

corticosteroids to reduce airway oedema. Following 24 hours the patient improved clinically, and flexible nasoendoscopy revealed resolution of supraglottic oedema. The patient was discharged with a five day course of oral dexamethasone.

Laryngotracheobronchitis, commonly referred to as croup, is an upper respiratory tract infection, almost exclusively seen in the paediatric population. It commonly presents with fever, “barking” cough, stridor, dyspnoea, and hoarseness. Adult croup is more severe than in the paediatric cohort, and often requires aggressive treatment and longer hospital stays¹. Direct evidence of oedema, and the typical “steeple sign” feature on x-ray, which represents subglottic narrowing, is more commonly found in adults¹. The most common pathogen amongst children is Parainfluenza virus type-1, however RSV and adenovirus are also commonly isolated². In adults culprit organisms leading to croup include Parainfluenza, Haemophilus influenzae, Influenza, Streptococcus, and RSV¹. Mainstay therapy is guided by severity of symptoms. Humidified oxygen, corticosteroids and nebulised adrenaline are all recommended in moderate to severe croup in children. In adults there are no formal recommended treatments, however all reported cases have used a combination of treatments recommended in paediatric croup.

COVID-19 infection, caused by SARS-CoV-2 virus has infected over 200 million people, resulting in over 4 million deaths worldwide to date. The majority of healthy individuals are thought to remain asymptomatic, however those presenting with symptoms related to COVID-19 typically experience fever, cough, and loss of taste and smell. In more severe cases respiratory compromise may occur, requiring invasive respiratory support. There is very little evidence in the literature of upper airway oedema related to infection with COVID-19, with only 4 reports of croup in COVID-19 positive children³.⁴. To date there are only two documented cases of COVID-19 related laryngotracheobronchitis in adults⁵. Despite the relatively indolent clinical course of the patient herein described, timely diagnosis and early intervention could prove to be critical in preventing airway compromise in patients presenting with COVID-19 infection of the upper respiratory tract.

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MELANOMA: MORE THAN SKIN DEEP

Editor,

Melanoma is the 5th most common cancer in the UK, with approximately 40 people receiving a new diagnosis daily. It is deemed the most serious of skin cancers due to its propensity to metastasise widely, which can affect all organ systems including the gastrointestinal tract (GIT). We present three cases of metastatic melanoma who presented with gastrointestinal (GI) symptoms within a three month period to a tertiary centre.

A 72 year old man had a previous history of cutaneous melanoma, treated with wide local excision, three years prior to the current presentation. He presented with melaena, symptomatic anaemia and abnormalities of his small bowel were noted on CT abdomen. Upper GI endoscopy identified multiple small black tumour deposits (Figure 1A). Follow up MR enterography confirmed several small bowel

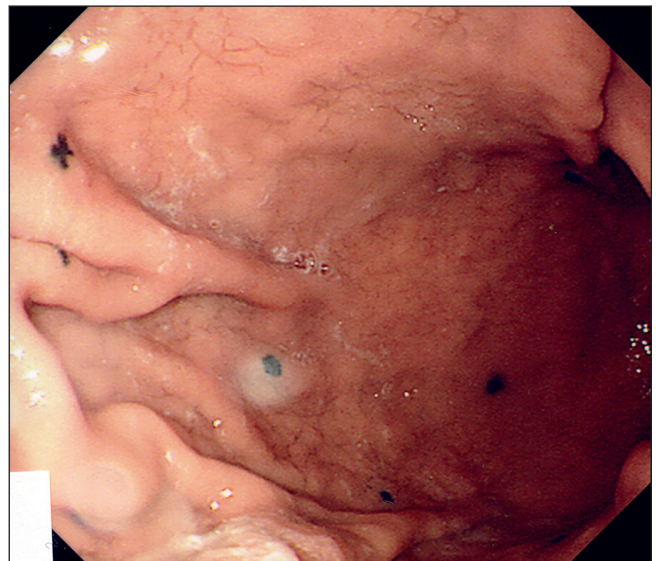


Figure 1A Multiple small black deposits of metastatic melanoma in the gastric mucosa at endoscopy (Patient 1)

lesions which were suspicious for metastatic disease. He subsequently developed small bowel obstruction secondary to intussusception and proceeded to have a small bowel resection. Three separate tumours were removed and histology confirmed metastatic melanoma.

A 66 year old man was referred to the GI outpatient service with symptomatic anaemia, intermittent change in bowel habit and weight loss. CT imaging identified an abnormal gallbladder mass. Subsequent MRI confirmed a 5.6cm mass arising from the gallbladder. Following laparotomy this was identified as a malignant melanoma. Whereas primary gallbladder mucosal melanomas have been reported they are extremely rare, and a metastasis was considered more likely.

