In this issue

SYSTEMATIC REVIEW

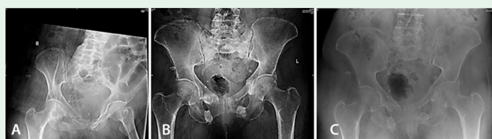
High serum uric acid levels may increase mortality and major adverse cardiovascular events in patients with acute myocardial infarction

Xu et al conclude that the high serum uric acid (HSUA) level significantly increased the mortality and major adverse cardiovascular events (MACE) risk of patients with acute myocardial infarction (AMI). Mild elevation of serum uric acid (SUA) levels (normal range) have started to have a significant impact on the short-term mortality of patients who underwent percutaneous coronary intervention (PCI). Thirteen studies involving 9371 patients were included. High serum uric acid level increased mid/long-term mortality and had higher short-term mortality; higher mid/long-term major adverse cardiovascular events risk, and higher short-term MACE risk for patients with AMI. In the PCI subgroup, the HSUA level also increased mid/long-term mortality and had higher mid/long-term MACE risk; and higher short-term MACE risk for patients who were treated with PCI after AMI. Particularly in the PCI subgroup, a higher short-term mortality was presented in the group with lower HSUA cut-off level, and the mortality was higher than the group with higher HSUA cut-off level.

see page 577

ORIGINAL ARTICLES

Long-term use of bisphosphonates in osteoporosis



X-ray showing A) acute spontaneous pelvic fracture in a 66 years old lady who used alendronate for 15 years, B) non-union of pelvic fracture after one year, and C) healing of pelvic fracture after 2 years of teriparatide

Alwahhabi & Alsuwaine conclude that prolonged use of bisphosphonates can lead to atypical femoral fracture that may involve sites other than femoral shaft or rarely chronic thigh pain without fracture. Teriparatide may facilitates fracture healing and improve thigh pain. Thirty-four patients, aged 46-89 years, were collected. Reason for referral included review of therapy (n=11), recent low trauma fracture (n=21), or chronic severe thigh pain (n=2) of unknown etiology. All patients with fracture or thigh pain (23/34 patients) were treated with teriparatide 20 mcg daily.

see page 604

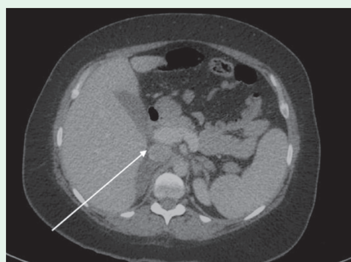
Depression and anxiety among hypertensive and diabetic primary health care patients. *Could patients' perception of their diseases control be used as a screening tool?*

AlKhathami et al measure the frequency and identify risk factors of depression and anxiety among diabetic and hypertensive primary health care (PHC) patients. Also to assess whether patients' perception of their chronic diseases control and sleep disturbance could serve as screening tools for depression and anxiety. Overall prevalence of depression or anxiety was 57.3% and detected cases was 23%. Depression comprise 48.7% (39.8% mild, 7.1% moderate, 1.8% severe). Anxiety comprise 38.4% (25.1% mild, 8.8% moderate, 4.4% severe). Co-existence of both disorders was 29.5%. Sleep disturbance, weight change, and low income had an independent significant effect on depression and anxiety. Having no sleep disturbance can rule out 98.9% of depression and anxiety cases. Patient's feelings should be considered in chronic diseases health care plans.

see page 621

CASE REPORT

Unilateral adrenal infarction in pregnancy secondary to elevated factor VIII



Computed tomography of the abdomen revealing A) right rectus abdominis muscle soft tissue mass suspicious of metastasis (white arrow) with peri-umbilical postoperative changes consistent with B) fibromatosis (yellow arrow)

Aljenaee et al presented a 29-year-old Kuwaiti pregnant woman (gravida 5, para 4), at 24 weeks of gestation to the emergency department with acute onset of severe right-sided abdominal pain of 5-hours duration. The pain was localized and sharp in nature and associated with nausea and vomiting. There was no history of fever, chills, constipation, or urinary symptoms. On examination, she was in severe pain, but fully conscious and alert. Her vital signs showed a blood pressure of 132/70 mm Hg, pulse rate 110 per minute and regular, respiratory rate 22 per minute, temperature 37°C, and oxygen saturation (SpO_2) 99% on room air. Abdominal examination revealed moderate tenderness over the right upper quadrant with no rebound tenderness. There was no fundal tenderness on uterine palpation, and bowel sounds were present. Chest and cardiovascular examinations were unremarkable.

see page 654