and patient-friendlier treatment method compared to povidone iodine. Conflict-of-interest: None.
Institution (Smaropoulos, Romeos, Dimitriadou) Hippokration General Hospital of Thessaloniki, Greece Publisher Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
64.
Diagnosis and management of acute variceal bleeding: Asian Pacific Association for study of the Liver recommendations.
Hepatology International. 5 (2) (pp 607-624), 2011. Date of Publication: June 2011.
AN: 2011281312

Background: Acute variceal bleeding (AVB) is a medical emergency and associated with a mortality of 20% at 6 weeks. Significant advances have occurred in the recent past and hence there is a need to update the existing consensus guidelines. There is also a need to include the literature from the Eastern and Asian countries where majority of patients with portal hypertension (PHT) live. Methods: The expert working party, predominantly from the Asia-Pacific region, reviewed the existing literature and deliberated to develop consensus guidelines. The working party adopted the Oxford system for developing an evidence-based approach. Only those statements that were unanimously approved by the experts were accepted. Results: AVB is defined as a bleed in a known or suspected case of PHT, with the presence of hematemesis within 24 h of presentation, and/or ongoing melena, with last melanic stool within last 24 h. The time frame for the AVB episode is 48 h. AVB is further classified as active or inactive at the time of endoscopy. Combination therapy with vasoactive drugs (<30 min of hospitalization) and endoscopic variceal ligation (door to scope time <6 h) is accepted as first-line therapy. Rebleeding (48 h of T 0) is further sub-classified as very early rebleeding (48 to 120 h from T 0), early rebleeding (6 to 42 days from T 0) and late rebleeding (after 42 days from T 0) to maintain uniformity in clinical trials. Emphasis should be to evaluate the role of adjusted blood requirement index (ABRI), assessment of associated comorbid conditions and poor predictors of non-response to combination therapy, and proposed APASL (Asian Pacific Association for Study of the Liver) Severity Score in assessing these patients. Role of hepatic venous pressure gradient in AVB is considered useful. Antibiotic (cephalosporins) prophylaxis is recommended and search for acute ischemic hepatic injury should be done. New guidelines have been developed for management of variceal bleed in patients with non-cirrhotic PHT and variceal bleed in pediatric patients. Conclusion: Management of acute variceal bleeding in Asia-Pacific region needs special attention for uniformity of treatment and future clinical trials. 2011 Asian Pacific Association for the Study of the Liver.

Institution
(Sarin, Kumar, Garg, Sharma) Department of Hepatology, Institute of Liver and Biliary Sciences (ILBS), New Delhi, India  (Angus) Department of Gastroenterology, Austin Health, Studley Rd, Heidelberg 3084, Australia  (Baijal) Department of Radiodiagnosis, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Raebareli Road, Lucknow 226014, India
Infections associated with the use of biologic response modifiers in rheumatic diseases: A critical appraisal.
Malaviya A., Haroon N.
Indian Journal of Rheumatology. 6 (1 SUPPL.) (pp 99-112), 2011. Date of Publication: March 2011.
AN: 2011182390
Patients with autoimmune inflammatory rheumatic disorders have a higher incidence of infections indicative of inherent immunosuppressed state related to the disease activity. The latter is made worse by DMARD, including steroids that are universally used to treat these disorders. The problem has been compounded further with increasing worldwide use of biological response modifiers (BRMs or biologies) for the treatment of systemic inflammatory rheumatic diseases, especially rheumatoid arthritis (RA). To some extent, this was predicted considering that most BRM used in rheumatology practice specifically target molecules involved in the functioning of innate or adaptive immune system of the host defense system. The adverse effects of BRM, however, need to be balanced against their remarkable efficacy in disease control. BRM are highly effective drugs that have revolutionized the treatment of these diseases. In this paper the current status of infection with the use of BRM in rheumatic diseases is discussed. On balance, biologies seem to be safe drugs with acceptable range of drug-related infections. The preponderance of data indicates that TNF inhibitors (iTNF) are associated with a small increased risk of serious bacterial infections. The most common associated infections are urinary tract infection, pneumonia, upper respiratory infection, and soft-tissue/skin infections. Available data strongly suggest an increased risk of tuberculosis-flare with iTNF medications, especially the monoclonal drugs and has been discussed separately. Though sparse and grossly limited, the Indian data has been reviewed. Stringent screening is required for TB and other community infections prior to initiating BRM. 2011 Indian Rheumatology Association.
Institution
(Malaviya) A and R Clinical for Arthritis and Rheumatism, Department of Rheumatology, ISIC Superspeciality Hospital, Vasant Kunj, New Delhi-110070, India (Haroon) Division of Rheumatology, Toronto Western Hospital, 399 Bathurst Street, Toronto, ON, Canada
Publisher
Elsevier (Singapore) Pte Ltd (3 Killiney Road, 08-01, Winsland House I, Singapore 239519, Singapore)


68. Using ActivHeal in a traffic light system wound care formulary. Hawkins E. Wounds UK. 6 (4) (pp 177-182), 2010. Date of Publication: December 2010. AN: 2011005635 Despite recent announcement by the government that the NHS is safe from further budget cuts, there is still a responsibility to streamline purchasing within the NHS. This has resulted in wound care specialists using investigative methods, including prevalence studies, to address how their specific institution can reduce costs without having a negative impact on their patients. East Lancashire NHS Hospitals Trust has looked into how implementing a wound care formulary and having ActivHeal (Advanced Medical Solutions) as a first-line dressing range can have a positive effect on dressing choice, education and wound care spend. Institution (Hawkins) East Lancashire Hospitals, NHS Trust, United Kingdom Publisher Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
69.
NICE clinical guideline: Prevention and treatment of SSIs - Is it enough?.
Downie F.
AN: 2011005625
In 2008 the National Institute for Health and Clinical Excellence (NICE) launched their clinical guideline 74 on the prevention and treatment of surgical site infections (SSI). Clinical guideline 74 predominately advocates and advises on SSI prevention and treatment. This article explores some of the questions raised by this clinical guideline around the areas of SSI surveillance, gaps in the evidence, and the management/effectiveness of clinical guidelines in practice. It is posited that these questions create exciting challenges for wound care clinicians in the quest to answer them.
Institution
(Downie) Papworth Hospital NHS Foundation Trust, Cambridge Anglia Ruskin University, Cambridge, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

70.
Acute wound management: Revisiting the approach to assessment, irrigation, and closure considerations.
Nicks B.A., Ayello E.A., Woo K., Nitzki-George D., Sibbald R.G.
AN: 2011152224
Background: As millions of emergency department (ED) visits each year include wound care, emergency care providers must remain experts in acute wound management. The variety of acute wounds presenting to the ED challenge the physician to select the most appropriate management to facilitate healing. A complete wound history along with anatomic and specific medical considerations for each patient provides the basis of decision making for wound management. It is essential to apply an evidence-based approach and consider each wound individually in order to create the optimal conditions for wound healing. Aims: A comprehensive evidence-based approach to acute wound management is an essential skill set for any emergency physician or acute care practitioner. This review provides an overview of current evidence and addresses frequent pitfalls. Methods: A systematic review of the literature for acute wound management was performed. Results: A structured MEDLINE search was performed regarding acute wound management including established wound care guidelines. The data obtained provided the framework for evidence-based recommendations and current best practices for wound care. Conclusion: Acute wound management varies based on the wound location and characteristics. No single approach can be applied to all wounds; however, a
systematic approach to acute wound care integrated with current best practices provides the framework for exceptional wound management. Springer-Verlag London Ltd 2010.

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(Ayello, Woo, Sibbald) University of Toronto, Toronto, ON, Canada
(Ayello) Excelsior College, School of Nursing, Albany, NY, United States
(Woo) Women's College Hospital, Toronto, ON, Canada
(Nitzki-George) Division of Clinical Pharmacology, NorthShore University HealthSystem, Chicago, IL, United States
(Sibbald) Wound Healing Clinic and Medical Education, Women's College Hospital, Toronto, ON, Canada
(Sibbald) World Union of Wound Healing Societies, Toronto, ON, Canada

Publisher
Springer London (The Guildway, Old Portsmouth Road, Artington, Guildford GU3 1LP, United Kingdom)

71.
Current concepts in perioperative care for the prevention of deep surgical site infections in elective spinal surgery.
Meyer D., Klarenbeek R., Meyer F.
Zentralblatt fur Neurochirurgie. 71 (3) (pp 117-120), 2010. Date of Publication: 2010.
AN: 2010465891
Introduction: Postoperative deep wound infections are the third most common reason for nosocomial infections after pneumonia and urinary tract infections. Deep wound infections lead to higher rates of morbidity and mortality and increased costs of treatment. Infection rates following spinal surgery are reported to lie between 1.9 and 10%. This study was carried out to prove whether a new internal concept for perioperative management could reduce the infection rates following spinal surgery. Methods: Based on the current literature we developed a concept for perioperative care in spinal surgery in order to prevent postoperative deep wound infections. We retrospectively compared infection rates of 2006 and 2007 after the implementation of our perioperative care concept in spinal surgery patients. Total annual operations were comparable. Results: After the introduction of our predominantly evidence-based concept of perioperative care for spinal surgery patients, we found a considerable decrease in infection rates from 0.6% in 2006 to 0% in 2007. Conclusion: A new concept for perioperative care in spinal surgery for the prevention of deep wound infections was found to effectively reduce infection rates. Due to the limitations of our single-center retrospectively selected cohort, further research is necessary to support our results. Georg Thieme Verlag Stuttgart - New York.

