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Once again we have succeeded in putting together a set of interesting articles which are relevant and topical for the family practitioner. The article on community-acquired pneumonia (CAP) by AD Black emphasizes the importance of CAP as an important cause of morbidity and mortality in the general population especially in the very young and elderly. It is interesting to note that no obvious predisposing cause is apparent in the majority of cases and even with extensive investigations; a causative agent is not identified in 98% of outpatients and 40-50% of inpatients. In those who a causative agent is found, *Streptococcus pneumoniae* is still the predominant organism. The clinical scores proposed to differentiate between viral and bacterial CAP are neither sensitive nor specific for clinical practice, although the Bartlett score is still used for identifying specimens from lower respiratory tracts. The algorithm produced with permission from *S Afr Med J* summarizes the South African Thoracic Society's guideline for the management of CAP. The article covers the wide range of antibiotic regimen with the combination of amoxicillin-clavulanate still favoured as first line treatment in most cases of CAP.

Voluntary active euthanasia (VAE) by GA Ogunbanjo and D Knapp van Bogaert is the journal's ethics article that reviews the concept of euthanasia including its four criteria namely voluntary vs. involuntary, and active vs. passive. In the case of VAE, it refers to a clearly competent patient making a voluntary and persistent request for aid in dying. The lethal drug is usually administered by an assistant as the patient is unable to proceed unaided. The article mentions countries where the procedure is tolerable but is still illegal. The question is should those who wish to die be denied access to do so unaided? This topic is still open for more legal and ethical discussion before some form of consensus is reached.

The approach to a child in respiratory distress (RD) by PM Jeena identifies pneumonia once again as the commonest respiratory disease that kills more children than the combined deaths from AIDS, malaria and measles. Common features to look for are well elucidated in the article and danger signs of severe respiratory distress are inability to feed, convulsions, abnormal sleepiness, stridor in a calm child and severe malnutrition. The management of the severely malnourished child with RD includes the combination of ampicillin plus gentamicin and in the HIV-infected child, the addition of co-trimoxazole is recommended. The article cautions on the use of mucolytics, physiotherapy or postural drainage as they are not beneficial to the overall management.

The management of neuropathic pain (NP) by HP Meyer is an excellent article that I personally recommend for family practitioners interested in this subject area. This condition is commonly associated with sleep disorders, anxiety and depression which are also common conditions in family practice. The physiology, aetiology, epidemiology, investigations and management of this condition are comprehensively covered in the article. The Douleur Neuropathique (DN4) questionnaire is a useful screening tool that the family practitioner can use to decide if the neuropathic pain is the "dominant pain" mechanism in a patient with chronic pain. The critical components of optimal management

of patients with NP include patient education, support, cognitive behavioural therapy (CBT), antidepressants (tricyclics and selective serotonin and norepinephrine reuptake inhibitors) as first line drugs and opioid analgesics and tramadol are second-line drugs.

The article on basic principles in the management of thermal injuries by JS Karpelowsky and H Rode focuses predominantly on the management of paediatric burns and most of the protocols discussed are modified from those used in adults. Burn injuries remain one of the commonest causes of traumatic death in children up to the age of 4 years and the third commonest up to the age of 18 years. Fluid resuscitation which is an essential part of the management of burns is well documented in terms of the requirements especially within the first 24-48 hours after the burns. The various wound dressings and when to use them are succinctly enumerated in this article.

Finally the article on non-accidental injury in children (NAI) by N Ebrahim focuses predominantly on the use of radiographic and non-ionising radiation images to identify cases of child abuse. The author mentions that fractures and injuries to the brain and abdominal parenchyma are serious manifestations of NAI in children and that considerable force is needed to cause such injuries. The article has real life cases of NAI including 35 different images illustrating the importance of appropriate radiological evidence to support the clinician's suspicion when confronted with such cases. She concludes that awareness of patterns of injuries in NAI and an understanding of the mechanism of injury serve to identify victims of abuse and should be judiciously used.

**NB:** Comments on any of the CPD articles will be appreciated

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