

REVIEW ARTICLE

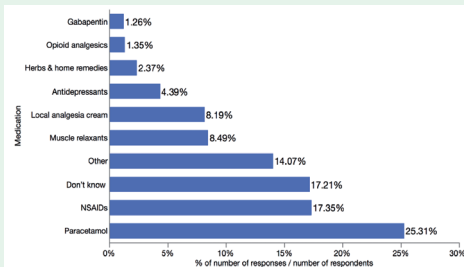
Heat related illnesses. *Review of an ongoing challenge*

In Khan's review, several heat-related illnesses (HRI) are presented as minor to severe life-threatening conditions are discussed. In severe HRI, a rapid reduction in core temperature along with supportive care is required. Despite the understanding of the pathophysiology of HRI, pharmacological interventions are limited. Prevention is the best strategy against HRI. There is a dearth of epidemiological studies that reviewed the effect of pharmacological interventions on mortality, and there remains a need to identify critical key components other than inflammatory modulators, which can be targeted to decrease HRI. Most treatment elements are empiric, starting with the Airway, Breathing, and Circulation approach. The best cooling strategy is immersion. However, larger trials and clinical studies are required to establish guidelines for fluid resuscitation and use of inotropic agents and muscle relaxants.

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ORIGINAL ARTICLE

Prevalence of chronic pain and high-impact chronic pain in Saudi Arabia



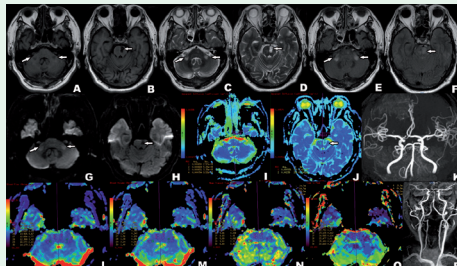
Percentage of chronic pain patients taking medication. Percentage responses were calculated using 6,172 as a denominator (number of chronic pain patients who received medications).

Al Malki et al investigated chronic pain (CP) and high impact chronic pain (HICP) which are common in Saudi Arabia, especially among females and elderly, suggesting a public health problem. This calls for collaborative efforts at various levels of the social hierarchy to ensure the provision of effective management of CP in Saudi Arabia. Chronic pain and HICP prevalences in the Saudi adult population were found to be 46.4% (CP) and 4% (HICP), with a higher prevalence among women and elderly. Chronic back pain was the most reported pain location. Half of the respondents reported dissatisfaction with pain services. Greater prevalence of HICP was found among women, elderly, unemployed, and those with low-income status. Patients with HICP were more likely to have more healthcare utilization and have more negative impacts on their physical and psychological wellbeing. This is a cross-sectional online survey (N=24,265). Forty data collectors from 5 regions of Saudi Arabia approached people to complete the questionnaires through different social media applications, using a validated survey in Arabic language.

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CASE REPORT

Magnetic resonance imaging evaluation of Wallerian degeneration of bilateral middle cerebellar peduncles after pontine infarction



Multimodal magnetic resonance imaging showed bilateral symmetrical Wallerian degeneration in middle cerebellar peduncles (March 28, 2016).

Yun et al present a case of symmetrical Wallerian degeneration (WD) in the middle cerebellar peduncles (MCPs) after a unilateral paramedian pontine infarction, which was examined by multimodality magnetic resonance imaging (MRI). In addition, we summarize the small number of reported cases. In our clinic, we observed a case of symmetrical WD of bilateral MCPs that occurred 6 months after the onset of a pontine infarction. We searched the Wanfang (Chinese) and PubMed databases and found 23 reported cases of this condition with characteristic similar to our patient. From the 24 cases, the detection time of WD ranged from 3 to 33 weeks. Symmetrical WD in the bilateral MCPs can occur after unilateral paramedian pontine infarction. Most cases were in Stages 2 and 3 of the disease and showed good clinical prognoses.

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