Letters

HOW MUCH CARDIOTHORACIC SURGERY IS TAUGHT IN UK MEDICAL SCHOOLS?

Editor,

The National Undergraduate Curriculum in Surgery was created by the Royal college of Surgeons of England in 2015. The curriculum aimed to provide guidance for medical schools creating an evidence-based, clinically relevant and contemporary curriculum for all students.[1] However, Cardiothoracic Surgery (CTS) is not included in many U.K. medical schools' curriculum. Our study aimed to evaluate how much cardiothoracic surgery is taught in UK medical schools.

A questionnaire consisting of 8 questions was designed to evaluate student's experiences in CTS during their undergraduate studies. Two questions were focussed on teaching specifically in Aortic Dissection (AD). The questionnaire was then sent electronically to final year medical students and foundation year one doctor graduated in 2018. Medical schools with no intake of medical students before the 2013-2014 academic year were excluded from this study. [2,3]

Three hundred and six senior medical students and recent graduates completed the questionnaire. Students from 16 U.K. medical schools responded. Thirty-two (10.45%) had a placement in CTS during medical school. Three (18.75%) medical schools integrated CTS as part of the undergraduate curriculum. One hundred and twenty (39.22%) had received teaching in CTS, mainly through small group tutorials and online lectures. All students received teaching on AD. Method of teaching was mainly through lectures (79.33%)

Cardiothoracic Surgery is not included as part of the undergraduate curriculum in most U.K. medical schools. Student experiences in cardiothoracic surgery vary even in the same medical school. However, AD was taught in all surveyed medical schools. Further work should be done to improve student's experience in cardiothoracic surgery during their undergraduate study, especially for students who consider cardiothoracic surgery as their future career.

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MYCOBACTERIAL ABSCESSES AFTER BCG VACCINATION

Editor,

A 25-year-old man was referred to the dermatology department with two lesions on his upper left arm. These were intermittently discharging pus and bleeding. There was no history of trauma and he was systemically well. He had no past medical history of note and was not taking medication. He was in the army and had been posted overseas to various countries including the middle east.

He recalled receiving a BCG vaccination to his left arm in 2014 with subsequent significant local reaction which resolved with scarring.

On examination, there were two erythematous nodular lesions on the lateral aspect of his left upper arm adjacent to the BCG scar. The superior lesion measured 20 x 10mm and the inferior lesion measured 12 x 13mm. There was no palpable axillary or cervical lymphadenopathy (Figure 1).

Fig 1.

Diagnostic punch biopsies were performed for histopathology and culture. Histopathology showed granulation tissue with two ill-defined microscopic granulomatous foci (Figure 2). MTB (Mycobacterium bovis) complex was cultured.

Additional PCR testing performed and confirmed a BCG strain.

The BCG strain was sensitive to Isoniazid, Ethambutol, Rifampicin and resistant to Pyrazinamide.

Other investigations included: Leishmaniasis serology negative, HIV negative, ESR, U&E, LFTs, CRP and Chest x-ray normal.

He was referred to infectious diseases clinic and prescribed Rifampicin, Isoniazid, Ethambutol and Pyridoxine for 9 months. At review after 2 months of treatment, the lesions were no longer itchy and were not discharging pus or blood. On examination, the lesions were less indurated and erythematous.

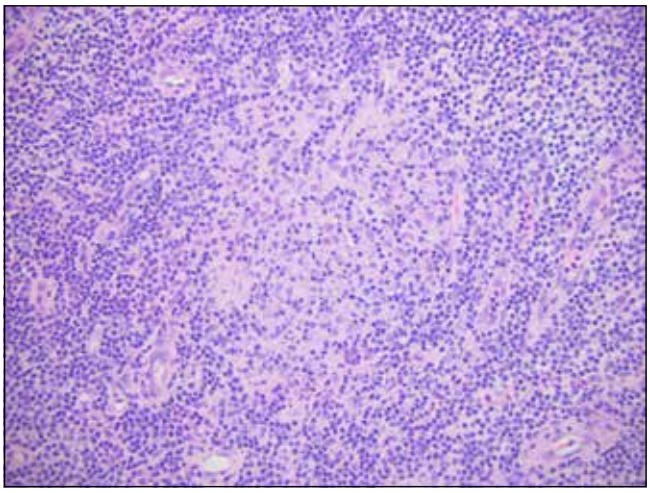

Fig 2.

The Bacille Calmette-Guérin (BCG) vaccine is a vaccine against Mycobacterium Tuberulosis infection which has been in use since 1921. BCG uses a strain of live attenuated Mycobactium Bovis.[1]

In the United Kingdom, the BCG vaccine was administered to all secondary school children until 2005 when a targeted programme for those at higher risk of TB was introduced.[1]

The BCG vaccine has been administered more than 4 billion times. Adverse events in BCG administration are rare. In a study of 117,533 vaccines abscesses were reported in 0.02% of patients[2] and in another study the incidence of BCG abscess of 0.05%.[3]

There are no large randomised control trials investigating treatment of BCG abscesses.

A random, open, group control study of 33 patients compared isoniazid vs isoniazid/rifampicin; the combination therapy showed a higher cure rate with acceptable side effect profile.[4] This was the case with our patient. There are case reports of surgical excision or observation

In summary, we report a case of BCG abscesses as a rare adverse reaction to the BCG vaccine in an immunocompetent individual. These abscesses are currently responding to treatment with anti-tuberculosis medications. This case highlights that MTB infection should be considered in patients who present cutaneous eruptions after receiving BCG vaccination.

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NOTIFIABLE VIRAL INFECTIOUS DISEASES: IDENTIFYING PATTERNS OF LEARNING IN CLINICAL DECISION SUPPORT

Editor,

Notifiable viral infectious diseases are a significant public health risk and it is important for frontline healthcare professionals to correctly detect and diagnose patients with these diseases. Healthcare professionals can use online clinical decision support resources to ensure that their knowledge of these diseases is evidence-based, practical and current.[1] However, there are few analyses on *how* doctors use clinical decision support tools at the point-of-care or how they use them in specific specialties - such as the field of infectious diseases.[2,3] The purpose of this report is to attempt to fill this gap in the literature by analysing the usage of a point-of-care decision support tool - BMJ Best Practice - in the field of viral infectious diseases.

In December 2018, we conducted an analysis of patterns of use on BMJ Best Practice related to notifiable viral infectious diseases over the previous 12 months.[4] We looked to see which of the notifiable viral infectious diseases generated the most usage on the clinical decision support tool and also which sections of the content were most used.

We found that the most common notifiable viral infectious diseases are the most used. The most viewed diseases include measles, hepatitis C, Ebola virus infection, hepatitis B, and mumps. With the exception of Ebola, these are amongst the most common notifiable viral infectious diseases worldwide.[5] Thus, it is not surprising that these are well-used. However, this also suggests that the content is being used to guide practical and common decisions that doctors and healthcare professionals take every day. The exception is Ebola – this is still a rare disease. However, it has received a great deal