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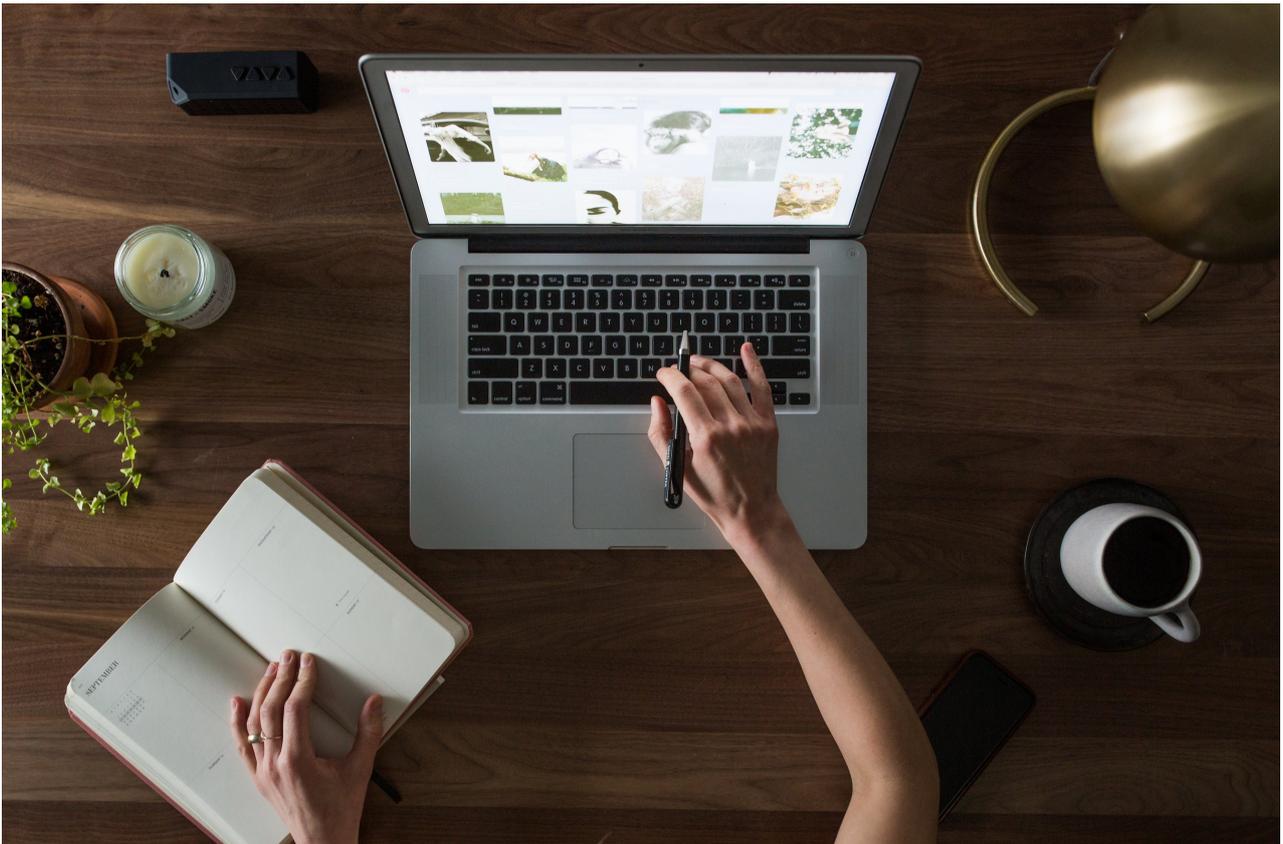
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RESEARCH/ ARTICLES/ CASE REPORTS



Mental Health Outcomes Among British Healthcare Workers-Lessons From the First Wave of the Covid-19 Pandemic

Maciej Debski, Hesham K Abdelaziz, Jo Sanderson, Susan Wild, Omar Assaf, Andrew Wiper, Amjad Nabi, Amr Abdelrahman, Jonas Eichhofer, Geraldine Skailes, Jim Gardner, Kevin Moynes, Grahame Goode, Tayeem Pathan, Billal Patel, Somnath Kumar, Rebecca Taylor, Gavin Galasko, Ranjit More, Shajil Chalil, Tawfiq Choudhury

J Occup Environ Med. 2021 Aug 1;63(8)

Abstract

Objective: To ascertain the level of psychological distress, using validated psychology tools, among British National healthcare workers (HCW) during the first wave of the Covid-19 crisis.



