Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all Burns members of staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching
We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training
We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

Books
Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: thomas.osborne@uhbristol.nhs.uk
Contents

1: Tables of Contents from February’s Burns journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library.

4: New activity in Uptodate

5: Quick Exercise

6: Current Awareness database articles
Tables of Contents from Burns journals

If you require full articles please email me @ Thomas.Osborne@UHBristol.nhs.uk

Burns

Editorial Board

Traditional burn care in sub-Saharan Africa: A long history with wide acceptance
A systematic review of patient reported outcome measures (PROMs) used in child and adolescent burn research
Burn related mortality in Greater Manchester: 11-year review of Regional Coronal Department Data
Mortality and causes of death of Dutch burn patients during the period 2006–2011
The responsiveness of the Chelsea Critical Care Physical Assessment tool in measuring functional recovery in the burns critical care population: An observational study
Tracheostomy in pediatric burn patients
Paediatric post-burn scar management in the UK: A national survey
Comparing outcomes of sheet grafting with 1:1 mesh grafting in patients with thermal burns: A randomized trial
Intentional and non-intentional burn related deaths: A comparative study of socio-demographic profile
Intentional injuries and patient survival of burns: A 10-year retrospective cohort in southern Brazil
Basic investigation into the present burn care system in China: Burn units, doctors, nurses, beds and special treatment equipment
Epidemiology and outcome analysis of scalds in children caused by “guo lian kang”: An 11-year review in a burn center in China
Burns in patients over 90: A fifteen-year series from a regional burns centre
Burns education for non-burn specialist clinicians in Western Australia
Efficacy of a burn-specific cognitive-behavioral group training
Effects of cholecalciferol supplementation and optimized calcium intakes on vitamin D status, muscle strength and bone health: A one-year pilot randomized controlled trial in adults with severe burns
Predisposing factors for candidemia in patients with major burns
The visual analogue thermometer and the graphic numeric rating scale: A comparison of self-report instruments for pain measurement in adults with burns
Influence of body mass index on skin grafting in pediatric burns
A pilot study exploring the relationship between trauma symptoms and appearance concerns following burns
Study of proliferation and 3D epidermal reconstruction from foreskin, auricular and trunk keratinocytes in children
Ten years later – scalp still a primary donor site in children
The activity of silver nanoparticles (Axonnite) on clinical and environmental strains of Acinetobacter spp.
Anti-inflammatory effect of glycyrrhizin on rat thermal injury via inhibition of high-mobility group box 1 protein
Hydrogen-rich saline resuscitation alleviates inflammation induced by severe burn with delayed resuscitation
A case-control study of psychosocial risk and protective factors of self-immolation in Iran
Childhood burns in Sulaimaniyah province, Iraqi Kurdistan: A prospective study of admissions and outpatients
Reconstruction of transhumeral amputation stumps with ipsilateral pedicled latissimus dorsi myocutaneous flap in high voltage electrical burns
Combination of rhomboid flap and double Z-plasty technique for reconstruction of palmar and dorsal web space burn contractures
Aesthetically and functionally satisfying reconstruction of an Achilles tendon and overlying skin defect in a 15 year old girl: A case report

Pulmonary embolism in burns, is there an evidence based prophylactic recommendation? Case report and review of literature

Finger injury from over-exposure to an industrial gamma radiation source

Use of mineral oil Fleet enema for the removal of a large tar burn: A case report

Burns and epilepsy – review and case report

Is Laser Doppler imaging (LDI) a measure of burn depth?

Biobrane for burns of the ear – A novel technique

Can an innocent toy become dangerous? The hydrogen gas balloon burn

A brief summary of long-term treatment modalities for major burn survivors in low and middle-income countries

A survey of skin substitute use in United Kingdom and Australasia

Self-immolation as a proxy measure for unmet needs among the vulnerable

Frailty Score on Admission Predicts Outcomes in Elderly Burn Injury

Pulsed Electric Fields for Burn Wound Disinfection in a Murine Model

An Expanded Delivery Model for Outpatient Burn Rehabilitation

Regional and National Review of Factors Associated With Burn Wound Cellulitis

Hierarchical Decomposition of Burn Body Diagram Based on Cutaneous Functional Units and Its Utility

The Construction and Implementation of a Novel Postburn Pruritus Scale for Infants and Children Aged Five Years or Less: Introducing the Toronto Pediatric Itch Scale

The Effects of Intravenous Vitamin C on Point-of-Care Glucose Monitoring

Corrective and Reconstructive Surgery in Patients With Postburn Heterotopic Ossification and Bony Ankylosis: An Evidence-Based Approach

Wound Healing After Thermal Injury Is Improved by Fat and Adipose-Derived Stem Cell Isografts

A Multimodal Assessment of Melanin and Melanocyte Activity in Abnormally Pigmented Hypertrophic Scar

Is Palmar Surface Area a Reliable Tool to Estimate Burn Surface Areas in Obese Patients?

Clinical Safety and Efficacy of Probiotic Administration Following Burn Injury

Are Burn Patients Really at Risk for Thrombotic Events?

The Care of Necrotizing Soft-Tissue Infections: Patterns of Definitive Intervention at a Large Referral Center

Peripherally Inserted Central Venous Catheter Safety in Burn Care: A Single-Center Retrospective Cohort Review

Recovery Trajectories After Burn Injury in Young Adults: Does Burn Size Matter?

