LETTERS TO THE EDITOR

POST-OPERATIVE WOUND INFECTIONS IN BELIZE

From Major N B Corner, RAMC and Maj J C Allen, RAMC

Sir, In his letter (J R Army Med Corps 1992; 138: 152) Major Kane raises two points with regard to post-operative wound infections in Belize. First that wound infection rates in Belize cannot be directly compared with those at the Cambridge Military Hospital because of the different caseload, and second that his series of 38 appendicectomies exhibited an 18% infection rate, rather higher than he would expect in the UK.

He may have missed the point. In the civilian population in Belize the infection rates were very similar to those recorded in the UK despite the adverse environmental conditions. Four hundred and fifteen cases were audited with a combined infection rate of 2.9%. It is possible that the rate should have been even lower given the caseload, but the authors were surprised it was not higher taking into account the operating and post-operative environment. The infection rate amongst the predominantly British patients from Airport Camp (APC) was 2.1-9.8% in 1986, and 3% for clean cases, and 18% for potentially contaminated cases in 1987. This corresponds exactly with Major Kane's figure of 18% infection rate for appendicectomies carried out on, presumably, military personnel over a five year period (which includes the two years audited in our report).

The real question he is asking is whether the true infection rate for appendicectomy is significantly different in the UK. Anecdotal evidence is unreliable and much of the published data probably under reports true infection rates as many infections present after discharge from hospital (1). Recent publications mainly concentrate on the efficacy of various antibiotic regimens. They record the prevalence of post-appendicectomy infection at between 2% and 24% depending on the presence of appendicitis, perforation or peritonitis, and the type of prophylaxis used. A recent prospective report (2) on 650 consecutive patients undergoing appendicectomy recorded a 21% infection rate in conventionally sutured wounds (with a 12% rate in wounds sutured using polyglycolic acid).

A prospective survey carried out in BMH Berlin by Major Allen followed up 18 consecutive appendicectomies over a minimum of six weeks. There were 3 infections, 16.5%, about the same as in Belize. They presented at 10, 11 and 13 days post-operatively.

Rates above 12% are almost universally found when perforation or gangrene is found. Interestingly a study in New Zealand (1) using a prophylactic regimen of

intravenous cefoxitin or ceftriaxone found rates of 6% following appendicectomy for appendicitis, 22% associated with perforation and 11% following "normal" appendicectomy. This would indicate that the rate of 18% recorded in Belize is rather on the high side if none of the patients fell into the high risk category. This has not been shown to be significantly higher than expected.

We contend that post-operative infections in Belize have more to do with the Surgeon and the operation than with the "theatre of operations".

We are etc
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REFERENCES

1. LANG S D, MORRIS A J, CHARLESWORTH P M. Prophylaxis in appendicectomy with cefoxitin or ceftriaxone. *N Z Med J* 1988; 101 (858): 781-3.
2. WETTER L A, DINNEEN M D, LEVITT M D, MOTSON R W. Controlled trial of polyglycolic acid versus catgut and nylon for appendicectomy wound closure. *Br J Surg* 1991; 78 (8): 985-7.

SPORTS MEDICINE

From D T D Hughes, Master

Sir, I refer to the editorial headed "Exercise induced injuries — the way ahead" which appeared in the Journal of the RAMC dated 3rd October, 1992.

Your readers may like to be made aware that, in 1988, this Society instituted a Diploma in Sports Medicine which is open to Medical Practitioners, including members of the Armed Services who have worked in the field of Sports Medicine and/or attended a recognised course of instruction. Apart from the one year full-time course at The London Hospital, recognised part-time courses for the Diploma are organised by the National Sports Medicine Institute at St Bartholomew's Hospital Medical College and the British Postgraduate Medical Federation. There is also a recognised distance learning course organised by the University of Bath.

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ABSTRACTS OF PUBLICATIONS

MAJ N C HEPBURN, RAMC

HEPBURN N C, TIDMAN M J, and HUNTER J A A. Cutaneous leishmaniasis in British troops from Belize. *Br J Dermatol* 1992; **128**:63-68.

Abstract: The medical records of 306 British soldiers in whom a clinical diagnosis of cutaneous leishmaniasis had been made following a tour of duty in Belize were analysed. Parasitological confirmation of the diagnosis was established in 187 cases; leishmania were cultured in 117 cases and Leishman-Donovan bodies were identified histologically in a further 70 cases. *Leishmania braziliensis braziliensis* was identified in 78 cases and *Leishmania mexicana mexicana* in a further 29 cases. Seventy-one per cent of patients had a single lesion which, in most cases, occurred on the exposed extremities. The mean diameter of the ulcers was 14.4 mm. Treatment with sodium stibogluconate was effective. Two regimens were used, consisting of either 600-800 mg daily given initially for 10 days, or 600 mg b.d. given initially for 14 days. Of those allocated to the lower dose regimen 48.5% were cured after the initial 10-day course, and ultimately the ulcers of 93% of patients healed following more prolonged treatment at this dose. Of those allocated to the higher dose regimen 63.9% were cured after the initial 14-day course and ultimately

the ulcers of all patients healed after more prolonged treatment at this dose. A transient leucopenia and a rise in liver enzymes were noted during treatment, and these changes were dose-dependent. No cases of mucocutaneous leishmaniasis were encountered.

MAJ N BUCHANAN, RAMC

MILLER D H, BUCHANAN N, BARKER G, MORRISSEY S P, KENDALL B E, RUDGE P, KHAMASHTA M, HUGHES G R V and McDONALD W I. Gadolinium-enhanced magnetic resonance imaging of the central nervous system in systemic lupus erythematosus. *J Neurol* 1992; **239**:460-464.

Abstract: Gadolinium (Gd)-DTPA enhanced magnetic resonance imaging (MRI) was performed in 15 systemic lupus erythematosus patients with past (12) or present (3) features suggesting central nervous system (CNS) involvement. Symptomatic Gd-DTPA enhancing lesions were seen in 2 patients, and immunosuppressive treatment was associated with a rapid reversal of enhancement. The pattern of enhancement was different from that usually seen in multiple sclerosis. Gd-DTPA enhanced MRI may sometimes be useful in demonstrating the activity of CNS lupus.

RAMC CENTENARY COMMEMORATIVE PUBLICATION

Production of a History of the Royal Army Medical Corps to commemorate the Centenary year in 1998 is already well in hand.

To complement this historical publication it is also planned to publish a "Coffee Table" pictorial supplement, probably by way of introduction to the main publication.

It is hoped to include in this pictorial supplement previously unpublished photographs, or little known facts about the Corps that will be of interest to readers of the finished work.

Readers of this Magazine are therefore invited to submit photographs, cartoons, diagrams, or any other items of historical interest for consideration by the working party, for inclusion in this book.

Items should be addressed to:

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