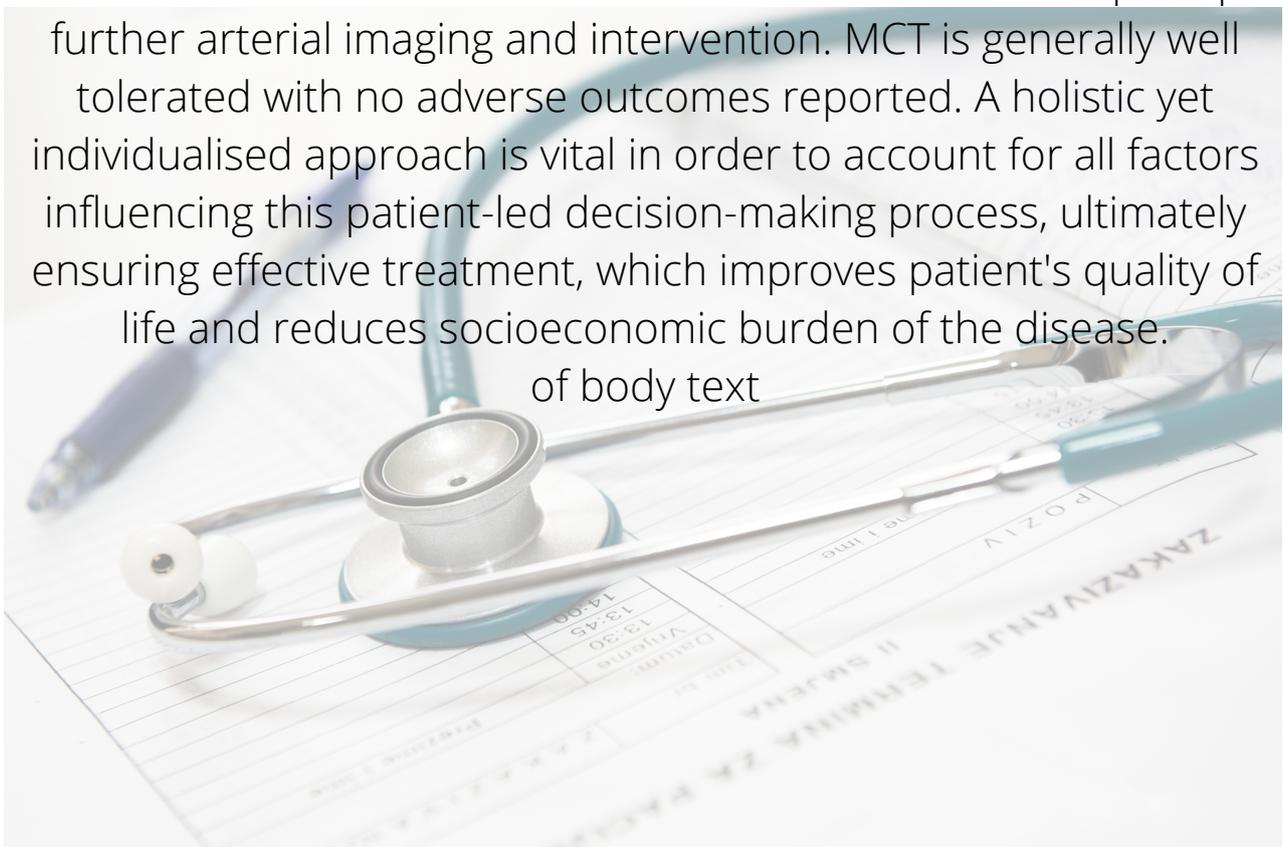
Modified compression therapy in mixed arterial-venous leg ulcers: An integrative review

Sheryl Li Xin Lim, Rui En Chung, Samantha Holloway, Keith G Harding

Int Wound J. 2021 Mar 18

Abstract: Leg ulcers remain an increased burden to healthcare cost and morbidity in modern society. While most leg ulcers are venous in origin, recognition and prompt identification of concomitant arterial occlusive disease is critical to determine underlying aetiology and subsequent management. This integrative review presents the current evidence to establish the role of modified compression therapy (MCT) in treatment of mixed arterial venous leg ulcers (MAVLU). A literature search was conducted using the electronic databases CINAHL, MEDLINE, PUBMED, and Embase. Ten studies met the eligibility criteria and were subsequently analysed. Our review concludes that MCT, with compression pressures between 20 and 30 mmHg, can promote healing in MAVLU with moderate arterial insufficiency ($0.5 \leq \text{ABPI} \leq 0.8$). If ABPI is <0.5 , MCT can be considered once restoration of acceptable ABPI is achieved. Intolerance, lack of response or further deterioration of disease within 3 months should prompt further arterial imaging and intervention. MCT is generally well tolerated with no adverse outcomes reported. A holistic yet individualised approach is vital in order to account for all factors influencing this patient-led decision-making process, ultimately ensuring effective treatment, which improves patient's quality of life and reduces socioeconomic burden of the disease.

