Gallbladder torsion is a rare condition of increasing prevalence in recent years. Two types of anatomical predispositions have been described: a gallbladder mesentery that is long and inelastic vs. a gallbladder that lacks a mesenteric attachment and “floats” in the abdomen. Classically, a “tripod of triads” has been described to aid in the clinical diagnosis of gallbladder torsion. Gallbladder torsion is difficult to diagnose clinically and radiologically. However, delayed recognition and intervention can lead to fatal sequelae including gangrene and perforation. Introduction Gallbladder torsion is a rare condition of increasing prevalence in recent years. It is often difficult to diagnose pre-operatively and delayed intervention can lead to significant complications.

Presentation of Case. We present a case of an 81-year-old lady who presented with symptoms of cholecystitis for 24 hours with no evidence of cholelithiasis on imaging. She deteriorated within 24 hours of admission despite intravenous antibiotic therapy; Emergency laparoscopy was performed which showed the gallbladder malrotated 180 degrees with features of necrosis. Laparoscopic cholecystectomy was performed without complications.

Discussion The cause of gallbladder torsion are thought to be due to underlying anatomical variations or loss of elasticity associated with aging. Diagnosis is difficult clinically and radiologically, however, features such as “whirl sign” and “cystic duct knot sign” have been described. Due to ischemia associated with torsion, clinical vigilance and early intervention is recommended to prevent potential fatal sequelae particularly in the elderly population.

Conclusion Gallbladder torsion is a rare finding that can be difficult to diagnose clinically, we are hoping to promote awareness to prevent complications associated with delayed therapy.


Highlights

- Foreign body ingestion is a common clinical presentation with less than 1% of the cases requiring surgical intervention.
- Laparoscopic appendicectomy is recommended for the removal of appendiceal foreign bodies.
- Small, sharp objects can cause acute appendicitis or perforation whereas large, round objects may cause appendicitis later in life.

Abstract

Introduction

Foreign body ingestion is a common clinical presentation with less than 1% of the cases requiring surgical intervention. In this report, we present a rare case of razor blades lodged in the appendix as a result of intentional ingestion.

Presentation of case
A 25 year old male prisoner presented to our hospital with persistent right iliac fossa pain after razor blade ingestion. After 5 days of conservative management, there was no sign of transition on serial X-Rays. Laparoscopy with intraoperative image intensification confirmed the presence of the razor blades in the appendix and appendicectomy was subsequently performed without complications.

Discussion

Most ingested objects with diameter less than 2.5 cm and length less than 6 cm can pass through the gastrointestinal tract spontaneously in less than one week. The entry of foreign objects into the appendix is thought to be due to relative low motility of the caecum, the dependent position of the appendix and the size of the appendiceal orifice. Radiographic localisation to the appendiceal lumen was complicated by metallic artefact, but was consistent with failure to transit. Appendicectomy was felt to be the safest mode of retrieval.

Conclusion

Ingested foreign body lodged in the appendix is a rare event. Once the exact location is confirmed, a simple laparoscopic appendicectomy can be performed to facilitate the removal.


INTRODUCTION: Cutaneous lymphomas represent a unique group of lymphomas. Cutaneous lymphomas are the second most frequent extra nodal involvement; gastrointestinal involvement being the most frequent (Malkan et al. [1]). To the best of our knowledge few cases of cutaneous relapse of Non-Hodgkin Lymphoma (NHL) have been reported where there was an absence of primary cutaneous involvement. CASE PRESENTATION: A case study of a 70-year-old woman who was referred for an excisional biopsy of a lesion on her left cheek in 2017. She had previously been diagnosed with NHL in 2009; disease involved the right groin lymph nodes. The patient completed a course of chemotherapy and was in remission. An excision of the lesion on the left upper cheek confirmed low-grade follicular lymphoma. A PET scan was performed after the histology from the lesion was confirmed which demonstrated moderate fluorodeoxyglucose (FDG) uptake in left cheek, left external iliac lymph nodes and left tonsil consistent with recurrence of lymphoma. DISCUSSION: The majority of relapses of NHL occur in the first 2 years after the completion of treatment. Extra nodal lymphomas comprise 24-48 percent of cases. The reason for multifocal extra nodal lymphoma or preferential involvement of specific extra nodal sites at recurrence is not clear. Extra nodal involvement involving skin accounts for 10 percent of cases. NHL typically relapses in the same involvement sites. First line treatment for solitary lesions includes surgical excision, antibiotics and radiotherapy. CONCLUSION: Disease relapse was not present in the primary involvement site. Furthermore, there was a cutaneous relapse where there was no primary cutaneous disease. Treatment involved systemic therapy for this patient given the nodal involvement found on the PET scan.


