

with central venous femoral catheters. Similarly, Gutierrez and colleagues³ described 4 patients 1 month to 3 years of age with serum osmolarity of 280–330 mOsm/L who experienced the same problem in association with central venous femoral catheters. Although the patient in our case did not have a central venous line and was older than the patients previously described, her calculated serum osmolarity was similar. The extreme hyponatremia (sodium 213 mmol/L) and hyperosmolarity (calculated serum osmolarity 556 mOsm/L) described in a 2-week-old breast-feeding baby who experienced transverse sinus thrombosis⁴ was much more severe than what was seen in our patient.

Despite the reported association between DKA and prothrombotic state, at our centre we do not routinely use prophylactic anticoagulation in patients with DKA and a hyperosmolar state. Current international consensus statements⁵ and Canadian clinical practice guidelines⁶ on the management of DKA in children also do not address this issue, and prophylactic anticoagulation is not recommended. We concur that further clinical trials are required to determine the safety and efficacy of prophylactic anticoagulation in children with DKA.

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Home invasion

Remind me not to invite Dr. Ursus to my next “at home.”¹ While he was awed by his colleagues’ fancy cars, I was awed by his lack of etiquette. Since when is it acceptable to accept someone’s hospitality, and then underhandedly criticize your host?

Dr. Ursus, you can’t have it both ways. Don’t complain about the show-home decor and then grouse that you were served pizza. It seems that you expected a Martha Stewart meal, but what do you know about the homemaker in the family and the amount of time that she or he could devote to entertaining?

I am certainly no fan of conspicuous consumption, but I do recognize that people have a right to live as they please. While my extra cash goes to fuel hobbies and a reading habit, someone else might prefer the lifestyle you so conspicuously deride. And it’s not just doctors who overconsume. Our entire culture is based on purchasing things we often can’t afford. I suggest that Dr. Ursus take on that particular demon next time; in the meantime, he could brush up on his manners.

Ruth Dubin

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Reference

1. Query. *CMAJ* 2005;172(2):296.

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Poor Dr. Ursus!

Poor Dr. Ursus!¹ Don’t you feel sorry for him, pining away because he doesn’t have any really sick patients? Too bad he didn’t live and practise 50 years ago when he wouldn’t have had to get his kicks by sending patients for lab tests and imaging or referring them to internists or surgeons, but could have detected really sick people with his own ears and eyes and hands, and then have made them better.

In those days he could have done his own surgery and his own deliveries and given his patients their anesthetics himself. And he probably would have been very good at it all and would have been happy.

William J. Robertson

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Reference

1. Query. *CMAJ* 2005;172(6):840.

DOI:10.1503/cmaj.1050084

Correction

The following sentence in a recent article,¹ “By our estimates, among the 149 000 Canadians who fall within the highest-risk quartile in this group, the number needed to treat with 5 years of statin therapy to prevent 1 CAD-related death would be 19 600,” should have read “... the lowest-risk quartile”

Reference

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