

Continued from previous page

"We were relying on self-reports of these conditions that even rheumatologists have a hard time diagnosing, and ... many of these conditions are extremely rare. So we ended up with very small numbers, and it was really not possible to either confirm or refute whether there is an association," said Dr. Brinton.

The investigators note that their observations of selection and reporting biases underscore the complexities of evaluating the relationship of implants and CTDs.

"Thus, future studies designed to resolve the question of a possible association

between breast implants and rheumatoid arthritis or other CTDs would need to be very large and include well-validated and documented cases and unbiased assessments of exposure," they said.

"There were a lot of methodological problems with this study, and the authors did a good job of outlining them," commented Diana Zuckerman, Ph.D., president of the National Center for Policy Research for Women & Families, a Washington-based nonprofit group. "This is the latest of several red flags warning women that the risks of breast implants have not been adequately studied," she said in an interview. ■

Fingerpricking Tied to Necrosis

Fingerprick sites should be inspected regularly for skin necrosis in diabetic patients who have peripheral vascular disease, said Olivier Giannini, M.D., and Michael Mayr, M.D., of the University Hospitals of Basel (Switzerland).

The physicians reported the case of a 59-year-old diabetic man who was hospitalized for amputation of the lower right leg because of severe arterial occlusive disease. While recovering from the surgery, the patient took fingerprick blood samples to monitor his blood sug-

ar. Within a few days, multiple small, well-circumscribed areas of skin necrosis around the fingerprick sites quickly progressed to full necrosis of the distal phalanx, despite treatment with iloprost infusions, the investigators said (Lancet 2004;364:980).

Regular inspection of these sites may prevent such deterioration. If it does develop, capillary blood samples could be drawn from the thenar eminence, rather than the fingertips, they added.

—Mary Ann Moon

Herb Takers' Risk of Bleeding Is Uncertain

NEW YORK — Herb-using individuals who are at risk of bleeding should be advised to use caution, despite uncertainty about the actual degree of risk that may be involved, Adrian Fugh-Berman, M.D., said at a meeting on botanical medicine sponsored by Columbia University and the University of Arizona.

"Actual, theoretical, and fanciful herbal adverse events and interactions infest the medical literature," said Dr. Fugh-Berman of Georgetown University, Washington.

Given the level of uncertainty, it is prudent to check international normalized ratio (INR) of anticoagulated patients 7-14 days after starting any herbal, dietary supplement, or weight-loss regimen. By the same token, all herbs and supplements should be discontinued 2 weeks before surgery, she said.

Many herbs contain coumarins, most of which are benign. Some inhibit platelet aggregation in vitro, but few have been associated with actual bleeding episodes.

In one study, a 10-g dose of ginger decreased platelet aggregation 4 hours later, and a case was reported in which a 76-year-old woman developed nosebleeds and showed changes in INR after eating dried ginger and drinking tea made from it for several weeks. But three clinical studies found that up to 4 g of fresh ginger daily had no effect on bleeding.

Garlic oil has been shown to decrease platelet aggregation for up to 6 hours, and two cases of excessive postsurgical bleeding have been reported in which patients had consumed garlic-laden meals the night before.

"Tell patients not to consume meals heavy in garlic within a few days of surgery," Dr. Fugh-Berman advised.

Ginkgolide B, a component of *Ginkgo biloba*, is a known platelet aggregation factor antagonist, and the herb, alone or with analgesics, has been associated with intracranial bleeding events.

Clinical studies, however, found that one standardized ginkgo preparation (EGb761) had no effect on hemostasis, coagulation, or fibrinolysis in healthy men, and another (Bio-Biloba) did not change INR in patients who had been stabilized on warfarin.

—Carl Sherman



before

New
Formulation.
Same
Great Results.

after



Meet the newest member of the Salex™ Family.

New prescription Salex™ Lotion has arrived. Ideal for large body surface areas affected by Keratosis Pilaris, Psoriasis and Ichthyosis Vulgaris, Salex™ Lotion provides the same features and benefits as Salex™ Cream:

- Patented Multivesicular Emulsion (MVE) delivery system for controlled release of product ingredients
- Both alpha- and beta-hydroxy acids
- Long-lasting moisturization
- Fragrance-free
- Non-greasy, non-comedogenic
- Non-irritating

Now there are two ways to effectively hydrate, lubricate and desquamate. Get on board with the one that's right for your patients.

Salex™ Lotion should not be used in any patient known to be sensitive to salicylic acid or any other listed ingredients. Salex™ Lotion should not be used in children under two years of age. Excessive erythema and scaling conceivably could result from use on open skin lesions.

Please see next page for brief summary of prescribing information. © 2004 Healthpoint, Ltd.
137109-0904 Healthpoint is a registered trademark and Salex is a trademark of Healthpoint, Ltd.

HEALTHPOINT®
Dermatology
www.healthpoint.com