Institution
(Meyer, Klarenbeek, Meyer) Evangelisches Krankenhaus Oldenburg, Department of Neurosurgery, Steinweg 13-17, 26122 Oldenburg, Germany
Publisher
72. Immunosuppressive therapies in solid organ transplantation.
Aranda-Michel J., Ahsan N.
Immunology, Endocrine and Metabolic Agents in Medicinal Chemistry. 10 (1) (pp 21-30), 2010.
Date of Publication: 2010.
AN: 2010374596
Background: Organ transplantation is a life saving procedure in patients with end-organ disease. While improvement in surgical techniques made transplantation possible in the 1960s, advances in immunosuppressive therapies have resulted in lower rates of acute cellular rejection and consequently, significant improvements in patient and graft survival after solid organ transplantation. Aim: To discuss all immunosuppressant medications in organ transplantation. These medications are potent, have substantial drug interactions, and have acute and chronic toxicities. Conclusion: Immunosuppressive protocols must be balanced not only to minimize graft rejection, but also to avoid complications related to adverse effects. Further studies are needed to optimize optimal use of these medications in relation with immune tolerance. This article provides a general overview of efficacies and toxicities of current immunosuppressive therapies. 2010 Bentham Science Publishers Ltd.
Institution (Aranda-Michel) Department of Transplant Medicine, Gastroenterology, Hepatology and Transplantation, Mayo Clinic, Jacksonville, FL, United States (Ahsan) Department of Transplant Medicine, Gastroenterology, Nephrology, Mayo Clinic, Jacksonville, FL, United States Publisher Bentham Science Publishers B.V. (P.O. Box 294, Bussum 1400 AG, Netherlands)

73. What practicing cardiologists need to know about radiation exposure in cath. Lab?.
Amro A.
AN: 2010391546
Institution (Amro) Nuclear Cardiology Division, Prince Sultan Cardiac Center, Riyadh, Saudi Arabia Publisher Elsevier (P.O. Box 211, Amsterdam 1000 AE, Netherlands)
74.
Anaesthesia for vascular surgery on extremities.
Caldicott L., Farrow C.
AN: 2010508011
Patients presenting for peripheral vascular surgery often have multiple comorbidities due to the widespread nature of atherosclerotic disease. Diabetes is also very common. Cardiac events are the major cause of perioperative mortality. Preoperatively, any medical conditions should be optimized and consideration given to starting a beta-blocker, if this is indicated. Surgery can be performed under general or regional anaesthesia, and there are potential pros and cons of each technique but no significant differences in outcome between the two methods. Patients are often anticoagulated pre- and perioperatively and an understanding of the implications of this to anaesthetic technique is vital. Peripheral arterial reconstruction or bypass surgery can be prolonged. Maintenance of normothermia is important, but significant fluid shifts and blood loss are relatively rare and invasive monitoring is not usually needed. Patients presenting for limb amputations are a high-risk group and have a high mortality and reduced long-term survival. Optimum preoperative and postoperative is especially important in this group to hopefully minimize the development of phantom limb pain, although no one particular anaesthetic technique has been shown to be consistently effective. 2010 Elsevier Ltd. All rights reserved.
Institution
(Caldicott) St James's University Hospital, Leeds, United Kingdom  (Farrow) Leeds General Infirmary, Leeds, United Kingdom
Publisher
Elsevier Ltd (Langford Lane, Kidlington, Oxford OX5 1GB, United Kingdom)

75.
Skin changes at life's end (SCALE): A consensus document.
Beldon P.
AN: 2010226182
Institution
(Beldon) Epsom and St. Helier University Hospitals NHS Trust, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)
76. Recent guidelines in chronic venous disease: The place of Daflon 500 mg. 
Nicolaides A.-N.
Phlebology. 17 (1) (pp 53-54), 2010. Date of Publication: 2010.
AN: 2010001875
Publisher
Servier International (192 Avenue Charles de Gaulle, Neuilly-sur-Seine Cedex 92578, France)

77. Management of diabetic foot according to wagner's classification and frequency of diabetic foot disease in other foot a study of 98 cases.
JPMI - Journal of Postgraduate Medical Institute. 23 (3) (pp 245-250), 2009. Date of Publication: July-September 2009.
AN: 2010468693
Objective: To find the grade wise distribution of diabetic foot ulcer, the best surgical management for different grades of diabetic foot ulcer and factors that can decrease the rate of morbidity and mortality in these patients. Material and Methods: The study was conducted in Surgical "A" Unit, PGMI Lady Reading Hospital, Peshawar, Pakistan from April 2007 to April 2008. 98 patients with diabetic foot disease were included. Detailed history, clinical examination and investigations were recorded. Lesions of the diabetic foot were graded according to the Wagner classification and appropriate medical and surgical treatment carried out. Results: Fifty nine patients were males and thirty nine were females. Common age group was above 40 years and mostly between 40-60 years. Ninety nine percent of the patients were suffering from Type II Diabetes Mellitus. In more than half (58.16%) of the patients family history of diabetes was absent. Eleven patients had grade 1, 15 grade 2, 19 grade 3, 32 grade 4 and 21 patients had grade 5 lesions. Staphylococcus aureus was the commonest organism (74.28%) isolated. On Doppler studies of the patients 61.9% patients were found to have stenosed leg vessels (Popliteal, Anterior tibial and Posterior tibial). Other co-morbid conditions like hypertension were found in 75 patients, ischemic heart disease in 40 patients and renal disease in 28 patients. Seven patients were treated with conservative antibiotics alone, 22 had incision and drainage, 28 had debridement and dressing, 38 needed amputations of different types and 2 patients needed skin graft for chronic ulcer. Disease in other foot was noted to be in 50 patients, 28 with grade 0 and 22 with grade 1. Conclusion: In patients of Diabetic foot disease all grades were seen. Lesser grade lesions responded well to conservative treatment with antibiotics while higher grades needed incision and drainage, debridement and dressing and even amputation. Early hospital admission, good glycemic control, appropriate medical and surgical treatment along with patient counselling in foot care can decrease morbidity and mortality due to the complications of diabetic foot disease.
Institution
(Jan, Shah, Usman, Khan, Shah, Sharif) Department of Surgery, Postgraduate Medical Institute, Lady Reading Hospital, Peshawar, Pakistan
Publisher
78. Anthracycline extravasation injuries: Management with dexrazoxane. 
Jordan K., Behlendorf T., Mueller F., Schmoll H.-J. 
AN: 2010171201

The application of anthracyclines in anticancer therapy may result in accidental extravasation 
injury and can be a serious complication of their use. Tissue necrosis with skin ulceration is a 
possible outcome in the inadvertent extravasation of anthracyclines during intravenous 
administration. Until recently, there has been no effective treatment against the devastating effect 
of extravasated anthracycline. Preclinical and clinical studies are leading to the clinical 
implementation of dexrazoxane as the first and only proven antidote in anthracycline 
e extravasation. In two multicenter studies dexrazoxane has proven to be highly effective in 
preventing skin necrosis and ulceration. This review focuses on the development and 
management of dexrazoxane in anthracycline extravasation injuries. 2009 Jordan et al, publisher 
and licensee Dove Medical Press Ltd.

Institution
(Jordan, Behlendorf, Mueller, Schmoll) Clinic for Internal Medicine IV, Department for Oncology 
and Haematology, University Hospital Halle, Ernst-Grube-Str. 40, 06120 Halle (Saale), Germany
Publisher
DOVE Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)

79. Venoactive medications and the place of Daflon 500 mg in recent guidelines on the management 
of chronic venous disease. 
Nicolaides A. 
Phlebology. 16 (4) (pp 340-346), 2009. Date of Publication: 2009. 
AN: 2010170555

Because the venous system is in many respects more complex than the arterial system, because 
chronic venous disease (CVD) is common in Western populations, and because both specialists 
and general practitioners have to deal with this disease, there is a need for practical support 
regarding CVD management in daily practice. This article summarizes the most recent guidelines 
regarding the place of venoactive drugs (VADs) such as Daflon 500 mg in the management of 
this disease. In addition, it makes suggestions regarding expected improvements in future 
guideline documents.

Institution
80. Dressings can prevent pressure ulcers: Fact or fallacy? The problem of pressure ulcer prevention.
Butcher M., Thompson G.
Wounds UK. 5 (4) (pp 80-93), 2009. Date of Publication: December 2009.
AN: 2010014412
In part one of this two-part article, the authors discuss the aetiology of pressure ulcers, the means of identifying those patients at risk, the range of clinical intervention strategies implemented to try and prevent their formation and the problems faced by clinicians in developing cost-effective solutions to pressure ulcer prevention. Part two will set out the scientific evidence to support the use of dressing materials to prevent pressure damage, discuss the clinical realities faced by clinicians and explore if the use of wound dressing materials has any part in a modern pressure ulcer prevention strategy.
Institution
(Butcher) Independent Tissue Viability and Wound Care Department
(Worcestershire Acute Hospitals Trust NHS UK)
(Thompson) Wound Care Alliance UK
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

81. A dynamic care pathway to manage complex foot ulcerations.
Haycocks S., Chadwick P.
AN: 2010014408
Wound healing is a dynamic, natural and efficient process that involves the overlapping of various healing stages with a continual sequence of regulatory mechanisms. The dynamic care pathway builds on this knowledge and our understanding of wound bed preparation. There are three principles: prepare the wound by debridement; promote wound healing using negative pressure wound therapy (NPWT); and protect the wound using conventional therapy to achieve complete closure. These principles are incorporated into this practical pathway to accelerate the wound healing process.
Institution
82.
Utilizing mucosal healing as a treatment goal in ulcerative colitis.
Rubin D.T.
Gastroenterology and Hepatology. 5 (11) (pp 771-773), 2009. Date of Publication: November 2009.
AN: 2010004997
Institution
(Rubin) Department of Medicine, Inflammatory Bowel Disease Center, University of Chicago
School of Medicine
Publisher
Gastro-Hep Communications, Inc. (611 Broadway, Suite 310, New York NY 10012, United States)

83.
Duplex ultrasonography protocol for investigation of patients presenting with recurrent varicose veins after surgery.
Gillet J.-L.
Phleboymphology. 16 (3) (pp 295-298), 2009. Date of Publication: 2009.
AN: 2009565368
Duplex ultrasonography has become the investigation of reference in patients presenting with recurrent varicose veins after surgery. It consists of three methods of investigation: B-mode ultrasound, pulsed duplex ultrasound, and color duplex scanning. A complete investigation of the different venous systems is necessary: - the deep venous network, identifying any abnormalities that may be postthrombotic or a primary cause - the superficial venous network and the perforator veins, identifying the origin(s) of the deep vein reflux to the superficial venous network, and also performing a complete, anatomical, and hemodynamic evaluation of the varicose vein network
Duplex ultrasonography enables precise anatomical and hemodynamic diagnosis of recurrent varicose veins. A precise description of different types of varicose vein recurrence, in particular, in the former saphenofemoral and popliteal junctions, is beyond the scope of this protocol. Duplex ultrasound scanning has become the investigation of reference in patients presenting with postsurgical recurrent varicose veins. It consists of three methods of investigation: B-mode ultrasound, pulsed duplex ultrasound, and color duplex scanning. A complete investigation of the different venous systems is necessary.
84. Cutaneous remodeling and photorejuvenation using radiofrequency devices.
Elsaie M.L.
Indian Journal of Dermatology. 54 (3) (pp 201-205), 2009. Date of Publication: 01 Jul 2009.
AN: 2009510654
Radio frequency (RF) is electromagnetic radiation in the frequency range of 3-300GHz. The primary effects of RF energy on living tissue are considered to be thermal. The goal of the new devices based on these frequency ranges is to heat specific layers of the skin. The directed use of RF can induce dermal heating and cause collagen degeneration. Wound healing mechanisms promote the remodeling of collagen and wound contraction, which ultimately clinically enhances the appearance of mild to moderate skin laxity. Preliminary studies have reported efficacy in the treatment of laxity that involves the periorbital area and jowls. Because RF energy is not dependent on specific chromophore interaction, epidermal melanin is not at risk of destruction and treatment of all skin types is possible. As such, radiofrequency-based systems have been used successfully for nonablative skin rejuvenation, atrophic scar revision and treatment of unwanted hair, vascular lesions and inflammatory acne. The use of RF is becoming more popular, although a misunderstanding exists regarding the mechanisms and limitations of its actions. This concise review serves as an introduction and guide to many aspects of RF in the non ablative rejuvenation of skin.
Institution
(Elsaie) Dermatology and Cutaneous Surgery, University Miami School of Medicine, United States
Publisher
Medknow Publications and Media Pvt. Ltd (B9, Kanara Business Centre, off Link Road, Ghatkopar (E), Mumbai 400 075, India)

