

Relationship between the Course of the Disease and P300 of Patients with Closed Craniocerebral Trauma

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Purpose: To probe into the relationship between the course of disease and the P300 of patients with closed craniocerebral trauma, and investigate the optimum time for P300 assay.

Methods: We used the medicid-03E brain evoked potential instrument of the Neuronic Company. The latency and the amplitude of P300 evoked by visual images were recorded in 518 patients with closed craniocerebral trauma. The findings from 385 abnormal cases were compared with those of 214 normal subjects and compared with the P300 during different conditions of injury and different times after injury.

Results: We found that the P300 latency in patient group was significantly prolonged as compared with the control group ($p < 0.001$), and the amplitude was significantly decreased ($p < 0.01$). The change of P300 was significant from 25h to 28h after injury, especially in patients with idiopathic coma. The abnormal level of P300 improved with the passage of time.

Conclusions: Therefore, the changes of P300 might be taken as an objective index of measuring the changes of brain cognition in patients with closed craniocerebral trauma, particularly in the period between 25h to 28h after injury. Besides, we believed that the extent of recovery of the patient's brain recognition function relates to the change of the latency and amplitude of P300. This may be used as the changes of P300 were useful and helpful for judging patient's condition and prognosis.

Key words: amplitude; brain; coma; cognition; craniocerebral trauma; evoked potentials; head trauma; latency; P300
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Experiences with Treatment of Double-sided, Thoracic Traumatosis

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Introduction: From October 1983 to October 2000, we have treated 54 cases of double-sided thoracic traumatosis.

Methods: After examining the patients, eight cases underwent tracheal intubation, and 15 cases had a tracheotomy. Breathing was assisted by a ventilator in 14 patients, 14 patients had thoracic, closed water-seal drainage (one side or double sided), 6 cases received one-sided thoracotomy, and 16 cases underwent double-sided thoracotomy during the same period.

Results: Through our treatment, we found that double-sided thoracic traumatosis during the same term (especially obtuse traumatosis) can induce acutely and extensively, the injury of the ribs, respiratory muscles, lungs, or other organs, and can be complicated by the development of the

adult respiratory distress syndrome (ARDS). Therefore, the pivotal treatment of double-sided, thoracic traumatosis is setting up an airway as rapidly as possible with deep ventilation and improvement of anoxemia.

Conclusion: The analysis of 16 cases with double-sided thoracostomy indicated that an accurate diagnosis is very important. We can extend the range from which we select the operating indications to include those patients with open, penetrating traumatosis, and complicated with tracheal, esophageal cordis, and trauma to other organs. After the operation, ensuring a good ventilation condition is the key technique.

Key words: airway; intubation; thoracic traumatosis; thoracostomy; treatment; ventilatory support

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Duodenoscopy for Treatment of Acute Pancreatitis with Gallstones

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Objective: To evaluate the role of duodenoscopy in the diagnosis and treatment of acute pancreatitis with gallstones (AP).

Methods: Forty-five patients with AP were randomized into groups of endoscopic retrograde cholangiopancreatography (ERCP) ($n = 20$), and non-ERCP ($n = 25$). All patients were stratified further into mild and severe subgroups according to APACHE-II scores. All cases were given supportive treatment combined with traditional Chinese medicine. The patients in ERCP group received ERCP within 24 hours of admission. If stones were found, endoscopic sphincterotomy (ES) was performed to extract the stones by basket. In cases with multiple stones or if no stone could be immediately identified, endoscopic nasobiliary drainage (ENBD) was applied.

Results: In patients with severe AP, the morbidity, length of hospital stay and cost were significantly lower in ERCP-treatment subgroup than those without ERCP treatment (all $p < 0.05$).

Conclusion: It is practicable, effective, and safe to apply duodenoscopy for the treatment of severe AP with gallstones.

Key words: drainage; duodenoscopy; gallstones; pancreatitis, acute; sphincterotomy; traditional Chinese medicine; treatment

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Analysis of Patients with Traumatic Rupture of the Main Bronchus

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We conducted a comprehensive, retrospective analysis of thirteen patients who suffered from traumatic main bronchus rupture, including their cure state. We concluded that the key of one stage cure relates to obtaining an exact

diagnosis in a timely fashion. Detailed observation on the development of disease, practical and timely surgery, prevention, disposition of the syndrome and complications from the trauma, etc. are discussed.

