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posterpresentaties
Maaslandziekenhuis**

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arts-assistenten
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Maaslandziekenhuis**

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Inhoudsopgave

	pagina
Voorblad	
Inhoudsopgave	2
Publicaties	3
Proefschriften	22
(poster)Presentaties en voordrachten	23
Publicaties over Orbis Medisch en Zorgconcern/ Maaslandziekenhuis	31
Auteurs op achternaam	32
Auteurs op specialisme	34

Publicaties 2006

Courtat DA, Spaanderman ME, **Aardenburg R**, Janssen BJ, Peeters LL

Low plasma volume coincides with sympathetic hyperactivity and reduced baroreflex sensitivity in formerly preeclamptic patients

J Soc Gynecol Investig 2006 Jan;13(1):48-52

BACKGROUND: Preeclampsia is associated with enhanced sympathetic activity as well as subnormal plasma volume. Meanwhile, in over 50% of these complicated pregnancies, the subnormal plasma volume has been found to persist for a prolonged period after pregnancy. The objective of this study is to test the hypothesis that in normotensive formerly-preeclamptic women, persistence of a subnormal plasma volume coincides with enhanced sympathetic activity and with it, an altered autonomic control of blood pressure. **METHODS:** Forty-eight formerly-preeclamptic women participated in this study. After measurement of their plasma volume by iodine 125-albumin indicator dilution, they were subdivided into a group with a normal plasma volume (plasma volume > 48 ml/kg lean body mass) and a group with a subnormal plasma volume (< or = 48 ml/kg lean body mass). We performed spectral analysis on their beat-to-beat blood pressure and heart rate recordings and compared both groups using non-parametric tests. **RESULTS:** Formerly-preeclamptic women with a subnormal plasma volume had a higher sympathetic activity ($P = .001$) and a lower baroreflex sensitivity ($P = .04$) than their counterparts with a normal plasma volume. **CONCLUSION:** In normotensive formerly-preeclamptic women, a subnormal plasma volume coincides with a higher sympathetic activity in the blood pressure regulation and lower baroreflex sensitivity. Whether these alterations in the autonomic control mechanisms are a cause or effect of the subnormal plasma volume remains to be elucidated.

Aardenburg R, Spaanderman ME, van Eijndhoven HW, de Leeuw PW, Peeters LL

A low plasma volume in formerly preeclamptic women predisposes to the recurrence of hypertensive complications in the next pregnancy

J Soc Gynecol Investig 2006 Dec;13(8):598-603. Epub 2006 Oct 23

BACKGROUND: Formerly preeclamptic women with a subnormal plasma volume (PV) have an increased risk to develop a hypertensive disorder in a subsequent pregnancy as compared to women with normal PV. In the current study we tested the hypothesis that formerly preeclamptic women who develop recurrent disease in their next pregnancy differ from their counterparts with an uneventful next pregnancy by a lower pre-pregnant PV, a lower venous capacitance, smaller rises in these indices in early pregnancy, a lower renal adaptive response, and a lower response to mild exercise. **PATIENTS AND METHODS:** We enrolled 33 formerly preeclamptic women in this study. Only 14 conceived within the study period, with seven of them developing a recurrent hypertensive disorder in their next pregnancy (RECUR), while seven had an uneventful next pregnancy (NORM). Before pregnancy and at 12 weeks of gestational age, we compared the following variables between these subgroups: PV, venous capacitance, effective renal plasma flow (ERPF), glomerular filtration rate (GFR), and the responses in stroke volume (SV) and heart rate (HR) to mild exercise. To estimate venous capacitance, we infused 500 mL of a modified gelatine solution in 30 minutes while recording the change in cardiac output (pulse contour analysis). The ratio of percent change in blood volume to percent change in cardiac output in response to a standardized small volume load provides an estimate for venous capacitance. **RESULTS:** RECUR differed from NORM by a 20% lower pre-pregnant PV ($P < .02$) and venous capacitance (0.29 [0.11-0.55] vs 0.86 [0.64-2.03] $P = .002$). NORM and RECUR were comparable with respect to pregnancy-induced rise in PV, renal hemodynamics and function, and response to mild exercise at 12 weeks. Newborn weight correlated positively with pre-pregnancy PV ($R(2) = 0.53$ and $P = .04$). **CONCLUSION:** Formerly preeclamptic women with a recurrent hypertensive disorder in their next pregnancy differed from their counterparts with an uneventful next pregnancy by a lower pre-pregnant PV and a lower venous capacitance, the latter two indices correlating also inversely with the incidence of fetal growth restriction. The preserved acute response to volume-related stimuli in women with a low pre-pregnant PV supports the view that the predisposition of low pre-pregnant PV to adverse pregnancy outcome may result from a concomitant, PV-dependent change setpoint and/or gain in the stimulus/response interrelation of the volume regulatory system.