Poblete H., Elias S.
AN: 2009342122
Venous disease has a spectrum of presentations. The most advanced state of chronic venous insufficiency (CVI) managed by wound care specialists being ulceration of the lower extremity. The goal of all treatments for advanced venous disease is to decrease ambulatory venous hypertension. Treatment can be divided into exogenous and endogenous methods. Exogenous methods include those applied externally such as compression, elevation, debridement and wound dressings. Endogenous methods treat the underlying venous pathology either due to venous valvular dysfunction or venous obstruction leading to venous hypertension. Recently, significant advances in endogenous methods have evolved. The development of a new concept, minimally invasive vein surgery (MIVS), has improved upon traditional, open, invasive treatments of venous disease. MIVS techniques are performed percutaneously, with minimal anesthesia, no incisions and rarely require hospital admission. This article summarizes the concept of MIVS, describes each method of MIVS and its complementary role in the management of venous leg ulcers patients. 2009 Elsevier Inc. All rights reserved.

Institution
(Poblete, Elias) Center for Vein Disease, Mt. Sinai School of Medicine, New York, NY, United States
(Elias) Center for Vein Disease, Englewood Hospital, Medical Center, Englewood, NJ, United States

Publisher
Elsevier Inc. (360 Park Avenue South, New York NY 10010, United States)

86. Actual procedures of diagnostics and treatments of crural venous ulcer in specialized German practice and clinics Results of a survey during the annual meeting of the German Society of Phlebology in Bochum, October 2008. <Attitude actuelle pour l'établissement du diagnostic et des traitements de l'ulcere veineux de jambe par les praticiens allemands spécialises independants ou hospitaliers - Resultat d'une enquete au cours de la reunion annuelle de la Societe Allemande de Phlebologie a Bochum, en octobre 2008.>
Reich-Schupke S., Altmeyer P., Stiicker M.
Phlebologie. 38 (2) (pp 77-82), 2009. Date of Publication: 2009.
AN: 2009302565

Background: To evaluate the implementation of the guidelines of the German Society of Phlebology for venous crural ulcer a survey was conducted during the annual meeting of the German Society of Phlebology 2008 in Bochum. Methods: All 719 medical participants got an anonymized questionnaire asking for supply of crural ulcer in their institution. Results: The recurrent 66 questionnaires (9.2%) were filled by colleagues from practice or hospital, mostly surgeons, dermatologists, phlebologists and vascular surgeons. As basic diagnostics vein doppler (56.1%), duplex (75.8%) or measurement of brachial-ankle-index (83.3%) were performed. Compression therapy is used in all institutions. Mainly used wound dressings are polyurethane foam dressings, alginates, hydrocolloids and silver dressings. About 2/3 conduct surgical therapy of ulcers. Conclusion: Supply of ulcus cruris by the participants of the annual meeting of the DGP corresponds mainly, but not in all aspects to the guidelines. Further efforts for a spread of the guidelines are necessary.

Institution

Colorectal cancer continues to be an important public health concern, despite improvements in screening and better systemic chemotherapy. The integration of targeted therapies in the treatment of colon cancer has resulted in significant improvements in efficacy outcomes. Angiogenesis is important for tumor growth and metastasis and is an important target for new biological agents. Bevacizumab is a humanized recombinant antibody that prevents vascular endothelial growth factor (VEGF) receptor binding, and inhibits angiogenesis and tumor growth. The addition of bevacizumab to fluoropyrimidine-based chemotherapy, with or without irinotecan or oxaliplatin, in both the first- and second-line treatment of metastatic colorectal cancer, significantly increased median progression-free survival and overall survival in select randomized phase III studies. Ongoing studies are evaluating the role of bevacizumab in the adjuvant treatment of colon cancer. Common toxicities associated with bevacizumab include hypertension, bleeding episodes, and thrombotic events. This review will focus on the integration of bevacizumab in the treatment paradigm of colon cancer and the management of its side effects. 2009 Puthillath et al, publisher and licensee Dove Medical Press Ltd.

Institution
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Publisher
DOVE Medical Press Ltd. (PO Box 300-008, Albany, Auckland, New Zealand)

89.
Current management of wound healing.
Gottrup F., Karlsmark T.
Giornale Italiano di Dermatologia e Venereologia. 144 (3) (pp 217-228), 2009. Date of Publication: 2009.
AN: 2009433579
While the understanding of wound pathophysiology has progressed considerably over the past decades the improvements in clinical treatment has occurred to a minor degree. During the last years, however, new trends and initiatives have been launched, and we will continue to attain new information in the next decade. It is the hope that increasing parts of the new knowledge from basic wound healing research will be implemented in daily clinical practice. The development of new treatment products will also continue, and especially new technologies with combined types of dressing materials or dressing containing active substances will be accentuated. Further developments in the management structure and education will also continue and consensus of treatment guidelines, recommendations and organization models will hopefully be achieved.
Institution
(Gottrup, Karlsmark) Copenhagen Wound Healing Center, Department of Dermatology, D42, Bispebjerg Hospital, DK-2400 Copenhagen NV, Denmark
Publisher
Edizioni Minerva Medica S.p.A. (Corso Bramante 83-85, Torino 10126, Italy)

90.
Amniotic membrane: An innovative treatment of refractory vascular ulcers?.
Pesteil F., Drouet M., Rousanne M.-C., Lacroix P.
Phlebolymphology. 16 (2) (pp 259-265), 2009. Date of Publication: 2009.
AN: 2009178326
Mixed arterial and venous ulcers often heal poorly if there is no revascularization, as observed in the elderly, diabetics, and chronic renal failure patients who often have diffuse, distal, and calcified vascular lesions. Treatment therefore is based on optimized local wound care, pain control, and management of the risk of infection inherent in these types of patients with chronic wounds. Current avenues of research in treatment are based on the development of angiogenesis and the use of growth factors to promote healing. Placental tissue is known to
contain a large quantity of growth factors. Use of the latter was indirectly reported by Davis in 1910 and Sabella in 1913, who described the use of fresh amniotic membrane (AM) in the management of chronic wounds occurring in the aftermath of burns. Since then, many studies have reported the use of placental tissue or AM in the management of chronic wounds. Currently, AM is used after freezing in the management of corneal defects. The aim of this article is to provide an updated literature review of this technique and its therapeutic prospects in the management of refractory vascular ulcers.

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(Rousanne) Etablissement Francais du sang Aquitaine-Limousin, France

Publisher
Servier International (192 Avenue Charles de Gaulle, Neuilly-sur-Seine Cedex 92578, France)

91.
Leg club update.
Stephen-Haynes J.
Wounds UK. 5 (1) (pp 86-87), 2009. Date of Publication: March 2009.
AN: 2009178064
Institution
(Stephen-Haynes) Tissue Viability Worcestershire Primary Care Trust, University of Worcester, Worcester, United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

92.
The diabetic foot and ankle.
Stanley J.C., Collier A.M.
Orthopaedics and Trauma. 23 (1) (pp 61-68), 2009. Date of Publication: February 2009.
AN: 2009117277
Diabetes mellitus is a common malady of our time with ever increasing numbers of patients presenting with diabetic foot and ankle pathology. Diabetes requires treatment by a multidisciplinary team and vascular disease requires management involving vascular surgeons. There is, however, an increasing burden on the orthopaedic surgeon with ulceration, foot deformity, osteomyelitis and Charcot osteo-arthropathy being direct complications of diabetes. Potential severe complications following fracture and elective surgery require an understanding of diabetes and its effects on soft tissue and bone. The key topics are: Pathophysiology - effects of
hyperglycaemia on vascular, neuronal and immune systems, Assessment - examination of diabetic foot pathology and how to spot the 'at risk foot', Ulceration - management of foot and ankle ulceration and indications for intervention, Charcot osteo-arthropathy - brief overview of Charcot-type foot and ankle disease, and Management of ankle fractures - overview of current trends in options for conservative and surgical intervention. 2008 Elsevier Ltd. All rights reserved.

Institution (Stanley, Collier) James C Stanley MBBS MRCS is Specialist Registrar at the Department of Orthopaedics, Harrogate District Hospital, North Yorkshire, United Kingdom (Stanley, Collier) Harrogate District Hospital, North Yorkshire, United Kingdom Publisher Churchill Livingstone (1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, United Kingdom)
94.

Background: Screening Esophago-gastro-duodenoscopy (EGD) is recommended for detection of esophageal varices (EV) in patients with cirrhosis due to its high prevalence. Repeated EGD is unpleasant and therefore non-invasive markers can be used to diagnose EV. Aims and Objectives: To study the frequency of EV in patients with cirrhosis due to viral etiology and its correlation with different non-invasive markers. Methods: Medical record of all patients with cirrhosis due to hepatitis B and C who underwent screening EGD for varices in last 2 years was reviewed. EV were divided in two grades (small and large) as proposed in Consensus Development workshop. Noninvasive markers such as spleen/platelets ratio, MELD and Child Turcotte Pugh (CTP) scores of all patients were recorded. Results: Out of 360 patients, 226 (62.77%) were males. Out of 269(74.7%) patients who had EV, 177(65.79%) had small and 92(34.2%) had large EV. 222(82.5%) patients with EV have CTP score of >7. MELD score >15 and < 15 were seen in 38.2% and 61.7% of patients with EV, respectively. Platelet/spleen ratio was 867.46+/-495 in patients with EV as compared to 1325.28+/-865 in patients without it (p<0.001). On multivariate analysis CTP score of >7 (OR 2.06, p<0.01), MELD score >15 (OR1.63, p=0.05) and platelet/spleen ratio <900(OR 2.35, p=0.005) were found as significant predictors of large EV. Conclusion: The frequency of EV is high in viral cirrhosis patients on screening EGD. MELD score>15, CTP score>7 and spleen/platelets ratio <900 can be used as non-invasive predictors of large EV.

