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In this issue

Biochemical markers in the management of suspected acute myocardial infarction in the emergency department

Chest pain is a common and important clinical problem in emergency departments. The challenges are to give thrombolysis appropriately and quickly, to avoid discharging patients with myocardial ischaemia, and to avoid admission if myocardial ischaemia is very unlikely. New biochemical markers are being used in some coronary care units for the diagnosis and exclusion of myocardial infarction. This study (p 15) compares the sensitivity of these markers with the initial electrocardiogram against the final diagnosis for patients with chest pain. The initial electrocardiogram was more sensitive than the biochemical markers in the first six hours after the onset of chest pain. Biochemical markers cannot exclude unstable angina, and exclusion of myocardial infarction would involve serial sampling for patients who present early. These problems limit their potential role in the emergency department.

The Lazarus phenomenon

The Lazarus phenomenon is the rather alarming return of spontaneous circulation after cardiopulmonary resuscitation had been abandoned. Although previously reported in the literature, this has not been seen in association with recreational drug overdose (p 74). The possible causes of the phenomenon are discussed along with the implications for termination of resuscitation in the accident and emergency department.

Magnetic resonance imaging in children with acute hip pain

Hip pain is a common presenting symptom in paediatrics. The role of plain hip radiographs, ultrasound and isotope imaging have been well

discussed in the literature. This study (page 25) assesses the contribution of MRI in the imaging of the acute painful hip. Fifty children were examined on a low field open MRI system adopting a specific MRI protocol. The results were compared with arthrosonography \pm hip radiographs then both compared with a standard of reference. MRI detected all five cases of pelvic musculoskeletal infection that were not demonstrated on any of the other imaging modalities. It is also evident from the statistical analysis that MRI had a higher sensitivity and specificity in detecting the presence of a joint effusion. A single inversion recovery MR sequence was found to demonstrate all the abnormalities, indicating that a rapid accurate MRI investigation could be performed on children. It is suggested that MR should now be more readily available, and with a single acquisition protocol it could constitute the definitive investigation of patients presenting with acute hip pain.

Double Tubigrip does not shorten time to functional recovery and may be harmful in grade 1 and 2 ankle sprains

Lateral ankle sprains are a common injury and are usually treated by the "RICE" regimen despite the lack of evidence for the efficacy of DTGs in the compression arm of this regimen. A randomised controlled trial (page 46) of 400 patients with grade 1 or 2 lateral ankle sprains showed a significant increase in the need for analgesia in the DTG group compared with the control group. There was no difference between the groups in time to functional recovery or need for and number of days off work. DTG should no longer be routinely prescribed for these injuries and the potential for harm needs to be further evaluated.