of body text



Syphilis in pregnancy: The impact of "the Great Imitator"

Alison Uku, Zahraa Albujaasim, Tina Dwivedi, **Zana Ladipo**, Justin C Konje

Eur J Obstet Gynecol Reprod Biol. 2021 Apr;259:207-210

Abstract: Syphilis remains a common congenital infection over the globe. There has been a tremendous rise in the number of congenital syphilis cases worldwide in the last 20 years. It affects large numbers of pregnant mothers in high burden regions causing a significantly high perinatal mortality and morbidity, which can be easily prevented by early antenatal screening and treatment. Diagnosis of maternal syphilis in pregnancy mainly based on clinical symptoms, serological tests and direct identification of treponemes in clinical samples. However, the diagnosis can be challenging due to the relapsing-remitting nature of the disease. The early stage of the infection is usually symptomatic which is commonly followed by an asymptomatic latent phase but infectious and as a result serological tests will be positive. The risk of transplacental transmission is high during the second and third trimester. Obstetric complications of syphilis include spontaneous miscarriage, non-immune hydrops, stillbirth, preterm labour, low birth weight, increased neonatal mortality and congenital syphilis among neonates. Penicillin is the drug of choice for treatment and should be commenced immediately. Babies born to mothers with syphilis should also be treated with penicillin. Early detection and prompt intervention are the key to the prevention and successful control of congenital syphilis. The aim of this review is to highlight the impact of syphilis infection on pregnancy and discuss the current trends in diagnosis and management of maternal and congenital syphilis.

A rare condition masquerading as lung cancer

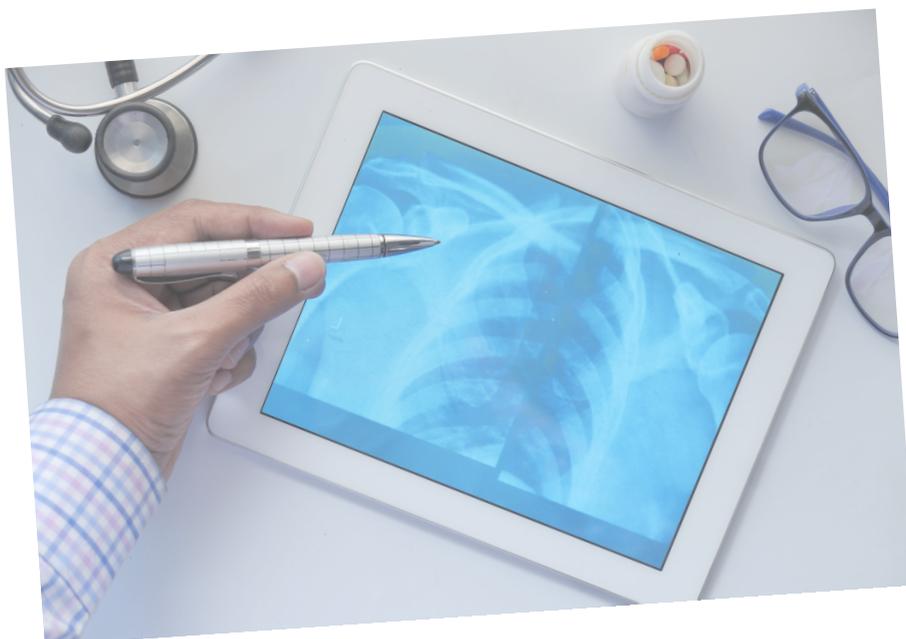
Eman Nasr, Sarah MacRae, Mike Dobson, David Russell,
Mohamad Bittar

Thorax. 2021 Apr 26 - Case report

A 63-year-old woman was referred to the lung cancer clinic after presenting to the emergency department with a 10-day history of fever, chest tightness and breathlessness. Chest X-ray showed a left-sided retrocardiac mass, and an urgent CT scan was requested.

On review, she reported a 2-month history of intermittent cough and night sweats. She denied weight loss or haemoptysis. She was an ex-smoker. Her medical history included two episodes of pneumonia in the 1980s. There was no history of recurrent childhood infections or exposure to tuberculosis. Performance status was zero and she worked for the NHS as an operating department practitioner.

CT scan demonstrated a left lower lobe mass suspicious for malignancy.



