

 ORIGINAL ARTICLE

Coronary computed tomography angiography without significant stenosis predicts favourable three-year prognosis

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INTRODUCTION

The objective of this study was to evaluate the incidence of death, cardiovascular events and the use of later non-scheduled imaging for coronary artery disease (CAD) in patients suspected for CAD and discharged without a need for further examination or treatment from an outpatient clinic following coronary computed tomography angiography (CCTA).

MATERIAL AND METHODS

This was a retrospective cohort study among patients discharged from an outpatient clinic after CCTA at our institution during 2009 and 2010. Follow-up was performed using nationwide Danish registers.

RESULTS

A total of 683 (68.2%) out of 1001 patients were discharged from the outpatient clinic after CCTA with no need for further examination. These patients were included in our study. After a median follow-up of 37 months, a low all-cause mortality of 3.7 per 1,000 person-years was found. There was only one case of acute myocardial infarction and no cases of death related to cardiovascular disease. A total of 5.0% of the patients later underwent non-scheduled imaging, predominantly invasive coronary angiography. No patients had revascularisation performed during the study period.

CONCLUSION

Patients with suspected CAD discharged after CCTA with no need for further examination have a favourable cardiovascular prognosis.

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 ORIGINAL ARTICLE

Most central nervous system tumours in children are diagnosed with little delay after admission

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INTRODUCTION

Children with central nervous system (CNS) tumours often have a long symptom interval before diagnosis. We investigated delays in diagnosis and surgical management after the first admission with tumour-related symptoms.

MATERIAL AND METHODS

This study reviewed the medical records of 46 consecutive children with a CNS tumour admitted to a paediatric department. Clinical findings at the time of the first admission, duration of symptoms, time to radiological diagnosis and time to initial surgical procedures were recorded.

RESULTS

The series comprised 26 supratentorial, 19 fossa posterior and one spinal tumour with equal numbers of high-grade and low-grade tumours. Headache, vomiting and lethargy were the most frequent symptoms, and pre-admission delay depended on tumour grade as well as location. Six cases had been diagnosed prior to admission; of the 40 undiagnosed cases, 32 (80%) were scanned within four days, but in four cases (10%) diagnosis was delayed for more than a week. Resection was performed within four days of diagnosis in 68% of children with resectable tumours (21/31). Initial surgical management of tumours causing hydrocephalus was completed within four days of diagnosis in 83% (20/24).

CONCLUSION

Delay in diagnosis and surgical management after the primary admission with symptoms caused by a tumour may influence the outcome negatively. In this review from a small centre, the majority of the cases were diagnosed and managed surgically within four days of admission and diagnosis, respectively. Criteria for good performance, i.e. accepted standards for time to diagnosis and intervention, need to be specified.

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