Request Permissions

A 15-Year Review of Pediatric Toxic Epidermal Necrolysis

Relationship Between Zolpidem Concentrations and Sleep Parameters in Pediatric Burn Patients

A Noninvasive Computational Method for Fluid Resuscitation Monitoring in Pediatric Burns: A Preliminary Report

Pruritus in Pediatric Burn Survivors: Defining the Clinical Course
RESPOND--a patient-centred programme to prevent secondary falls in older people presenting to the emergency department with a fall: protocol for a multicentre randomised controlled trial
Evaluating a website to teach children safety with dogs
http://www.clinicaltrials.gov
Informal social control and intimate partner violence
Injury Prevention at 20
How it all began: from conception to birth to early adulthood
Engagement with the TeenDrivingPlan and diversity of teens' supervised practice driving: lessons for internet-based learner driver interventions
ATV riding and helmet use among youth aged 12-17 years, USA, 2011: results from the YouthStyles survey
Did compulsory wear regulations increase personal flotation device (PFD) use by boaters in small power recreational vessels? A before-after observational study conducted in Victoria, Australia
A fresh look at the costs of non-fatal consumer product injuries
The role of proximal circumstances and child behaviour in toddlers' risk for minor unintentional injuries
Economic contraction, alcohol intoxication and suicide: analysis of the National Violent Death Reporting System
Assessing the potential for bias in direct observation of adult commuter cycling and helmet use
Epidemiology of bicycle injuries and risk factors for serious injury
Building the evidence base for safe and active bicycling: an historical commentary on Rivara et al: epidemiology of bicycle injuries and risk factors for serious injury
Rapid assessment of road safety policy change: relaxation of the national speed enforcement law in Russia leads to large increases in the prevalence of speeding
Truancy and injury-related mortality
Baltimore City's landmark alcohol and tobacco billboard ban: an implementation case study
Thanks to our reviewers
Global news highlights
Application of classification algorithms for analysis of road safety risk factor dependencies
Perceived traffic risk for cyclists: The impact of near miss and collision experiences
Potential crash reduction benefits of shoulder rumble strips in two-lane rural highways
The road user behaviour of school students in Iran
Impact of mandating a driving lesson for older drivers at license renewal in Japan
Nothing good ever happens after midnight: Observed exposure and alcohol use during weekend nights among young male drivers carrying passengers in a late licensing country
Wrong-way driving crashes on French divided roads
The relationship between the travelling speed and motorcycle styles in urban settings: A case study in Belgrade
Experimental examination of the effects of televised motor vehicle commercials on risk-positive attitudes, emotions and risky driving inclinations

The impact of immediate or delayed feedback on driving behaviour in a simulated Pay-As-You-Drive system
Modeling anger and aggressive driving behavior in a dynamic choice–latent variable model
Experimental research on the effectiveness and adaptability of speed reduction markings in downhill sections on urban roads: A driving simulation study
Exploring motorcycle red-light violation in response to pedestrian green signal countdown device
The rate ratio of injury and aggressive incident for alcohol alone, cocaine alone and simultaneous use before the event: A case–crossover study
Comparison of safety effect estimates obtained from empirical Bayes before–after study, propensity scores-potential outcomes framework, and regression model with cross-sectional data
A time of day analysis of crashes involving large trucks in urban areas
Effects on speed and safety of point-to-point speed enforcement systems: Evaluation on the urban motorway A56 Tangenziale di Napoli
Increased patterns of risky behaviours among helmet wearers in skiing and snowboarding
Driving under the influence of opioids among high school students in Atlantic Canada: Prevalence, correlates, and the role of medical versus recreational consumption
Competing risks mixture model for traffic incident duration prediction
Use of age–period–cohort models to estimate effects of vehicle age, year of crash and year of vehicle manufacture on driver injury and fatality rates in single vehicle crashes in New South Wales, 2003–2010
Unlicensed motorcycling of high school adolescents in Dehaghan county (Isfahan Province of Iran)
Road crash fatality rates in France: A comparison of road user types, taking account of travel practices
The effect of chevron alignment signs on driver performance on horizontal curves with different roadway geometries
Cognitive functioning differentially predicts different dimensions of older drivers’ on-road safety
Validation of the driver behaviour questionnaire using behavioural data from an instrumented vehicle and high-fidelity driving simulator
Safety effects of traffic signing for left turn flashing yellow arrow signals
Injuries related to off-road vehicles in Canada
Reasons underlying behaviour of motorcyclists disregarding traffic regulations in urban areas of Indonesia
A procedure for a mechanical evaluation of an undefined osteo-protective material
An example of the usefulness of joinpoint trend analysis for assessing changes in traffic safety policies
Evaluating changes in driver behaviour: A risk profiling approach
Development of adjustment functions to assess combined safety effects of multiple treatments on rural two-lane roadways
Measures of activity-based pedestrian exposure to the risk of vehicle-pedestrian collisions: Space-time path vs. potential path tree methods
Tactile warning signals for in-vehicle systems
Weighing the benefits and risks of sunlight exposure
Optical coherence tomography (OCT) for detection of macular oedema in patients with diabetic retinopathy
Quick Exercise
Is the P Value significant at the below cut off points?

