BEST EVIDENCE TOPIC REPORTS

Towards evidence based emergency medicine: best BETs from the Manchester Royal Infirmary

Edited by K Mackway-Jones

Best evidence topic reports (BETs) summarise the evidence pertaining to particular clinical questions. They are not systematic reviews, but rather contain the best (highest level) evidence that can be practically obtained by busy practising clinicians. The search strategies used to find the best evidence are reported in detail in order to allow clinicians to update searches whenever necessary.

The BETs published below were first reported at the Critical Appraisal Journal Club at the Manchester Royal Infirmary.1 Each BET has been constructed in the four stages that have been described elsewhere.2 The four topics are covered in this issue of the journal are:

- Antibiotics and corneal abrasion
- Lignocaine or bupivacaine for digital ring block
- Steroids in lateral epicondylitis
- Management of fractures of the neck of the fifth metacarpal


Antibiotics and corneal abrasion

Report by Wendy Dollery, Senior Registrar
Search checked by Rosemary Morton, Consultant

Clinical scenario
A 18 year old metal worker presents with a foreign body sensation in his right eye. A corneal foreign body is present and is removed. There is an abrasion to the cornea.

Three part question
In [an adult with a corneal abrasion after removal of a corneal foreign body] does [topical antibiotic therapy] reduce the [time to healing]?

Search strategy
Medline 1966 to 4/98 using the OVID interface. ([exp eye injuries OR exp eye foreign bodies OR corneal abrasion$.ti,ab,sh] AND [exp antibiotics OR antibiotic$.ti,ab,sh] AND [maximally sensitive RCT filter]) LIMIT to [english AND human]).

Search outcome
Forty eight papers found of which 47 were irrelevant; the remaining paper is shown in table 1.

Comment
There appears to be no evidence based reason to give topical antibiotics routinely to patients with corneal abrasions. It has been said that there is an increase in the incidence of corneal erosions if antibiotics are not given (but there are no papers to support this assertion). The incidence of corneal erosion after simple traumatic corneal abrasion is very small and the study above is too small to detect a difference in the incidence of this complication.

Clinical bottom line
On current evidence topical antibiotic therapy is not required for corneal abrasions secondary to corneal foreign bodies.


Table 1

<table>
<thead>
<tr>
<th>Author, date, and country</th>
<th>Patient group</th>
<th>Study type (level of evidence)</th>
<th>Outcomes</th>
<th>Key results</th>
<th>Study weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kruger et al, 1990, Australia3</td>
<td>94 patients with corneal foreign body induced abrasions</td>
<td>PRCT</td>
<td>Healing time measured by:</td>
<td>No difference</td>
<td>Small study of indeterminate power</td>
</tr>
<tr>
<td></td>
<td>Antibiotic v placebo</td>
<td></td>
<td>Symptoms</td>
<td>No difference</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visual acuity</td>
<td>No difference</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Corneal defect</td>
<td>No difference</td>
<td></td>
</tr>
</tbody>
</table>

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Correspondence to: Kevin Mackway-Jones, Consultant (e-mail: kmackway@fsl.mci.man.ac.uk). PRCT = prospective randomised controlled trial.