

NEWS AND VIEWS

Role of Aspirin in Healthy Elderly:

Cardiovascular disease are among the principal causes of disability and death in older persons and therefore preventive interventions for such diseases are a high priority. Secondary prevention trials have established the efficacy of low dose aspirin for the prevention of cardiovascular disease (fatal , non-fatal myocardial infarction fatal or non-fatal stroke , or hospitalisation for heart failure). The benefits of low dose ASPRIN outweigh the risk of major haemorrhage (hemorrhagic stroke, symptomatic intracranial bleeding are clinically significant extra-cranial bleeding) associated with it in the secondary prevention of cardiovascular events. However the role of low dose aspirin in primary prevention in elderly healthy individuals is unclear.

From 2010 to 2014 in Australia and United States men and women who were 70 years of age or older and without any cardiovascular disease, dementia or disability were included in the study . Participants were randomly placed into two groups, one who received 100 mg of enteric-coated aspirin and the other placebo.

Out of 19114 individuals who were included in the study 9525 were given aspirin and 9589 received placebo. After a median of 4.7 years of follow up the rate of cardiovascular disease were 10.7 events per 1000 person-years in the aspirin group and 11.3 events per 1000 person-years in the placebo group (hazard ratio, 0.95: 95% confidence interval, 0.83 to 1.08). The rate of major haemorrhage was 8.6 events per 1000 person-years in aspirin group and 6.2 events per 1000 person-years in the placebo group (hazard ratio, 1.38: 95% confidence interval, 1.18 to 1.62 : $P < 0.001$).

From this study it was concluded that the use of low dose aspirin in healthy elderly individuals resulted in significantly higher risk of major haemorrhage and didn't result in significantly lower risk of cardiovascular disease than placebo.

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Laparoscopic Incisional Hernia Repair and Role of Antibiotic Prophylaxis:

Multiple studies have been conducted on open versus laparoscopic repair of incisional hernia and most studies

have shown that surgical site infection rates are lower in laparoscopic repair. However role of antibiotic prophylaxis in laparoscopic incisional hernia repair alone is not clear and needs further evaluation because of the increasing resistance to antimicrobials and is a major global health problem. This study was conducted to see the impact of antibiotic prophylaxis with respect to rate of surgical site infection in patients undergoing incisional hernia repair laparoscopically. Data was collected from herniated registry which is a internet based multi-centre registry from Germany, Austria, and Switzerland. Patients who had undergone laparoscopic incisional hernia repair between September 2009 and July 2017 were included in the study. Prospectively documented data was analysed retrospectively. Out of 13513 patients who had undergone elective laparoscopic incisional hernia repair 1949 (14.4%) didn't receive antibiotic prophylaxis. there was no significant difference in surgical site infection rate in patients who had taken antibiotic prophylaxis (0.74%) and those without antibiotic prophylaxis (0.97%: $P = 0.262$) . In the multivariable analysis the presence of patients related risk factors ($P = 0.015$) and differs size greater than 10 cm ($P = 0.035$) significantly increased the rate of surgical infections. The propensity score matching analysis verified that surgical site infection rates are not significantly different between the two groups ($P = 0.265$). From this study it was concluded that the routine use of antibiotic prophylaxis in laparoscopic incisional hernia repair in patients without risk factors and hernia diameter less than 10 cm, doesn't seem to be justified.

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Omega-3 Fatty Acids in Diabetes Mellitus

In many observational studies it has been concluded that the increased intake of n-3 (also called omega-3) fatty acids is associated with decrease in the risk of heart diseases. Randomised trials however have shown conflicting results on addition of n-3 fatty acids in diabetes patients without any known cardiovascular disease regarding cardiovascular mortality.

A randomised ASCEND (A Study of Cardiovascular Events in Diabetes) was conducted in patients with diabetes

without cardiovascular diseases to assess the safety and efficacy of daily n-3 fatty acid supplementation. The eligible patients, using minimised randomisation received 1gram capsules containing either 840mg of marinen-3 fatty acids (460mg of EPA and 340mg of DHA) or a matching placebo capsule (olive oil) on daily basis. During a mean follow up of 7.4 years the serious vascular event occurred in 8.9% in fatty acid group and 9.2% in the placebo group (rate ratio, 0.97; 95% confidence interval, 0.87 to 1.08; $P=0.55$). Death from any cause occurred in 9.7% in fatty acid group and 10.2% in placebo group (rate ratio 0.95; 95% confidence interval, 0.86 to 0.15).