<table>
<thead>
<tr>
<th>P value</th>
<th>P&lt;0.05</th>
<th>P&lt;0.01</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P=0.049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&gt;0.051</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Awareness Database Articles

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Title: Evaluation of differences in health-related quality of life during the treatment of post-burn scars in pre-school and school children

Citation: Annals of Agricultural and Environmental Medicine, 2014, vol./is. 21/4(861-865), 1232-1966;1898-2263 (2014)

Author(s): Chrapusta A., Pachalska M.

Abstract: Objective. The aim of the research was an assessment of the differences in the self-evaluation of health-related quality of life during the treatment of post-burn scars on the upper limbs of pre-school and school children. Materials and method. A group of 120 children were examined - 66 boys and 54 girls, divided into a pre-school group of 60 children (average age 4.3 + 1.7) and a primary school group of 60 children (average age 10.4 + 1.2). The structured interview and an adopted Visual Analog Anxiety Scale and Visual Analog Unpleasant Events Tolerance Scale were used to evaluate the level of plaster tolerance, and anxiety caused by the removal of dressings during treatment. Results. In the first test, In both groups, a low tolerance was noted to the pressure plaster, with the pre-school aged children obtaining worse results (x=18.9 + SD 10.16) than those of school age (x=33.65+ SD 13.21), regardless of
gender. Preschool children were afraid (x=47.5 + SD 24.26), while school-aged children were not afraid of having the plaster removed (x=20.5 + SD 9.46). The differences between the groups were statistically significant. In the fourth and final test on preschool aged children, the tolerance of plasters had improved (x=23.24 + SD 15.43) obtaining a value somewhat lower than for school-aged children (32.4 + SD 6.45), as well as a noted fall in the anxiety level (30.83 + SD 23.38) with an average value insignificantly higher than that recorded for the children of school age (15.83 + SD 6.19). Conclusions. The tests confirmed the appearance of differences in the self-evaluation of health-related life quality in preschool and school-aged children.

Title: Early paediatric scald surgery—a cost effective dermal preserving surgical protocol for all childhood scalds.

Citation: Burns, June 2014, vol./is. 40/4(777-8), 0305-4179;1879-1409 (2014 Jun)

Author(s): Dunne JA, Rawlins JM

Title: Predictors of re-epithelialization in pediatric burn.

Citation: Burns, June 2014, vol./is. 40/4(751-8), 0305-4179;1879-1409 (2014 Jun)

Author(s): Brown NJ, Kimble RM, Gramotnev G, Rodger S, Cuttle L

Abstract: INTRODUCTION: An important treatment goal for burn wounds is to promote early wound closure. This study identifies factors associated with delayed re-epithelialization following pediatric burn. METHODS: Data were collected from August 2011 to August 2012, at a pediatric tertiary burn center. A total of 106 burn wounds were analyzed from 77 participants aged 4-12 years. Percentage of wound re-epithelialization at each dressing change was calculated using Visitrak. Mixed effect regression analysis was performed to identify the demographic factors, wound and clinical characteristics associated with delayed re-epithelialization. RESULTS: Burn depth determined by laser Doppler imaging, ethnicity, pain scores, total body surface area (TBSA), mechanism of injury and days taken to present to the burn center were significant predictors of delayed re-epithelialization, accounting for 69% of variance. Flame burns delayed re-epithelialization by 39% compared to all other mechanisms (p = 0.003). When initial presentation to the burn center was on day 5, burns took an average of 42% longer to re-epithelialize, compared to those who presented on day 2 post burn (p < 0.000). Re-epithelialization was delayed by 14% when pain scores were reported as 10 (on the FPS-R), compared to 4 on the first dressing change (p = 0.015) for children who did not receive specialized preparation/distraction intervention. A larger TBSA was also a predictor of delayed re-epithelialization (p = 0.030). Darker skin complexion re-epithelialized 25% faster than lighter skin complexion (p = 0.001). CONCLUSIONS: Burn depth, mechanism of injury and TBSA are always considered when developing the treatment and surgical management plan for patients with burns. This study identifies other factors influencing re-epithelialization, which can be controlled by the treating team, such as effective pain management and rapid referral to a specialized burn center, to achieve optimal outcomes. Copyright 2013 Elsevier Ltd and ISBI. All rights reserved.

Title: Paediatric burns: from the voice of the child.

Citation: Burns, June 2014, vol./is. 40/4(606-15), 0305-4179;1879-1409 (2014 Jun)

Author(s): McGarry S, Elliott C, McDonald A, Valentine J, Wood F, Girdler S

Abstract: INTRODUCTION: Despite burns being common in children, research into the psychological experience and trauma remains limited. Improvements in the professional understanding of children's experiences will assist in improving holistic care. PURPOSE: This study uses phenomenology, a qualitative methodology to explore the psychological experiences following a burn injury in children. METHODS: In-depth interviews were conducted six months after burn with 12 (six girls and six boys) children who underwent surgery for a burn. The children were aged eight to 15 years. The interview examined the overall experience of children and included probing questions exploring participants' perceptions, thoughts and feelings. Transcripts were analysed according to the seven-step Coliazz method. Relationships between themes were explored to identify core concepts. RESULTS: The
findings demonstrated that trauma was central to the burn experience and comprised two phases: the burn trauma and the recovery trauma. Six themes emerged as a result of this experience: ongoing recurrent trauma; returning to normal activities; behavioural changes; scarring-the permanent reminder; family and adaptation. CONCLUSION: This research has clinical implications as its findings can be used to inform clinical care at all stages of the burn journey. These research conclusions could be used to develop comprehensive information and support management plans for children. This would complement and support the surgical and medical treatment plan, providing direction for comprehensive service delivery and improved psychosocial outcomes in children. Copyright 2013 Elsevier Ltd and ISBI. All rights reserved.

