



A case for prevention

Pterygium occurs in 1.1% of Australians. However, it is more prevalent with higher exposure to ultraviolet radiation and in older men, occurring in 12% of men aged over 60 years. A recent narrative review estimated the direct treatment costs for pterygium in Australia as \$8.3 million for one year, 1997-98. This included the cost of 8661 pterygium removals and 3292 conjunctival autografts. No data were available on the proportion of surgical interventions done because of visual impairment. Recurrence rates are believed to remain high (20%–40%) and recurrences may grow aggressively. Although mitomycin C (an antibiotic–antineoplastic agent) has been shown to reduce recurrence rates if used perioperatively, use remains limited because of potentially serious vision-threatening complications.

Clin Exp Ophthalmol 2001; 29: 370–375

Getting up to scratch

Researchers have suggested a way in which individual surgeons can engage in a continuous quality improvement process. A group of 16 surgeons in the United States completed a two-day accredited course in sentinel lymph node (SLN) mapping, then recorded outcome data in a secure database each time they attempted to map an axillary sentinel lymph node. The data were used to plot learning curves as serial failure rate versus the serial number of procedures performed. Of 2255

consenting patients, 1880 were from a subgroup of six surgeons. These surgeons needed an average of 22 cases to achieve at least a 90% success rate, and 63 cases for a 95% success rate. For the whole group, surgeons performing fewer than three SLN biopsies per month had an average success rate of 86.23%±8.30%, while those doing more than six SLN biopsies per month had a success rate of 97.81%±0.44%.

J Am Coll Surg 2001; 193: 593-600

Bad Press

New evidence from a large prospective study in Taiwan further implicates the Epstein–Barr virus (EBV) in the causation of nasopharyngeal carcinoma. Most residents of Taiwan are infected with EBV in childhood and have persisting IgG antibodies against EBV capsid antigen. However, the presence of IgA antibodies against capsid antigen reflects frequent reactivation of latent EBV in B cells, repeated viral infection, or both. These IgA antibodies and the neutralising antibodies against EBV Dnase are highly specific markers for nasopharyngeal carcinoma. Of 9699 Taiwanese men aged ≥30 years, 1176 tested positive for one or both of these serological markers of EBV. During 16 years of follow-up, there were 22 new cases of nasopharyngeal carcinoma. After adjustment for age and family history, the relative risk of nasopharyngeal carcinoma was 32.8 for subjects with both markers (95% CI, 7.3–147.2) and 4.0 for subjects with one marker (95% CI, 1.6–10.2), as compared with subjects with neither marker. Measurement of these antibodies may be useful for early detection of nasopharyngeal carcinoma in high-risk populations.

N Engl J Med 2001; 345: 1877-1882

Ready to go

The second reported prospective study of near-death experiences (NDE) is of 344 consecutive patients from 10 Dutch hospitals who were successfully resuscitated following

cardiac arrest. The patients ranged in age from 26 to 92 years (mean, 62 years) and 73% were men. At interview within five days of resuscitation, 248 patients were asked what (if anything) they recalled from the period of unconsciousness. Experiences such as awareness of being dead, positive emotions, observations of a celestial landscape and out-of-body experiences were later coded and scored. A total of 62 patients reported some recollection of the time of death, classified as superficial (21), core (18), and deep or very deep (23). Those aged <60 years had NDEs more often than older people ($P=0.012$) and women had more frequent deep experiences than men ($P=0.011$). Mortality during and shortly after hospitalisation was significantly greater in those who reported an NDE than those who did not (13 of 62 [21%] v 24 of 282 [9%]; $P=0.008$). The difference was even more marked in those who had reported a deep experience (10 of 23 [43%] v 24 of 282 [9%]; $P<0.0001$).

Lancet 2001; 358: 2039-2045

It's in the stars

Canadian researchers used the birth dates of 171 Nobel laureates in medicine and physiology and a control group of 375 scientists to test the hypothesis that zodiac sign is associated with the odds of winning the Nobel Prize (see Table). A helpline is available for devastated Leo readers.

Zodiac sign	Odds ratio (and 95% CI)
Aquarius	0.67 (0.33–1.35)
Pisces	1.03 (0.54–1.96)
Aries	1.33 (0.70–2.54)
Taurus	0.51 (0.23–1.13)
Gemini	1.90 (1.12–3.24)
Cancer	0.79 (0.39–1.62)
Leo	0.35 (0.16–0.82)
Virgo	1.11 (0.63–1.96)
Libra	1.03 (0.53–1.99)
Scorpio	1.54 (0.78–3.05)
Sagittarius	1.35 (0.73–2.50)
Capricorn	0.83 (0.36–1.91)

CI=confidence interval

CMAJ 2001; 165: 1584