ORIGINAL ARTICLE

The Identification of Seniors at Risk screening tool is useful for predicting acute readmissions

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INTRODUCTION: Acutely ill elderly medical patients have a higher chance of survival if they are admitted to a specialised geriatric unit instead of a general medical unit. This was shown in a meta-analysis from 2011 which included more than 10,000 elderly patients. The best effect of geriatric intervention is seen when patients are selected carefully. The patients' need for geriatric intervention was assessed to determine if there was a relation between a screening tool and the assessment made by a specialist of geriatrics (SG).

MATERIAL AND METHODS: A descriptive cohort study was conducted. Patients ≥ 65 years treated during a 14-day period were included. Their mean age was 78 years. Screening with the Identification of Seniors at Risk (ISAR) was performed (n = 198) by the Mobile Geriatric Team (MGT). The patients' medical journals were assessed retrospectively by the SG to determine any need for assessment and intervention.

RESULTS: 53% of the admitted and 77% of the non-admitted patients would have benefitted from assessment by the MGT, and 22% would have benefitted from transfer directly to the Geriatric Unit. The readmitted patients and the patients who died during follow-up had a mean ISAR score of three compared with the non-readmitted patients who had a mean score of two. Patients with either nutritional or cognitive problems, or depression had a mean score of three.

CONCLUSION: To identify elderly patients with a need for comprehensive geriatric assessment, we recommend that triage be supplemented with the ISAR screening. Furthermore, patients with a score of ≥ 2 should be assessed by the MGT so that a post-discharge plan including treatment/rehabilitation and follow-up may be drawn up.

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TRIAL REGISTRATION: the study was approved and registered with the Danish Data Protection Agency under the Capital Region of Denmark's joint notification of health research (j. no.: 2007-58-0015, AMH-2013-003, I-Suite no.: 02495).

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ORIGINAL ARTICLE

Manifestations of Gorlin-Goltz syndrome

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INTRODUCTION

Gorlin-Goltz syndrome is an uncommon hereditary condition caused by mutations in the *PTCH1* gene causing a wide range of developmental abnormalities. Multiple basal cell carcinomas, palmoplantar pits and jaw cysts are cardinal features. Many clinicians are unfamiliar with the different manifestations and the fact that patients are especially sensitive to ionizing radiation.

MATERIAL AND METHODS

This was a retrospective analysis of patients with Gorlin-Goltz syndrome seen at the Department of Dermatology and Allergy Centre or at Department of Plastic Surgery, Odense University Hospital, Denmark in the period from 1994 to 2013.

RESULTS

A total of 17 patients from eight families fulfilled the diagnostic criteria. In all, 14 patients had basal cell carcinomas, 12 patients had jaw cysts and ten patients had calcification of the falx cerebri. Other clinical features were frontal bossing, kyphoscoliosis, rib anomalies, coalitio, cleft lip/palate, eye anomalies, milia and syndactyly. In one family, medulloblastoma and astrocytoma occurred. Traditional treatment principles of basal cell carcinomas were used including radiotherapy performed in six patients. *PTCH1* mutations were identified in five families and none of these mutations had previously been described.

CONCLUSION

The patient cohort illustrates classic and rare disease manifestations. It is necessary to remind clinicians that radiation therapy in Gorlin-Goltz syndrome is relatively contraindicated. Today, mutation analysis can be used for confirmation of the diagnosis and for predictive genetic testing. Patients should be offered genetic counselling and life-long surveillance.

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