topic of them all. The authors have also avoided a specific section on induction drugs and paralysing agents, although there are periodic references scattered throughout the text.

Illustrations are of varying quality; the colour photographs are generally very good, the line drawings are clear, but many of the black and white photographs are reduced to an excessively small size and it is difficult to make out the points they are intended to clarify. There are three photographs (and a biography) of Archie Brain, and with due regard to his achievements, I am not persuaded that this is necessary in a 209 page core topics book.

In short, although there are some good chapters in this book, there are “core topics” which are key to the emergency medicine doctor which are completely missing. I personally think the missing topics should also be key to anaesthetists—but I am not sure if I could get away with such an assertion. I’m afraid I would not recommend this book for emergency medicine doctors.

Neil Nichol

Images in Emergency Medicine

Fracture of the posterior process of the talus: an unusual injury
R Ahmad, S M Y Ahmed

Most attention in the literature has been devoted to fractures of the neck of the talus, whereas fractures involving processes of the talus have been relatively neglected. Consequently, questions persist regarding these fractures and misdiagnosis is common.

A woman in her 50s slipped off her foot in hyper planter flexion sustaining a fracture of the posterior process of the talus (fig 1). This was treated conservatively.

Fracture of the posterior process of the talus is rare and is often misdiagnosed as ankle sprain.1 In one case series, 17 of 20 patients with fractures were misdiagnosed with ankle sprains.1 It is most likely caused by forceful plantar flexion of the ankle producing a nutcracker-like compression of the posterior process between the posterior malleolus and the calcaneus.

An understanding of the complex anatomy of the hind foot is required. The clinician must be knowledgeable in the interpretation of plain radiographs and in the use of additional studies, such as CT scans. Failure to diagnose and initiate proper immobilisation frequently results in painful non-union and disability.


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Figure 1 X ray and CT scan showing fracture of the posterior process of the talus.

REFERENCE

CORRECTIONS

doi: 10.1136/emj.2006.041236corr1


An error has occurred within the third column of this Image in Emergency Medicine. On line 3, ORIF should read as “(open reduction and internal fixation)”.

doi: 10.1136/emj.2007.051334corr1


An error has occurred in this Best Evidence Topic report (BET) on page 581. In line 9 of the Comments section, the sentence should read as follows:

When compared directly to the supine chest x ray, ultrasound is shown to be more sensitive at detecting the presence of the haemothorax and is at least as specific and accurate.

doi: 10.1136/emj.2007.053819corr1

NOTICE OF DUPLICATE PUBLICATION


The above Best Evidence Topic report (BET) published in volume 24, issue 11 (November) is a duplicate publication of the same report published in volume 24, issue 10 (October) as follows:


The publisher apologises and is withdrawing the version published in the November issue (doi:10.1136/emj.2007.053819).