An unusual case of massive fatal epistaxis

A 90-year-old woman was admitted to our accident and emergency department with spontaneous brisk epistaxis. On arrival she was profoundly hypotensive and unresponsive. Her airway and breathing were managed according to Advanced Life Support protocol. Volume resuscitation was started and intranasal packs were used in an attempt to curtail the epistaxis. Unfortunately, these measures were unsuccessful and the patient died shortly after presentation.

Postmortem examination revealed an 8 x 6 x 3 cm internal carotid artery (ICA) aneurysm in the base of the skull extending into the ipsilateral anterior and middle fossae and crossing the pituitary fossa to reach the contralateral anterior fossa. There was patchy erosion of the contralateral basal skull bones and a large defect communicating with the nasal space. The cause of death was recorded as an aneurysm in the base of the skull extending into the ipsilateral anterior and middle fossae and crossing the pituitary fossa to reach the contralateral anterior fossa.

Epistaxis is common symptom that can usually be managed conservatively by means of anterior and posterior gauze packing. It is rarely caused by ICA aneurysm. Attempted management of epistaxis secondary to ruptured ICA aneurysm using standard measures is often futile and mortality is high. For this reason other techniques have been devised for use in the acute situation, including internal carotid artery ligation at the neck and endovascular methods such as balloon embolisation, stent deployment, and the use of microcoils.

The editor is intended to raise awareness of a less common but dramatic cause of epistaxis that is commonly fatal if undiagnosed.

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References

BOOK REVIEWS

Current management of scaphoid fractures. Twenty questions answered

In 1992 Nicholas Barton, the author fronting this book, wrote an article, published in The Journal of Hand Surgery, reviewing the management of scaphoid fractures by considering 20 questions. In this book he presents the state of play in 2002 by posing each of those questions to nine international experts. Mr Barton’s coauthors Günal and Cäßi collate the responses in the form of 20 chapters while Mr Barton summarises each chapter and adds his own opinions. The result is a very readable overview of the subject.

The questions deal with each stage in the fracture’s management from how to make the initial diagnosis, how best to treat it, when to operate, and through to what to do when it all goes pear shaped. The book will thus be of interest to anyone who deals with this troublesome fracture in any way and therefore to all of us in A&E. It is, however, bedtime reading rather than an answer to any use when battling on the front line.

The review will also interest those of us who wear a managerial/clinical director’s hat and who wish our juniors to work according to pre-determined protocols and therefore to all of us in A&E. Mr Barton and Timothy Herbert (who invented the screw of the same name), as well as others, decry the use of algorithms, stating that “Medicine is an art, not a science”. Well, for those of us who entered medicine from a scientific background and who find algorithms useful for pointing our staff in an evidence based direction, the review does allow us to re-consider our own practice. Its relevance will, of course, vary between units depending upon how many chapters’ worth each department gets involved in scaphoid management.

I found this a useful and easy to read book. I am grateful to the EMJ for asking me to review it as I would have probably otherwise dismissed it as being of orthopaedic interest only.

N Jenkins

Poisonous plants and fungi in Britain and Ireland—interactive identification systems on CD-ROM

Poisonous plants and fungi is a fun, easy to use guide in identifying plants and fungi commonly seen in the areas we live. The features used on the CD ROM are excellent as they show the various plants/fungi in different stages of growth and seasons.

The CD ROM works by asking a series of questions about the plant/fungi in question. A process of elimination begins from your responses to the questions. This can be time consuming as you may be asked up to 20 different questions; this is done to reduce the result to less than five possible suspects. You may decide to skip questions, this will then result with a list of up to 229 suspects to search through.

Once a suspect is identified you can then search through the following list about the suspects, if still unsure you may then move to view the next suspect; photographs are available to view with a zoom facility, a summary on the plant/fungi, the toxicity of the suspect.

A print option is also available, and you can exit at any point and restart your search.

The CD ROM also allows the medical practitioner to look at poison syndromes, asking specific questions about symptoms and time of onset, then giving you a possible poison syndrome and the plants/fungi involved.

There are some botanical words that may leave you baffled, do not worry as there is a glossary that you can access through the help icon. (I did this many times!)

From an emergency department perspective this is a useful tool, but the editors do state this is only a guide and the content should not be used for diagnostic purposes and therefore a need to contact the poisons information is still required.

It should be remembered that the plants/fungi covered are only aimed for Britain and Ireland and therefore cannot be used for those returning from foreign travel. The CD ROM is in colour, and the editors also state that a colour blind person should not use this.

This software is excellent for teaching anyone about various toxins found in common plants and fungi. Teachers in schools or parents at home could use it. However, in the emergency department setting it should be
used with caution, as the editors write in their disclaimer. This should be used as an educational tool for all professionals, members of the public, and schools as intended by the authors.