Institution (Mumtaz, Ahmed, Shah, Hamid, Jafri) Aga Khan University Hospital
Publisher Springer New York LLC

95.
Topical therapy in neonates.
Raval R.C., Singh K., Gandhi A.V.
Journal of Neonatology. 22 (1) (pp 60-64), 2008. Date of Publication: January-March 2008. AN: 2010386917

Topical therapy offers the potential to achieve higher concentrations of a drug in the skin with minimal exposure of other organs. This can greatly increase efficacy and safety relative to systemic administration1,2. Successful topical therapy depends not only on selection of the most appropriate pharmacologically active ingredient but also on the most optimal vehicle for delivery. Gels enhance penetration through the epidermis, while lotions offer the convenience of easy spreadability over large areas3,4. Creams are emulsions of oil and water and the ratio of these ingredients determines the texture, emollient and occlusive properties of the product. Ointments are water-insoluble occlusive mixtures of animal, vegetable or mineral lipids. Several antibiotics,
antifungal, antiviral and antiparasitic agents are commercially available, but due consideration should be given to their efficacy and side effects before prescribing them in neonates. Children are more susceptible to local and systemic effects of topical corticosteroids than are adults. Several types of adverse reactions are possible following the use of topical corticosteroids, so they should be used more cautiously and only when specifically indicated.

Institution
(Raval, Singh, Gandhi) Skin and V.D. Department, V.S. Hospital, Ahmedabad, Gujarat, India
Publisher
IOS Press (Nieuwe Hemweg 6B, Amsterdam 1013 BG, Netherlands)

96.
Guidelines* for diagnosis and therapy of venous ulcers (version 8 2008) - ICD10: 183.0 (without inflammation) and 183.2 (with inflammation).
AN: 2009021657

Four years after the publication of the latest guidelines on diagnosis and therapy of venous ulcer the German Society of Phlebology defines a completely revised and expanded version offer the review of the literature published in the meantime. Particular emphasis was laid on international standards, new chapters are related to socio-economic aspects, the physical perception of the patients and the implementation of the guidelines in clinical practice. 2008 Schattauer GmbH.

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(Gerlach) T 6/25, 68161 Mannheim
(Stucker) Univ.-Hautklinik, St. Josef-Hospital, Gudrunstr. 56, D-44791 Bochum
(Gallenkemper, Hermanns) Gemeinschaftspraxis Fur Gefasmedizin, Neue Liner Strase 86, 47799 Krefeld
(Junger) Ernst-Moritz-Arndt Universitat - Hautklinik, Fleischmannstr. 42-44, 17487 Greifswald
(Noppeney) Obere Turmstrasse 8, 90429 Nurnberg
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(Blazek) Institut Fur Hochfrequenz-technik der RWTH, Melatener Str. 25, D-52074 Aachen
(Breu) Tegernseerstr. 101, 83700 Rottach-Egern
(Ehresmann) Klinik/Praxis Oberwald, An den Muhlenwiesen 13-17, D-36355 Grebenhain
(Hertel) Bahnhofstr. 30, D-08056 Zwickau
97.
Celebrating 25 years of Sorbsan and its contribution to advanced wound management.
Morris C.
AN: 2009008751
There can be few wound dressings that are still as popular, if not more so, 25 years after its launch. One such range of dressings is Sorbsan alginates from Unomedical (Redditch). Launched in 1983, the range has grown and developed to meet the challenges faced in the management of all types of acute and chronic wounds such as leg ulcers, pressure ulcers, partial thickness burns and surgical wounds. This product review catalogues the evidence that has been produced over the past 25 years and examines Sorbsan's relevance to today's wound care challenges.
Institution
(Morris) North Wales NHS Trust (East), United Kingdom
Publisher
Wounds UK (36 Upperkirkgate 36, Suite 3.1, Aberdeen AB10 1BA, United Kingdom)

98.
Rapid, point-of-care diagnostic tests will take the guesswork out of chronic wound care.
Schultz G.
AN: 2009008741
Institution
99.
Primary care management of the patient with cirrhosis.
Ingram K.D., Zaman A.
Journal of Clinical Outcomes Management. 15 (11) (pp 554-561), 2008. Date of Publication:
November 2008.
AN: 2008574706
Cirrhosis of the liver is a leading cause of death in the United States. Patients with cirrhosis are
also at increased risk of morbidity resulting from their disease. Diligence towards the identification
and management of underlying chronic liver disease must be sought to prevent or slow
progression of cirrhosis. Lifestyle modification, therapeutic interventions against other illnesses,
and referral to gastroenterologists/hepatologists for the initiation of disease-specific screenings
for HCC and esophageal varices are important components of the role that primary care
providers play in management of this commonly encountered patient (Table 5). Unfortunately, the
initiation of all of these measures will not prevent progression to liver transplant in all patients and
thus primary care providers must recognize the appropriate
timing for referral and be ready to
collaborate in the management of the often complex medical needs of their patients with end-
stage liver disease.
Institution
(Ingram, Zaman) Division of Gastroenterology and Hepatology, Oregon Health and Science
University, Portland, OR, United States   (Zaman) OHSU, Mailcode L461, 3181 SW Sam Jackson
Park Rd., Portland, OR 97201
Publisher
Turner White Communications Inc.

100.
A survey of nurses' and podiatrists' attitudes, skills and knowledge of lower extremity wound care.
McIntosh C., Ousey K.
AN: 2008188746
Published literature has identified deficits in the wound care knowledge of many healthcare
professionals involved in tissue viability, which may suggest some patients are receiving
suboptimal care. This article explores podiatrists' and nurses' attitudes, knowledge and skills
regarding lower extremity wound care. Interactive electronic voting pads were used to survey a
sample of nurses and podiatrists (n=102). The results were used to inform the delivery of wound
care education at the University of Huddersfield in order to encourage future collaboration and foster better working relationships between nurses and podiatrists.

Institution
(McIntosh) University of Huddersfield, West Yorkshire  (Ousey) Department of Nursing, Centre for Health and Social Care Research, University of Huddersfield, Queensgate, Huddersfield, West Yorkshire
Publisher
Wounds UK

101.
Sharp debridement of diabetic foot ulcers and the importance of meaningful informed consent.
Haycocks S., Chadwick P.
AN: 2008188745
There is minimal evidence to support the use of sharp debridement in clinical practice even though it is an accepted part of the management of diabetic foot ulceration (DFU). It is not common practice within podiatry departments to gain written, informed consent for this invasive procedure. However, in today's more litigious environment, the North West Podiatry Clinical Effectiveness Group decided to develop an information leaflet to identify the risks and benefits of sharp debridement in order to gain written, informed consent. This article looks at the evidence for sharp debridement of DFU and the process of developing the patient leaflet.

Institution
(Haycocks, Chadwick) Salford Primary Care Trust, Podiatry and Foot Health, Hope Hospital, Salford
Publisher
Wounds UK

102.
Topical imiquimod: A guide to its use in anogenital warts, actinic keratoses and basal cell carcinoma.
AN: 2008117982
Publisher
Adis International Ltd
103.
Haematomal management of obstetric haemorrhage.
Lefkou E., Hunt B.
AN: 2008476738
Obstetric haemorrhage (OH) remains the leading cause of maternal morbidity and mortality worldwide, 140 000-160 000 women die annually. Uterine atony (70%), and retained and invasive placentae remain the commonest causes. Rarely OH is due to an inherited bleeding disorder. Although risk factors and preventive strategies are documented, not all cases are expected or avoidable. Haematological management includes regular monitoring of full blood count and coagulation screen, with the appropriate use of blood products: red cells to maintain a Hb>8 g/dl; if APPT ratio and/or INR>1.5 then 15 ml/kg of fresh frozen plasma; if fibrinogen<1 g/L, then cryoprecipitate with 10 bags, increasing fibrinogen by approximately 1 g; if platelets<50 x 10^9 then one single donor pool. As fibrinolytic activation occurs with blood loss, 1-2 g tranexamic acid is suggested as it is safe, but as yet no studies of its use in OH have been undertaken. The use of rFVIIa is also reviewed. Women with OH are at high risk of venous thromboembolism post delivery and thromboprophylaxis is recommended for these women once bleeding has ceased. 2008 Elsevier Ltd. All rights reserved.
Institution
(Lefkou, Hunt) Guy's and St Thomas’ NHS Foundation Trust, London, United Kingdom
Publisher
Churchill Livingstone

104.
Improving wound-healing outcomes in diabetic foot ulcers.
McLennan S., McGill M., Twigg S.M., Yue D.K.
AN: 2009305436
The prevalence of diabetes is increasing worldwide and has been forecasted to double in the next 20 years. The major increase in morbidity and mortality of diabetes is due to the development of both macro- and microvascular complications, including failure of the wound-healing process. Foot ulcers occur in 15% of all patients with diabetes and precede 84% of all lower-leg amputations. The essential components of diabetic foot ulcer treatment are to reduce foot bearing pressure (in neuropathic ulcers) and to increase blood supply (in the case of vascular ulcers). Antibacterial therapy is also important. Despite optimized treatment, for reasons not completely understood, some ulcers fail to heal. Previous research studies have shown clearly that failure of healing eventually leads to deep-seated infection and amputation. Therefore, impaired wound healing is the pivotal event responsible for most of the morbidity (and mortality) of diabetic foot
disease. Improving wound healing in diabetes requires a multidisciplinary approach in terms of clinical management as well as an increased effort aimed at better understanding the pathogenesis of poor wound healing in diabetes. Consequently, a detailed understanding of the wound-healing process in diabetes and how it can be improved is of great importance. However, efforts to develop new therapies are hampered by a lack of knowledge of the molecular mechanisms responsible for the pathologies, as well as a lack of suitable models for the study of chronic wounds. Therefore, this review will address both clinical and biochemical aspects of wound healing in diabetes. 2007 Future Drugs Ltd.

