

What's New

January 2020

NEW BOOKS ON CK
Available now or
coming soon in
January...

Essential Surgery: Problems, Diagnosis and Management (Quick, Clive) 6th ed

Felson's Principles of Chest Roentgenology, 5th ed.
(Goodman)

Fracture Management for Primary Care and Emergency Medicine, 4th ed. (Eiff)

Addiction Medicine: Science and Practice (Johnson, Bankole) 2nd ed

Assessment and Treatment of Addiction, The (Danovitch, Itai) 1st ed

Atlas of Facial Implants (Yaremchuk, Michael) 2nd ed

Atlas of Uncommon Pain Syndromes (Waldman, Steven) 4th ed

Before We Are Born (Moore, Keith) 10th ed

Chimeric Antigen Receptor T-Cell Therapies for Cancer (Lee, Daniel) 1st ed

Clinical Care of the Runner (Harrast, Mark) 1st ed

Concussion (Eapen, Blessen) 1st ed

Conn's Current Therapy 2020 (Kellerman, Rick) 1st ed

Enzinger and Weiss's Soft Tissue Tumors (Goldblum, John) 7th ed

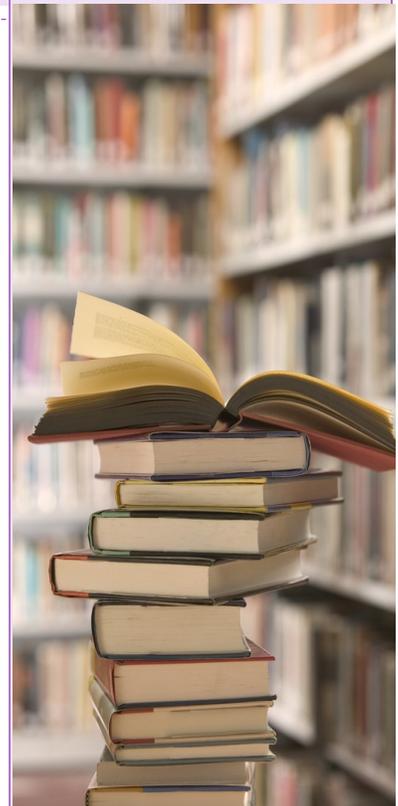
Fundamentals of Emergency Ultrasound (McGahan, John) 1st ed

Immunotherapies for Allergic Disease (Cox, Linda) 1st ed

Introduction to Vascular Ultrasonography (Pellerito, John) 7th ed

Kanski's Clinical Ophthalmology (Salmon, John) 9th ed

Medical Genetics (Jorde, Lynn) 6th ed



INSIDE THIS ISSUE...

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Middleton's Allergy: Principles and Practice (Burks, A. Wesley) 9th ed

Minimally Invasive Breast Surgery (Lai, Hung-Wen) 1st ed

Munro Kerr's Operative Obstetrics (Arulkumaran, Sri Sabaratnam) 13th ed

Oncoplastic Surgery of the Breast (Nahabedian, Maurice) 2nd ed

Pediatric Hand Therapy (Abzug, Joshua) 1st ed

Surgery of the Hip (Berry, Daniel) 2nd ed

Total Knee Arthroplasty (Scott, Richard) 3rd ed

Umphred's Neurological Rehabilitation (Lazaro, Rolando) 7th ed

Williams Textbook of Endocrinology (Melmed, Shlomo) 14th ed

New and Updated Topics on UpToDate

Single versus multifraction short-course radiation for neoplastic epidural spinal cord compression

The optimal dose and fractionation of conventional external beam radiation therapy (cEBRT) for the treatment of epidural spinal cord compression (ESCC) in nonsurgical cancer patients is debated. In a large randomized trial that included nearly 700 patients with ESCC from a solid tumor who were not eligible for surgery, ambulatory rates were slightly lower with single-fraction cEBRT (8 Gy x 1) compared with a 4 Gy x 5 schedule (69 versus 73 percent) [2]. Median survival was approximately three months in both groups. As systemic therapy evolves and patient survival improves, the role for single-fraction cEBRT for ESCC has been diminishing, but this approach can still be used for patients with very short life expectancy (eg, three months or less) and poor functional status. In most other nonsurgical patients, multifraction courses offer similar to slightly better ambulatory outcomes and more durable local control.

CDC update on e-cigarette or vaping product use associated lung injury

In a recent Centers for Disease Control and Prevention (CDC) report, more than 2170 cases of e-cigarette or vaping product use associated lung injury (EVALI) and over 40 deaths have been described [3,4]. The exact etiology remains under investigation, although products containing vitamin E acetate and tetrahydrocannabinol (THC) have been implicated. The most frequent symptoms were cough, shortness of breath, and fatigue; other symptoms included fever,



chest pain, weight loss, nausea, and diarrhea. Approximately 80 percent of patients required supplemental oxygen and one-third needed mechanical ventilation. We agree with the guidelines issued by the CDC that patients should be admitted if they have respiratory impairment (eg, pulse oxygen saturation <95 percent) or comorbidities that compromise pulmonary reserve, and that patients be managed using a combination of supportive care, antibiotics, and, in some cases, glucocorticoids.

NK3R antagonists for menopausal hot flashes

Both neurokinin B (NKB) and its receptor, neurokinin 3 receptor (NK3R), have been implicated in the pathophysiology of postmenopausal vasomotor symptoms. NK3R antagonists have been developed that inhibit the stimulatory effect of NKB on the thermoregulatory system. In a 12-week trial of the oral NK3R antagonist fezolinetant in 80 symptomatic postmenopausal women, there was a greater reduction in mean hot flash frequency relative to baseline with fezolinetant compared with placebo (93 versus 46 percent reduction) [2]. A small number of women in both groups had mild increases in alanine aminotransferase and aspartate aminotransferase that were transient and not considered clinically significant. NK3R antagonists may represent a new nonhormonal approach to the management of hot flashes. However, additional trials are needed before this approach can be recommended.

Total versus partial knee replacement for medial compartment osteoarthritis

Partial knee replacement is an alternative to total knee arthroplasty (TKA) in selected cases of end-stage osteoarthritis (OA) limited to the medial compartment. In the largest randomized trial to compare outcomes of total versus partial knee replacement, which included over 500 patients with medial compartment knee OA, partial knee replacement had similar clinical outcomes, incidence of complications, and revision surgeries at five years compared with TKA [3]. This study is consistent with other data supporting the role of partial knee arthroplasty as a favorable alternative to TKA for carefully selected patients with end-stage medial compartment knee OA.

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