Title: Moral distress in physicians practicing in hospitals affiliated to medical sciences universities.

Citation: Iranian Red Crescent Medical Journal, October 2014, vol./is. 16/10(e18797), 2074-1804;2074-1804 (2014 Oct)

Author(s): Abbasi M, Nejadsarvari N, Kiani M, Borhani F, Bazmi S, Nazari Tavaokkoli S, Rasouli H

Abstract: BACKGROUND: Researchers have regarded moral distress as a major concern in the health care system. Symptoms associated with moral distress may manifest as frustration, dissatisfaction, and anxiety and may lead to burnout, job leaving, and finally, failure to provide safe and competent care to patients. Proper management of this phenomenon can be fulfilled through study of its causes at different levels of health services and taking necessary measures to solve them. OBJECTIVES: This study aimed to determine the status of moral distress in physicians practicing in hospitals affiliated to Medical Sciences Universities in Tehran. MATERIALS AND METHODS: This cross-sectional study was carried out using the Standard Hamric Scale to collect data after modification and evaluation of its reliability and validity. A total of 399 physicians responded to the scale. Data analysis was performed using descriptive and correlation statistics with respect to the variables. RESULTS: Results showed that the frequency of moral distress of physicians was 1.24 ± 0.63 and the intensity of moral distress and composite score of moral distress were 2.14 ± 0.80 and 2.94 ± 2.38, respectively. A significant negative correlation existed between age and frequency and composite score (r = -0.15, P < 0.01 and r = -0.16, P < 0.01, respectively) as well as years of experience and composite score (r = -0.11, P = 0.04). Moral distress composite score in adults specialists was higher than pediatricians (P = 0.002), but lower in physicians participated in medical ethics training courses compared to those not participated. CONCLUSIONS: Physicians may encounter moral distress during their practice; therefore, the common causes of distress should be identified in order to prevent its occurrence.

Title: Disability-adjusted life-year burden of abusive head trauma at ages 0-4

Citation: Pediatrics, December 2014, vol./is. 134/6(e1545-e1550), 0031-4005;1098-4275 (01 Dec 2014)

Author(s): Miller T.R., Steinbeigle R., Wicks A., Lawrence B.A., Barr M., Barr R.G.

Abstract: OBJECTIVE: We estimated the disability-adjusted life-year (DALY) burden of abusive head trauma (AHT) at ages 0 to 4 years in the United States. METHODS: DALYs are computed by summing years of productive life that survivors lost to disability plus life-years lost to premature death. Surveying a convenience sample of 170 caregivers and pediatricians yielded health-related disability over time according to severity of AHT (measured with the Health Utilities Index, Mark 2). Incidence estimates for 2009 came from Vital Statistics for Mortality, Healthcare Cost and Utilization Program Kids' Inpatient Database for hospitalized survivors, and published ratios of 0.894 case treated and released and 0.340 case not diagnosed/treated while in the acute phase per survivor admitted. Survival probability over time after discharge came from published sources. RESULTS: An estimated 4824 AHT cases in 2009 included 334 fatalities within 30 days. DALYs per surviving child averaged 0.555 annually for severe AHT (95% confidence interval: 0.512-0.598) and 0.155 (95% confidence interval: 0.120-0.190) for other cases. Including life-years lost to premature mortality, estimated lifetime burden averaged 4.7 DALYs for mild AHT, 5.4 for moderate AHT, 24.1 for severe AHT, and 29.8 for deaths. On average, DALY loss per 30-day survivor included 7.6 years of lost life expectancy and 5.7 years lived with disability. Estimated burden of AHT incidents in 2009 was 69 925 DALYs or 0.017 DALYs per US live birth. CONCLUSIONS: AHT is extremely serious, often resulting in severe physical damage or death. The annual DALY burden several years after mild AHT exceeds the DALY burden of a severe burn.
Title: An hypnotic suggestion: review of hypnosis for clinical emergency care.