There is much debate between neonatologists and paediatricians about appropriate oxygen saturation targets for babies with chronic neonatal lung disease (CNLD). Overnight oximetry is used to guide the fraction of inspired oxygen to use. We did this literature review to examine the current literature on the use of overnight oximetry in term infants, preterm infants and babies with CNLD (especially relevant to ex-preterm babies with CNLD going home on oxygen). We reviewed the literature from January 1990 to October 2017 by searching the following databases: Cochrane Central Register of Controlled Trials, The Joanna Briggs Institute, CINAHL, MEDLINE, Scopus, EMBASE, ProQuest and Science Direct. Sixteen articles were included in the review. The literature available on overnight oximetry in neonates is limited, it is not contemporary, and it reports studies that did not use oximeters with modern software for data collection and analysis. It is imperative that
reference ranges be defined for overnight oximetry parameters so that babies are not inadvertently administered inappropriate amounts of oxygen.


**BACKGROUND:** Children with chronic health conditions have better health-related outcomes when their care is managed in a personalised and coordinated way. However, increased demand on Australian ambulatory care hospital services has led to longer waitlist times to access specialists and appropriate intervention services; placing vulnerable children at increased risk of poorer short-term (e.g. social difficulties) and long-term (e.g. convictions) health and social outcomes. Traditional approaches to increasing frequency and service of delivery are expensive and can have minimal impact on caregiver burden. A community based service-integration approach, rather than self-directed care is proposed as increased service linkages are more likely to occur and improve the health outcomes of children with a chronic health condition. **METHODS:** An open, unblinded, multi-centre randomised controlled trial in two Australian public hospitals. 112 children (0-16 years) fulfilling the inclusion criteria will be randomised to one of two clinical pathways for management of their chronic health condition: (1) integrated children's care clinic (ICCC) or (2) self-directed care pathway. All children and caregivers will be interviewed at 1 week, and 3, 6 and 12 month time intervals. Primary outcome measures include the Pediatric Quality of Life (PedQOL) questionnaire, Subjective Units of Distress Scale, Child Behaviour Checklist (CBCL) and Rotter's Locus of Control Scale. Secondary outcome measures include the total number of medical appointments, school days missed and quantity of services accessed. Our main objectives are to determine if the ICC results in better health and economics outcomes compared to the self-directed care pathway. **DISCUSSION:** The success of a health systems approach needs to be balanced against clinical, mortality and cost-effectiveness data for long-term sustainability within a publicly funded health system. A clinical pathway that is sustainable, cost-effective, provides efficient evidence-based care and improves the quality of life outcomes for children with chronic health conditions has the potential to reduce waitlist times, improve access to health services, increase consumer satisfaction; and prevent costs associated with poorly managed chronic health conditions into adulthood. This study will be the first to provide clinical and health economics data on an integrated care pathway for the management of chronic health conditions in children. On a broader scale, results from this study will help guide care coordination frameworks for children with chronic health conditions; particularly with the introduction and implementation of a National Disability Insurance Scheme (NDIS) across Australia. **TRIAL REGISTRATION:** Australia and New Zealand Clinical Trials Register (ANZCTR) ACTRN12617001188325 . Registered: 14th August, 2017.

Hall, K. K., et al. (2018). "Health service utilisation amongst urban Aboriginal and Torres Strait Islander children aged younger than 5 years registered with a primary health-care service in South-East Queensland." **Journal Of Paediatrics And Child Health.**

**Aim:** The majority of Australia's Aboriginal and/or Torres Strait Islander children live in urban areas; however, little is known about their health service use. We aimed to describe health service utilisation amongst a cohort of urban Aboriginal and/or Torres Strait Islander children aged <5 years.; **Methods:** We analysed health service utilisation data collected in an ongoing prospective cohort study of children aged <5 years registered with an Aboriginal-owned and operated primary health-care service. Enrolled children were followed monthly for 12 months, with data on health service utilisation collected at baseline and at each monthly follow-up. Health service utilisation rates, overall and by service provider and reason for presentation, were calculated and reported as incidence rates per 100 child-months with the corresponding 95% confidence intervals (CIs); **Results:** Between February 2013 and November 2015, 180 children were enrolled, and 1541 child-months of observation were available for analysis. The overall incidence of health service utilisation...
was 52.5 per 100 child-months (95% CI 48.7-56.5); 81% of encounters were with general practitioners. Presentation rates were the highest for acute respiratory illnesses (30.7/100 child-months, 95% CI 27.8-33.9).; Conclusions: In this community, acute respiratory illnesses are predominant causes of health service utilisation in young children. The health-care utilisation profile of these children presents important opportunities for health promotion and intervention.; © 2018 Paediatrics and Child Health Division (The Royal Australasian College of Physicians).


