New additions to publications by NALHN Staff 4/2/19

Dr Rajvinder Singh and Dr Shaad Manchand, Department of Gastroenterology, who co-authored the attached article which was published in the *World Journal of Clinical Cases* (Paper 1). Dr Rajvinder Singh also co-authored an article with Dr Michael Kwan which was published in *VideoGIE* (Paper 2).

Dr Gus Dekker and Dr Anupam Parange, Department of Obstetrics and Gynaecology, co-authored the attached article which was published in the *Journal of Clinical Ultrasound* (Paper 3). Dr Gus Dekker also co-authored an article published in *Obesity* (Paper 4).

Professor Mark Boyd, Chair Of Medicine, Lyell McEwin Hospital and the University of Adelaide, co-authored the attached article which was published in the journal, *AIDS Care* (Paper 5).

Dr Kimberley Humphrey, Emergency Department, Modbury Hospital, co-authored the attached article which was published in the *Emergency Medicine Australasia* (Paper 6).

The papers are now on display in the Library (Level 2). Please let us know if you or a colleague have had a paper published, and we will add it to our collection and email it out.

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**Paper 1**

**Role of endoscopy in the surveillance and management of colorectal neoplasia in inflammatory bowel disease.**


**Abstract:**
Endoscopy has become increasingly fundamental in the management of patients with inflammatory bowel disease (IBD). It is required for diagnosis, assessment of therapeutic response, postoperative follow up and in the surveillance of dysplasia. With rapid advances in technology, including high definition colonoscopy and chromoendoscopy, questions have arisen regarding the most appropriate surveillance and management strategies of colorectal neoplasia in IBD. We aim to review current surveillance strategies, explore the utility of new technologies, and examine the role of endoscopic resection, with the aim of clarifying these questions.

**Paper 2**

**The flat and immobile villi sign: a novel approach in identifying duodenal adenomas.**


**Abstract:**
The finding of duodenal polyps is rare, representing only 0.3% to 4.6% of all patients undergoing EGD. The prevalence of duodenal adenomas has been increasing because of the increased use of diagnostic endoscopic procedures. Duodenal adenomas are premalignant lesions leading to adenocarcinoma in 33% to 47% of cases left untreated. Historically, duodenal adenomas have been treated with radical surgical treatment because of the technical challenges associated with endoscopic resection and the high rates of recurrence. However, more-recent studies have shown that endoscopic excision is effective for both large and flat adenomas, with low recurrence rates. In such cases, increased size and incomplete resections have been associated with adenoma recurrence, whereas adverse histologic appearance was not predictive of a higher recurrence rate.

**Paper 3**

**New three-dimensional/four-dimensional volume rendering imaging software for detecting the abnormally invasive placenta**


**Abstract:**

**Objective:**
This study aimed to determine the role of three-dimensional (3D)/four-dimensional (4D) volume rendering ultrasound (VRU) in the diagnosis of abnormally invasive placenta (AIP).
Materials and Methods:
Twelve consecutive patients strongly suspected of having AIP on the basis of conventional ultrasound (US) and clinical history performed between September 2016 and December 2016 in the main tertiary referral hospital in Surabaya, East Java were included in this prospective observational study. A Samsung WS 80A Elite US scanner with a 3D/4D "crystal vue" and "realistic vue" volume rendering mode was used to establish the diagnosis of AIP and evaluate the site, and depth of placental invasion. The VRU images were compared with the intraoperative findings.

Results:
Using this novel US technique, all cases of suspected AIP were subsequently confirmed during surgery. Importantly, the new US technique provided a correct diagnosis of the degree of invasion in 11 out of these 12 suspected AIP cases: 5/5 for placenta percreta, 3/3 for placenta increta, and 2/3 for placenta accreta; one patient was misdiagnosed in terms of the degree of placenta accreta, and one patient had normal implantation).

Conclusions:
This new software of 3D/4D VRU represents a promising technique for the preoperative diagnosis and staging of AIP.

Paper 4

Effect of Birth Weight and Early Pregnancy BMI on Risk for Pregnancy Complications

*Obesity.* 27(2):237-244, 2019 Feb

Objective:
This study investigated the influence of birth weight on the risk of pregnancy complications, including preeclampsia (PE), gestational hypertension (GH), small for gestational age (SGA) pregnancy, spontaneous preterm birth, and gestational diabetes mellitus (GDM), and assessed the effect of early pregnancy BMI on this relationship.

Methods:
A total of 5,336 nulliparous women from the SCreening fOr Pregnancy Endpoints (SCOPE) study were included. Women's birth weights were self-reported and confirmed via medical records when possible. A birth weight of 3,000 to 3,499 g was considered the reference.

Results:
After adjusting for confounders, birth weight < 2,500 g was associated with increased risk of GH (adjusted odds ratio [aOR] = 2.2, 95% CI = 1.3-3.7), PE (aOR = 1.7, 95% CI = 1.0-2.9), small for gestational age (aOR = 1.9, 95% CI = 1.1-3.2), and GDM (aOR = 2.4, 95% CI = 1.0-5.8) compared with the referent. Women born with birth weight < 2,500 g and who subsequently developed overweight or were diagnosed with obesity were at increased risk of GH (aOR = 2.2, 95% CI = 1.1-4.5), PE (aOR = 2.3, 95% CI = 1.2-4.5), and GDM (aOR = 3.2, 95% CI = 1.1-9.5) compared with women with birth weight ≥ 2,500 g and remained lean.

Conclusions:
Women who were born with a low birth weight are at increased risk of pregnancy complications. Those born small may have undergone "programming" in response to unfavorable intrauterine conditions. In such women, the physiological demands of pregnancy may act as a "second hit," leading to pregnancy complications.

Paper 5

Addressing smoking among people living with HIV: a cross-sectional survey of Australian HIV health practitioners’ practices and attitudes


Abstract:
People living with HIV (PLHIV) have high rates of tobacco smoking, and smoking is a leading cause of premature mortality and morbidity. It is important to understand HIV healthcare providers' practices and attitudes towards addressing smoking with their patients. An online survey that measured: (i) use of the 5A framework for addressing smoking (Ask, Assess, Advise, Assist, Arrange) and (ii) attitudes and barriers to addressing smoking cessation was distributed by relevant professional bodies. Eligible participants were Australian health practitioners providing healthcare to PLHIV. Of the 179 respondents, most reported practising at least one of the 5As: Ask (94%); Assess (78%); Advise (82%); Assist (89%); and Arrange (73%). Practising the full 5A framework (completing at least one activity from each A) was less common (62%) and associated with having undertaken smoking cessation training (OR 2.1, CI 1.1-3.9), being a medical practitioner (OR 6.0, CI 3.1-11.6), having greater perceived knowledge and resources (OR 1.7, CI 1.3-2.4) and more positive attitudes (OR 1.5, CI 1.1-2.0). Common barriers to delivering cessation assistance related to knowledge and availability of resources. Development and greater dissemination of effective smoking cessation training and resources may be required to ensure healthcare practitioners have the capacity to complete all aspects of the 5A framework for smoking cessation and support their patients with HIV who smoke.
Abstract:
A sustainable and supported modern society requires certain amenities and services around the clock. From nurses to paramedics, to non-health-related occupations such as police, firefighters and taxi drivers, working the night shift remains an essential dimension of service provision. The reported health risks tied to night shifts, along with social jetlag, pervades all occupations working the graveyard shift. This is no different in the ED. Another commonality between such professions is the challenge of balancing different needs. For the ED, one such challenge is how to approach medical practitioner staffing during these hours to leverage patient safety, patient care, well-being, sustainability and educational needs, including training experience.