Institution
(McLennan) Department of Endocrinology, Royal Prince Alfred Hospital, University of Sydney, Blackburn Building D06, Sydney, NSW, Australia  (McGill) Royal Prince Alfred Hospital, Diabetes Centre, Sydney, NSW, Australia
(Twigg, Yue) Discipline of Medicine, University of Sydney, Blackburn Building D06, Sydney, NSW, Australia

Publisher
Expert Reviews Ltd. (2 Albert Place, London N3 1QB, United Kingdom)

105.
Is it time to re-evaluate the preferred cleansing solution for use on chronic wounds?.
Cutting K., White R., Wilson M.L., Moore Z., Cowman S.
AN: 2008491801

Institution
(Cutting) Harefield Hospital, Middlesex, United Kingdom  (Cutting) Buckinghamshire Chiltern's University Hospital, Buckinghamshire, United Kingdom
(White) University of Worcester, Worcester, United Kingdom
(Wilson) Epsom and St Helier NHS Trust, United Kingdom
(Moore, Cowman) Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland

Publisher
Wounds UK

106.
Good research is essential in these fast-moving times.
Timmons J.
Wounds UK. 3 (3) (pp 8), 2007. Date of Publication: September 2007.
AN: 2008491790

Institution
107.
A review of leg ulcer modules at four UK universities.
Bianchi J.
AN: 2008011221
It is essential that practitioners have a sound knowledge of the aetiology and epidemiology of leg ulceration. Leg ulcer educational modules are provided by several universities across the UK. This paper aims to examine the theoretical and practical aspects of four such courses at Glasgow Caledonian University, Hertfordshire University, Cardiff University and Queens University Belfast. It analyses the mode of delivery, module content and how it compares with national guidelines, theoretical and practical aspects of the module and its alignment to the NHS Knowledge and Skills Framework.
Institution (Bianchi) Glasgow Caledonian University, Glasgow
Publisher Wounds UK

108.
New colon cancer guide features major changes.
Belden H.
AN: 2007576391
Publisher Advanstar Communications

109.
The time is right for another national chronic wound audit.
Beldon P.
Wounds UK. 3 (2) (pp 119), 2007. Date of Publication: June 2007.
Before extrapolating clinical trial results to the care of individual IBD patients, factors relevant to the clinical study design should be evaluated. Common endpoints used in UC clinical trials include improvement, remission, and endoscopic remission (ie, mucosal healing). Although the ability of a therapy to achieve mucosal healing is increasingly being studied, the relevance of this endpoint relative to clinical symptoms/remission remains uncertain. Moreover, the endpoints used in UC clinical trials have never been clearly defined and differ substantially among various trials.

Clinicians should appreciate these differences, as remission rates have been found to vary widely based on the definition of remission used. Similarly, there are currently no standardized instruments for measuring UC disease activity, which can lead to difficulty in comparing trial results and significant heterogeneity of responses. Regardless of how the optimal measure of treatment success of UC is defined and measured, factors that are important to patients, such as symptom relief, overall well-being, and quality of life, are critical when evaluating treatment success in the clinical setting. Moderate UC, which may constitute the largest segment of the UC population, is a clinical entity distinct from mild and severe disease. The oral 5-ASA agents, with or without rectal therapy, are the mainstay of treatment for both active disease and maintenance of remission for mild to moderate UC. The combination of oral and rectal 5-ASA therapy may be more effective than either agent alone. Like earlier trials indicating dose-related efficacy of these agents, recent randomized controlled trials demonstrate that 4.8 g/day mesalamine provides superior overall improvement and mucosal healing in patients with moderately active UC compared with 2.4 g/day mesalamine. Recent data also indicate that maintaining the induction dose of mesalamine increases the probability of achieving a normal PGA 1 year after induction. Patients with moderate UC who do not respond to maximal doses of oral aminosalicylates may be treated acutely with oral corticosteroids, azathioprine/6-MP, or infliximab. However, the appropriate order of therapy and possible various combinations of these agents in patients who fail to respond to higher doses of mesalamine remains to be determined. Nonadherence is a prevalent problem in UC, with only about 40% of patients with quiescent disease demonstrating adherence with maintenance therapies. Nonadherence has been shown to have substantial clinical impact in UC patients, accounting for a relapse rate that exceeds that of adherent patients 5-fold. Adherence to medication is complex and multifactorial, affected by a variety of patient-related and disease-related factors. Recent data, however, indicate that treatment-related factors such as daily dose, pill number, and regimen do not significantly influence adherence in this population. The patient-physician relationship is critical in encouraging adherence, particularly
with respect to education, open communication, and agreement regarding the value of the assigned treatment. For UC patients, knowledge and discussion of the rationale supporting persistence, such as recent data suggesting that 5-ASA agents have a potential chemoprotective benefit, may encourage persistence, even during periods of quiescence. 2007 Gastro-Hep Communications, Inc. All rights reserved.

Publisher
Gastro-Hep Communications, Inc.

111.
A study to detect the efficacy of Micro-current Electrical Therapy on decubitus wound.
Ullah M.O.
AN: 2007615575
This study tries to point out the effectiveness of Micro-current electrical therapy on decubitus wound of patients in different hospitals. The analysis shows that Micro-current Electrical Therapy (MET) has significant effect on healing the wound. The analysis also show that wound of female patients are healing significantly better than that of male patients and age is significantly influence for slightly decreasing the healing of wound.
Institution
(Ullah) Department of Statistics, Shahjalal University of Science and Technology, Sylhet, Bangladesh
Publisher
Asian Network for Scientific Information

112.
Preoperative and postoperative management of the bariatric surgical patient.
Pietras S.M., Usdan L.S., Apovian C.M.
AN: 2007270284
* Objective: To provide guidance for the primary care practitioner when evaluating a patient for weight loss surgery (WLS), to review commonly performed bariatric procedures, and to help guide management during the pre- and postoperative periods. * Methods: Review of existing literature and summary of current practices. * Results: Appropriate candidates for WLS include patients with a BMI of at least 40 kg/m2 or at least 35 kg/m2 with at least 1 significant comorbid condition. Obese patients require extensive screening and multidisciplinary care prior to consideration for WLS and during the postoperative period. * Conclusions: While there is
there are areas that remain controversial and require further study.

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(Pietras, Usdan, Apovian) Section of Endocrinology, Diabetes and Nutrition, Boston Medical Center, Boston University School of Medicine, Boston, MA, United States  (Apovian) Robinson Bldg. 4400, Boston Medical Center, 88 E. Newton St., Boston, MA 02118, United States

Publisher
Turner White Communications Inc.

113.
Critical limb ischemia.
Dawson D.L., Mills Sr. J.L.
Current Treatment Options in Cardiovascular Medicine. 9 (2) (pp 159-170), 2007. Date of Publication: April 2007.
AN: 2007263176

Critical limb ischemia (CLI) is the most severe manifestation of peripheral artery disease (PAD). Without timely recognition, appropriate diagnosis, and revascularization, patients with CLI are at risk for amputation or potentially fatal complications. The past decade has seen substantial growth in endovascular CLI therapies and options now exist for treating long-segment lower-extremity arterial occlusive disease, but surgical bypass may yield more durable results. Patients who are younger, more active, and at low risk for surgery may have better outcomes with an operation. Surgical treatment is also indicated for failures of endovascular therapy, which may include early technical failures or later occlusion after placement of stents or other interventions.

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Institution
(Dawson) UC Davis Vascular Center, 4860 Y Street, Sacramento, CA 95817, United States

Publisher
Current Science Ltd

114.
Oxygen-ozone therapy: A hope turns into reality II part.
Izzo A., Bertolotti A.
AN: 2007252257

Institution
(Izzo, Bertolotti) InterMed Onlus, Africa Sahariana, South Africa  (Izzo) Via Leonida Stefano Bissolati 20, 26100 Cremona, CR, Italy

Publisher
115.
Healing venous ulcers with different modalities of leg compression. Unexpected findings of a pilot study.
Brizzio E.O., Blattler W., Rossi G., Chirinos A., Cantero I., Idiazabal G., Amsler F.
AN: 2007110641

Background: Compression therapy (CT) is the stronghold of treatment of venous leg ulcers. We evaluated 5 modalities of CT in a prospective open pilot study using a unique trial design.
Patients and methods: A group of experienced phlebologists assigned 31 consecutive patients with 35 venous ulcers (present for 2 to 24 months with no prior CT) to 5 different modalities of leg compression, 7 ulcers to each group. The challenge was to match the modality of CT with the features of the ulcer in order to achieve as many healings as possible. Wound care used standard techniques and specifically tailored foam pads to increase local pressure. CT modalities were either stockings Sigvaris 15-20, 20-30, 30-40 mmHg, multi-layer bandages, or CircAid bandaging. Compression was maintained day and night in all groups and changed at weekly visits. Study endpoints were time to healing and the clinical parameters predicting the outcome.
Results: The cumulative healing rates were 71%, 77%, and 83% after 3, 6, and 9 months, respectively. Univariate analysis of variables associated with non-healing were: previous surgery, presence of insufficient perforating and/or deep veins, older age, recurrence, amount of oedema, time of presence of CVI and the actual ulcer, and ulcer size (p <0.05<0.001). The initial ulcer size was the best predictor of the healing-time (Pearson r=0.55, p=0.002). The modality of CT played an important role also, as 19 of 21 ulcers (90%) healed with stockings but only 8 of 14 with bandages (57%; p=0.021). Regression analysis allowed to calculate a model to predict the healing time. It compensated for the fact that patients treated with low or moderate compression stockings were at lower risk of non-healing, and revealed that healing with stockings was about twice as rapid as healing with bandages. Conclusion: Three fourths of venous ulcers can be brought to healing within 3 to 6 months. Healing time can be predicted using easy to assess clinical parameters. Irrespective of the initial presentation ulcer healing appeared more rapid with the application of stockings than with bandaging. These unexpected findings contradict current believes and require confirmation in randomised trials. 2006 Schattauer GmbH.