A S Gloster

Medication errors. Lessons for education and healthcare

“Never judge a book by its cover!” This proverb has particular relevance to Professor Naylor’s book as “medication errors” discusses a wide range of challenging issues. In particular, as well as an account of drug errors, the book also provides a relevant and detailed commentary on adverse event reporting, risk management, and, consequently, clinical governance.

About one million patients a day in the UK visit their doctor or hospital interacting with 700 000 healthcare staff. Many of these patients receive medication and even with a low error rate of 0.0001%, this would still result in a hazard to around 255 000 patients a year. Such drug errors are undeniably an important public health risk and the single commonest form of medical error.

The book defines the extent of this global problem in all healthcare environments. Professor Naylor is both incisive and controversial in his analysis of the causes, risk factors, and cost of medical errors. The effect of high intensity workloads, especially in critical care settings is explored. He also discusses a wide range of challenging issues. The chapters are detailed and are not formatted in a manner that allows the casual browser to dip into them and glean relevant information. It would, however, be a useful reference source for clinicians looking for up to date reviews on specific subjects.

The chapters on asthma and recent advances in resuscitation are reasonable summaries of the current concepts and issues in these clinical areas and are pertinent to all individuals practising emergency medicine. Some of the non-clinical chapters such as those on education and training, managing medical mishaps, and the legal aspects of anaesthesia have generic information that is also of relevance to our specialty.

In summary, this is a book that should be available in every hospital library rather than in the emergency department book list.

A Gray

ABC of spinal cord injury, 4th edn

An old adage states that anyone can become an expert if they choose a small enough field. Emergency physicians have to know a little bit about the emergency management of everything, our expertise being limited not by condition but by time. I found it refreshing to read the ABC of Spinal Cord Injury, which illustrates perhaps the limits of specialisation and the holistic approach that such patients need, not only from the medical specialties but also from the nursing, physiotherapy, occupational therapy and community support teams.

The book is clearly written and illustrated in the BMJ ABC series format. The chapters are arranged to follow the time course sequence of a patient with spinal injuries. Emergency physicians may be most interested in the first five chapters, covering epidemiology and prehospital care, initial management and assessment, radiological investigations, medical management, and early complications. I have great difficulty remembering each individual muscle group or exact dermatomes while in the resuscitation room so I was particularly happy to read about the American Spinal Injury Association (ASIA) impairment scale and the associated form allowing clinicians to accurately record neurological deficit. A copy of this form would be a welcome addition to the emergency medical notes, comparable to the Lund and Browder charts that we use for burn patients. Other current topics in the emergency management of spinal injury such as the use of corticosteroids in the acute phase and the use of emergent MRI are also discussed.

Perhaps one of the disadvantages of the book to the emergency physician is hinted at by the title, ABC of Spinal Cord Injury. The number of patients that we see with potential spinal injuries is great but thankfully few patients will turn out to have significant injury. “Curing” the spine is a vital skill for the emergency physician to learn, but cannot be covered by a book dealing with only the injured patient.

A few minor criticisms. There is wide spread use of acronyms and jargon. AUS is not the country with kangaroos but artificial urinary sphincter and SARS (sacral anterior root stimulation) in a spinal injury unit
would not provoke immediate isolation. Interestingly while poikilothersmia is used by both a physician and a nurse author, only the nurse fully explains its meaning.

The greatest value of this book lies in reading the chapters outside your own area of expertise. I recommend this book to all clinicians involved in the management of patients with spinal cord injuries. Most particularly, we should all jump out of our little boxes of specialisation and read the chapters by the paramedical specialists and about the care of patients with spinal injuries in the developed world. While the book will not cover every question that the experienced clinician needs to ask it will raise awareness that management of patients with spinal cord injury is like life itself and is best approached with a broad mind.

P J Harnby

Fundamentals of anaesthesia, 2nd edn


This book is intended for anaesthetists in training. The editors set out to generate a text book encompassing the primary FRCA syllabus with their first edition and have now come up with a new and improved version. If you are sitting the primary FRCA exam, then this book has a lot to offer: there are four sections and 963 pages in all, and it measures up to the competition. The first section is all about clinical anaesthesia, and is the most relevant to emergency department doctors. The second and third sections cover physiology and pharmacology, while the final section deals with physics and clinical measurement. Much of the later sections are not really necessary for us in the emergency department, and to tell the truth I expect our somewhat short attention spans will not extend to details of light transmission and absorbance. If this is your thing, though, you will not be disappointed.

The editors have taken a lot of trouble to ensure there is consistency of style, which makes reading it easier, and the layout is reader friendly. Tables and figures are monochrome or highlighted with shades of peach which becomes a little dull after a while. If I were using this book to work for an examination, more colours would help make it all seem worthwhile.

