

Hello!

Telling the time when no one has asked for it, is considered foolish; well, I have been doing that for last couple of years! Actually what I am doing is, **exploring the vast ocean of medical literature** (with thousands of scientific papers published everyday) and **fishing out the pearls** which I think would be **interesting as well as useful** for day to day practice of medicine. I know you will **appreciate the platter of medical delicacies** that **I am presenting** every month.



Happy New Year



I hope you will excuse me for oversight if any, because, like some one said before "I talk straight from my heart, so it sometimes bypasses my brain!"

On that note, let me wish you a **very Happy New Year!** & draw your attention to following topics -
 A) Thought provoking article on reducing overuse of antimalarial drugs
 B) Pre-analytical variability
 C) Value of biopsy in retroperitoneal mass
 D) HIV vaccine

Reducing the overuse of antimalarials is an important and complex challenge...

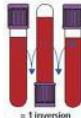
This study from the Malaria Journal **alleged** that "for health workers, **malaria is a convenient and acceptable label** for non-specific illness but little is known about the understanding of malaria that leads to such practice ..." It says there is strong economic case that in low transmission areas treatment for malaria should, wherever possible, be **restricted to parasitologically proven cases**. Such an approach will have additional



benefits in that patients are more likely to be **treated for the actual cause** of their illness. How to achieve a situation where health workers **respect negative slide results** is unclear; though the **accuracy of slide reading** in this study was **low**, the **negative predictive value** (being dependent on prevalence) was still in **excess of 95%**, providing a high likelihood that a **decision to withhold an antimalarial on the basis of a negative slide would be correct.** (Page 2)

Preanalytical variability: the dark side of the moon in laboratory testing.

This article assures us, and it's my experience too, that one of the important causes of laboratory errors is pre-analytical variability. Accordingly, lack of standardized procedures for sample collection, including patient preparation, specimen acquisition,



handling and storage, account for up to 93% of the errors currently encountered within the entire diagnostic process.

So let us look into these factors and improve patient care as a whole.
 page 3.



Value of biopsy in the assessment of a retroperitoneal mass.

This article from "The Surgeon" questions the usefulness of biopsy in retroperitoneal masses. Authors



found that biopsy adds no value to clinical and radiologic assessment of the patient with a resectable large retroperitoneal mass.

Check out the details on **page 4.**

A Safe, Effective and Affordable HIV Vaccine – An Urgent Global Need

Leave apart lay public, even we health care providers are also in dread of the word AIDS, in this review article the progress and problems of making HIV vaccine is discussed.



Check out the details at -
http://www.aidsreviews.com/files/2005_7_3_131_8.pdf
 (Page 5)

Saw DHOOM II last week, I thought & correct me if I am wrong, it had too much style, & (too) little substance. All the characters are too sleek and predictable. Aishwarya & Hrithik look great. Abhishek tries to do best with his cool cop act, Aditya Chopra, thankfully is the only comic relief with his joker act. And Bipasha is left as a museum piece, admired by all, but has nothing to do except look stunning. All in all not bad, but not too good also.



That is it for this year, which incidentally marks completion of two years of this monthly magazine.

Links to this month's interesting cases are featured on page 2.

Don't forget to turn all pages and find trivia, jokes, tips & 'Parting thought' section. **Thanks and regards,**



~Sachin

Closer look at health – through the Internet

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Issues since Jan, 2005 available online –
<http://sachinkale1.tripod.com>

(I, Cont.)



Background: There is a **need for improved targeting of antimalarial treatment** if artemisinin combination therapy is to be successfully introduced in Africa. This study aimed to explore why malaria **slides** are requested and **how their results guide treatment** decisions in an area of low transmission of *P. falciparum*.

Methods: Outpatients attending a district hospital in a highland area of Tanzania were studied over a 3-week period. Clinical and social data were collected from patients who had been prescribed an antimalarial or sent for a malaria slide. Hospital slides were re-read later by research methods.

Results: Of 1,273 consultations 132(10%) were treated presumptively for malaria and 214(17%) were sent for a malaria slide; only 13(6%) of these were reported positive for *P. falciparum* but **96(48%) of the 201 slide-negative cases were treated for malaria anyway**. In a logistic regression model, adults (OR 3.86, $P < 0.01$), a history of fever (OR1.72, $P = 0.03$) and a longer travel time to the clinic (OR 1.77 per hour travelled, $P < 0.01$) independently predicted the request for a malaria slide. Only a history of a cough predicted (negatively) the prescription of an antimalarial with a negative slide result (OR 0.44, $P < 0.01$). The sensitivity and specificity of hospital slide results were 50% and 96% respectively.

