

Medical therapy, as recommended by the committee, involves aspirin or ticlopidine. Aspirin at a dosage of 325 mg/day or ticlopidine at a dosage of 250 mg BID are the grade A recommendations. Anticoagulant therapy is generally not recommended unless patients continue to have symptoms on the antiplatelet therapy but has only a grade A recommendation. The exception is the patient with a major cardiac source of embolism (grade A recommendation). Surgical management received a grade A for patients with  $\geq 70\%$  stenosis and with one or more ipsilateral TIAs, if a good surgical candidate. **[Editor's note: This is an important publication for emergency physicians because they are frequently in a position to initiate these evaluation and management strategies.]**

W Shaun Gogarty, MD

## Scorpion Envenomation and Antivenom Therapy

Sofer S, Shahak E, Gueron M

J Pediatr 124:973-978

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The authors performed a retrospective review of 104 consecutive children treated in their pediatric ICU for scorpion envenomation. One half were treated before 1989 and received specific antivenom (AV); the other half were treated after 1989, at which time the authors' institution had discontinued use of AV in children with scorpion envenomation (NAV). Only children who were sufficiently symptomatic to be admitted to the pediatric ICU were included. They state that there was no significant difference in supportive therapy between the two groups. Six children in the AV group and nine children in the NAV group presented with respiratory failure. All 15 recovered completely without further complications, and there was no significant difference in the duration of intubation or pediatric ICU stay between groups. Major complications that

developed after presentation were primarily cardiovascular. Three children in the AV group and one in the NAV group developed cardiogenic shock. All children in the NAV group survived without sequelae; two in the AV group died, and a third survived with major deficits. With the exclusion of one 88-day hospitalization in the AV group, there was no significant difference between the two groups for either pediatric ICU or total hospital stay. The authors conclude that there is no conclusive evidence that AV is effective treatment for scorpion envenomation. They recommend a randomized, controlled, prospective study of AV therapy for scorpion envenomation.

**[Editor's note: The setting for this study was a pediatric ICU at an Israeli Medical Center in the Negev Desert. The specific AV was prepared from donkeys treated with the venom of the yellow scorpion (Leiurus quinquestriatus). Therefore, these data cannot be generalized to the North American bark scorpion (Centruroides exilicauda; formerly called C sculpturatus). Clinical presentation and AV therapy differ for Leiurus and Centruroides envenomations.]**

Walter J Kaniefski, MD

## Efficacy of Nonsteroidal Anti-inflammatory Drugs in the Treatment of Acute Renal Colic: A Meta-Analysis

Labrecque M, Dostaler L-P,

Rousselle R, et al

Arch Intern Med 154:1381-1387

Jun 1994

The authors' objective was to evaluate the efficacy of parenteral nonsteroidal anti-inflammatory drugs (NSAIDs) compared with placebo or analgesic agents in the treatment of acute renal colic by meta-analysis. The data sources obtained were the EMBASE and MEDLINE databases,

the Family Medicine Library Index, article references, and documentation centers of pharmaceutical companies. Study selection from 19 of 60 retrieved articles was based on randomized, controlled trials of NSAID compared with placebo or analgesic agent in the treatment of acute renal colic. The studies compared parenteral diclofenac or indomethacin with placebo or analgesic agents, mostly narcotic agents. Pain relief results (at 20 to 30 minutes after the drug) were pooled using the Mantel-Haenszel method for three distinct groups of studies: NSAIDs versus placebo, NSAIDs versus analgesic agents with partial pain relief, and NSAIDs versus analgesic agents with complete relief. NSAIDs were clinically and statistically as good or superior to analgesic agents in pain relief. The authors concluded that via meta-analysis parenteral NSAIDs are as effective as analgesic agents in the treatment of acute renal colic.

**[Editor's note: Despite the use of prospective controlled studies, the conclusion of this meta-analysis must be viewed with caution as there were many varying methodologies.]**

Ann Larsen, MD

## Roentgenographic Evaluation of the Cervical Spine

Roth BJ, Martin RR, Foley K, et al

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This prospective study was designed to test the hypothesis that a blunt trauma patient who is awake and alert; not intoxicated; and without neck pain or tenderness, neurologic signs or symptoms, or other substantial painful trauma (distracting pain) does not require radiographic evaluation of the cervical spine. Six hundred eighty-two patients who sustained blunt trauma were evaluated in the emergency department at Tripler Army Medical Center in Honolulu between June 1990 and November 1992. Resident physicians

in the emergency department (surgical and emergency medicine) completed an information form documenting mental status changes, blood alcohol level, cervical-spine signs and symptoms, and other injuries. All patients then underwent a three-view cervical-spine series (lateral, anteroposterior, and open mouth). Patients were divided into two groups: those who were intoxicated with neck complaints and/or other major injuries (586, or 86%) and those who were not intoxicated with no neck complaints or other major injuries (96 or 14%). Patients were followed up in the surgery clinic or contacted by telephone 30 to 150 days after the accident. The authors found no cervical-spine injuries in the latter group and 16 cervical-spine injuries in the former group. This correlates to an overall 2% injury rate (16 of 682), which is consistent with the 2% cervical-spine injury rate found in previous studies. The authors noted, however, that their study did not limit entry of patients by mechanism of injury as some of the previous studies do, which may have resulted in dilution of the cervical-spine injury ratio. The authors conclude that as suggested in previous reports, a cervical-spine series is not required for the alert, nonintoxicated, nontender-neck trauma patient who is without neurologic signs or symptoms and without distracting painful trauma.

**[Editor's note: Although the study lost 57% of their patients to follow-up, they were all in the group who had completed radiographs.]**

Douglas A McDaniel, MD

## Magnesium Therapy in New-Onset Atrial Fibrillation

Brodsky MA, Orlov MV, Capparelli EV, et al

Am J Cardiol 73:1227-1229

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The authors conducted a prospective, randomized, double-blind, placebo-controlled study to determine