Key words: bronchus; diagnosis; rupture; trauma; treatment

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Does a Staff's Manner of Dress Influence Patient Perception of Care in an Emergency Department?

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Objective: Emergency medicine training programs are a very new phenomenon in Turkey. To help formulate a set of standards for the branch of Emergency Medicine, as well as to bolster our position as one of the best hospitals in the country, we have conducted a prospective study. In this article, we investigate whether the staff's manner of dress influences patient perception of care in an Emergency Department.

Methods: Our centre is a community teaching hospital, and the medical care is handled by attending physicians, nurses, paramedics, and sixth year medical students. Everyday, an average of 100 patients are admitted to the Emergency Department. For the purposes of this study, three medical students were settled in the triage area of the centre during the night shift during a six-day period. All of the staff were informed previously about the study. For the first three days of the study, all of the medical staff that care for patients wore formal wear (white shirt, necktie, pantaloons, etc.), and for the last three days, they wore casual clothes (sweat pants and sweatshirt, etc.). As soon as the medical care of the patient was finished, he or she was given the standard questionnaire to be completed, and was asked to give a rating from 1 to 10 concerning his or her opinion of the clothes worn by the staff before being discharged. The main question was: "Did the way of dressing of the staff affect your feelings towards the medical care that you received?"

Results: A total of 116 patients were surveyed. A total of 60 were male and 56 were female. A total of 87 patients (75%) gave a rating of >8. Twenty (17%) patients gave a rating of <8, and the other nine patients (8%) had no comment. All the patients were categorised according to their gender, their education, job, marital status, and age group. We perceived that there was not a statistically significant difference between any group.

Conclusion: Despite the small size of the study group, a tentative conclusion still can be drawn. The staff's way of dressing does not seem to affect patient's perception of care in our Emergency Department. More extensive studies are required for more definite conclusions.

Key words: appearance; clothes; dress; emergency department; perceptions; staff

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Diagnostic Concordance in Discharges with Thoracic Pain at a Hospital Emergency Service

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Objectives: To know the diagnostic concordance in discharges of patients evaluated for Atypical Thoracic Pain and Stable Angina at the Emergency Section of the Critical Care and Emergency Service.

Methodology: Observational transversal study of discharges with a diagnosis of atypical thoracic pain and stable angina, including haemodynamic angina, during a period of seven weeks, from 08 May to 25 June 2000. A Clinical Story data sheet was designed that included: 1) vascular risk factors; 2) requested complementary tests; and 3) patient's disposition. A phone survey was carried out 30 days later among all the patients included in the study. The following events were assessed: 1) death due to heart disease or sudden death; 2) admission for an acute infarct of the myocardium; 3) unstable angina or malignant arrhythmias; 4) consultation at the Emergency Service for the same reason with a different diagnosis; and 5) ischemic heart disease diagnosis in consultation with the Cardiology Service.

Results: The total number of discharges evaluated was 106. Of these, 93 (88.7%) had a diagnosis of atypical thoracic pain, 9 (8.5) of stable angina, and 4 (3.8) of haemodynamic angina. The average age was 52.7 years; 56 cases (52%) had no vascular risk factors, and only six cases showed the four factors gathered: tobacco habit, arterial hypertension, diabetes, and hyperlipemia. An ECG was recorded in 90 patients (85.5%), and X-ray of the thorax was taken in 83 (78.3%). A CPK level was measured in 63 patients (59.4%) and troponine levels in just 4 (3.8%). Three types of events occurred: 1) corresponding a consultation with a different diagnoses in the group of atypical thoracic pain; 2) unstable angina; and 3) death. This latter case was a senile female patient with serious co-morbidity.

Conclusions: The low number of events that occurred indicates an acceptable diagnostic concordance for the thoracic pain in our Emergency Service. The general use of ECG in these patients would be desirable.

Key words: angina; atypical; chest pain; concordance; diagnoses; electrocardiogram; events; heart disease

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Anesthesia for Local Treatment of Burns in CHU Tokoin (Lomé)

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Objective: We undertook this work to evaluate the pain experienced by burned patients, in order to study the techniques used for the provision of analgesia during the time of baths and bandaging while holding amount of our environment, so as to demonstrate the advantages and inconven-