Comparison of four high-throughput, automated immunoassays for the detection of SARS-CoV-2 antibodies

Jane Oakey, Shonagh Haslam, Andrew Brown, Janet Eglin, Brittany Houghton, **Dawn Singleton**



Ann Clin Biochem. 2021 Jun 2



Background: A number of immunoassays have been developed to measure antibodies specific to SARS-CoV-2. More data is required on their comparability, particularly among those with milder infections and in the general practice population. The aim of this study was to compare four high-throughput automated anti-SARS-CoV-2 assays using samples collected from hospitalized patients and healthcare workers with confirmed SARS-CoV-2 infection. In addition, we collected general practice samples to compare antibody results and determine seroprevalence.

Minimally invasive versus conventional sternotomy for Mitral valve repair: protocol for a multicentre randomised controlled trial (UK Mini Mitral)

Rebecca H Maier, Adetayo S Kasim, **Joseph Zacharias**, Luke Vale, Richard Graham, **Antony Walker**, **Grzegorz Laskawski**, Ranjit Deshpande, Andrew Goodwin, Simon Kendall, Gavin J Murphy, Vipin Zamvar, Renzo Pessotto, Clinton Lloyd, Malcolm Dalrymple-Hay, Roberto Casula, Hunaid A Vohra, Franco Ciulli, Massimo Caputo, Serban Stoica, Max Baghai, Gunaratnam Niranjana, Prakash P Punjabi, Olaf Wendler, Leanne Marsay, Cristina Fernandez-Garcia, Paul Modi, Bilal H Kirmani, Mark D Pullan, Andrew D Muir, Dimitrios Pousios, Helen C Hancock, Enoch Akowuah

Introduction: Numbers of patients undergoing mitral valve repair (MVR) surgery for severe mitral regurgitation have grown and will continue to rise. MVR is routinely performed via median sternotomy; however, there is a move towards less invasive surgical approaches. There is debate within the clinical and National Health Service (NHS) commissioning community about widespread adoption of minimally invasive MVR surgery in the absence of robust research evidence; implementation requires investment in staff and infrastructure. The UK Mini Mitral trial will provide definitive evidence comparing patient, NHS and clinical outcomes in adult patients undergoing MVR surgery. It will establish the best surgical approach for MVR, setting a standard against which emerging percutaneous techniques can be measured. Findings will inform optimisation of cost-effective practice.

Rate of Insufficient Ipsilateral Hamstring Graft Harvesting in Primary Anterior Cruciate Ligament Reconstruction

Charalambos P Charalambous, Tariq A Kwaees, Suzanne Lane, Clare Blundell, Wael Mati

J Knee Surg. 2021 Apr 14

Abstract: Anterior cruciate ligament (ACL) reconstruction, using an ipsilateral hamstring graft, may necessitate an alternative graft source if the obtained graft is insufficient with regards to length or diameter. The study aims to determine the rate of insufficient ipsilateral hamstring graft harvesting in primary ACL reconstruction. Retrospective review of 50 consecutive primary ACL reconstructions performed by a single surgeon in the United Kingdom. In 3 of 50 cases, there was insufficient ipsilateral hamstring graft harvesting and a contralateral hamstring graft was

used. In two cases, this was due to premature division of the ipsilateral hamstring tendons (3/100 harvested tendons). In one case, an adequate length of semitendinosus was obtained, but its central portion was too thin. Retrospective review of preoperative magnetic resonance imaging identified the thin part of the tendon in the latter case. Insufficient ipsilateral hamstring graft harvesting is a recognized, yet unusual intraoperative complication in primary ACL reconstruction. Presurgical planning as to how to manage such complications is essential.

Meta-Analysis and Systematic Review of Primary Renal Tubular Acidosis in Patients With Autoimmune Hepatitis and Alcoholic Hepatitis

Eyad Gadour, **Tamer Mohamed**, Zeinab Hassan, Abdalla Hassan

Cureus. 2021 May 28;13(5)

Abstract: Renal and hepatic functions are often mingled through both the existence of associated primary organ diseases and hemodynamic co-relationship. The primary objective of this study was to sum up the relationship between autoimmune hepatitis (AIH) on renal tubular acidosis (RTA) and the stages of the disease. A systematic review was performed for 24 trials. A total of 3687 patients were included. The incidence of RTA occurring and short-term mortality reduction was seen in two groups; for an overall effect: $Z = 2.85$ ($P = 0.004$) a total 95% CI of 0.53 [0.34, 0.82]. Only one patient with alcoholic liver cirrhosis was found to have an incomplete type of RTA. Test for overall effect: $Z = 2.28$ ($P = 0.02$) 95% CI of 2.83 [1.16, 6.95]. A reduction in fatal infections with dual

therapy of corticosteroid plus N-acetylcysteine (NAC) test for overall effect: $Z = 3.07$ ($P = 0.002$) with 95% CI of 0.45 [0.27, 0.75]. Autoimmune diseases are the most frequent underlying cause of secondary RTA in adults. The primary renal disease must be actively excluded in all patients with hepatic failure by aggressive clinical and laboratory evaluations.

