

INVESTIGATE ALWAYS

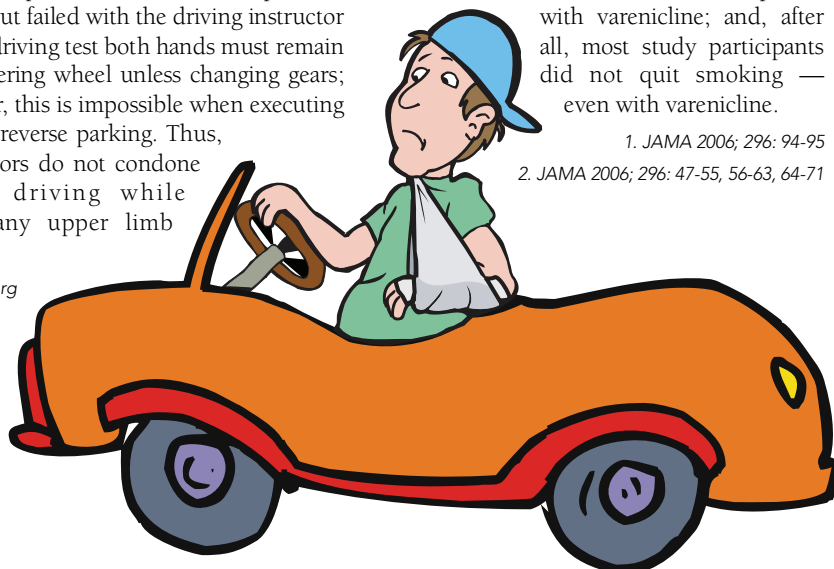
UK study authors say that all patients aged 45 years or older with new onset rectal bleeding should be offered bowel investigation, whether or not they have other symptoms. du Toit and colleagues conducted a 10-year study in a rural UK general practice; 265 patients aged 45 or older reported new rectal bleeding and were all investigated (via rigid sigmoidoscopy with barium enema, flexible sigmoidoscopy or colonoscopy) — 15 had colorectal cancer and 13 had colonic adenoma. That is, about one in 10 had colorectal neoplasia, however, only two of the patients with cancer had had diarrhoea.

BMJ 2006; 333: 69-70

DRIVING PLASTERED?

Queensland authors aimed to answer the question of whether a patient can safely drive a car while wearing an upper limb fracture cast. One of the authors (a young, pain-free man) was assessed by an occupational therapist and an experienced driving instructor in 10 different driving situations — with no cast, and while wearing one of four plasters (a right short arm cast, a right long arm cast, a left short arm cast and a left long arm cast), in both manual and automatic transmission vehicles. The author passed all tests with no cast and failed all tests with a long arm cast. When wearing short arm casts, the author passed with the occupational therapist but failed with the driving instructor. To pass a driving test both hands must remain on the steering wheel unless changing gears; in a plaster, this is impossible when executing turns and reverse parking. Thus, these authors do not condone patients driving while wearing any upper limb cast.

Aust NZ J Surg
2006; 76:
439-441

**MAGIC CANCER TRIAL**

The Medical Research Council Adjuvant Gastric Infusional Chemotherapy (MAGIC) Trial has found that perioperative chemotherapy can improve the odds of survival in patients with resectable gastro-oesophageal cancer. The trial studied survival rates in more than 500 patients with resectable adenocarcinoma of the stomach, oesophagogastric junction or lower oesophagus who were randomised to receive either perioperative chemotherapy and surgery or surgery alone. Chemotherapy involved three pre-operative and three post-operative cycles of intravenous epirubicin, cisplatin and fluorouracil. Five-year survival was higher in the group receiving chemotherapy, 36% v 23%.

N Engl J Med 2006; 355: 11-20

NOVEL ANTI-SMOKING AGENT

Varenicline — a nicotinic acetylcholine receptor partial agonist — holds promise for smoking cessation; however, it is definitely not a panacea, say US experts.¹ Klesges and colleagues were commenting on three randomised controlled trials conducted by the Varenicline Phase 3 Study Group.² The trials found that varenicline may be better than bupropion in terms of long-term cessation and may also help in reducing relapse. However, adverse effects such as nausea and abnormal dreams were reported with varenicline; and, after all, most study participants did not quit smoking — even with varenicline.

1. *JAMA 2006; 296: 94-95*

2. *JAMA 2006; 296: 47-55, 56-63, 64-71*

KEEP YOUR EYES OPEN

Doctors worldwide need to be aware of the likelihood of outbreaks of potentially blinding fungal keratitis, say Singapore authors. They reported a recent epidemic of *Fusarium* keratitis in Singapore, associated with contact lens wear to correct a refractive error, and affecting 66 patients; five patients required corneal transplantation. Most patients reported using the same brand of contact lens cleaning solution — ReNu, Bausch & Lomb; however, poor lens hygiene practices and wearing lenses past their replacement date were also commonly reported. Similar cases were reported in Hong Kong and the United States. On 15 May 2006, Bausch & Lomb announced a permanent worldwide recall of one product — ReNu with MoistureLoc, stating “some aspect of the MoistureLoc formula may be increasing the relative risk of *Fusarium* infection in unusual circumstances”.

JAMA 2006; 295: 2867-2873

'FLU: THE HOPE OF HISTORY

With the emergence of bird 'flu, the *Annals of Internal Medicine* has republished an essay by Dr Isaac Starr recollecting his experiences as a third year medical student in Philadelphia during the 1918 influenza epidemic. With the First World War raging, many doctors were away in the army, so medical students, including Starr, were co-opted to work in an emergency hospital. At the height of the epidemic, one in five of the total patient population died each night. But after only about 3 weeks the worst was clearly over. A mild febrile disease appeared for a further few weeks, with decreasing frequency. “So, as mysteriously as it had come, the killer departed,” Starr wrote. A popular hypothesis was that deaths were due to complicating bacterial pneumonia. Starr speculated that there should be little or no mortality in a future epidemic of influenza if antibiotics could prevent or cure the bacterial pneumonia. The essay first appeared in the *Annals of Internal Medicine* in 1976.

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