Citation: Journal of Emergency Medicine, April 2014, vol./is. 46/4(588-96), 0736-4679;0736-4679 (2014 Apr)

Author(s): Iserson KV

Abstract: BACKGROUND: Hypnosis has been used in medicine for nearly 250 years. Yet, emergency clinicians rarely use it in emergency departments or prehospital settings.OBJECTIVE: This review describes hypnosis, its historical use in medicine, several neurophysiologic studies of the procedure, its uses and potential uses in emergency care, and a simple technique for inducing hypnosis. It also discusses reasons why the technique has not been widely adopted, and suggests methods of increasing its use in emergency care, including some potential research areas.DISCUSSION: A limited number of clinical studies and case reports suggest that hypnosis may be effective in a wide variety of conditions applicable to emergency medical care. These include providing analgesia for existing pain (e.g., fractures, burns, and lacerations), providing analgesia and sedation for painful procedures (e.g., needle sticks, laceration repair, and fracture and joint reductions), reducing acute anxiety, increasing children's cooperation for procedures, facilitating the diagnosis and treatment of acute psychiatric conditions, and providing analgesia and anxiolysis for obstetric/gynecologic problems.CONCLUSIONS: Although it is safe, fast, and cost-effective, emergency clinicians rarely use hypnosis. This is due, in part, to the myths surrounding hypnosis and its association with alternative-complementary medicine. Genuine barriers to its increased clinical use include a lack of assured effectiveness and a lack of training and training requirements. Based on the results of further research, hypnosis could become a powerful and safe nonpharmacologic addition to the emergency clinician's armamentarium, with the potential to enhance patient care in emergency medicine, prehospital care, and remote medical settings.Copyright 2014 Elsevier Inc. All rights reserved.

Title: Medical doctors in Hungary: 30 years after graduation. Data on lifestyle, morbidity, demography and differences between specialties.

Citation: Central European Journal of Public Health, September 2014, vol./is. 22/3(183-8), 1210-7778;1210-7778 (2014 Sep)

Author(s): Rurik I, Szigethy E, Langmar Z

Abstract: There are few studies from East and Central European countries on health-status, lifestyle and social circumstances of medical professionals. We evaluated data of a cohort of physicians who had graduated 30 years ago in Hungary and compared the data of their professional carrier, life style, health outcomes, and medical specialties. Questionnaires compiled by an expert group and filled in by 208 physicians (83 men and 125 women) were analysed. Men mostly work as surgeons, women were mostly employed as primary care specialists. Women changed their specialty and/or place of work more often than men. Male primary care physicians had more children than women and others specialists. At graduation, most of them had a normal BMI. Since then, a significant increase in weight and BMI was observed in both genders and across all specialty groups. The largest increase in body weight and BMI (mean 5.27) was recorded among female primary care physicians. Recorded physical activity was low in general, with male primary care specialists being most active and female primary care physicians the least. Female doctors in surgical specialties had longer resting time. Male physicians rarely participated in regular health screenings. The incidence of hypertension was higher than the Hungarian national average for that age. About 5% of primary care physicians identified themselves as regular smokers. Abstinence and regular daily alcohol consumption were reported in equal ratio. Burn-out symptoms were rarely experienced. This generation had started its medical profession before the significant progressive changes in the medicine occurred in the last decades. While physicians do not always follow their own professional advices, their lifestyle proved a little bit healthier than that of the population at large, especially for women and their health outcomes, except hypertension, were also better. In general, they were not satisfied with the financial and working conditions of the recent Hungarian healthcare system.

Title: Paediatric burns anaesthesia: The things that make a difference
Title: A pregnant patient with fetal distress with severe post burn contracture of anterior trunk and perineum: A surgeon's nightmare!

Citation: Indian Journal of Plastic Surgery, September 2014, vol./is. 47/3(456-9), 0970-0358;0970-0358 (2014 Sep-Dec)

Author(s): Vathulya M, Joshi M

Abstract: INTRODUCTION: A case report of a pregnant lady in the third trimester, presenting in the emergency with absent fetal movements is being described. A multi-speciality expertise was involved and a full term female baby was delivered. PRESENTATION: The patient presented in a Government hospital, Dehradun, India. At the time of presentation the fetal heart sounds were absent and subsequently the severe post-burn deformity involving the anterior trunk, perineum and thighs were discovered. MANAGEMENT: Immediately a multi-speciality approach involving the plastic, obstetrics and pediatrics field were called for and an emergency caesarean with simultaneous contracture release with split skin grafts were performed after optimizing the patient for surgery. CONCLUSION: This is one of the first case reports reporting this rare combination of post burn contracture of trunk and perineum with fetal distress requiring emergency caesarean section along with release of abdominal and perineal post-burn contracture. This case interestingly reinforces that in such complicated cases a systematic and a combined multi-speciality approach still holds the key to patient's treatment even in district hospitals.

Title: Challenges in the management of the child with duchenne muscular dystrophy in a resource poor setting: A case report

Citation: Pan African Medical Journal, October 2014, vol./is. 19/(227), 1937-8688;1937-8688 (30 Oct 2014)

Author(s): Odinaka K.K., Nwolisa E.C.

Abstract: Duchenne muscular dystrophy is a progressive genetic disease with no cure at present. Children suffering from this disease eventually become wheelchair bound and die in their late teens. Paediatricians caring for the child with Duchenne Muscular Dystrophy in resource poor settings face a lot challenges. These challenges include: poverty, inadequate multidisciplinary care, emotional burn-out of parents and lack of facilities for dystrophin assay or genetic testing.

Title: Neglected post burns contracture of hand in children: Analysis of contributory socio-cultural factors and the impact of neglect on outcome

Citation: Journal of Clinical Orthopaedics and Trauma, December 2014, vol./is. 5/4(215-220), 0976-5662;2213-3445 (01 Dec 2014)

Author(s): Gupta R.K., Jindal N., Kamboj K.