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(Brizzio, Rossi, Chirinos, Cantero, Idiazabal) Grupo Internacional de la Compresion, Buenos Aires, Argentina  (Blattler) Angio Bellaria, Center for Vascular Diseases, Zurich
(Amsler) Amsler Consulting, Biel-Benken, Switzerland
(Blattler) Bellariastrasse 40, 8038 Zurich, Switzerland
Publisher
Schattauer GmbH
<td colspan=""/>
116.
Short- and long-term benefits of successful mucosal healing and patient compliance in ulcerative colitis.
Kane S.V., Velayos F.S.
Gastroenterology and Hepatology. 2 (12) (pp 1-10), 2006. Date of Publication: December 2006.
AN: 2007009858
Ulcerative colitis (UC) is an inflammatory disease of the colon, which, along with Crohn's disease, comprises inflammatory bowel disease. According to the American College of Gastroenterology guidelines, treatment for UC should induce and maintain remission of symptoms and mucosal inflammation to improve patients' quality of life. Aminosalicylates (5 ASAs) are recommended for the induction and maintenance of remission in patients with mild-to-moderate disease. Adherence to maintenance treatment in UC is particularly challenging, however, because patients have prolonged periods of quiescent disease in which they may not be motivated to take their medications. It should be noted that most patients who adhere to their medications will achieve a response. Adherence also has a positive impact on overall cost of care. It is possible that awareness about the long-term significance of mucosal healing could improve patient compliance. Studies of 5-ASAs suggest that adherence to therapy can reduce the risk of cancer as currently available data indicate that inflammation is strongly related to increased cancer risk.
2006 Gastro-Hep Communications, Inc.
Institution
(Kane) University of Chicago   (Velayos) University of California, San Francisco, San Francisco, CA, United States
Publisher
Gastro-Hep Communications, Inc.

117.
TNP therapy in the community: Findings of a national survey.
Newton H., Benbow M., Hampton S., Beldon P., Butcher M., Baxter H.
Wounds UK. 2 (4) (pp 31-35), 2006. Date of Publication: December 2006.
AN: 2006608636
In 2005 a national survey was conducted to assess the use of vacuum assisted closure across primary and secondary care settings. It was found that although tissue viability nurses are primarily responsible for the management of complex wounds in both primary and secondary care, in some cases, concerns were raised regarding responsibility for follow up and review, particularly when patients were discharged from hospital. In many cases the TVN was the key link between care settings. One of the major barriers for TVNs was the ease of access to VAC in community settings.
Institution
(Newton) Tissue Viability, Royal Cornwall Hospitals NHS Trust, Truro, Cornwall   (Benbow) University of Chester
(Hampton) Tissue Viability Consultancy Services
118. Are we close to developing the ultimate wound dressing?.
Leaper D.
Wounds UK. 2 (2) (pp 94-95), 2006. Date of Publication: June 2006. AN: 2006519410
Institution
(Leaper) Wound Healing Research Unit, Cardiff, United Kingdom
Publisher
Wounds UK

119. The WIC will be adapted as we learn more about the causes of delayed healing [2].
Cutting K.F.
Wounds UK. 2 (3) (pp 81), 2006. Date of Publication: September 2006. AN: 2006496945
Institution
(Cutting) Buckinghamshire Chilterns University College
Publisher
Wounds UK

120. Two clinical evaluations of the Repose system.
MacFarlane A., Sayer S.
Wounds UK. 2 (3) (pp 14-25), 2006. Date of Publication: September 2006. AN: 2006496936
Background: Pressure ulcer prevention is expensive and at times difficult to achieve within budget. Objectives: Two evaluations of the Repose pressure ulcer prevention system were
carried out concurrently in two centres across a wide range of acute clinical settings to establish
cost-effectiveness, product durability and clinical efficacy. Methods: In one centre, patients in a
24-bed orthopaedic ward were recruited over a three-month period to evaluate the clinical
effectiveness of the Repose heel protector (measured by a reduction in heel pressure ulcer
incidence) and its ease of use (as assessed by an evaluation form). In the other centre, the
Repose mattress overlay was evaluated throughout a hospital to establish its clinical efficacy
(measured by reduction in pressure ulcer prevalence), its performance and cost benefits
compared to the existing bed lease scheme. Results: Use of the Repose heel protector reduced
the incidence of heel pressure ulceration from 17% to 0%, while the use of the mattress overlay
reduced prevalence from 7% to 2-3%. The majority of staff found both products easy to use, with
the main criticism levelled at its repackaging once used. Use of the products conferred significant
cost benefits. Conclusions: Both hospitals involved in the evaluation now have Repose included
in their best practice guidelines. Conflict of interest: None.
Institution
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Acute Hospital Trust
(Sayer) Western General Hospital, Edinburgh, United Kingdom
(Sayer) Lothian University, Hospitals NHS Trust
Publisher
Wounds UK

121.
Topical photodynamic therapy.
Poljacki M., Jovanovic M., Matovic L., Lugonja B., Gajic B., Ros T.
AN: 2006433986
Topical photodynamic therapy is a therapeutic modality in development, thus arises grate interest
among dermatologists worldwide. It is an effective therapy for actinic keratosis, superficial BCC
and Bowen's disease. Treatment efficacy, good cosmetics, low risk of skin cancer, low
invasiveness, low rate of adverse events, facility for treating multiple or large lesions, especially in
poor healing sites and, for penile, digital and facial involvement, low general toxicity and
possibility of repeating the treatments with the same efficiency, enable topical photodynamic
therapy to become increasingly practiced treatment modality. Researching aimed topical
photodynamic therapy to prove as a treatment modality for clinical use in other dermatoses, is in
experimental phase. To answer the question when dermatologist should consider using topical
photodynamic therapy treatment modality, we are present available date. 2006, Institute of
Oncology Sremska Kamenica.
Institution
(Poljacki, Jovanovic, Matovic, Lugonja, Gajic, Ros) Clinical Centre Novi Sad, Clinic for
Dermatovenerology, Novi Sad, Serbia and Montenegro (Poljacki) Clinical Centre Novi Sad,
Clinic for Dermatovenerology, Hajduk Veljkova 1-7, 21000 Novi Sad, Serbia and Montenegro
Publisher
Institute of Oncology Sremska Kamenica
122. Wound care in infants and children.  
Aggarwal S.K.  
AN: 2006208044  
Institution  
(Aggarwal) Department of Paediatric Surgery, Maulana Azad Medical College, New Delhi, India  
(Aggarwal) Lok Nayak and GB Pant Hospitals, New Delhi, India  
Publisher  
National Neonatology Forum  

123. Recent trend in pressure ulcer treatment in Japan.  
Miyachi Y.  
AN: 2006192504  
Pressure ulcers represent an important class of chronic skin ulcers. The treatment of this condition has been making remarkable progress reflecting advancement in the theory of wound healing, which has led to the introduction of new concepts of wound bed preparation and moist wound healing, as well as the development of new topical medications and dressing materials. Scientific methods for the prevention and management has come to be practiced widely through the establishment of risk assessment tools and evaluation of wound surface condition, and a set of treatment guidelines based on the methodology of EBM has been formulated. A future agenda include the efforts to promote the use of the new wound management methods by all medical professionals and to solve the problem of pressure ulcer development in acute care hospitals.  
Institution  
(Miyachi) Department of Dermatology, Kyoto University Graduate School of Medicine, 54 Shogoin Kawahara-cho, Kyoto-Shi, Kyoto 606-8507, Japan  
Publisher  
Japan Medical Association
Idiopathic pulmonary fibrosis (IPF), with the histologic correlate of usual interstitial pneumonia, has an almost uniformly poor prognosis when compared with other idiopathic interstitial pneumonias. To date, therapeutic attempts, including corticosteroids and immunosuppressive agents, have focused on targeting the inflammatory component of the disease with limited success; only 10% of patients derive significant physiological benefit with this approach. Systematic evaluation of different therapeutic regimens has previously been hampered by a nonstandardized approach to trial design, diagnostic criteria, and treatment protocols. The pathogenesis of IPF has been classically described as a predominantly inflammatory process, in response to an environmental trigger in a genetically susceptible individual, with subsequent fibrogenesis. The relative lack of efficacy of anti-inflammatory therapy has prompted an evolution in our understanding of pathogenesis, with focus on epithelial injury, dysregulation of wound healing, and the fibroblastic focus. Recent therapeutic approaches include antifibrogenic agents such as interferon-, pirfenidone, and bosentan, and antioxidant therapies such as N-acetylcysteine, whereas many others are at preliminary stages of laboratory and clinical evaluation. In light of recent reclassification of the idiopathic interstitial pneumonias, this review explores the evolving theories of pathogenesis of IPF, the evidence supporting traditional anti-inflammatory and recent antifibrotic and antioxidant therapies, the idiosyncrasies of past study design, and the need for standardized treatment guidelines. At present, the course of IPF remains relentlessly progressive. The development of new therapeutic approaches, recruitment into well-constructed large multicenter trials, and ongoing laboratory and clinical research brings renewed enthusiasm to this devastating disease. Copyright 2006 by Lippincott Williams & Wilkins.
measures: Recurrent rate of IGTN was measured 1 month and 3 months after conservative management and 6 months after surgery. Results: In Stage I, conservative treatment was given to 148 subjects. 114 (77%) of them healed with no recurrence by the end of three months. The 34 subjects who did not respond to conservative treatment entered Stage II of the study and nail surgery was performed. None of these subjects had recurrence of IGTN 6 months after the surgery. Conclusions: Both conservative and surgical management for IGTN were effective and gave good outcome and patient satisfaction. Conservative management should be the first line of management as it is less time-consuming, more cost-effective and can be readily performed in out-patient settings. Surgery is very effective but has longer waiting time and more time-consuming. It can be the second line of management when the patients do not improve with conservative management. More communication between podiatrists and clinical staff of General out-patient clinics should be promoted, such as workshops for skill sharing, so that more patients can benefit. Further study with larger sample size and comparison with studies in other populations is suggested.

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Publisher
Hong Kong College of Family Physicians

126.
Herbal medicinal products for treating gynaecological complaints in women.
Barnes J.
AN: 2005514183
Publisher
Pharmaceutical Press

127.
Four-layer bandaging: From concept to practice Part 2: Application of the four-layer system.
Moffatt C.
AN: 2005493887
Four-layer bandaging has been in existence for more than 15 years, during which time it has been used in numerous studies and in many populations throughout the world. This short series reviews the development of the four-layer compression bandage system together with the evidence that contributes to a greater understanding of why it is effective in promoting healing in
various leg ulcers. This article, the second in the series, looks at the clinical indications for use and how to apply a four-layer bandage. copyright 1992-Feb 2001 by SMTL.

