

 **Nano silver for soft tissue defects** (*J Med Assoc Thai.* 2013;96:S177-84)

In a complex wound — with exposed tendon, joint or bone — soft tissue reconstruction is required to obtain function and aesthetic coverage. The authors report their experience using nanocrystalline silver, with or without vacuum assisted wound closure, to salvage the exposed vital structures such as bone, joint or tendon in traumatic wounds. They studied 12 patients with 15 wounds that exposed vital structures, especially in the lower extremities. After adequate debridement, four wounds were treated with nanocrystalline silver dressing and vacuum assisted wound closure, and ten wounds were treated in an out-patient program using nanocrystalline silver dressing. A preliminary evidence of impressive result was achieved with subsided infection and complete bony coverage by granulation tissue after treatment. Subsequently, a secondary healing or a split thickness skin graft was applied.

 **Congenital talipes : current treatment** (*Practitioner.* 2013; 257:15-8)

Congenital talipes equinovarus (CTEV) is a condition of the lower limb in which there is fixed structural cavus, forefoot adductus, hindfoot varus and ankle equinus. It is important to differentiate CTEV from a non-structural or positional talipes that is fully correctable. This positional variant occurs about five times as commonly as CTEV and does not require casting or surgical treatment. The majority of CTEV cases are picked up at the early baby check or on prenatal ultrasound, and referred to the orthopedicians. However, some cases are mistaken early on as the positional variant, and may therefore present late. Urgent referral is warranted as the Ponseti treatment should be started early. The feet must be examined directly to see if the components of the deformity are fixed, defining CTEV. The hips (stability, length equivalence, range and symmetry of abduction) and spine must also be examined. The boots and bar splintage is a vital part of the Ponseti technique and relapse is strongly correlated with non-compliance. The technique involves a series of manipulations and casts, usually on a weekly basis, in which the foot is brought round to a corrected position. Over the past 25 years there has been a dramatic shift away from extensive surgical releases to manipulative methods/serial casting such as the Ponseti technique.

 **CSF ferritin in bacterial meningitis** (*Br J Biomed Sci.* 2013;70:101-3)

Bacterial meningitis is still one of the significant causes of morbidity and mortality in children. Rapid differentiation between bacterial and aseptic meningitis, and the need for immediate antibiotic treatment in the former, is crucial in the prognosis of these patients. The present study on 42 patients evaluated the diagnostic capability of CSF ferritin in differentiating bacterial and viral meningitis. Ferritin and other routine determinants (i.e., leucocytes, protein and glucose) were

compared between those having bacterial or viral meningitis. Ferritin concentration in the bacterial meningitis group was considerably higher than in the viral meningitis group. Mean CSF protein concentration and cell count showed a positive correlation with CSF ferritin. The study provides preliminary evidence of usefulness of measuring CSF ferritin concentration for the early differentiation of bacterial and aseptic meningitis.

 **Sertaconazole for seborrheic dermatitis** (*Ann Parasitol.* 2013;59:73-7)

The treatment of seborrheic dermatitis (SD) includes topical antifungal agents to eradicate *Malassezia spp.*, corticosteroids to treat the inflammatory component of the disease, and keratolytics to remove scale and crust. The aim of this study was to compare the efficiency of sertaconazole 2% cream and tacrolimus 0.03% cream in the treatment of seborrheic dermatitis. In this clinical trial, thirty patients received local sertaconazole 2% cream, and the other thirty patients received tacrolimus 0.03% cream, twice a day for four weeks. At the time of referral, and 2 and 4 weeks after first visit, the patients were examined by a dermatologist to check the improvement of clinical symptoms. A higher level of satisfaction was observed 28 days after sertaconazole in comparison to tacrolimus (90% vs. 83%).

 **Withdrawal of antiepileptic drugs** (*Epilepsia* 2013;54 Suppl 7:2-12)

The Italian League Against Epilepsy has issued evidence-based guidelines to help practicing physicians in their decision to stop or withhold antiepileptic drugs (AEDs) in patients achieving a prolonged period of seizure freedom. Eight neurologists, critically appraised 128 published reports and provided graded recommendations answering 15 key questions, including length of the seizure-free period, electroencephalography (EEG) pattern at the time of discontinuation, etiology of epilepsy and seizure type. The following recommendations were outlined: (1) antiepileptic treatment might be discontinued after a minimum period of 2 years of seizure freedom; (2) factors, such as abnormal EEG at the time of treatment discontinuation, a documented etiology of seizures (including mental retardation, perinatal insults, and abnormal neurologic examination), partial seizures, or an older age at disease onset, enhance the risk of relapse; however, patients should not be discouraged to withhold treatment unless a combination of two or more of these factors is present; (3) female sex, family history of epilepsy, history of febrile seizures, disease length/severity, and number and type of drugs taken should not influence the decision to stop treatment; (4) epilepsy syndrome should be always included in the decision process; (5) slow (at least 6 months) AED discontinuation should be encouraged; and (6) patient discontinuing treatment should be followed for at least 2 years.

K Rajeshwari
rajeshwari.dr@gmail.com