I suspect most emergency department doctors own or intend to own a reference book on anaesthesia. The choice depends on what you do in your department: if RSI is de rigueur, then a book like Fundamentals would be a good back up to the Manual of Emergency Airway Management. If you divest this responsibility to the anaesthetist on call, then a smaller book would be more appropriate, and you would cross your fingers that the anaesthetist has read and understood a book like Fundamentals of Anaesthesia.

A Fletcher

Clinical research


Until recently books and articles on how to research have been scarce. Those available have been challenged to bridge the gap between the expert and the novice. The authors of this comparatively small book are from an anaesthesia/intensive care background and are used to teaching specialty registrars on research issues. Their stated objectives are to provide comprehensive, concise, and easily accessible information on all aspects of audit and research for the busy trainee preparing for specialty examinations. Emergency medicine is not represented in the 23 contributors therefore rendering the book of generic research interest rather than specific to emergency medicine. With the possible exception of the final chapter on Intensive Care National Audit and Research Centre (ICNARC) the book remains highly relevant to the emergency medicine trainee.

The authors have achieved their objectives. There are 41 short easy to read chapters through 206 pages covering the inspiration (research ideas) to publication (peer review) of research issues. There are seven or so concise chapters offering overviews (medical research as part of postgraduate training, and research process). There are 16 chapters on statistics. There are examples and diagrams as appropriate. In all the book is neat, trim, and lean as each chapter tightly divides into headings, subheadings, and bullet points. Despite being concise the material is intellectually accessible and does not leave the reader lost somewhere along the explanation of concepts. In achieving this, the authors demonstrated their teaching experience and it is this accessibility that I liked most about the book.

Though appropriately targeted at the specialist registrar, I would also recommend other staff to look to lighten up those dark areas of their knowledge or just where the memory has dimmed. Each chapter has suggested further reading.

For as broad a title as Clinical Research, one might anticipate a section on how to evaluate clinical research, but this is not included. How to do and how to evaluate research are in a sense sides of the same coin and there are ample texts on evaluation elsewhere. A short chapter though offering a general approach to approaches to research interpretation might be seen by specialist registrars to have pulled many issues together, helping their knowledge and exam prospects, and above all their future clinical practice.

This book however is still an excellent one. I can envisage it becoming essential reading for specialist registrars in emergency medicine and other specialties alike. I would like the rest of us, to learn quickly and move on. Others wanting to understand research issues will find the contents demystifying whether new to clinical practice or well established. It would be an excellent book for medical libraries. I am very grateful for the editors of this journal for bringing it to my attention. Now, how does doing that logistic regression thing work again? Oh yes, here is the chapter, in three pages.

A Good

ABC of clinical electrocardiography


I thought that the ABC of Clinical Electrocardiography was excellent when published as a series of articles in the British Medical Journal. Collecting these articles together has created a book that is a pleasure to read. It is pitched at exactly the right level for the emergency medicine practitioner—comprehensive, but without getting distracted into the esoteric.

The format of the book is easily readable, with every page having many examples of ECGs, or diagrams, to illuminate the text. Key points are collected together with the liberal use of headings to break up this complex subject into digestible pieces. This format means that the book might also appeal to the interested undergraduate who wanted to go beyond the basics of ECG interpretation. The structured and visual format will make this book a useful quick reference in the clinical setting.

The book does exactly what it says on the cover. There is no information about the main themes of the underlying clinical conditions, which has enabled the ABC of Clinical Electrocardiography to remain concise and to the point.

The first chapter contains a revision of the basic physiology of the heart and the ECG followed by explanation of different types of diagrams. The rest of the first half of the book deals with common arrhythmias and myocardial infarction. Coverage of these subjects in some detail seems to be very appropriate. I liked the fact that a chapter on exercise testing was included, as this investigation is likely to be moving much closer to the emergency department in the future, and may well come under the remit of the emergency physician in a clinical decision unit. Subsequent chapters are about conditions affecting the right and left heart, and conditions causing ECG abnormalities from a non-cardiac causes. The paediatric chapter contains more information than most of us will need, but may be useful for those working emergency department near paediatric cardiac centres.

In the introduction Francis Morris suggests that ECG interpretation is all about pattern recognition. This book certainly improved my pattern recognition skills.

T J Coats

CORRECTION

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An authors’ error occurred in this paper by Dr Gunnell and others (2004; 21:35–8). Incorrect totals for the number of suicides in England 1997–1999 were given. The figures wrongly included deaths coded E988.8 (accelerated death registration, most usually homicides). The correct figures (excluding those coded E988.8) are 4889 in 1999 (not 5292 in 2000 as stated in the text: see lines 6–7, para 1 introduction). Paragraph 1, lines 11–15 of the Results section should read: “Over the same period there were 14419 suicides including 4033 overdose suicides in England. The 1149 in-hospital deaths therefore account for 28% of all overdose suicides and 8% of all suicides.” These corrected figures of 28% and 8% should also have appeared in the abstract (results line 2) and the Discussion, paragraph 1 lines 3 and 4.
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