From this study it was concluded in patients with diabetes and without any cardiovascular diseases the addition of n-3 fatty acids on daily basis has no significant difference with respect to risk of serious vascular events as compared to the placebo group and thus does not support the current recommendations of daily dietary supplementation with n-3 fatty acids in order to prevent vascular events.

N Engl J Med. 2018 Aug 26. PMID: 30146932.

Wound Massage after Thyroidectomy

Due to increasing number of thyroid cancers thyroidectomy is becoming a common surgical procedure. Although many patients have excellent prognosis after thyroidectomy for thyroid cancers still they suffer from the common complications of thyroidectomy like discomfort in neck or change in voice even without nerve involvement. This can affect the quality of life of the patient. The adhesions which are formed after thyroidectomy between the surrounding tissues and the larynx can restrict the vertical movement of larynx which can result in change in voice while patient is talking or discomfort in neck while patient is swallowing. So breaking these adhesions by means of massage can improve the patient's quality of life.

Forty five female patients who had undergone total thyroidectomy for papillary carcinoma thyroid were included in the study (21 in the experimental group and 24 in the control group). Patients in the experimental group were educated regarding the wound massage. Wound massage was given from four to twelve weeks post thyroidectomy. It was seen that there was significantly better recovery from surgical adhesion and subjective visual analog scale, voice impairment score, and swallowing impairment score (all $P<.01$) in the experimental group compared to the control

group. From this study it was concluded that discomfort in the neck and change in voice in the absence of nerve injury are related the local adhesions and massage after thyroidectomy can improve the quality of life by releasing these adhesions.

Surgery 2018 Jul 24. PMID 30054014.

Role of Probiotics in Children with Gastroenteritis

Gastroenteritis is usually caused by a viral, bacterial, or parasitic infection. Patient usually presents with a combination of symptoms like vomiting, diarrhoea, fever, abdominal cramps, and poor appetite, which can lead to dehydration. Every year in United States about 1.7 million children visit the emergency department for gastroenteritis. Health providers most often prescribe probiotics to these patients. Probiotics are live bacteria that are intended to have a beneficial effect in the host. The role of probiotics in the treatment of acute gastroenteritis in infants and children has been investigated by a large number of clinical trials. Most studies done on probiotics have small sample size, methodological limitations and have included limited investigations for causative pathogen.

A multicenter, randomized, double-blind, placebo-controlled trial was conducted in six Canadian paediatric emergency departments to evaluate the effectiveness of probiotics in children 3 to 48 months of age who present with acute gastroenteritis. After giving proper consent participants received a 5-day course of combined *Lactobacillus rhamnosus* R0011 and *L. helveticus* R0052 at a dose of 4.0×10^9 CFU twice daily or placebo. Moderate-to-severe gastroenteritis within 14 days occurred in 108 of 414 participants (26.1%) who were assigned to probiotics and 102 of 413 participants (24.7%) who were assigned to placebo (odds ratio, 1.06; 95% confidence interval [CI], 0.77 to 1.46; $P=0.72$). There were no significant differences between the probiotic group and the placebo group in the median duration of diarrhoea or vomiting hours.

From this study it was concluded that twice daily dosage of probiotics did not prevent the development of moderate to severe gastroenteritis in infants and young children within 14 days after enrolment.

N Engl J Med 2018; 379:2015-26. DOI: 10.1056/NEJMoa1802597

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The research findings should be presented under sub-headings. Introduction, Materials and Methods, Results, Discussions, Conclusions, Acknowledgements (if any), and References (see the instructions below for the format of references, which should be strictly adhered to). All sections of the article must be typed on one side of the paper only, double spaced and with wide margins. All the pages must be numbered sequentially, starting with the title page. It should not exceed 10 typed pages including reference and tables. All correspondence should be addressed to Executive Editor and sent/delivered (including manuscript) at the Editorial Secretariat.

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Key Words: Three to 10 key words or short phrases should be added at the bottom of the abstract. Use terms from the medical subject heading from index medicus.

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Illustration and Photographs: Figures should be professionally designed, symbols; lettering and numbering should be clear and

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1. Lathia R, Klunger A, Drayer DE, Komer D, reldenberg MM. Antibodies to nuclear antigens in patients treated with procainamide or acetylprocainamide. N Engl J Med 1979;301(2):1382-5

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2. Dandekir R, Minhas P. Control of cross-infection in hospitals. In: Hospital Management in India. (Ed. Kuppaswamy M). (5th edition). Somaiya Publication. 1973: p 100-106.