Conclusion: Progress in targeting of antimalarials in low malaria transmission settings is likely to depend on consistent use of malaria microscopy and on the willingness of health workers to be guided by negative slide results. Further studies are needed to identify how this can be achieved

Interesting Cases

1. *Dermatofibrosarcomaprotuberans*: <http://sachinkale3.tripod.com/dfp.pdf>
<http://telepath.patho.unibas.ch/ipath/object/view/106714> (Telepathology discussion)
2. *Fungal endophthalmitis*: <http://sachinkale3.tripod.com/fungus.pdf>
3. Meckel's diverticulum with volvulus: <http://www.flickr.com/photos/sachinkale/316294734/>
4. *Fungal Corneal Ulcer*: <http://flickr.com/photos/sachinkale/313867021/>
<http://www.flickr.com/photos/sachinkale/313951396/>
5. *Paraneoplastic Syndrome of leucocytosis, thrombocytosis in case of squamous cell carcinoma penis*:
<http://sachinkale3.tripod.com/paraneo.pdf> and <http://telepath.patho.unibas.ch/ipath/object/view/107967>
(Telepathology discussion)
6. *FNAC from lymph node showing metastatic deposits of adenocarcinoma*:
<http://telepath.patho.unibas.ch/ipath/object/view/106682> (Telepathology discussion)



Preanalytical variability: the dark side of the moon in laboratory testing.

- ✓ Remarkable advances in instrument technology, automation and computer science have greatly simplified many aspects of previously tedious tasks in laboratory diagnostics,
- ✓ creating a greater volume of routine work, and significantly improving the quality of results of laboratory testing.
- ✓ Following the development and successful implementation of high-quality analytical standards, analytical errors are no longer the main factor influencing the reliability and clinical utilization of laboratory diagnostics.
- ✓ Therefore, additional sources of variation in the entire laboratory testing process should become the focus for further and necessary quality improvements.
- ✓ Errors occurring within the extra-analytical phases are still the prevailing source of concern.
- ✓ Accordingly, lack of standardized procedures for sample collection, including patient preparation, specimen acquisition, handling and storage, account for up to 93% of the errors currently encountered within the entire diagnostic process.
- ✓ The profound awareness that complete elimination of laboratory testing errors is unrealistic, especially those relating to extra-analytical phases that are harder to control,
- ✓ This highlights the importance of good laboratory practice and compliance with the new accreditation standards,
- ✓ which encompass the adoption of suitable strategies for error prevention, tracking and reduction, including process redesign, the use of extra-analytical specifications and improved communication among caregivers

Repairing damaged Windows XP

I was working on this newsletter, when one saved html file **took inordinately long time to open**; losing patience I again clicked over it, this action **sort of insulted my laptop**; even the three finger salute (CTRL+ ALT + DEL) did not work. It seemed **my laptop had decided to teach me a lesson** for not giving it enough time to open the file; it just **hung there laughing and showing its blue screen!** I had no option but to switch it off directly.

On rebooting, I was up for a surprise, Win XP did not load completely, laptop went into a **continuous loop of rebooting**. Showed it to a neighborhood engineer (?); kind hearted soul that he was, he obliged me by **saying “Sir format karna padega!”** *The words I dreaded, but sort of expected*, he said he will do that on Monday, So On Sunday, I did some web search about the problem and found that, **we can repair the damaged Win XP, by booting through the XP CD**, and clicking the repair windows option. –

1. Start the Operating System from the CD-ROM
2. When the computer starts from the CD, the system checks your hardware and then prompts you to select one of the following options:

- To set up Windows XP now, press ENTER.
 - To repair a Windows XP installation using Recovery Console, press R.
 - To quit Setup without installing Windows XP, press F3.
3. Press ENTER.
 4. Press F8 to accept the Licensing Agreement. A box lists your current Windows XP installation, and then the system prompts you to select one of the following options:
 - To repair the selected Windows XP installation, press R.
 - To continue installing a fresh copy of Windows XP without repairing, press ESC.
 6. Press R to start the automatic repair process.