BACKGROUND: Pre-labour rupture of membranes (PROM) at term is a common event with early induction of labour reducing infectious morbidity without increasing the caesarean rate. Syntocinon is commonly used for induction but prostaglandins are also routinely used. Large studies have shown no difference in the maternal and neonatal outcomes with either method. AIM: To assess the safety and efficacy of vaginal prostaglandin (PG) compared to syntocinon for induction of labour in term-PROM. METHOD: This was a single-centre randomised controlled trial at Ipswich Hospital of women presenting at >/=37 weeks gestation with PROM. Women were randomised and managed in labour as per local guidelines. Analysis was by intention to treat. RESULTS: One hundred and eighty-four women were recruited, 90 in the PG group and 94 in the oxytocin group. Women in both arms were of similar demographics and 53% of women in the PG group did not require any oxytocin. There was a statistically significant lower incidence of fetal heart rate abnormality in the PG group, 4.4% versus 12.8%. There was no difference in epidural use, caesarean section, maternal infection, admission to special care nursery or neonatal sepsis. Time to onset of labour was significantly longer in the PG group, 25.7 h versus 19.7 h but with no difference in the length of first stage. Maternal satisfaction was high in both groups with no significant difference in breastfeeding rates. CONCLUSION: Induction of labour with oxytocin or vaginal prostaglandins are safe and efficacious options for women in the context of PROM at term.


The delivery of public out-patient services is an essential part of complex healthcare systems, but the contribution of public out-patient services is often ill defined and poorly evaluated. The aim of this study was to identify and better understand those factors that may affect the performance of out-patient services to provide health service managers, clinicians and executives with a conceptual framework for future decision-making processes. The present qualitative research involved five exploratory case studies. These case studies were conducted across two specialties at hospitals in the Metro North Hospital and Health Service in Queensland. Data were obtained from 38 interviews and 15 focus groups, and were analysed to identify common themes. Further analysis helped identify the most significant factors and build a conceptual framework for understanding the relationships between those factors and their effect on performance. Across both specialties there were 10 factors (scheduling, performance, service framework, categorisation or prioritisation of patients, internal and external stakeholders, resources, service demand, culture, system challenges and medical stakeholders) identified that may affect the performance of out-patient services. These factors were condensed into five core domains: culture, stakeholders, resources, demand and system reform. Strategies to address the five core domains identified may provide a framework for sustainable improvement in the delivery of out-patient services. The provision of specialist out-patient services is an essential element of health service delivery. Access to specialist services in the public sector is challenging because of the escalating demand associated with an increasing and aging demographic. The
factors that may affect the delivery of out-patient services need to be addressed for long-term sustainable improvement. This paper provides a conceptual framework grounded in rigorous qualitative data analysis for understanding the internal and external factors that affect waiting times for specialist out-patient services. The results of this qualitative research indicate that there are five core domains that may influence waiting times in the public out-patient setting. When these domains are addressed at the strategic, tactical and operational levels, they have the potential to provide significant improvement in the delivery of out-patient services. This paper guides the attention of relevant stakeholders towards the five core domains identified (culture, stakeholders, resources, demand and system reform) that influence the performance of waiting times at the operational, tactical and strategic levels within the public hospital setting.

Orbell-Smith, J. (2018). "In our sights - the scoping review." HLA News (Autumn 2018): 1-4. Jane Orbell-Smith, Health Librarian for Redcliffe and Caboolture Hospital Libraries, discusses the role that librarians might play in a scoping review, helpfully articulating differences between them and systematic reviews, and clearly detailing the steps involved in ensuring that they meet client needs.


Background: Hypoxemia and anemia are common findings in critically ill patients admitted to Intensive Care Units. Both are independently associated with significant morbidity and mortality. However, the interaction between oxygenation and anemia and their impact on mortality in critically ill patients has not been clearly defined. We undertook this study to determine whether hemoglobin (Hb) level would modify the association between hypoxemia and mortality in mechanically ventilated critically ill patients. Methods: We performed a retrospective cohort study of all mechanically ventilated adult patients (aged >16 years) in the Australian and New Zealand Intensive Care Society Adult Patient Database (APD) admitted over a 10-year period. Multivariate hierarchical logistic regression was used to assess the relationship between hypoxemia and hospital mortality stratified by Hb. Results: Of 1,196,089 patients in the APD, 219,723 satisfied our inclusion and exclusion criteria. There was a linear negative relationship between hypoxemia and hospital mortality which was significantly modified when stratified by Hb. Hb independently increased the risk of mortality in patients with arterial oxygen tension <102. Conclusions: Hb is an effect modifier on the association between oxygenation and mortality.


