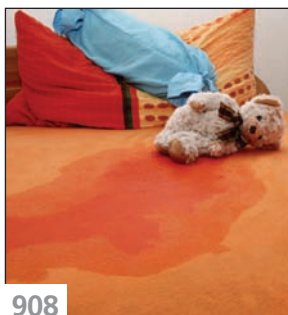




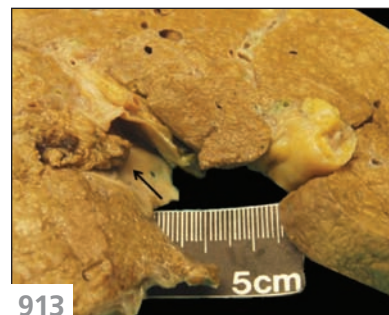
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E435



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### Pan-scanning for injury detection

Whole-body, contrast-enhanced computed tomography (pan-scanning) detected 1756 injuries in 982 patients with major trauma. Patients were scanned a median of 29 minutes after arrival in the trauma centre, and the results were compared to the final assessment. Pan-scanning shows promise for early detection of injuries, but 6.3% of injuries were missed by the initial pan-scanning. **See Research, page 869**

### Bisphosphonate and ocular inflammation

People taking oral bisphosphonate for the first time may be at a higher risk of scleritis and uveitis. Using the British Columbia Linked Health Database, the authors studied over 900 000 people, including 10 827 people who used bisphosphonates for the first time, between 2000 and 2007 to compare diagnoses of inflammatory eye diseases. Clinicians should inform their patients about the signs and symptoms of scleritis and uveitis so that they may seek help, say Etminan and colleagues. **See Research, page E431**

### Screening for perinatal depression

Two simple case-finding questions showed acceptable accuracy at ruling out perinatal depression in women two months before or one to three months after delivery. Self-reported responses to these questions were compared against DSM-IV criteria for major depressive disorder among 152 women receiving perinatal care. These findings may assist the utility of clinical guidelines that advocate this brief case-finding approach, say the authors. **See Research, page E424**

### Genetics of inflammatory bowel disease

There is genetic variation between white and First Nations people. Some genes associated with Crohn disease are more frequent in First Nations people, and some associated with ulcerative colitis are less frequent. Blood from 340 healthy First Nations people and 285 healthy white people was used to compare DNA for the presence of genes known to be associated with inflammatory bowel disease. These differences in the prevalence of genetic variants underline the complexity of inflammatory bowel disease, say Murdoch and colleagues. **See Research, page E435**

### Suspected common bile duct stones

The management of patients suspected of having stones in the common bile duct depends on whether their probability of having such stones is high, intermediate or low. Recent advances in imaging and surgical techniques have led to substantial changes in the diagnosis and management of this condition, say Almadi and colleagues. **See Review, page 884**

### Risk ratios in cohort studies and RCTs

Although odds ratios are often interpreted as risk ratios in cohort studies and clinical trials, odds ratios always overestimate the risk ratio. Knol and colleagues recommend that adjusted risk ratios should be presented in these types of studies and suggest several tools to estimate the correct risk ratio and confidence interval. **See Analysis, page 895**

### Nocturnal enuresis

Very little advancement has been made recently in the treatment of nocturnal enuresis, says Kiddoo, but there is a greater understanding of the pathophysiology of this condition. Newer theories point to the role of the central nervous system, specifically the effects of sleep disruption. The bed alarm has the highest long-term success rate in managing this condition. **See Practice, page 908**

### Tumour lysis syndrome

A 76-year-old man presented to the emergency department with a three-week history of nausea, vomiting and diarrhea. Despite extensive resuscitation efforts, he died within hours after admission. The diagnosis was spontaneous tumour lysis syndrome from an undiagnosed hepatocellular carcinoma. Kekra and colleagues emphasize that early recognition and treatment are essential to improving outcomes in this potentially fatal condition. **See Practice, page 913**

### Cutaneous lymphoma or benign lesion?

A 66-year-old man presented with an erythematous nodule on his forearm, consistent with a pyogenic granuloma on inspection. The biopsy results, however, indicated a very different disorder. **See Practice, page 917**