It took nearly 45 minutes, but at the end of it my laptop was smiling, showing its beautiful Win XP logo! (From: <http://www.5starsupport.com/xp-faq/1-100.htm>)



Value of biopsy in the assessment of a retroperitoneal mass

- ✓ A retroperitoneal mass arising outside a specific organ usually gives rise to diagnostic uncertainty. Because of this, many clinicians request a radiologically guided biopsy.
- ✓ **The aim** of this study was to compare clinical and radiologic assessment with and without biopsy in patients undergoing surgical resection of a large abdominal mass.
- ✓ **Methods:** All patients undergoing resection of a large retroperitoneal mass under the care of one surgeon between 1994 and 2004 were included in this study.
- ✓ **Results:** One hundred and twenty-one patients underwent resection of a large retroperitoneal mass, of whom 84 had primary disease (median size 20cm, range 7cm-40cm).
- ✓ **Thirty-six** had clinical and radiologic assessment with **biopsy** while **48 had no biopsy**.
- ✓ In the biopsy group **four patients had a false negative** result while **two had a false positive** result for a malignant tumour. Three patients had **incorrect malignant histology** on biopsy which led to an error in management in two. In addition, **two adverse events** related to biopsy were observed. One patient in the no biopsy group had an error in management.
- ✓ **Sensitivity** for diagnosis of a soft tissue tumour was **80.8%** (95% CI 69.5%-92.1%) for clinical and radiologic assessment alone **versus 91.6%** (95% CI 82.6%-100%) **when biopsy was added**.
- ✓ **Conclusions: Biopsy adds no value** to clinical and radiologic assessment of the patient with a resectable large retroperitoneal mass

More PJs: Ajit Jokes

Robert iss harami ko liquid oxygen may daal do !
Liquid issay jeenay nahi day gaa, oxygen issay marnay nahi day gaa!

AJIT: "Raabert, isko Great Wall of China le jaakar phansi mein laga do,
great 'wall hanging' ban jayegi"

Robert, Dayna (Diana) ko thoda khatta khila do, yeh
dayna se daynasour bhi ho jayegi, phir extinct bhi...

"Robert, Harshad Mehta the Bull ka stool test karaao"
"Kyon boss?"
"Pata to chale akhir ye Bullshit kya hota hai"

Source: <http://www.rajiv.com/india/humor/ajit2.htm>



(4, Cont.)

A Safe, Effective and Affordable HIV Vaccine – An Urgent Global Need



- ✓ The need for a safe, effective and affordable HIV vaccine has never been greater.
- ✓ In 2004 almost five million people became infected with HIV.
- ✓ In addition, providing access to antiretrovirals in Africa remains a huge challenge.
- ✓ A successful vaccine against HIV will probably need to stimulate the innate immune system, generate high levels of neutralizing antibodies, induce strong cellular immune responses and mucosal immunity, and should induce broad-spectrum immunity able to cover all HIV subtypes.
- ✓ In this review, the authors describe the limitations and challenges of developing a safe and effective HIV vaccine.
- ✓ They also emphasize possible approaches for overcoming immune escape in HIV infection, the lessons learned from the clinical trials of HIV-1 candidate vaccines, and the most important scientific highlights of the Keystone 2005 Symposium.
- ✓ When an effective vaccine is eventually found, we will face the enormous task of making it accessible to those who need it most.

Table 2. HIV vaccine designs

Vaccine design	Features	Limitations
Plasmid DNA	<ul style="list-style-type: none"> - Induces HIV- and SIV-specific cellular and humoral immune responses in mice and nonhuman primates. - The DNA prime/live vector boost or IL-2 adjuvant DNA to enhance the immune responses has been tested successfully in preclinical trials. 	<ul style="list-style-type: none"> - Difficulty in achieving sufficient uptake of DNA and low level of HIV-1 gene expression - Limited immunogenicity in humans - Chromosomal integration - DNA alone was not sufficient to induce protective immunity in SIV
Live recombinant vectors Vaccinia	<ul style="list-style-type: none"> - In nonhuman primates can elicit potent CTL responses to HIV and SIV proteins - High level of heterologous protein expression - Insertion of large DNA fragments 	<ul style="list-style-type: none"> - Disseminate in immunosuppressed individuals - Preexisting immunity

Check the details at - http://www.aidsreviews.com/files/2005_7_3_131_8.pdf

Parting Thought...



Happiness is a butterfly, which, when pursued, is always just beyond your grasp, but which, if you will sit down quietly, may alight upon you.

~ Nathaniel Hawthorne, a 19th century American novelist

(End, 5)