Population-based radiotherapy data were not available to us, but are being assembled for future analysis. In the absence of randomised trial data, it would be useful to compare outcomes of resections, curative radiotherapy and combined treatments for localised NSCLC.

In the meantime, the results of this study are consistent with guideline recommendations that resection be used for localised NSCLC.\(^2^\)\(^9^\)\(^10^\) Results indicate marked differences in probability of lung cancer death in the first 5 years from diagnosis of localised NSCLC in NSW depending on whether resection is undertaken. Potential exists to reduce numbers of deaths from lung cancer in NSCLC cases by increasing resection rates.

Competing interests: No relevant disclosures.

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Snapshot

**Splenial rupture: a rare complication of infectious mononucleosis**

A 28-year-old man presented to the emergency department with acute left upper quadrant tenderness and postural hypotension. He reported having fever and cervical tenderness for 1 week before his presentation.

Blood tests showed an elevated white cell count with reactive lymphocytosis. A test for infectious mononucleosis heterophile antibody was positive, consistent with recent infection.

A contrast scan of the abdomen showed splenomegaly with subcapsular haematoma.

Splenial rupture after infectious mononucleosis is rare (incidence, 0.1%–0.5%), but can have disastrous consequences if overlooked.\(^2^\)