

## SYSTEMATIC REVIEW

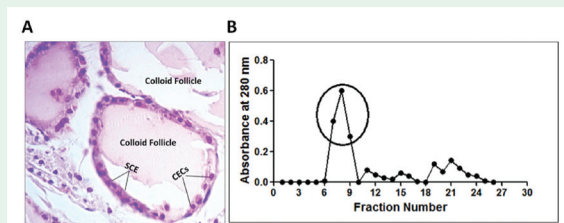
### The association between the CC chemokine ligand 5 -28C>G gene polymorphism and tuberculosis susceptibility

This review by Lu et al assess the association chemotactic chemokine (C-C motif) ligand 5 (CCL5) -28C>G polymorphism and TB risk. PubMed, Web of Science, and WanFang were searched by the authors for eligible studies on CCL5 -28C>G polymorphism. Before assessing the effects of CCL5 polymorphisms on the susceptibility to TB, they tested whether genotype frequencies of controls were in Hardy Weinberg Equilibrium (HWE) by using  $\chi^2$  test. They also quantified the effect of heterogeneity by  $I^2$  test. They conclude that CCL5 gene -28C>G polymorphism might be a protective factor for the development of TB.

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## ORIGINAL ARTICLES

### Recognition of oxidized albumin and thyroid antigens by psoriasis autoantibodies. A possible role of reactive-oxygen-species induced epitopes in chronic plaque psoriasis



A photograph showing the A) Histopathology of thyroid tissue. Hematoxylin and eosin staining of thyroid tissue dissected from rabbit (400X). B) Preparation of thyroglobulin. Gel exclusion chromatography of rabbit thyroid extract on Sephacryl S200 HR column. Indicated fractions in circle were collected and were used as thyroglobulin. SCE - simple cuboidal epithelium, CECs - cuboidal epithelium cells

Psoriasis is a chronic skin disorder, where thyroid abnormalities are reported. This study investigates the role of reactive-oxygen-species (ROS) induced epitopes in psoriasis autoimmunity. Anti-ROS-epitopes-albumin-antibodies show cross-reactions with thyroid antigen, thyroglobulin and with their oxidized forms. Data show high degree of specific binding by psoriasis-antibodies to ROS-epitopes-albumin, ROS-thyroid antigen and ROS-thyroglobulin. Moreover, sera from psoriasis patients show higher levels of carbonyl-contents. This study shows an association between ROS-induced-epitopes and psoriasis autoimmunity. Our novel data conclude that structural alterations in albumin, thyroid antigens by ROS, generate unique neo-epitopes that might be one of the factors for induction of autoantibodies in psoriasis.

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### Treatment of ventilator-associated pneumonia and ventilator-associated tracheobronchitis in the intensive care unit. A national survey of clinicians and pharmacists in Saudi Arabia

Participant characteristics	Response n (%)
<b>Specialty</b>	
Intensive Care	133 (72.7)
Infectious Disease	29 (15.8)
Clinical Pharmacology	21 (11.5)
<b>Job title</b>	
Consultant	63 (34.4)
Fellow/Registrar	99 (54.0)
Clinical Pharmacist	21 (11.5)
<b>Clinical experience (years)</b>	
<5	64 (35.0)
5-10	60 (32.8)
10-15	30 (16.4)
>15	29 (15.8)
<b>Type of hospital</b>	
Tertiary-care hospitals	94 (51.4)
Other type of hospitals	89 (48.6)
<b>IV - intravenous, VAP - ventilator-associated pneumonia, VAT - ventilator-associated tracheobronchitis, XDR - extensively drug-resistant, AB - Acinetobacter baumannii, vs - versus</b>	

Characteristics of survey participants based on the completed survey (N=183)

Most of the respondents in the survey of Al-Omari et al preferred to use colistin-based combination therapy and intravenous antibiotics to treat ventilator-associated pneumonia (VAP) and tracheobronchitis (VAT) caused by extensively drug-resistant (XDR) *Acinetobacter baumannii* (AB). However, colistin dose and duration varied among the healthcare providers. A significant percentage of intensive care unit (ICU) fellows (41.3%) and clinical pharmacists (35%) opted for 2 million units (mu) of colistin every 8 hours without a loading dose, whereas 60% of intensive care unit (ICU) fellows preferred a 9 mu loading dose followed by 9 mu daily in divided doses. The responses for the scenarios were different among healthcare providers ( $p<0.0001$ ).

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## CASE REPORT

### Torsion of a wandering spleen. A rare cause of acute abdomen



Distended abdomen with multiple scarifications

Jude & Onochie report a case of torsion of wandering spleen in a 28-year-old male presenting with an acute abdomen, which was treated by splenectomy. On physical examination, the patient was acutely ill-looking, in pain distress, febrile, dehydrated, pale, anicteric with neither pedal edema nor peripheral lymph node enlargement. Blood pressure was 120/70 mm Hg, pulse rate was 124/min, and respiratory rate was 40 cycles/min. The abdomen was distended with multiple scarification marks as a traditional treatment for enlarged spleen.

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