Abstract: Background: No study has ever evaluated the causes and effect of neglect on the outcome of post burns contractures of hand in children. Methods: 66 hands in 61 children (mean age 12.22 years) with a mean neglect of 11.6 years (range 5-17 years) were assessed for the causes of neglect and the outcome of surgery. Average follow up was 6.6 years. The results were assessed in two groups of 5-10 years neglect as group I and >10 years neglect as group II. Results: In a total number of 134 contracted
Abstract: Background: As advancing legislation across the United States has made marijuana (Cannabis sativa) more available, knowledge of the long-term effects of cannabis on the brain, for either medical or recreational purposes, is crucial, and has profound importance for public health policy, including messages targeted to adolescents. People who were adolescents through the 1960’s and 70’s, when cannabis use doubled (Robinson, “Decades of Drug Use: Data From the ’60s and ’70s,” Gallup, 2002) are now entering senescence, a period of high risk for cognitive deficits related to aging (Schaie, Am Psychologist 1994; Grimby and Berg, Aging 1995, Hultsch et al., Psych and Aging 1992, Zarit and Berg, Journal of Gerontology 1992; Farmer et al., Annals of Epidemiology 1995). However, there is little information on the neurobiological and cognitive effects of cannabis use in adults approaching late life. Because cannabis use appears to have a primary neurotoxic effect within the hippocampus (Chan et al., J Neuro, 1998), the main structure for memory and the one affected most by age-related memory impairments and pre-clinical Alzheimer’s disease (Braak and Braak, Acta Neurol Scand Suppl, 1996), we expect that the effects of chronic cannabis use in the hippocampus may be substantial in senescence. Although cognitive deficits from chronic adolescent cannabis use were shown to persist into late-life, decades after the period of usage (Meier et al., PNAS 2012), little research has addressed the long-term neurobiological effects of cannabis use, assessed in adults approaching late-life. This study investigated whether there are morphological differences late in life (average age=70.1 years old) 30 subjects who used cannabis heavily or not at all during adolescence. It focused on the hippocampus, an area of the brain that is densely innervated with cannabinoid (CB)1 receptors (Burns et al., PNAS 2007), and on cognitive performance in the memory domain. Methods: We enrolled 30 subjects into two groups; 14 participants who used cannabis>20x/month for at least a year during adolescence (‘Cannabis+’) and 16 participants who did not use cannabis at all (‘Cannabis-‘). No participants were using cannabis at the time of assessment, as verified by urine test on the day of testing. Subjects provided self-reports of drug use. Endorsement of cigarette smoking (tobacco) and alcohol use were allowed in both groups; and the groups were matched on number of smokers and nicotine dependence, measured according to the Fagerstrom Test for Nicotine Dependence (96); light alcohol use was also allowed and matched across both groups (<14 drinks/week for men; <7 drinks/week for women; may not meet DSM-IV (97) criteria for alcohol dependence). The two groups also were matched according to age, IQ (using both the WTAR and NAART), gender and mother’s educational attainment. In order to verify the accuracy of historical reporting, close family members or friends who were present during the period of time when the subject actively used marijuana were also interviewed. Only data form subjects whose self-reporting reached a threshold of 85% or greater cross-validation with the family member/friend’s reports of marijuana use (Marijuana Smoking History Questionnaire; Bonn-Miller and Zvolensky, The Am J on Addict 2009) were included in the analysis. All subjects underwent high-resolution MRI through the long-axis of the hippocampus (3T Allegra; TR: 5200ms, inplane resolution: 0.4 mm x 0.4 mm, 3-mm thick, skip 0) and neuropsychological testing. In order to increase visibility of the convoluted medial temporal lobe, the T2 FSE images were unfolded and flattened into a 2D map. Thickness values were calculated by taking the maximum of the distance values across all layers in the gray matter strip isolated within the MTL. For
analyses, 'age at first use', 'frequency during first 10 years', and 'frequency over lifetime' were entered into regression analyses with cortical thickness and cognitive performance. Results: Participants in the Cannabis+ group had thinner cortex within the Cornu Ammonis 1, 2, 3 and the dentate gyrus, and thinner hippocampus averaged over all subregions. The magnitudes of these effects were significant in every region of the HC: 13.2% thinner CA23DG (p=5.2e-4), 14.8% thinner CA1 (p=2.3e-5) and 16.4% thinner overall hippocampal thickness averaged across all subregions (p=4.6e-6). In addition, age at first use was significantly negatively correlated with Z-score in the Memory Domain. Neither 'frequency during first 10 years' nor 'frequency over lifetime' were significantly related to differences in cortical thickness or cognitive performance. Conclusions: Our findings suggest that cannabis use has a neurotoxic effect on the adolescent brain that persists well into adulthood, and highlight the importance of public policy efforts that target adolescents. The results suggest that chronic use of cannabis in adolescence has long-lasting effects on hippocampal structure, which may underlie and exacerbate age-related cognitive decline. These results, when expanded to a larger sample size, may help to identify persons more likely to decline than their age-matched counterparts and suggest early intervention in therapies aimed at slowing cognitive decline in late-life.

Title: Behavioral alterations and dependence following acute and chronic exposure to cannabis smoke

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S599-S600), 0893-133X (December 2014)

Author(s): Setlow B., Qi X., Wall S., Gold M., Febo M., Bruijnzeel A.