Continuous positive airway pressure (CPAP) as a ceiling of care treatment for hypoxaemic respiratory failure due to COVID-19

Patrick Bradley, Jennifer Nixon, **James Wilson**, James Redfern, **Tarek Saba**, Emily Nuttall, **Thomas Bongers**

Clin Med (Lond). 2021 Mar;21(Suppl 2):21-22

Introduction: COVID-19 causes a wide spectrum of disease, which at its most severe can lead to hypoxaemic respiratory failure necessitating respiratory support. While guidelines recommend CPAP as a treatment option for such patients, including those for whom CPAP is the ceiling of care, there are no controlled trials informing this practice.¹ The current RECOVERY-RS trial is assessing the use of CPAP for COVID-19, but excludes patients considered unsuitable for invasive ventilation.² Those caring for such patients with COVID-19 in the ward setting must balance the potential benefits of CPAP against the burdens imposed by it; data in this patient population are urgently needed.

Clinical outcomes after implantation of a sutureless aortic bioprosthesis with concomitant mitral valve surgery: the SURE-AVR registry.

Max Baghai, Mattia Glauber, Raphael Fontaine, Jose Cuenca Castillo, **Antony H Walker**, Ugolino Livi, José Montiel, Alistair Royse, Gianluigi Bisleri, Davide Pacini, Vincenzo Argano, Aurelien Roumy, George Asimakopoulos, Marco Solinas

Background: Early treatment of aortic valve stenosis is recommended in eligible symptomatic patients with severe aortic valve stenosis who would otherwise have a poor prognosis. The sutureless aortic valve bioprosthesis offers an alternative to standard aortic valve replacement with a sutured valve, but limited data are available in patients who have undergone multiple valve procedures involving the new, sutureless technology. We sought to investigate outcomes in high operative risk patients with previous or concomitant valve surgery who were implanted with a sutureless valve.



Carotid artery dissection: a case of recurrence

Pratiksha Srinivas, Joel Nwosu, Aloaye Foy-Yamah, Clement Okiemute Ejohwomu

BMJ Case Rep. 2021 May 24;14(5)

Abstract: A 53-year-old healthy man with history of left internal carotid artery dissection in 2006 presented with right-sided facial pain with paraesthesia associated with taste and speech disturbances. A CT angiogram was done without further delay considering the patient's history of dissection, and revealed a non-occlusive right-sided internal carotid artery dissection at the skull base level. The neurologist, neurosurgeons and stroke team were involved in the care, and the patient was immediately moved to a tertiary hospital for further intervention. Brain MRI and magnetic resonance angiography did not reveal further progression of the dissection and the patient was therefore medically managed.

Intermittent Loss of Telemetry Data: Lessons From a Leadless Pacemaker

Dimitrios Katsaras, Christopher Cassidy, Mohammed Lakha, Dawn Gordon, Grahame Goode, Khalid Abozguia

JACC Case Rep. 2021 Jan 20;3(1)

Abstract: We present the case of a 63-year-old female patient who presented to the pacemaker clinic for a scheduled interrogation of her leadless pacemaker. The device interrogation was suggestive of intermittent under-sensing with failure to pace. Connecting the electrocardiogram lead to the pacing system analyzer raised the suspicion of intermittent loss of telemetry data.

Use of wire guided localisation and radio-guided occult lesion localisation for non-palpable breast lesions: A systematic literature review and meta-analysis of current evidence

Nanthesh Kiruparan, Pasupathy Kiruparan, Debasish Debnath

Asian J Surg. 2021 Sep 1

Abstract: Breast cancer screening has seen an increase in the detection of non-palpable breast lesions. Wire guided localisation (WGL) and Radio-guided occult lesion localisation (ROLL) are well established modalities of localisation of non-palpable breast lesions in the UK. We aimed to compare the outcomes of WGL and ROLL in this updated meta-analysis. We searched Cochrane Central Register of Controlled Trials (CENTRAL), and LILACS using free text search words as well as relevant MESH-terms. We also searched Medline (02/03/2021), Embase and registers of clinical trials, abstracts of scientific meetings, reference lists of included studies and contacted experts in the field. Outcomes considered were re-excision rates, margin involvement, specimen volume and weight, accurate localisation of lesions and operative time. We assessed the risk of bias in included studies and performed random effects meta-analyses using Review Manager (version 5.3). Heterogeneity was estimated using the I²-statistic. Nine included studies enrolled 1096 patients undergoing localization in breast surgery (534 in WGL and 562 in ROLL). There was a statistically significant benefit in favour of ROLL for non-involved resection margins (OR 0.60; 95% CI, 0.44-0.97); based on seven studies. Nine trials assessed operative time favouring ROLL (OR 1.95; 95%

CI, 0.27-3.63). No significant difference in re-excision rates was reported (OR 1.42; 95% CI, 0.83-2.43) based on seven studies. Current evidence favourably supports ROLL, compared to WGL, with respect to margin involvement, localisation and operative time in the treatment of non-palpable breast lesions.