The infiltration of local anesthetic has been shown to reduce postoperative pain in knee arthroscopy. Several studies have shown that the addition of agents such as magnesium and nonsteroidal antiinflammatory drugs (NSAIDs) result in an increased time to first analgesia and overall reduction in pain. The aim of this systematic review and meta-analysis was to determine whether the addition of an alpha-2 agonist (A2A) to intra-articular local anesthetic, results in a reduction in postoperative pain. Four major databases were systematically searched for relevant randomized controlled trials (RCTs) up to July 2017. RCTs containing a control group receiving a local anesthetic and an intervention group receiving the same with the addition of an A2A were included in the review. The included studies were assessed for level of evidence and risk of bias. The data were then analyzed both qualitatively and where appropriate by meta-analysis. We reviewed 12 RCTs including 603 patients. We found that the addition of an A2A resulted in a significant reduction in postoperative pain up to 24 hours. The addition of the A2A increased time to first analgesia request by 258.85 minutes (p < 0.00001). Total 24-hour analgesia consumption was analyzed qualitatively with all included studies showing a significant reduction in total analgesia
requirement. Interestingly, none of the studies found an increase in side effects associated with the A2A. This study provides strong evidence for the use of A2As as a means to reduce postoperative pain post arthroscopic knee surgery, without a corresponding increase in side effects.


CONTEXT: Scapular taping can offer clinical benefit to some patients with shoulder pain; however, the underlying mechanisms are unclear. Understanding these mechanisms may guide the development of treatment strategies for managing neuromusculoskeletal shoulder conditions. OBJECTIVE: To examine the mechanisms underpinning the benefits of scapular taping. DESIGN: Descriptive laboratory study. SETTING: University laboratory. PATIENTS OR OTHER PARTICIPANTS: A total of 15 individuals (8 men, 7 women; age = 31.0 +/- 12.4 years, height = 170.9 +/- 7.6 cm, mass = 73.8 +/- 14.4 kg) with no history of shoulder pain.

INTERVENTION(S): Scapular taping. MAIN OUTCOME MEASURE(S): Surface electromyography (EMG) was used to assess the (1) magnitude and onset of contraction of the upper trapezius (UT), lower trapezius (LT), and serratus anterior relative to the contraction of the middle deltoid during active shoulder flexion and abduction and (2) corticomotor excitability (amplitude of motor-evoked potentials from transcranial magnetic stimulation) of these muscles at rest and during isometric abduction. Active shoulder-flexion and shoulder-abduction range of motion were also evaluated. All outcomes were measured before taping, immediately after taping, 24 hours after taping with the original tape on, and 24 hours after taping with the tape removed. RESULTS: Onset of contractions occurred earlier immediately after taping than before taping during abduction for the UT (34.18 +/- 118.91 milliseconds and 93.95 +/- 106.33 milliseconds, respectively, after middle deltoid contraction; P = .02) and during flexion for the LT (110.02 +/- 109.83 milliseconds and 5.94 +/- 92.35 milliseconds, respectively, before middle deltoid contraction; P = .06). These changes were not maintained 24 hours after taping. Mean motor-evoked potential onset of the middle deltoid was earlier at 24 hours after taping (tape on = 7.20 +/- 4.33 milliseconds) than before taping (8.71 +/- 5.24 milliseconds, P = .008). We observed no differences in peak root mean square EMG activity or corticomotor excitability of the scapular muscles among any time frames. CONCLUSIONS: Scapular taping was associated with the earlier onset of UT and LT contractions during shoulder abduction and flexion, respectively. Altered corticomotor excitability did not underpin earlier EMG onsets of activity after taping in this sample. Our findings suggested that the optimal time to engage in rehabilitative exercises to facilitate onset of trapezius contractions during shoulder movements may be immediately after tape application.