Abstract: Background: Cannabis (marijuana) is the most widely used illicit drug in the US, and consumption among adolescents and young adults is rising. Animal studies have shown that adolescent exposure to delta 9-tetrahydrocannabinol (THC) or synthetic CB1 receptor agonists causes alterations in cognition and measures of anxiety- and depression-like behavior upon maturation to adulthood. It is not known, however, whether similar alterations result from exposure to cannabis via smoking, which is the most common route of administration in humans. As a first step toward pursuing these questions, the goal of these studies was to develop a rat model of cannabis smoke exposure and to determine how acute and chronic exposure to cannabis smoke influences motor activity and measures of dependence. Methods: Smoke was generated by burning cannabis cigarettes (5.3% THC, NIDA Drug Supply) using an automated cigarette smoking machine. During exposure sessions, adult male Wistar rats were placed with their cagemates into clean standard rat cages with wire lids, which were then placed into the smoke exposure chamber (n=10) or air control condition (n=10). Rats were exposed to these conditions for 1 h/day, 5 days/week, for 8 weeks. These exposure conditions produced cannabis smoke at a concentration of about 400 total suspended particulate (TSP)/m3, and CO levels of about 200 ppm (below the threshold for known adverse effects). We investigated the effects of cannabis smoke on development of dependence and on locomotor activity in a small open field (40 x 40 cm), a large open field (120 x 120 cm), and the elevated plus maze. In order to determine serum THC levels, blood samples were collected immediately after smoke exposure during weeks 2 and 4, and THC levels were assessed using a THC ELISA kit. During week 2, rats were also tested in a small open field immediately following smoke exposure. During week 3, somatic withdrawal signs were recorded after administration of the CB1 receptor antagonist SR 141716A (rimonabant, 5 mg/kg, i.p) or vehicle. During week 4, the effects of SR 141716A (5 mg/kg) or vehicle in the small open field were investigated. Weeks 7 and 8 investigated effects of cannabis smoke on anxiety-like behavior. During week 7, rats were tested in the elevated plus maze at both 48 h after the last smoke exposure and again the following day immediately after smoke exposure. During week 8, rats were tested in a large open field (120 x 120 cm) at both 48 h after the last smoke exposure and again the following day immediately after smoke exposure. Results: Cannabis smoke exposure led to serum THC levels of 170 ng/ml (week 2, 171.5+/−3.1 ng/ml; week 4, 169.5+/−6.4 ng/ml), which is similar to levels observed in studies of human cannabis smokers. Exposure to cannabis smoke did not affect ambulation (total distance traveled) in the small open field but decreased the number of horizontal beam breaks and vertical beam breaks (rearing) relative to control rats. A more detailed analysis indicated that cannabis smoke increased ambulation and horizontal activity during the first 5 min but decreased these parameters at later time points. Following SR 141716A administration, cannabis rats showed more somatic withdrawal signs than control rats, suggesting that passive exposure to cannabis smoke lead to changes in CB1 receptor signaling and possibly cannabis dependence. SR 141716A also increased ambulation and horizontal activity in both cannabis and control rats, and prevented the cannabis smoke-induced decrease in vertical activity (rearing). There were no differences in the behavior of cannabis and control rats in the large open field or the elevated plus maze test 48 h.
after their last smoke exposure session. When the rats were tested for a second time immediately after smoke exposure, however, cannabis rats traveled a greater distance in both the large open field and the elevated plus maze. The latency to enter the center of the large open field was decreased, which might have been due to the increase in locomotor activity. Cannabis smoke exposure did not affect open arm entries or time on the open arms in the elevated plus maze. Conclusions: Taken together, these data show that acute exposure to cannabis smoke leads to an increase in serum THC levels and alterations in motor activity, and that repeated exposure produces signs of cannabis dependence as indicated by the presence of antagonist-precipitated withdrawal symptoms. These findings are similar to those from earlier studies using other cannabis smoke exposure models (and are analogous to results from our previous work with tobacco smoke exposure), and suggest that the freely-moving exposure conditions employed here will be useful for determining how developmental exposure to cannabis smoke affects neurobehavioral and neuroimaging outcome measures.

Title: Paediatric burns anaesthesia: The things that make a difference

Citation: Southern African Journal of Anaesthesia and Analgesia, 2014, vol./is. 20/5(190-196), 2220-1181 (2014)

Author(s): Thomas J.M., Bester K.

Language: English

Abstract: Anaesthesia and pain management for paediatric burns continues to challenge and frustrate healthcare professionals in this field of medicine. This review aims to provide some practical management strategies to enable the improved care of burned children. The pathophysiology of burns, toxic shock syndrome, inhalational injuries and perioperative care of paediatric burns is addressed.

Publication Type: Journal: Review

Source: EMBASE

Title: Effects of child maltreatment on brain development.