Institution
(Moffatt) Centre for Research and Implementation of Clinical Practice, Thames Valley University, London, United Kingdom
Publisher
Surgical Materials Testing Laboratory

128.
Scars: How pharmacists can help.
Clark C.
AN: 2005473612
Institution
(Clark) Bradford University School of Pharmacy, Bradford, United Kingdom
Publisher
Pharmaceutical Press

129.
Keloids: An old problem still searching for a solution.
Olabanji J.K., Onayemi O., Olasode O.A., Lawal O.A.-R.
Surgical Practice. 9 (1) (pp 2-7), 2005. Date of Publication: February 2005.
AN: 2005300790
An increasing number of patients with keloids present to the plastic surgeon and dermatologist practising in a predominantly black population such as ours. The black and Asian races are more affected than Caucasians. Apart from the aesthetic, psychological and social consequences, keloids may be symptomatic, causing severe itching, pain and tenderness, restriction of chest movement (presternal keloid), sleep disturbances, infection and suppuration. The multiplicity of treatment modalities suggests that there is no satisfactory therapy, with frustration to both the patients and physician. This paper reviews the current state of knowledge of the pathophysiology and the various approaches to treatment. Research efforts are still ongoing to discover more effective therapeutic intervention.
Institution
(Olabanji, Lawal) Plastic Surgery Unit, Department of Surgery, Obafemi Awolowo University Teaching Hospital, Ilé-Ife, Nigeria  (Onayemi, Olasode) Department of Dermatology and Venereology, Obafemi Awolowo University Teaching Hospital, Ilé-Ife, Nigeria
Publisher
Blackwell Publishing Ltd
130.
Surgical treatment of primary cutaneous melanoma.
Marquina M., Redondo P.
AN: 2005108332
Surgical removal of primary cutaneous melanoma remains the treatment of choice if lesions are
to be completely removed and clear margins left, which is essential in order to reduce the
chances of local recurrence and to ensure lesion-free, long term survival of patients. Although
incisional or punch biopsies are not recommended, they are admitted when excisional biopsy is
unfeasible. Once the diagnosis of melanoma has been established, a wider local excision will be
performed based on the clinico-histopathological characteristics of the primary lesion, such as
presence or absence of ulceration and Breslow thickness. At present, uniformly accepted
guidelines for the surgical management of cutaneous melanoma are not available as the existent
data are insufficient to allow final conclusions to be drawn. Fortunately, many clinical trials
investigating excision margins are currently under way and some have already been published. It
seems that the tendency towards skin sparing is finding support in these latest results. The
present goal is functional reconstruction and good cosmetic results. The treatment of acral
melanomas raises the possibility of amputation. Recurrence of lentigo maligna and lentigo
maligna melanoma has been reported in up to 80% of cases after surgery. Primary mucosal
malignant melanomas have a poorer prognosis than those of cutaneous origin. Mohs’
micrographic surgery appears useful in lentigo maligna melanoma and mucosal melanomas,
together with the use of specific immunostains for melanocytes.
Institution
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4209, 31080 Pamplona, Spain
Publisher
Revismedica - Revistas Medicas e Congressos Lda.

131.
Peripheral venous disease: Tips on diagnosis and management.
Holman J.R.
Consultant. 44 (4) (pp 569-573), 2004. Date of Publication: 01 Apr 2004.
AN: 2005087451
Because physical findings are an unreliable indicator of deep venous thrombosis (DVT), the
diagnosis is based on the presence of clinical risk factors and the results of noninvasive tests,
such as duplex ultrasonography and impedance plethysmography. Contrast venography is
considered the gold standard for the diagnosis of DVT. Uncomplicated DVT is managed with low molecular weight heparin followed by warfarin. When DVT is complicated (eg, by pregnancy or by evidence of pulmonary embolism), the patient is treated with intravenous heparin; the dosage is adjusted to achieve an activated partial thromboplastin time 3 times control. Chronic venous insufficiency is the most common cause of leg ulcers. Treatment goals include reduction of edema, relief of pain, ulcer healing, and prevention of recurrence. Leg elevation and multilayer elastic compression dressings are the mainstays of therapy. Compression dressings are continued until ulcers heal; graded compression stockings are worn to prevent recurrence. Pentoxifylline, 400 mg 3 times a day, is an effective adjunct to compression bandaging. Large or slow-healing ulcers may require skin grafts.

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(Holman) Department of Primary Care Services, Naval Hospital, Camp Pendleton, CA, United States

Publisher
Cliggott Publishing Co.
Primary cutaneous small vessel vasculitis.
Russell J.P., Weenig R.H.
Current Treatment Options in Cardiovascular Medicine. 6 (2) (pp 139-149), 2004. Date of Publication: April 2004.
AN: 2004434840
Disorders associated with cutaneous vasculitis include numerous well-described etiologies. Primary cutaneous vasculitis limits discussion to primary leukocytoclastic vasculitis, essential mixed cryoglobulinemia, urticarial vasculitis, Henoch-Schönlein purpura, and erythema elevatum diutinum. Although the therapeutics for these disorders are based on limited data, we attempt to construct a consensus opinion on the management of primary cutaneous vasculitis. Therapy of primary cutaneous vasculitis is indicated for symptomatic or systemic involvement, because cutaneous small vessel vasculitis is frequently a self-limited, single episodic disease. Conservative, symptomatic treatment includes leg elevation, warming, antihistamines, and nonsteroidal anti-inflammatory drugs. For mild recurrent disease, colchicine, dapsone, and prednisone are first-choice agents. Systemic or severe cutaneous disease requires more potent immunosuppression (eg, prednisone, azathioprine, or mycophenolate mofetil). Plasmapheresis/plasma exchange and intravenous immunoglobulin are viable considerations for refractory disease, but are cumbersome and expensive modalities. There is insufficient evidence to advocate the use of new biological or monoclonal antibody therapies in primary cutaneous vasculitis. Copyright 2004 by Current Science Inc.
Institution
(Russell, Weenig) Department of Dermatology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, United States
Publisher
Current Science Ltd

The pharmacological treatment at the UIP, San Diego: The American recognition.
Shephard D.T.S.
AN: 2004014100
Publisher
Servier International

Tetanus immunity in the elderly.
Fernandes R., Flynn B., Masaki K.
AN: 2003177350
Tetanus is more common in the elderly. However, immunity to tetanus is the lowest among this population. They are at increased risk for tetanus for various reasons. This article reviews the patterns and barriers to tetanus immunization in the elderly residing in the community and long-term care facilities. The recommendations for immunization from the Advisory Committee on Immunization Practices are also discussed.
Institution
(Fernandes) Department of Geriatric Medicine, John A. Burns School of Medicine, HPM-9, 347 N. Kuakini Street, Honolulu, HI 96817, United States
Publisher
HMP Communications LLP

136.
Micronised purified flavonoid fraction: A phlebotropic agent that is useful in the treatment of chronic venous insufficiency and venous ulcer.
AN: 2003463364
Micronised purified flavonoid fraction (MPFF) [Daflon 500mg] is a well established oral phlebotropic agent consisting of 90% micronised diosmin and 10% flavonoids expressed as hesperidin. Recent guidelines on the treatment of chronic venous insufficiency (CVI) have recommended the use of phlebotropics in the treatment of oedema and symptoms of CVI in patients with any stage of the disease. In clinical trials in patients with symptoms of CVI, two tablets of MPFF 500mg daily decreased ankle and calf circumferences, and improved symptoms of CVI and health-related quality of life. In patients with venous ulcers, the most severe manifestation of CVI, two tablets of MPFF 500mg daily plus standard venous ulcer management (compression and local topical treatment) accelerated the complete healing of venous ulcers <10cm in diameter and was cost effective relative to standard management alone. MPFF is well tolerated with a tolerability profile similar to that of placebo in clinical trials. The most frequently reported adverse events were gastrointestinal or autonomic in nature.
Publisher
Adis International Ltd

137.
Evidence-based practice: Pressure ulcer management guidelines for spinal cord injury.
Phillips E.M.
Topics in Spinal Cord Injury Rehabilitation. 9 (2) (pp 16-19), 2003. Date of Publication: Fall 2003.
138.
The management of pain associated with dressing changes in patients with burns.
Latarjet J.
AN: 2004342810
This paper focuses on pain associated with dressing changes in burn patients. The pain experienced during such procedures is often excruciating, although this issue is frequently overlooked. The author emphasises the need for accurate pain assessment in both children and adults, and describes a variety of pharmacological and non-pharmacological methods of pain management. Copyright 1992-Feb 2001 by SMTL.
Institution
(Latarjet) Dept. of Anesthesiol./Intensive Care, Burn Centre, St. Joseph and St. Luc Hospital, Lyon, France
Publisher
Surgical Materials Testing Laboratory

139.
Hyperbaric oxygen therapy and chronic refractory osteomyelitis.
O'Toole K.
AN: 2003288770
The use of hyperbaric oxygen (HBO) therapy in chronic refractory osteomyelitis (CRO) has been documented in the literature as far back as 1964. The literature, however, does not provide a great body of evidence for or against its efficacy in this disease. This article will discuss the research that has been done along with the history, uses, side effects and mechanisms of action of HBO. Copyright 2003, Elsevier Science (USA). All rights reserved.
Institution
(O'Toole) UPMC Presbyterian Emergency Dept., 200 Lothrop St., Pittsburgh, PA 15213, United States
Publisher
W.B. Saunders
140. 
Daflon 500 mg in international guidelines: The reference treatment, whatever the stage of chronic venous insufficiency.
Shephard D.
AN: 2003066023
Institution
(Shephard) St. Mary's Hospital Medical School, University of London, London, United Kingdom
Publisher
Servier International

141. 
The effect of polarized light on wound healing.
Monstrey S., Hoeksema H., Depuydt K., Van Maele G., Van Landuyt K., Blondeel P.
AN: 2002099004
Recent investigations have reported contradictory results on the influence of low-power lasers and polarized light on wound healing. Different biologic effects have been observed after light irradiation but the real benefits of phototherapy in the healing of wounds in patients are still controversial. This article reports on a randomized, prospective single blind study that was set up to evaluate the effect of polarized light (wave length 400-2000 nm, degree of polarization >95%, power density 40 mW/cm2, light energy 2.4 J/cm2) on the healing of standardized wounds. Twenty pairs of identical donor areas of split thickness skin grafts, taken on a similar location on each of the 20 patients, were treated according to an identical wound care protocol. The only difference was that one side was treated with polarized light and the other side without. The healing of these paired wounds was evaluated in a standardized manner and on a daily basis by two independent and blinded observers. The parameters assessed were: the degree of epithelialization, the quality of the granulation tissue, the degree of inflammation, the degree of infection, the aspect of the early scar tissue, blister formation, and the subjective feeling of the patient. Every parameter was scored on a 1-5 scale, with score 1 for the worst and score 5 for the best outcome. Long-term follow-up was performed after 1 month, 3 months, 6 months and 1 year. For all variables, except for infection and blister formation which was not seen in either group, highly significantly better scores were obtained in the donor sites treated with polarized light. Inter-observer agreement was acceptable to very good in all outcome variables. The results of this study demonstrated that polarized light had a beneficial effect on the healing of these standardized wounds, resulting in a faster epithelialization and an improved quality of early scar tissue formation.
142.
Doppler assessment and ABPI: Interpretation in the management of leg ulceration.
Vowden P., Vowden K.
AN: 2004342806
An ankle brachial pressure index (ABPI) of 0.8 is seen by some as a definitive decision-making number and it has almost become the 'Holy Grail' of leg ulcer assessment. However, its pivotal position is not based on hard evidence and the time has perhaps come to question our reliance on 0.8 and to look again at the concept of the mixed ulcer. copyright 1992-Feb 2001 by SMTL.
Institution
(Vowden) Bradford Royal Infirmary, Bradford, United Kingdom  (Vowden) Bradford Royal Infirmary, University of Bradford, Bradford, United Kingdom
Publisher
Surgical Materials Testing Laboratory

