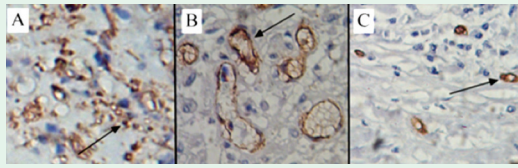


REVIEW ARTICLE

Lymphangiogenesis and colorectal cancer



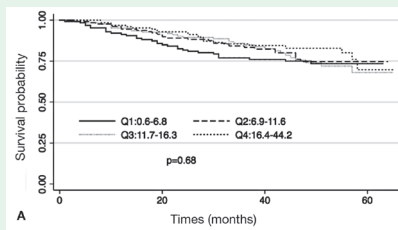
Different shapes of lymphatic vessels in tumor, peritumoral and distant normal tissues: A) center of CRC, lymphatic vessels are collapsed with no cavities and non-functional streaks; B) peritumoral area, lymphatic vessels have a larger size with a hollow, oval shape; C) distant normal tissue, lymphatic vessels are small in number and have small lumens

Huang & Chen conclude that lymphangiogenesis may be an early event in colorectal cancer (CRC) development. Lymphatic microvessel density is correlated with disease-free survival and local recurrence of CRC and, thus, may be an indicator of poor prognosis in CRC patients. However, there are no clear relationships between lymphatic microvessel density and some important clinicopathological parameters of CRC, such as tumor location, degree of differentiation, tumor stage, invasive depth and distant metastasis.

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ORIGINAL ARTICLES

High preoperative serum ferritin predicted poor prognosis in non-metastatic colorectal cancer



Kaplan-Meier curve of colorectal cancer survival by quartiles of iron

Tingting et al conclude that preoperative serum ferritin appeared as an independent adverse risk factor in non-metastatic colorectal cancer. Five hundred and fourteen patients were eligible for analysis. The levels of the 3 iron metabolism parameters were interdependent. Hemoglobin level was positively correlated with serum iron and transferrin, and was negatively correlated with ferritin. Compared with peri-neural invasion (PNI)-negative patients, PNI-positive patients had higher serum iron ($p=0.03$) and ferritin levels ($p=0.01$).

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Evaluation of disaster preparedness for mass casualty incidents in private hospitals in Central Saudi Arabia

| Current patient care capacity | Range | Mean | SD |
|---|-----------|-------|-------|
| Average staffed beds | 130 - 430 | 115.4 | 35.7 |
| Total number of beds | 182 - 620 | 216.5 | 98.0 |
| Emergency room beds | 6 - 40 | 15.4 | 8.1 |
| Beds with negative air flow | 3 - 29 | 10.3 | 6.9 |
| Monitored beds | 20 - 100 | 52.8 | 20.0 |
| Ventilators | 8 - 60 | 39.1 | 15.9 |
| Surge capacity | 0 - 120 | 29.1 | 33.0 |
| Number of physicians | 51 - 406 | 140.3 | 89.4 |
| Number of nurses | 167 - 950 | 320.0 | 210.9 |
| Administrators | 86 - 522 | 286.5 | 127.0 |
| Other (janitor, security, and so forth) | 59 - 386 | 145.1 | 91.0 |
| Ambulance | 2 - 4 | 2.9 | 0.7 |

Current patient care capacity and total hospital staff in the studied hospitals

Bin Shalhoub et al identify and describe the hospital disaster preparedness (HDP) in major private hospitals in Riyadh, Saudi Arabia. Most of the weaknesses were apparent particularly in the education, training and monitoring of the hospital staff to the preparedness for disaster emergency occasion. Few hospitals had conducted an exercise with casualties, few had drilled evacuation of staff and patients in the last 12 months, and none had any unannounced exercise in the last year.

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CASE REPORT

Conjoined twins in a triplet pregnancy. A rare obstetrical dilemma



Ultrasonographic image of conjoined twins (thoracoomphalopagus) with 2 separate hearts (also shown with arrows) and pleural effusion (asterixes)

Ozcan et al presents a 28-year-old Caucasian woman (gestation 3, parity 2, abortion 0, living children 2), who spontaneously conceived, at 17 weeks of gestation with a suspicion of conjoined twins in a triplet pregnancy. Her past medical, obstetric and surgical history did not reveal any problem. Antenatal diagnosis of the conjoined triplet twin pregnancy was made by using 2-dimensional ultrasonography with a 3.5 MHz convex probe (Voluson e6 compact-GE Healthcare, GE Medical Systems Ltd, Hertfordshire) and MRI. Transabdominal and transvaginal ultrasound scans revealed a dichorionic-diamniotic triplet pregnancy.

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