A 59-Year-Old Woman with Familial Brugada Syndrome and the c.664C>T Variant of the Sodium Voltage-Gated Channel Alpha Subunit 5 (SCN5A) Gene, Accompanied by Congenital Absence of the Right Coronary Artery, Patent Foramen Ovale, and Ischemic Stroke

Dimitrios Katsaras, Bangalore Thimmappa Sanjeev Kumar, Billal Patel, Shajil Chalil, Khalid Abozguia

Am J Case Rep. 2021 Aug 27

Abstract: BACKGROUND - Brugada syndrome is a rare inherited channelopathy that can lead to sudden cardiac death. The discovery of new variants of variable penetrance along with the current guidance for cascade family screening can be expected to lead to an increase in identified asymptomatic carriers of potentially causative mutations of channelopathies. A single coronary artery is a rare congenital anomaly of the coronary anatomy. We present a rare case of a 59-year-old woman with a family history of Brugada syndrome with the c.664C>T variant of the SCN5A gene, congenital absence of the right coronary artery, and patent foramen ovale. CASE REPORT We present a case of a patient with a family history of Brugada syndrome who tested positive for the SCN5A variant. The patient had no previous history of syncope or aborted sudden cardiac death. The patient had no

features suggestive of Brugada type I ECG. An electrophysiology study was offered but the patient declined. She also complained of angina, and work-up with computed tomography coronary angiography revealed a congenital absence of the right coronary artery with no significant stenosis of the single left coronary artery. In the followup period, she suffered a stroke and was diagnosed with patent foramen ovale (PFO). She has been referred for PFO closure. CONCLUSIONS A rare case is reported of familial Brugada syndrome with absence of the right coronary artery and patent foramen ovale, which may have combined to increase this patient's risk for ischemic stroke.

Use of dalbavancin in infective endocarditis: a case series

Achyut Guleri, Ranjit More, Rashmi Sharma, Michelle Wong, Amr Abdelrahman

JAC Antimicrob Resist. 2021 Aug 12;3(3)

Background: Infective endocarditis, typically caused by Gram-positive organisms such as viridans group streptococci and *Staphylococcus aureus*, is associated with high mortality and morbidity and requires aggressive, prolonged antimicrobial treatment and sometimes surgery. Dalbavancin, a lipoglycopeptide active against Gram-positive pathogens, has a long half-life, which allows IV treatment as one dose or two doses with a prolonged interval, offering personalized treatment for complex psychosocial situations or facilitating early discharge. In the absence of randomized controlled trials in infective endocarditis, current evidence derives from real-world case series involving off-licence use. The Austrian Society for Infectious Disease and Tropical Medicine includes dalbavancin as an option for infective endocarditis.

Collaborative healthcare education programmes for continuing professional education in low and middle-income countries: A Best Evidence Medical Education (BEME) systematic review. BEME Guide No. 65

Elaine Hill, Dawne Gurbutt, Thamasi Makuloluwa, **Morris Gordon**, Rachel Georgiou, Hazel Roddam, Sujatha Seneviratne, Anna Byrom, Kerry Pollard, Kalpani Abhayasinghe, Kenneth Chance-Larsen

Med Teach. 2021 Sep 9;1-14

Background: Large discrepancies exist between standards of healthcare provision in high-income (HICs) and low and middle-income countries (LMICs). The root cause is often financial, resulting in poor infrastructure and under-resourced education and healthcare systems. Continuing professional education (CPE) programmes improve staff knowledge, skills, retention, and practice, but remain costly and rare in low-resource settings. One potential solution involves healthcare education collaborations between institutions in HICs and LMICs to provide culturally appropriate CPE in LMICs. To be effective, educational partnerships must address the challenges arising from differences in cultural norms, language, available technology and organisational structures within collaborating countries.