143.
What has pain relief to do with acute surgical wound healing?.
Pediani R.
AN: 2004342800
This paper will examine the role that pain control and the proper management of adverse effects can play in allowing patients to physically recover from surgery. The true relationship of pain relief to creating optimal conditions for wounds to heal (reduced stress response, reduced fatigue, improved circulation and oxygenation, early return to oral nutrition, and early ambulation) has only become clear in the past decade, but much of the knowledge was already established 20-30 years ago. It will be argued that this involves far more than simply dispensing set doses of prescribed analgesics. In addition, the implications of inadequate pain relief in the postoperative period on surgical recovery and the development of long-term chronic wound pain will be discussed. copyright 1992-Feb 2001 by SMTL.
Institution
(Pediani) University College of St. Martin, Lancaster, United Kingdom
144.
A GP's guide to scleroderma.
Bagga H., Schrieber L.
AN: 2001373179
Features suggesting that Raynaud's phenomenon is secondary to an underlying illness such as scleroderma include: digital pitting, ulceration, gangrene, oedema of hands and fingers, abnormality of nailfold capillaries and a positive antinuclear antibody. They require rheumatological referral. Patients with diffuse systemic sclerosis must be regularly monitored for hypertension, symptoms of breathlessness and progression of skin thickening because early intervention can help prevent significant end-organ damage. Oesophageal or symptomatic cardiac involvement should prompt early referral to a gastroenterologist or cardiologist. There is increasing evidence for the beneficial effects of immunosuppressive medication, particularly in rapidly progressive diffuse disease. It is important to advise maintenance of ambient warmth in those with secondary Raynaud's, as well as general skin care of digits. This can help with preventing ulceration, gangrene and breakdown of digits. Calcium channel blockers should also be used.
Institution
(Bagga, Schrieber) Rheumatology Research Fellow, Royal North Shore Hospital, St Leonards, NSW, Australia
Publisher
Medicine Today Pty Ltd

145.
The influence of different occlusive plates on the erythema of hypertrophic burn scars, by E. van den Kerckhove et al.
Donati L.
AN: 2001325011
Institution
(Donati) Institute of Plastic Surgery, University of Milan, Via Morandi 30, 20097 San Donato Milanese, Italy
Publisher
Springer Verlag
Recurrent varicose veins after surgery (REVAS).

Perrin M.
AN: 2001126286

Recurrent varicose veins after surgery (REVAS) are a common, complex, and costly problem. The frequency of REVAS is stated to be between 20% to 80%, depending on the definition given to this status. The consensus meeting (Paris, July 1998) decided to adopt a clinical definition: the presence of varicose veins in a lower limb previously operated on for varices. Its pathology has been poorly correlated with clinical examination and operative findings. Clinical diagnosis remains essential, but does not allow a precise assessment of REVAS. Consequently, the use of imaging investigations is mandatory. Duplex scan is considered to be the method of choice. Both clinical diagnosis and imaging investigations allow the use of a classification for everyday usage and forthcoming studies. This new classification uses the CEAP, which has been expanded to define topographic sites, the nature and sources of recurrence, the magnitude of reflux, and the possible contributing factors. Methods for treatment of REVAS include compression, drugs, sclerotherapy, and redo surgery. There is no general consensus at the present time regarding the use of sclerotherapy, surgery, or both to treat REVAS. Very few data were available to estimate the treatment results. Factors for recurrence and recommendations for primary prevention were debated, and are presented in this article. In conclusion, guidelines for well-planned prospective studies are strongly recommended.

Institution
(Perrin) 26, chemin de Decines, 69680 Chassieu, France
Publisher
Servier International

Varicose disease and pregnancy: Own experience.

Liguori M., Bonito M., Liguori F., Cirese E.
AN: 2001087109

The varicose disease representing a common clinical condition for women (in upper ratio of 2:1 compared to men), reveals itself in pregnancy, because of the different hormonal balance and venous return hindered by the uterus, all resulting into the appearance of varicose veins that were latent before or the increase of some others, finally into the congestion of the hemorrhoidal plexus veins. 30 pregnant women with hemorrhoidal disease have been followed in Ospedale S. Pietro of Rome (1999) during a period of 8 weeks before and 4 weeks after the delivery. In the ratio of 86.6% the micronized flavonoids (while the surgical therapy is inadvisable) have shown their
efficacy both in reducing the symptoms and in preventing the acute hemorrhoidal crisis and the relapses. Compliance has been good, even if 23.3% ratio of patients have abandoned the adopted protocol because of an adverse attitude towards prolonged treatments.

Institution
(Liguori, Bonito, Liguori, Cirese) U.O.D. di Angiologia, Ospedale Nuovo Regina Margherita, Roma, Italy
Publisher
A.N.M.I.R.S.
<td colspan=""'></td>

148. How to use and apply wet dressings.
Wines N., Cooper A.J., Lane A.
AN: 2001083957
Institution
(Wines, Cooper, Lane) Royal North Shore Hospital, St Leonards, NSW, Australia
Publisher
Medicine Today Pty Ltd
<td colspan=""'></td>

149. Setting up wound dressing guidelines: Avoiding the pitfalls.
Morgan D.
AN: 2004342793
Institution
(Morgan) Pharmaceutical Public Health, North Wales Health Authority, Preswylfa, Hendy Road, Mold, Flintshire CH7 1PZ, United Kingdom
Publisher
Surgical Materials Testing Laboratory
<td colspan=""'></td>

150. When your best friend bites: A note on dog and cat bites.
Davies H.D.
151.
The knee joint in rheumatoid arthritis.
Sculco T.P., Lombardi P., Miric A.
AN: 2000277217
Rheumatoid arthritis may present in the knee within a wide spectrum of manifestations. Disease progression, treatment protocols, surgical treatments and the possible complications of these treatments differ distinctly from those of osteoarthritis.
Institution
(Sculco, Lombardi, Miric) Hospital for Special Surgery, Cornell University Medical College, 535 E. 70th St., New York, NY 10021, United States
Publisher
American Society of Contemporary Ophthalmology

152.
Reconstructive surgery as part of the AMORE protocol in the treatment of pediatric head and neck soft tissue sarcoma.
AN: 2000190160
For advanced stage residual or recurrent paediatric soft tissue sarcomas in the head and neck area, the AMORE protocol was developed in our hospital. It consists of Ablative surgery, afterloading brachytherapy, using a MOulage technique and REconstructive surgery in 1 week. The reconstructive surgical component of this treatment regimen was reviewed. Between January 1993 and November 1999, 18 children with soft tissue sarcomas in the head and neck area were treated according to the AMORE protocol. The median follow-up was 31.5 months (range 2 months to 6.5 years). For reconstruction, a free vascularized muscle transfer was performed in 12 patients and a pedicled muscle transposition in six patients. The surgical reconstruction was successful in all but one patient and in 16 of 18 patients, healing was uneventful. Since the
introduction of this multidisciplinary approach in the treatment of paediatric soft tissue sarcomas in the head and neck region, the results have been promising. The immediate reconstruction of an irradiated, contaminated wound bed with uncompromised, well-vascularized muscle tissue has, in general, resulted in excellent wound healing. The treatment was undertaken in a limited amount of time and resulted in an acceptable morbidity.

Institution
(Braam, Strackee, Bos) Dept. Plast., Reconstr./Hand Surg., Academic Medical Center, University of Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, Netherlands

Publisher
Springer Verlag

153.
The fibrin-stabilizing factor as a topical means for leg ulcer healing: Biochemical and experimental properties and clinical results.
Wozniak G., Noll T., Dapper F., Piper H.M., Hehrlein F.W.
AN: 1998089182

The topical application of factor XIII (Fibrogammin HS) is a new concept in the treatment of ulcerative leg disease. In addition to the mode of application, the utilization of a fibrin-stabilizing effect in ulcer treatment is a completely different strategy, since many other medications used for local wound treatment contain a fibrinolytic component. Of the 29 inpatients treated topically during the last 3 years, 17, 12 female and 5 male averaging 60.8 +/- 13.6 years, suffered ulcerative leg disease due to a postthrombotic syndrome. The average period since first clinical manifestation of venous ulcer was 3.5 +/- 2.1 years. Thirteen patients (76.4%) with chronic ulceration showed such a distinct improvement of topical site after an average period of 3.02 +/- 1.05 weeks with topically applied factor XIII (Fibrogammin HS) combined with compression bandaging that they were discharged for further ambulant treatment. Apart from a wound surface reduction and a clinical improvement of granulation, we observed a marked reduction of bleeding and secretion tendency within the ulcer area, especially in patients with severe venous insufficiency. Our hypothesis was that high doses of topically applied factor XIII could improve barrier function of endothelial cells in the wound area. For experimental investigation, porcine aortic endothelial cells were cultured on filter membranes to confluent monolayers. To monitor the barrier function, permeability of the monolayer was continuously measured as flux of trypan blue-labeled albumin. Confluent endothelial monolayers exposed to factor XIII (Fibrogammin HS) showed a significant (n = 8, p < 0.05) reduction of albumin flux compared with controls. After induction of hyperpermeability in endothelial monolayers by incubation with potassium cyanide (KCN) and 2-deoxyglucose (2-DG), we found a significant increase (up to 250%) in albumin flux compared with controls (n = 8, p < 0.05). This hyperpermeability was significantly reduced to 50% (n = 8, p < 0.05) in monolayers that had been preincubated with Fibrogammin HS. We conclude that F XIII reduces permeability of endothelial monolayers. This effect is due to the stabilization of the endothelial barrier function and likely caused by crosslinking of suitable substrates from endothelial cell membrane or extracellular matrix. Because of our good clinical results in improvement of granulation and reduction of secretion during topical treatment of venous ulcer...
and the demonstrable effect on endothelial permeability, F XIII may play an important role in wound healing of chronic ulcerative leg disease.

Institution