INTRODUCTION: Subcutaneous emphysema (SE) is a frequent and often self-limiting complication of tube thoracostomy or other cardiothoracic procedures. On rare occasions, severe and extensive surgical emphysema marked by palpable cutaneous tension, dysphagia, dysphonia, palpebral closure or associated with pneumoperitoneum, airway compromise, "tension phenomenon" and respiratory failure require treatment. PRESENTATION OF CASE: A 67-year-old lady presented with a large spontaneous pneumothorax on the background of end-stage chronic obstructive pulmonary disease (COPD) and newly diagnosed lung cancer, developed extensive surgical emphysema following insertion of a chest drain. Immediate improvement was observed after insertion of a large-bore, 26 French (Fr.) intercostal catheter, subcutaneous drain which was maintained under low suction (-5cm H2O) for a further 24h. DISCUSSION: Several methods have been described in the literature for the treatment of extensive subcutaneous emphysema, including: emergency tracheostomy, multisite subcutaneous drainage, infraclavicular "blow holes" incisions and subcutaneous drains or simply increasing suction on an in situ chest drain. Here a large-bore, fenestrated, subcutaneous drain maintained on low negative
pressure also provided the necessary decompression. CONCLUSION: In the absence of a
comparative study to identify the most effective method to manage extensive subcutaneous
emphysema, this case highlights an effective, simple and safe management option.

Tran, Q. B., et al. (2018). "Metastatic gastric adenocarcinoma and synchronous carcinoid tumour
INTRODUCTION: Silent metastatic gastric adenocarcinoma presenting as appendicitis is very
rare. Rare pathologies may be encountered during common operations such as
appendicectomy and an awareness of possible alternative pathological entities would be
helpful in a surgeon's wealth of knowledge. PRESENTATION OF CASE: A 63-year-old man
presented with a three-day history of acute abdominal pain suggestive of appendicitis. Intra-
operatively, a macroscopically inflamed and perforated appendix was found. There were
however some atypical features, which included multiple inflamed ulcerated lesions
throughout the small bowel mesentery and along the terminal ileum. Appendicectomy was
performed and biopsies of these lesions were taken. Subsequent histopathology revealed
that there were metastatic deposits of poorly differentiated adenocarcinoma in the
appendix and mesenteric biopsies, as well as a neuroendocrine (carcinoid) tumour of the
appendix. Upper endoscopy confirmed a gastric primary leading to peritoneal dissemination.
The patient was scheduled to undergo a course of palliative chemotherapy. DISCUSSION:
Metastatic gastric adenocarcinomas with peritoneal dissemination have a very poor
prognosis and often the first choice of treatment is chemotherapy as a complete cure
through surgery is often not feasible. As for classical carcinoid tumours smaller than 2cm
towards the tip of the appendix with low proliferative index and without angiolympathic or
mesoappendicetal extension, then appendicectomy alone is indicated. Synchronous
neoplastic pathologies presenting as appendicitis is largely unknown. CONCLUSION: To our
knowledge, this is the first report in the literature of synchronous carcinoid tumour and
metastatic gastric cancer co-existing within an inflamed appendix.

Marilyn Umney, Clinical Nurse, Endoscopy at Caboolture Hospital, provides her refection of
GENCA 2017 National Conference.


systematic review and meta-analysis of randomised controlled trials." British Journal Of Anaesthesia
120(4): 668-678.
Buprenorphine appears to have a ceiling effect on respiratory depression, but not analgesia
in healthy young patients. However, the efficacy and side-effects of buprenorphine in the
setting of acute pain are poorly characterized. The aim of this study was to characterize the
analgesic efficacy and adverse effects of buprenorphine compared with morphine in the
acute pain setting. A systematic review of five databases was performed. Randomised
controlled trials (RCTs) comparing buprenorphine with morphine in acute pain management
were included. Studies performed outside of the hospital setting were excluded. The a priori
primary outcomes included pain, respiratory depression, and sedation. Secondary outcomes
included requirement for rescue analgesia, time to rescue analgesia, nausea, vomiting,
dizziness, hypotension, and pruritus. Twenty-eight RCTs with 2210 patients met the inclusion
criteria. There was no difference in pain [visual analogue scale weighted mean difference
(WMD)=-0.29; 95% confidence interval (CI)=-0.62 to 0.03; I²=99%; P=0.07], incidence of
respiratory depression [odds ratio (OR)=2.07; 95% CI=0.78–5.51; I²=30%; P=0.14], or
sedation (OR=1.44; 95% CI=0.76–2.74; I²=23%; P=0.26). There was only one secondary
outcome with an overall significant difference; buprenorphine use was associated with
significantly less pruritus (OR=0.31; 95% CI=0.12–0.84; I²=6%; P=0.02). Whilst a theoretical
ceiling effect may exist with respect to buprenorphine and respiratory depression, in a
clinical setting, it can still cause significant adverse effects on respiratory function. However, given that buprenorphine is an equally efficacious analgesic agent, it is a useful alternative opioid because of its ease of administration and reduced incidence of pruritus.