Fostering intrinsic motivation in remote undergraduate histopathology education

Hussein Uraiby, Ciaran Grafton-Clarke, **Morris Gordon**, Marco Sereno, Barbara Powell, Mark McCarthy

J Clin Pathol. 2021 Aug 24

Aims: The levels of abstraction, vast vocabulary and high cognitive load present significant challenges in undergraduate histopathology education. Self-determination theory describes three psychological needs which promote intrinsic motivation. This paper describes, evaluates and justifies a remotely conducted, post-COVID-19 histopathology placement designed to foster intrinsic motivation.



Gastrointestinal manifestations of COVID-19 in children: a systematic review and meta-analysis

Anthony K Akobeng, Ciaran Grafton-Clarke, Ibtihal Abdelgadir, Erica Twum-Barimah, **Morris Gordon**

Frontline Gastroenterol. 2020 Aug 18;12(4):332-337

Objectives: To summarise the published evidence on the gastrointestinal manifestations of COVID-19 in children and to determine the prevalence of gastrointestinal symptoms.

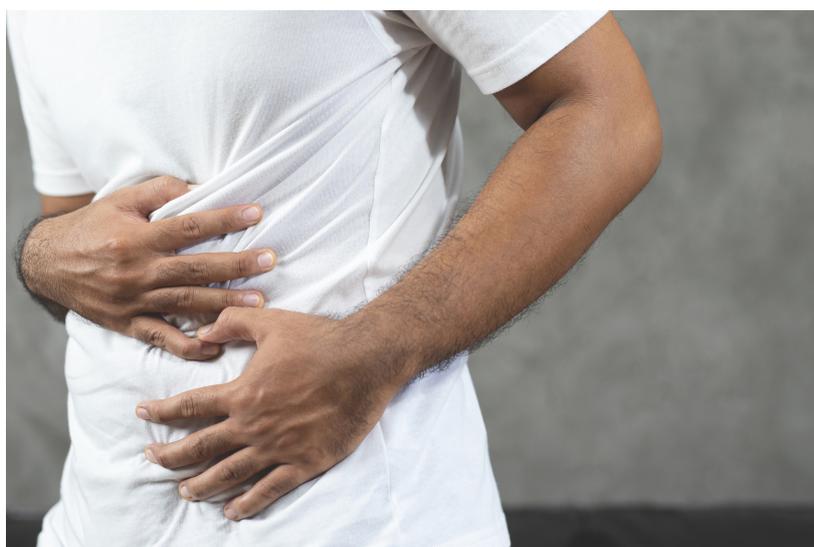
Interventions for the management of abdominal pain in ulcerative colitis

Vassiliki Sinopoulou, **Morris Gordon**, Terence M Dovey, Anthony K Akobeng

Cochrane Database Syst Rev. 2021 Jul 22;7(7)

Background: Ulcerative colitis (UC) is a chronic inflammation of the colon characterised by periods of relapse and remission. It starts in the rectum and can extend throughout the colon. UC and Crohn's disease (CD) are the most common inflammatory bowel diseases (IBDs). However, UC tends to be more common than CD. It has no known cure but can be managed with medication and surgery. However, studies have shown that abdominal pain persists in up to one-third of people with UC in remission. Abdominal pain could be a symptom of relapse of the disease due to adverse effects of medication, surgical complications and strictures or adhesions secondary to UC.

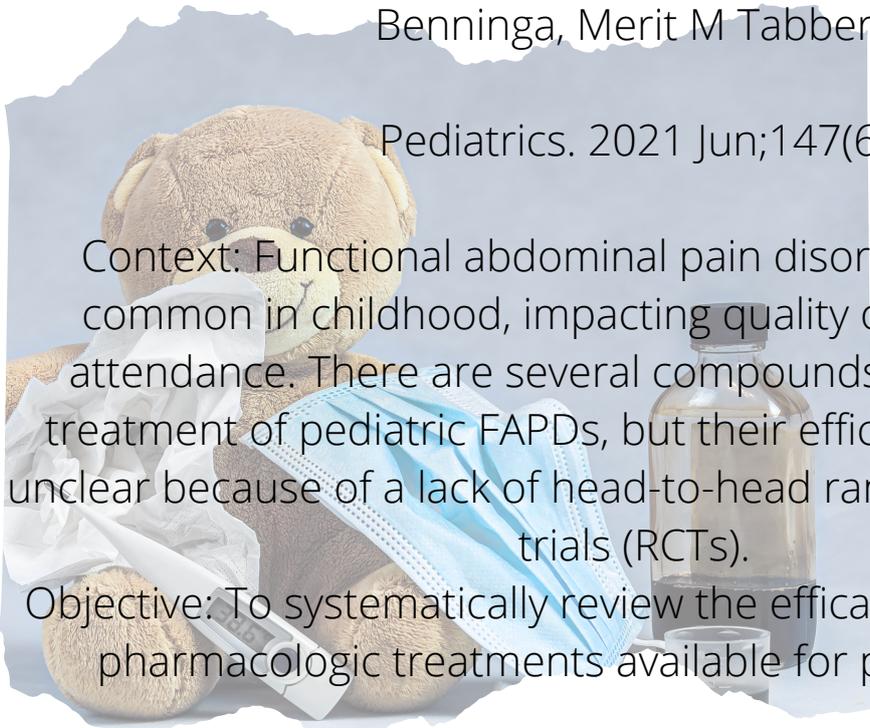
Objectives: To assess the efficacy and safety of interventions for managing abdominal pain in people with ulcerative colitis.



