

REVIEW ARTICLE

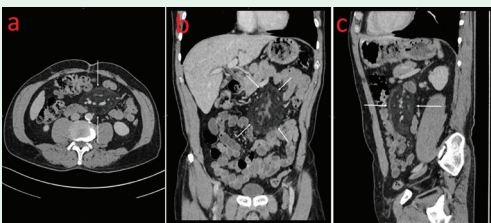
Use of lipid emulsion therapy in local anesthetic overdose

Karcioglu discusses advantages of intravenous lipid emulsion (ILE) include an apparent wide margin of safety, relatively low cost, long shelf-life, and ease of administration. The use of ILE therapy as antidote in systemic toxicity of certain agents has gained widespread support. There are increasing data suggesting use of ILE in reversing from local anesthetic-induced systemic toxicity severe, life-threatening cardiotoxicity, although findings are contradictory. The author concludes that ILE is postulated to reverse untoward effects of local anesthetic agents not only by extracting lipophilic compound from the tissues, but also by counteracting the inhibition of myocardial fatty acid oxygenation by the poison. Lipid therapy for cardiac arrest associated with drug toxicity, and in particular LAST, has been strongly advocated in the recent years.

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ORIGINAL ARTICLES

Diagnosis of mesenteric panniculitis in the multi-detector computed tomography era. Association with malignancy and surgical history



Multi-detector CT images of mesenteric panniculitis (MP) in A) axial, B) coronal, and C) sagittal reformations offer an overview of MP in a 72-year-old male patient with metastatic colon cancer and show the space occupying effect of MP on adjacent structures without evidence of infiltration (arrows)

Mahafza et al conclude that mesenteric panniculitis can be reliably diagnosed by multi-detector CT (MDCT) due to its typical CT appearance. Its identification is important because of its significant association with malignancy and because it represents one of the differential diagnoses in patients with nonspecific symptoms referred for abdomino-pelvic CT. Malignancy was found in 28 MP patients (31%) and 44 of the MP patients (49%) had prior history of abdomino-pelvic surgery. Mesenteric panniculitis was significantly more frequently associated with prior abdomino-pelvic surgery ($p=0.0001$) and the likelihood of associated malignancy in patients with MP was 2.1-fold higher than in patients without MP ($p=0.0013$).

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Dengue fever. Clinical features of 567 consecutive patients admitted to a tertiary care center in Saudi Arabia

Patients	Nadir WBC normal 4-10 $10^3/uL$	Nadir Plts normal 150-400 $10^3/uL$	Peak Hct normal 40-54%	Peak ALT normal 0-55 U/L
Adult				
Uncomplicated	2.8	100	42.3	178
DHF (n=19)	4.4	40	39.0	892
Pediatric				
Uncomplicated	4.6	152	37.6	118.5
DHF (n=6)	5.2	51	40.0	2494

WBC - white blood count, Plts - platelets, Hct - hematocrit,
ALT - alanine aminotransferase

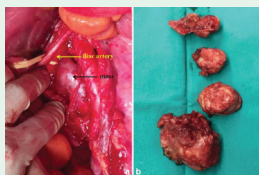
Comparison of uncomplicated cases with patients developing dengue hemorrhagic fever (DHF)

Badreddine et al conclude that Dengue infection is common in Jeddah. Abdominal pain and vomiting, thrombocytopenia, and elevated ALT are typical of severe infection, which is more likely to be associated with significant morbidity and mortality. Approximately 4.1% of adult patients and 7.1% of pediatric patients developed dengue hemorrhagic fever (DHF). Abdominal pain and vomiting were more common in patients developing DHF. Mean platelet count was lower in adult, but not pediatric patients developing DHF. Peak alanine aminotransferase (ALT) was higher in adult and pediatric patients developing DHF. Three patients died, 2 of them developed DHF. Ninety-eight percent of adult patients and 92% of pediatric patients made a full recovery.

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CASE REPORT

Primary extraskeletal mesenchymal chondrosarcoma arising from the iliac vein



Images showing that: A) the mass (black arrow) was next to the iliac artery (yellow arrow); and B) the excised mass was mostly pinkish-gray and solid

Zhang et al present a 45-year-old female presented in December 2015 with a 5-month history of left leg edema. Routine chest x-ray, abdominal ultrasound, and bone scanning were performed, and no evidence of distant metastasis was found. In additional laboratory tests, the patient's red blood cell count (RBC) was $1.72 \times 10^{12}/L$ and hemoglobin (Hb) was 49 g/L. After a blood transfusion, the anemia was rectified with the RBC increasing to $2.63 \times 10^{12}/L$ and Hb to 83 g/L.

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