Citation: Neuroscience for social work: Current research and practice., 2014(111-139) (2014)

Author(s): Fawley-King, Kya, Merz, Emily C

Language: English

Abstract: (from the chapter) Each year, more than one-half million children in the United States are victims of maltreatment (Centers for Disease Control and Prevention, 2010; Child Welfare Information Gateway, 2012; U.S. Department of Health and Human Services, 2010). Maltreatment, which we define in this chapter as any form of physical, sexual, or emotional abuse and/or neglect, is associated with many negative outcomes, especially poor mental health. Between 40% and 80% of children with histories of maltreatment suffer from mental health problems (Burns et al., 2004; Clausen, Landsverk, Ganger, Chadwick, & Litronik, 1998; Garland et al., 2001), and this high prevalence rate has led to the suggestion that the child welfare system is a "de facto public behavioral health care system" (Lyons & Rogers, 2004). Unfortunately, maltreated children with mental health problems can be very difficult to treat (Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005), and many do not receive effective behavioral health care (Leathers et al, 2009). By understanding the impact of maltreatment on the developing brain, social workers can identify some of the underlying mechanisms of the psychiatric problems common in this population, and provide more effective treatment. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Publication Type: Book, Edited Book

Source: PsycINFO
Challenges in the management of the child with duchenne muscular dystrophy in a resource poor setting: A case report

Author(s): Odinaka K.K., Nwolisa E.C.

Language: English

Abstract: Duchenne muscular dystrophy is a progressive genetic disease with no cure at present. Children suffering from this disease eventually become wheelchair bound and die in their late teens. Paediatricians caring for the child with Duchenne Muscular Dystrophy in resource poor settings face a lot challenges. These challenges include: poverty, inadequate multidisciplinary care, emotional burn-out of parents and lack of facilities for dystrophin assay or genetic testing.

Publication Type: Journal: Article

Source: EMBASE

Toxic shock syndrome surveillance in UK children.

Author(s): Adalat S, Dawson T, Hackett SJ, Clark JE, In association with the British Paediatric Surveillance Unit

Language: English

Abstract: BACKGROUND: Toxic shock syndrome (TSS) is an acute toxin-mediated illness caused by toxin-producing strains of Staphylococcus aureus and Streptococcus pyogenes. There is no recent data regarding incidence, management and mortality of TSS in UK children.METHODS: Consultants from paediatric and burns units in the UK and Ireland, reported cases of TSS seen between November 2008 and December 2009, via the British Paediatric Surveillance Unit. Respondents were sent questionnaires requesting detailed information about TSS cases. Established criteria were used to divide cases into staphylococcal or streptococcal TSS.RESULTS: Forty-nine cases were identified overall; 29 cases of streptococcal TSS (18 confirmed and 11 probable) and 20 cases of staphylococcal TSS (15 confirmed and 5 probable). The incidence of TSS children in the UK & the Republic of Ireland was calculated to be 0.38 per 100 000 children. Children with staphylococcal TSS were older than those with streptococcal TSS (9.5 vs 3.8 years; p<0.003). Paediatric intensive care facilities were used for 78% of cases (invasive ventilatory support 69%; inotrop support 67%; haemofiltration 12%). Agents with antitoxin effects were underused; clindamycin 67%, intravenous immunoglobulin (IVIG) 20%, fresh frozen plasma 40%. There were eight deaths, all in the streptococcal group (28% of streptococcal cases)-none were given IVIG.CONCLUSIONS: Streptococcal TSS was as frequent as staphylococcal TSS, contrasting with previous literature. Children with streptococcal TSS had a higher mortality than those with staphylococcal TSS (28% vs 0%; p<0.05). Recommended immunomodulatory agents (IVIG and clindamycin) were underused. This study highlights the need for a guideline to improve management of TSS in children.Copyright Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available from Highwire Press in Archives of disease in childhood
Title: Neglected post burns contracture of hand in children: Analysis of contributory socio-cultural factors and the impact of neglect on outcome

Citation: Journal of Clinical Orthopaedics and Trauma, December 2014, vol./iss. 5/4(215-220), 0976-5662:2213-3445 (01 Dec 2014)

Abstract: Background: No study has ever evaluated the causes and effect of neglect on the outcome of post burns contractures of hand in children. Methods: 66 hands in 61 children (mean age 12.22 years) with a mean neglect of 11.6 years (range 5-17 years) were assessed for the causes of neglect and the outcome of surgery. Average follow up was 6.6 years. The results were assessed in two groups of 5-10 years neglect as group I and >10 years neglect as group II. Results: In a total number of 134 contracted rays in 66 hands, the surgical procedures included local Z/V-Y flap (51 rays), cross finger flap (48 rays), full thickness graft (35 rays). Additional external fixator with a distracter was used in 3 patients treated at a delay of 14, 16 and 17 years. 50 (81.96%) patients belonged to rural and slum areas. The reasons for delayed treatment included poverty - 33 patients, lack of awareness of surgical treatment - 16 patients; and indifference of parents - 12 patients. 44 (72.13%) children were illiterates. With treatment the average DASH score improved from 65.10 to 36.90 (p<.000) and from 68.14 to 45.93 (p<.000) in group I and II respectively. The results were significantly superior in group I (p<.000). Conclusion: The main factors for neglect in treatment of post burns contracture include poverty, lack of awareness and illiteracy. All the patients showed significant improvement in function after the surgery. Contractures with higher neglect had significantly inferior outcome.
Library Opening Times

Staffed times 8.00 am—17.00 pm
Monday to Friday

Swipe Access 7.00 am—23.00pm
7 days a week

Level 5,
Education Centre
University Hospitals Bristol

Contact your outreach librarian @
Thomas.Osborne@UHBristol.nhs.uk