

# In this issue

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## CHANGING TIMES IN TRANSPLANTATION

Over a decade ago, Australian doctors described the case of a patient who was inadvertently transplanted with the kidney of an ABO-incompatible donor. Thanks to naturally low antigen expression in the donor and low antibody titres in the recipient, there was a good outcome. Favourable outcomes have also been reported elsewhere in the world, particularly in Japan, where patients undergo plasma exchange, intense immunosuppression and splenectomy to control antibody-mediated rejection. On *page 306*, Cohny et al explain how they achieved success with the first intentional Australian case.

Lung transplantation in children and adolescents is not common in Australia: donors are in short supply and there is some evidence that young recipients have poorer outcomes than adults. So the experience of adolescent transplantation in an adult unit (Morton et al, *page 278*) is a welcome addition to our knowledge in this area. Over 15 years, 37 adolescents were transplanted in the unit, with an impressive improvement in survival rates in the latter half of the study period. Studies such as these hold important lessons for the transplantation community in general, say Snell et al (*page 260*).



## WATCH OUT FOR LYMPHOGRANULOMA VENEREUM

This painful, sexually transmitted, inflammatory anorectal disease has been rare in Australia but is now increasingly seen in men who have sex with men. Although the disease is caused by a well known culprit (chlamydia), it's important to make the diagnosis, as prolonged treatment and follow-up are required (van Hal et al, *page 309*).



## CHANGING BEHAVIOUR IN PUBLIC HEALTH

By and large, the medical community has got the message that suspected acute myocardial infarction (AMI) is a medical emergency, with outcomes dependent on early reperfusion. But despite attempts to educate them, the public lags behind: the rate-limiting step in AMI treatment is patient delay in seeking treatment. The National Heart Foundation of Australia has convened a Chest Pain: Every Minute Counts Working Group to plan future campaigns. The resultant position statement, emphasising a comprehensive ongoing approach, education about heart attack warning signs, clear emergency instructions, targeting of those at most risk, and further research into the psychological barriers to acceptance of the warnings, appears on *page 293*.

By contrast, the findings of Lubman et al (*page 266*) indicate that public education about the harmful effects of drugs and alcohol on young people's mental health has had an effect. Most of the 3746 young people and 2005 parents interviewed by the group responded appropriately to vignettes portraying young people with mental health problems, when asked about the possible effects of drugs and alcohol on the young person's condition. Now comes the difficult step, say the authors, of translating knowledge into behavioural change.

## SIGMOIDOSCOPY USEFUL FOR CRC SCREENING

After a long debate about the best method of population screening for colorectal cancer (CRC), Australia now has in place a national program, with faecal occult blood testing as the initial screening step, followed by colonoscopy if the screen is positive. Adding to the evidence in this area are the 10-year findings of a Western Australian study (Viiala and Olynyk, *page 274*). CRC was detected in 0.4% of the nearly three and a half thousand people screened initially (and over 1000 re-screened at 5 years). Among participants with a negative sigmoidoscopy, 0.7% later developed CRC (proximal to the splenic flexure in 75% of cases), leading the authors to conclude that, subject to well defined utility and limitations, sigmoidoscopy is a viable CRC screening method.

## TUBAL SURGERY BEATS IVF IN OVER 40s

In Australia, many women in their 40s who wish to become pregnant after tubal ligation resort to in-vitro fertilisation rather than undergoing (and self-funding) tubal re-anastomosis surgery. But, armed with some impressive pregnancy statistics and cost-effectiveness estimates, Petrucco et al (*page 271*) make the case for considering surgery as a viable (and ultimately cheaper) option.



*Dr Ruth Armstrong, MJA*

## ANOTHER TIME ... ANOTHER PLACE

From the accounts of patients in this study, doctors and nurses played minimal roles in providing information about the symptoms of MI, compared with knowledge gained from television, reading and friends.

*Med J Aust 1997; 166: 233-236*