

Medical Literature Review

Infectious Disease

Question: The majority of cases of adult epiglottitis are initially missed by primary care providers. What signs and symptoms should lead to concern for this emergent disorder?

Answer: 90% of these patients will present with severe sore throat and odynophagia. Most patients will also have hoarseness and marked anterior neck tenderness on exam.

Source: *Evidence-Based Diagnosis and Management of ENT Emergencies; Winters, M; Medscape Emergency Medicine, 2-15-07*

Family Practice/Internal Medicine

Question: Is daily antiviral treatment beneficial for the prevention of recurrent genital herpes?

Answer: Yes. All 3 antivirals (acyclovir, valacyclovir, and famciclovir) reduce recurrence rate by 50%.

Source: *Journal of the American Academy of Dermatology, 2007;57:238-246*

Medication Management

Question: Does aspirin resistance (as measured by aggregation-based point of care assay) correlate with worse outcomes in patients with CAD?

Answer: Yes. The risk of cardiovascular death, MI, and CVA/TIA is significantly increased in aspirin resistant patients.

Source: *American Journal of Medicine, 2007;120:631-635*

Urgent/Emergent Care

Question: New onset AF can be managed in the ED with synchronized cardioversion, antiarrhythmics, or a 24 hr period of observation if rate is controlled in the stable patient. What %



of these patients will convert to NSR spontaneously within 24 hours?

Answer: An argument can be made for conservative observation (at home) as up to 60% or more of patients without structural heart disease will spontaneously convert to NSR within 24 hours.

Source: *American Journal of Cardiology, 2007;99(12):1721-1725*

Nursing Focused Care

Question: ACE inhibitors are recommended for most CHF patients. What is the most common symptom that results in discontinuation of this group of medications?

Answer: Cough. Angioedema will also likely result in cessation of therapy.

Source: *AHA, ACC Guidelines for HF*

Risk Management

Question: Chest pain patients who are discharged from the ED or hospital with normal or non-diagnostic and unchanged ECGs, negative cardiac enzymes at presentation and after 6 hours, and few or no cardiac risk factors should generally have provocative cardiac stress testing within what timeframe?

Answer: 72 hours.

Source: *ACC/AHA Guidelines for ACS*

Practice Pearl

Question: The most common cause of paradoxical embolus (passage of a venous or right heart thrombus into the arterial circulation) is a PFO (patent foramen ovale), which may be present in up to 25% of the population. Younger, healthy patients with signs or symptoms of a CVA require what diagnostic evaluation?

Answer: Neurology or cardiology consultation will likely result in a TEE (transesophageal echo) and/or transcranial contrast Doppler. Transvenous placement of a septal "patch" is one recommended treatment option.

Source: *American Journal of Emergency Medicine, July 2009*

