

SUMMER SNIPPETS FROM BANGOR



A pot-pourri of things we have learned or re-learned recently - mainly for EM & GP - but there's probably something here for just about every clinician...

A snippet on intra-partum physiology

- Did you know that drinking too much water in labour is dangerous?
- It's because ADH levels are very high during labour & water toxicity can result!

Did you hear about the patient who went "off legs"? Newsflash: it wasn't a UTI...

Many of us have a dangerous habit of assuming that elderly patients who develop difficulty mobilising probably have a UTI. Every geriatrician has a list of "things that weren't UTI" and a particularly startling example is **Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)** NB - we had to look this up too when we came across a case.

- CIDP is regarded as a chronic counterpart of Guillan-Barre Syndrome and is also known as "chronic relapsing polyneuropathy".
- CIDP can occur in patients of any age and in both sexes but is more common in young adults, and in males>females.

Upper arm pain without trauma - beware the brachial plexus

- Common things happen commonly, but not all upper limb pain is MSK in origin.
- **Malignancies** can mechanically involve the brachial plexus (e.g. lung cancer) and be a cause of unrelenting atraumatic arm/shoulder pain. Consider CXR, especially in smokers.
- There's also **Idiopathic Brachial Neuritis (Parsonage-Turner Syndrome)**, a brachial plexopathy of unknown "but probably immune-mediated" cause, that can cause horrible upper limb pain and later muscle weakness and wasting.

And whilst you're thinking about the physiology of water...

- Do you remember learning that some antibiotics (e.g. tetracyclines) cause nephrogenic diabetes insipidus?
- **Demeclocycline** is still used to deliberately exploit this side effect to treat SIADH. It can be tricky to get hold of though!

Two things about aortas

1. The thoracic and abdominal aorta have different embryological origins and hence a different blood supply. The thoracic aorta rarely gets aneurysmal: it's more stretchy (more elastin) and has more collagen (stronger). The exception is aneurysms due to syphilitic aortitis... syphilis arrives there via haematogenous spread, and the thoracic aorta has a better blood supply. We learned this from a brilliant Twitter thread by @tony_breu who we highly recommend you follow!
2. When an aneurysm gets painful and tender, that is bad - it can be a warning sign of impending rupture. Even if it's "only a little AAA that gets ultrasound every years and isn't big enough to think about operating on"... refer urgently!

Website tip-off of the summer (we heard about this gem on Twitter)

Check out www.sparctool.com - the **Stroke Prevention In Atrial Fibrillation Risk Tool** - the website enables you to calculate both absolute and relative risks vs. benefits of anticoagulation with warfarin & DOACs

Lymphocytic colitis: a cause of watery diarrhoea

- One of two "microscopic colitis" conditions (the other is collagenous colitis) that produces true watery diarrhoea (no blood!) and sometimes even gives rise to faecal incontinence.
- It can be caused by various drugs (e.g. NSAIDs, ranitidine, statins, SSRIs, acarbose and more)
- It's diagnosed by biopsy (of macroscopically normal-looking mucosa) at colonoscopy, typically done because of change in bowel habit.
- Clinical course is relapse/remit (it can mimic IBS) but it may settle spontaneously, esp if the trigger is removed. Mainstay of treatment is budesonide (a delayed-release preparation given orally, that acts topically on reaching the terminal ileum/proximal colon), 3/12 initially.