A 75 year old man gave a history of melanoma removed by wide local excision from his anterior abdominal wall 15 years previously. He presented to the Emergency Department with melaena and iron deficiency anaemia was noted. Upper GI endoscopy was normal. CT imaging revealed thickening at the duodeno-jejunal junction. At enteroscopy an ulcerated tumour



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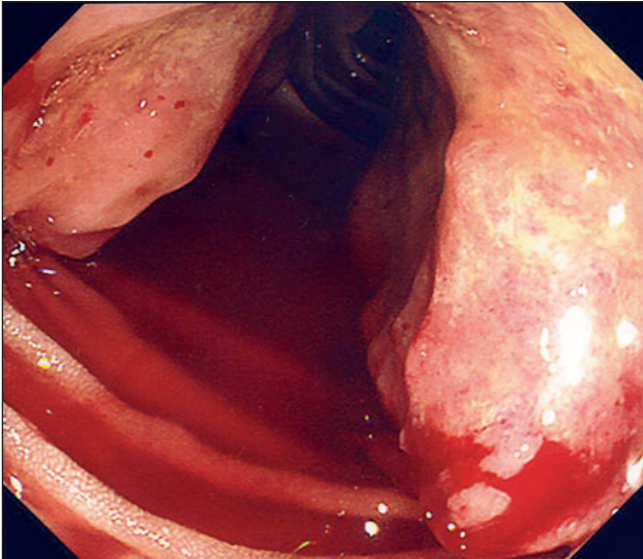


Figure 1B Metastatic (amelanotic) tumour deposit in the third part of duodenum with contact bleeding (Patient 3)

was noted in the distal duodenum, biopsies of which identified malignant melanoma (Figure 1B). He later underwent small bowel resection, with histology confirming metastatic melanoma with clear resection margins.

Discussion

Cutaneous melanoma can metastasize to the GI tract in up to 60%¹ of cases, although symptoms only occur in approximately 1-5% of cases.² Our three patients demonstrate that when GI symptoms do occur, they are similar to those expected of primary GI tumours.

As symptoms are often insidious, there should be a high index of suspicion for metastatic recurrence in patients who have a previous diagnosis of melanoma, regardless of the timeframe, as demonstrated by the 15 year interval in our third patient.

Upper GI endoscopy is a first line investigation if GI malignancy is suspected. However since up to 58%³ of metastases occur in the jejunum and ileum these may initially go undetected, presenting a diagnostic challenge. In addition, standard CT imaging has been reported to have a limited sensitivity (60-70%¹) for detecting these metastatic lesions.

Endoscopy may identify nodules, ulcers or polypoidal lesions which may be amelanotic, again confounding the endoscopic diagnosis, prior to histological identification.

The above patients highlight the importance of a strong clinical suspicion in patients with a previous history of melanoma who present with anaemia or abdominal symptoms.

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A QUALITATIVE EVALUATION OF INFOGRAPHICS AND ITS USES IN HEALTHCARE COMMUNICATION

Keywords: *Diabetes, Graphics, Healthcare, Infographics.*

Editor,

Infographics are graphic visual representations of data, knowledge or information that are meant to deliver information quickly and clearly. Using infographics, complex information can be easily communicated to the general audience through a variety of platforms, including social media, websites, newspapers, poster designs, televisions and film advertisements. Recently, infographics have been proven to be incredibly effective in informing patients to better understand the procedures and pathological conditions involved in their diseases. Most of the Healthcare industries and professionals engage in infographics to explicitly communicate medical information to their patients. The goal of this research is to emphasize the importance of infographics in information design on type 2 Diabetes in order to provide adequate health information to patients, thereby improving the patients' decision-making abilities and the practitioner-patient relationship. The infographics were discussed with endocrinologist, Dr. Mahavir Singh of the National Institute of Medical Science (NIMS), Jaipur, India.

A total of 200 people from Jaipur's urban and rural hospitals participated in the study. Government Primary Hospitals and Private Hospitals were the target areas for the sample data collection. Visiting patients, patients admitted to hospitals, and their guardians were among the participants, who were of both the genders and the age ranged from 20 to 90 years (Figure 1). For this investigation, a questionnaire with two sections was constructed and used. The demographic information is collected in the first section of the questionnaire (name, gender, age, department and nationality). The second segment includes ten questions that are graded on a five-point Likert scale. The Likert scales for the questions were (1) Strongly Disagree, (2) Disagree, (3) Neutral, (4) Agree, and (5) Strongly Agree. In this research, data was gathered utilizing a Purposive Sampling approach and Quantitative Research Methodology (Figure 1). An infographic design was also mentioned, which incorporates Type 2 diabetic information (Figure 3).

After the survey, the data were analyzed and the following graph was developed based on the research questions as shown in figure 1 and 2.

From the studies, we have discovered that data containing visuals is more adequate and comprehensible than facts containing only textual content. We additionally located that few of the patients who are not able to read the text supplied within the infographics can apprehend the visuals very easily. We would like to conclude that if we exhibit infographic information to the patients, it will help them in better understanding and provide comprehensible information concerning any disease.