

# In this issue

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## TIMELY tPA

Using a protocol to assess stroke patients in the emergency department (ED) enables rapid identification and reperfusion treatment of those who will benefit from it, say Batmanian et al (*page 567*). Administered entirely in the ED, their protocol involved rapid assessment of all suspected stroke patients by an emergency physician, early computed tomography with involvement of a neurologist, assessment of appropriateness for thrombolysis using a checklist, and (where indicated) an infusion of tissue plasminogen activator (tPA). With this protocol, 15 of 40 patients who presented within 3 hours of symptom onset received thrombolysis (14% of all stroke admissions; a favourable proportion compared with studies elsewhere). According to Davis et al (*page 548*), the “number needed to treat” for benefit from tPA is very low — as few as three. And all Australian hospitals should strive to deliver timely reperfusion therapy for stroke.



## BEWARE ...

How does an itinerant kitesurfer's occupation relate to his multiple liver lesions? Our *Diagnostic Dilemma* (Buchholz and Rudan, *page 590*) recalls an old aphorism.

## ANOTHER TIME ... ANOTHER PLACE

[I] waked and sat up ... when I felt a confusion and indistinctness in my head which lasted, I suppose about half a minute ... Soon after I perceived that I had suffered a paralytick stroke, and that my Speech was taken from me.

Samuel Johnson, *Letter to Mrs Thrale, 1783*



## IN THE MAIL

It is likely that herpes simplex virus can be transmitted by tattooing needles, say Marshall et al in *Letters* (*page 598*). After making a fairly convincing case for this occurrence, they propose a new diagnostic term — “herpes compunctorum”. In other letters, Lee et al have been talking to Indigenous community members about the continuing high rates of cannabis use in Arnhem Land; Graham writes on behalf of the Therapeutic Goods Administration on the problems with approved product information; and Byard and Matthews urge parents to heed safety messages about three-wheel strollers.

## BURULI ULCER: MORE AWARENESS NEEDED

Victorians living in communities where *Mycobacterium ulcerans* is known to be endemic present for medical attention earlier, and are diagnosed and treated more rapidly, than those living outside these areas. Sixty-one of 85 patients with Buruli ulcer (BU) identified by Quek et al (*page 561*) lived in communities on the Bellarine Peninsula, where BU is endemic. These patients consulted a doctor in a median time of 3 weeks and BU was diagnosed a week later, while the corresponding figures for out-of-area patients were 5 and 5.3 weeks, respectively. While lesser awareness of an uncommon condition in non-endemic than endemic areas is understandable, the authors call for measures to raise the profile of BU outside the Bellarine Peninsula, as a third of cases occur in people who have visited the region.

## EPILEPSY LEVELS OVERUSED

According to Rathmalgoda et al (*page 582*), most requests for measurement of serum sodium valproate (SVP) levels are not warranted when judged against evidence-based criteria. A retrospective audit of SVP tests ordered at Canberra Hospital over 3 months in 2005 found that only 15% of tests were done for an appropriate indication (to assess toxicity or compliance, or adjust dosage in patients on multiple medications) and only 29% were taken at an appropriate time (at least 8 hours after the most recent dose). Commenting on the audit, Vajda (*page 581*) reminds us that we should treat patients, not levels, and that, with a few exceptions, serum monitoring of antiepileptic therapy should be based on clear indications, rather than done routinely.

## ICE USERS FAR FROM CHILLED

About one in 100 patients presenting to the emergency department of St Vincent's Hospital in Sydney attend for problems relating to crystalline methamphetamine (“ice”) use, and these patients are more likely than patients attending with other drug-related problems to be violent and aggressive, say Bunting et al (*page 564*). In just 3 months in late 2006, 449 patients were seen at St Vincent's ED for drug-related problems, 100 of whom had used ice. Compared with people attending for other drug-related problems, ice users were much more likely to be agitated (6% v 20%) or aggressive (2% v 18%) and to be brought to hospital by the police (9% v 24%).

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