Lupus anticoagulants in systemic lupus erythematosus: prevalence and clinical associations


The prevalence of lupus anticoagulant (LAC) and its relation with reported clinical associations has been determined in 55 patients with systemic lupus erythematosus (SLE) from northern India who were studied prospectively. Kaolin clotting time was used to screen for LAC, which was detected in seven (13%) of the patients. Significant associations were found between LAC and thrombotic events, onset of disease at an early age, and disease of shorter duration. No statistically significant association could be found between LAC and recurrent abortions, pulmonary hypertension, thrombocytopenia, and neurological manifestations.

It is concluded that LAC is a useful marker for a subset of patients with SLE at risk of thromboembolic events.

Limb shortening secondary to complications of vascular cannulae in the neonatal period


Four cases of limb shortening presenting in childhood are described. All four children had been managed in a neonatal intensive care unit and had developed complications following the insertion of intravascular cannulae. In two, lower limb shortening and deformity were secondary to direct epiphysial damage following extravasation of calcium or dextrose from a peripheral venous line. In the other two, forearm shortening followed ischaemia, secondary to either radial artery thrombosis from a radial artery cannula or spasm of the brachial artery following extravasation from a venous cannula in a neonate who also had a radial artery cannula. These cases highlight an important complication of the use of vascular cannulae in neonates and the problems this may pose to the orthopaedic surgeon.

Ownership of research data


The author reviews the conventional “works for hire” principle that an institution, not its employees, owns the rights to its employees’ written products or other forms of expression, including primary research data. This principle is not open to debate as a legal matter. The tough problems giving rise to debates regarding data ownership and access are ethical problems rather than legal ones, these will remain unsettled for some time because at present there is no consensus concerning what constitutes ethical conduct among scholars and scientists and how seriously and in what manner to penalize breaches of that conduct. Access to data is a thorny issue; case histories illustrate the legal and ethical difficulties involved in questions of who has access to information compiled in the course of academic inquiry, and for what purpose. Much depends on the ethics and established procedures of the employing institution, but current case law suggests that a faculty member or institutional researcher does not have any legal right to review the data developed by a colleague. The author recommends that institutions clearly state their policies regarding ownership of data and presents guidelines for such a policy.

Infarction in the anterior rostral cerebellum (the territory of the lateral branch of the superior cerebellar artery)


We report nine patients with an isolated infarct of the anterior part of the rostral cerebellum, i.e., the territory of the lateral branch of the superior cerebellar artery. Clinicanoatomic correlations are based on CT, MRI, or both in eight patients and on pathologic data in the ninth. The main clinical features were ipsilateral dysmetria and axal lateropulsion, dysarthria, and unsteadiness. In one patient, the clinical presentation mimicked a lacunar stroke (dysarthria and clumsy arm syndrome). There were no edematous cerebellar infarcts with signs of brainstem compression, and all patients spontaneously improved without significant sequelae. Angiography in two patients and pathologic examination of arteries in one patient disclosed no occlusion in the vertebrabasilar system. Six patients had a cardiac source of emboli. In conclusion, infarcts of the anterior part of the rostral cerebellum can be regarded as a benign condition in which there is, frequently, a cardiac source of emboli.

The “numb cheek – limp lower lid” syndrome


A patient developed isolated numbness, first confined to the lateral nose and upper lip, but later involving the cheek, lower lid, upper gingiva, and the palate. This numbness was later associated with paresis of the muscles of the upper lip and angle of the mouth and with ipsilateral lower lid droop (the “numb cheek – limp lower lid” syndrome). Squamous cell carcinoma was discovered infiltrating the infraorbital nerve and distal branches of the facial nerve. Check numbness associated with lower eyelid or upper lip weakness may herald a neoplasm affecting the infraorbital and distal facial nerve branches.

The sclerotic pedicle – how many causes are there?


The sclerotic pedicle is a commonly encountered roentgen sign that may be associated with numerous conditions, both benign and malignant. The following paper discusses the common as well as the unusual causes of this interesting phenomenon and demonstrates the radiographic presentations of the various etiologies.