

BABIES AFTER BREAST CANCER

After a diagnosis of breast cancer, women are often advised to wait 2 years before attempting to fall pregnant. Now, Australian researchers say that women with localised disease (and who have completed their treatment) need not wait the full 2 years. Ives and colleagues studied pregnancy and survival outcomes in 2539 younger women in Western Australia diagnosed with breast cancer between 1982 and 2000. About 5% of the women had at least one pregnancy after breast cancer, with half conceiving within 2 years of their cancer diagnosis. The researchers reported that the women who conceived had improved survival compared with those who had not conceived, with a definite protective effect for women who waited at least 6 months.

BMJ Online, 8 Dec 2006

BOTCH-UP

A case of potentially fatal paralytic botulism can hardly be what patients are expecting after receiving intramuscular injections of botulinum toxin for crow's feet and other facial lines; however, that is exactly what happened to four people. They were administered much more than the estimated human lethal dose of the toxin, due to a dilution error of a preparation of the toxin intended for laboratory research only and never intended or approved for human use. All survived after receiving antitoxin, but not without prolonged mechanical ventilation. One of the four was a doctor (with an already suspended medical licence) who had injected himself as well as the other three people. He was sentenced to 3 years in prison after pleading guilty to a US federal criminal charge of misbranding a drug.

JAMA 2006; 296: 2476-2479

UNEXPECTED ANEURYSMS

Coronary aneurysms can occur after the use of drug-eluting stents, warn US authors. They reported four cases in which a coronary aneurysm was discovered 6 to 21 months after implantation of either a sirolimus-eluting or paclitaxel-eluting stent. The authors suggest localised hypersensitivity to these stents may be responsible for aneurysm formation. Management of the cases varied from observation to percutaneous coiling to surgical excision with a bypass graft to the distal artery. In one case, nearly complete resolution of the aneurysm had been observed.

Ann Intern Med Online, 5 Dec 2006

SPORTS DEAFNESS

Attending sporting events can be hazardous to your hearing, caution Canadian authors. One of the authors had worn a noise dosimeter to a series of ice hockey games. While goal-scoring led to spikes in the noise level (roughly equivalent to that of a jet plane taking off), even during intermissions the noise level was such that hearing protection would be required by law if the sporting arena had been an 8-hour day work environment. Hearing tests before and after a game confirmed a temporary deterioration in hearing consistent with noise damage and with an attendant risk of permanent damage if there had been further noise exposure before full recovery. The authors suggested that spectators wear earplugs to protect their hearing — also pointing out that, contrary to popular belief, communication in noisy environments is easier *with*, rather than without, earplugs.

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**DIAGNOSIS BY GOOGLE**

In difficult diagnostic cases, it may be useful to “google for a diagnosis”, suggest Australian authors. Tang and Ng used Google searches to reveal the correct diagnosis in 15 of 26 diagnostic cases published in the *New England Journal of Medicine* in 2005. For each case they chose three to five search terms (while blind to the diagnosis) and then, from search results, selected the three most prominent diagnoses that seemed to fit the signs and symptoms described. Tang and Ng suspect that using Google to search for a diagnosis will be more effective for conditions with unique symptoms and signs, and less effective for complex diseases with non-specific symptoms and for rare presentations of common diseases.

BMJ 2006; 333: 1143-1145

MUCH MORE THAN A LOAD OF HOGWARTS?

Good Samaritan laws protect doctors who give assistance in medical emergencies — but what about the doctor who spots a less threatening yet nevertheless important diagnosis in someone on the street? Here, the situation is murkier. Should we speak — and risk being charged with invasion of privacy or being an ambulance-chaser-of-sorts — or should we walk away? Lim and colleagues used magical examples from the fictional world of *You-Know-Who* (think Harry Potter) to demonstrate how “uninvited” medical interventions, if beneficial in intent, can, they say, only result in good outcomes. Such acts would seem to be in keeping with the spirit of Good Samaritan clauses. Thus, “To all of you, we say: go forth and do good!” they enjoin us.

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