

## **An Occasional Medical *Newsletter* from The Blood Care Foundation**

Dear Member,

The old adage states that “Life begins at 40”. Does this mean that, as this is my 40<sup>th</sup> offering, the content and usefulness will improve? I suspect that many of my previous efforts are now in File 13, but if you have been storing them, or realise that you have access to them on the Foundation’s website, they must appear now as a very disjointed compendium of facts. To assist you in retrieving any particular item of interest, I have produced an index, which is included with this Newsletter and will be placed on the website. The index on the site will be updated with every new issue and a revised hard copy will be sent out with the first Newsletter in each calendar year. If you spot any errors, I would be grateful for your comments.

### **Dangers of Oxygen Therapy.**

It may be that the provision of oxygen to people suffering from acute myocardial infarction (AMI) could be detrimental. Animal studies show that hyperoxia reduces the coronary blood flow, especially to the ischaemic areas. Hyperoxia also reduces cardiac output, increases systemic blood pressure and systemic vascular resistance in patients with AMI and congestive heart failure. This problem also seems to occur in patients suffering from non-hypoxic strokes.

### **Tuberculosis in Europe.**

The number of cases of tuberculosis in Europe rose by more than 30% in the five years from 1995 to a figure of almost 370,000 in 2000. Seven out of every ten cases occurred in the newly independent states of the former Soviet Union. (*BMJ*. 2002;**324**:1412)

### **Dengue.**

The number of reported cases of dengue is escalating dramatically, having increased over tenfold in the last 20 years, and now stands between 50 and 100 million illnesses annually. More problematical is the increase in dengue haemorrhagic fever, where there are now between 250,000 and 500,000 cases a year. The *Aedes aegypti* mosquito, which is the principal vector, prefers to feed on human blood, has a bite that is almost imperceptible and is a daytime feeder. Gibbons and Vaughn review this major problem and state that, until the *Aedes* mosquito is controlled or a vaccine is produced, this major problem will escalate. (*BMJ*. 2002;**324**:1563-6)

### **The British Cup of Tea.**

Tea has the same beneficial effects as a glass of red wine according to a recent report of a prospective cohort study of 1,900 patients admitted to hospital with confirmed myocardial infarcts. The mortality rate was lower in patients who had drunk more tea in the preceding year. (*Circulation*. 2002;**105**:2476-81)

### **Platelet Counts and Cholesterol Levels in Patients with Malaria.**

A recent study of febrile patients returning from malaria endemic areas has shown that a reduced platelet count is found in 82% and hypocholesterolaemia in 40% of patients suffering from malaria. Every patient who had both hypocholesterolaemia and thrombocytopenia also had malaria. The authors suggest that these non-specific laboratory tests can be helpful in diagnosing patients with very low parasite counts. (*J.Trav.Med.* 2002;**9**(3):117-21)

### **Rabies Risk in Nepal.**

The incidence of rabies exposure in Nepal is 1.9/1,000 person years for tourists and 5.7/1000 person years for expatriates. Women were more likely to be exposed than men and younger people were more likely to have bites to the head and face. Only 56% of expatriates and 21% of tourists had been immunised against rabies. In the same issue, a four-site intradermal post-exposure booster regime is described. (*J.Trav.Med.* 2002;**9**(3):127-31 and 153-5)

### **Travelling with Infants and Young Children.**

In Newsletter No 38 I mentioned the excellent review articles by Stauffer and Kamat on travelling with infants and young children. Part III of the review, covering travellers' diarrhoea has just been published. (*J.Trav.Med.* 2002;**9**(3):141-50)

### **Human African Trypanosomiasis.**

Trypanosomiasis, or sleeping sickness as it is better known, had been successfully controlled by a number of measures including disease treatment, case tracing and vector control. Recently, many of these measures have broken down and the disease has re-emerged in epidemic proportions. According to a recent WHO survey about 500,000 people are currently infected and will die if left untreated. The disease, which is carried by the tsetse fly, is reviewed in an excellent article by a group who have been working in Angola for the past 5 years. (*BMJ.* 2001;**325**:203-6)

### **Herbal Medicines.**

The Medicines Control Agency has issued a warning about qianbai biyan pian, a Chinese herbal remedy for hay fever and sinusitis. It contains seven herbs, one of which, *Senecio scandens*, contains substances toxic to the human liver and which have been shown to be carcinogenic and cause genetic mutations in animals. Further information on this and other herbal remedies can be found on [www.mca.gov.uk/ourwork/licensingmeds/herbalsafety.htm](http://www.mca.gov.uk/ourwork/licensingmeds/herbalsafety.htm)

### **Travel Medicine.**

Jane Zuckerman has written an excellent review of this discipline, together with a list of useful reference sources and up to date guides to vaccination and malarial prophylaxis. (*BMJ.* 2002;**325**:260-4)

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