Pharmacologic Treatment in Functional Abdominal Pain Disorders in Children: A Systematic Review

Robyn Rexwinkel, Clara M A de Bruijn, **Morris Gordon**, Marc A Benninga, Merit M Tabbers

Pediatrics. 2021 Jun;147(6)



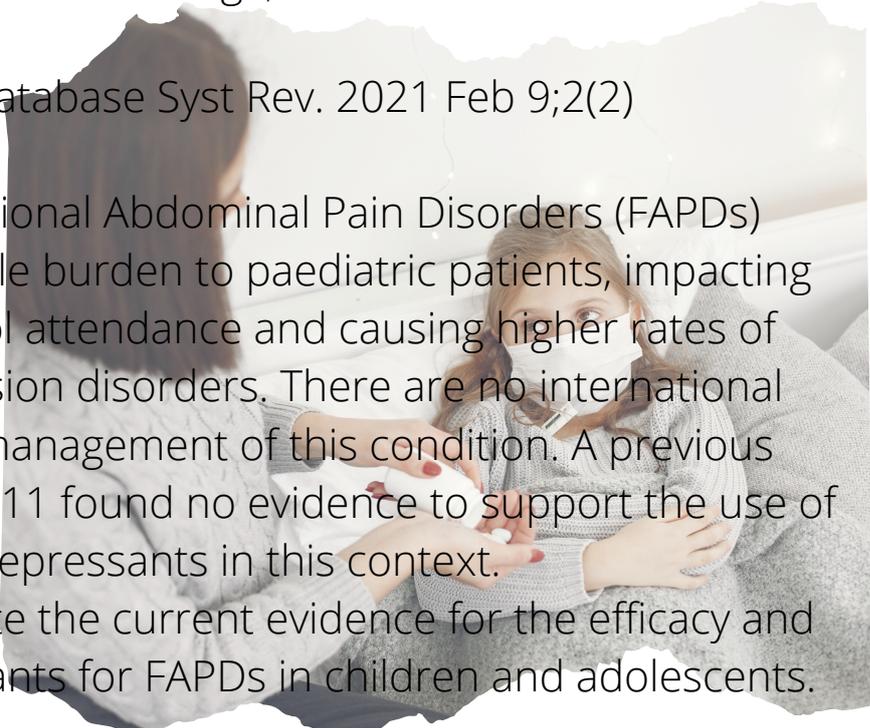
Context: Functional abdominal pain disorders (FAPDs) are common in childhood, impacting quality of life and school attendance. There are several compounds available for the treatment of pediatric FAPDs, but their efficacy and safety are unclear because of a lack of head-to-head randomized controlled trials (RCTs).

Objective: To systematically review the efficacy and safety of the pharmacologic treatments available for pediatric FAPDs.

Antidepressants for functional abdominal pain disorders in children and adolescents

Clara Marieke Andrea de Bruijn, Robyn Rexwinkel, **Morris Gordon**, Marc Benninga, Merit M Tabbers

Cochrane Database Syst Rev. 2021 Feb 9;2(2)



Background: Functional Abdominal Pain Disorders (FAPDs) present a considerable burden to paediatric patients, impacting quality of life, school attendance and causing higher rates of anxiety and depression disorders. There are no international guidelines for the management of this condition. A previous Cochrane Review in 2011 found no evidence to support the use of antidepressants in this context.

Objectives: To evaluate the current evidence for the efficacy and safety of antidepressants for FAPDs in children and adolescents.

An update on developments in medical education in response to the COVID-19 pandemic: A BEME scoping review: BEME Guide No. 64

Morris Gordon

Med Teach. 2021 Mar;43(3):253-271

Background: COVID-19 has fundamentally altered how education is delivered. Gordon et al. previously conducted a review of medical education developments in response to COVID-19; however, the field has rapidly evolved in the ensuing months. This scoping review aims to map the extent, range and nature of subsequent developments, summarizing the expanding evidence base and identifying areas for future research.



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