Aarts MJB, Engels LGJB

Mirizzi's syndrome

Neth J Med 2006 Jul-Aug;64(7):252-3

A case is described emphasising rare complication of gallstone disease: the Mirizzi syndrome in which an impacted gallstone in the Hartmann's pouch or cystic duct causes common hepatic duct obstruction and by eroding a fistula. Diagnosis is made by endoscopic retrograde cholangiopancreatography and treatment includes cholecystectomy.

de Jonge R, Brouwer R, van Rijn M, van Acker BAC, Otten HJ, Lindemans J
Automated analysis of pleural fluid total and differential leukocyte counts with the Sysmex XE-2100

Clin Chem Lab Med 2006;44(11):1367-71

BACKGROUND: Determination of leukocyte (WBC) counts in pleural fluid is routinely performed by microscopic examination. In this study, we evaluated the performance of automated (differential) WBC counting in comparison with manual counting. **METHODS:** Pleural fluid samples (n=45) were obtained from patients undergoing diagnostic thoracentesis. The manual total WBC count was determined after Samson staining in a Fuchs-Rosenthal hemocytometer; microscopic differential counts were performed on May-Grunwald Giemsa-stained cytospin slides. The Sysmex XE-2100 hematology analyzer was used for automated (differential) WBC counting. The functional detection limit was determined by serial dilution of continuous ambulatory peritoneal dialysis (CAPD) fluid and replicate measurements of each dilution. **RESULTS:** The automated WBC count ($\times 10^6/L$) was highly correlated with that of the microscopic reference method ($r(2)=0.95$; $WBC\text{-analyzer}=0.97 \times WBC\text{-reference method}+16$; $n=45$). Good agreement was also observed for the absolute lymphocyte count ($r(2)=0.92$; $WBC\text{-analyzer}=0.99 \times WBC\text{-reference method}+32$; $n=36$), neutrophil count ($r(2)=0.94$; $WBC\text{-analyzer}=0.91 \times WBC\text{-reference method}+6$; $n=35$), and monocyte count ($r(2)=0.73$; $WBC\text{-analyzer}=0.83 \times WBC\text{-reference method}+6$; $n=38$). The functional detection limit for WBCs was calculated at $50 \times 10^6/L$ (coefficient of variation 20%). **CONCLUSIONS:** With some limitations, total and differential WBC counts in pleural fluid can be reliably determined using the Sysmex XE-2100 instrument.

Vainas T, Stassen FR, Bruggeman CA, Welten RJ, van den Akker LHJM, Kitslaar PJ, Pena AS, Morre SA

Synergistic effect of Toll-like receptor 4 and CD14 polymorphisms on the total atherosclerosis burden in patients with peripheral arterial disease

J Vasc Surg 2006 Aug;44(2):326-32

BACKGROUND: Genes involved in the regulation of immune responses, such as Toll-like receptor 4 (TLR4) and CD14, show genetic variations with potential functional implications. Because atherosclerosis is an inflammatory process apparently modulated by chronic infections, we studied the effect of single nucleotide polymorphisms (SNPs) in TLR4 and CD14 on the extent of clinically relevant atherosclerosis in patients with peripheral arterial disease (PAD). **METHODS:** Using an in-house-developed polymerase chain reaction-based restriction length polymorphism assay, we determined the genotype, allele frequency, and carrier traits of the TLR4 +896 A>G and the CD14 -260 C>T SNPs in 607 white Dutch patients with PAD. The extent of clinically relevant atherosclerosis was determined on the basis of the number of vascular territories involved, ie, coronary, cerebral, aortic, and peripheral. **RESULTS:** A total of 55% of the patients had PAD only. Approximately one third of the patients had two and 11% had three vascular territories affected by clinically relevant atherosclerosis. The TLR4 +866 G allele frequency was 11%, and the CD14 -260 T allele frequency was approximately 74%. Among PAD patients, TLR4 +896 G allele carriership was univariantly associated with extensive (more than two vascular territories affected) atherosclerotic disease (odds ratio, 2.22; $P = .020$; $\chi^2(2)$ test), whereas CD14 -260 C>T carriership/homozygosity was not. Trend analysis showed that the TLR4 +866 G allele frequency increased with the number of vascular territories affected by clinically relevant atherosclerosis (P trend, .0074). In a multivariate logistic regression analysis including cardiovascular risk factors and TLR4 and CD14 SNPs, only the interaction variable "TLR4 +896 G allele carriership/CD14 -260 TT genotype" survived as an independent predictor of extensive atherosclerotic disease ($P = .031$; odds ratio, 4.2; 95% confidence interval, 1.1-15.4). **CONCLUSIONS:** The carrier trait TLR4 G allele/CD14 TT genotype, rather than each SNP individually, is associated with the extent of clinically relevant atherosclerotic disease. Considering the importance of immune responses in atherogenesis and the genetic variation of immune regulatory genes, our data provide an explanation for interindividual differences in susceptibility to atherosclerosis and demonstrate the need to take a wider approach in analyzing relevant carrier traits instead of individual polymorphisms in relation to atherosclerosis.

Belgers HJ, Stroeken HJG, Hoofwijk AGM

**Behandeling van naadlekkage na totale maagsectie: casus bespreking en literatuurr
review**

Ned Tijdschr Heelkd 2006 Jan;5(1):22-23

Geomini PM, Kluivers KB, Moret E, Bremer GL, Kruitwagen RF, Mol BW

Evaluation of adnexal masses with three-dimensional ultrasonography

Obstet Gynecol 2006 Nov;108(5):1167-75

OBJECTIVE: To estimate whether three-dimensional ultrasonography and three-dimensional power Doppler investigation can contribute to the differentiation between benign and malignant ovarian masses. **METHODS:** Women scheduled for surgical treatment of an adnexal mass were included in a multicenter prospective study. All women underwent two-dimensional and three-dimensional ultrasonographic examination in the week before

surgery. All parameters were compared in women with benign tumors, borderline tumors, and malignant tumors using receiver operating characteristic analysis and likelihood ratios. RESULTS: We included 181 women; 144 had a benign mass, 26 had a malignancy, and 11 had a borderline tumor. At three-dimensional ultrasonography, the most striking difference was found in the presence of central vessels in an adnexal mass. Central vessels assessed by three-dimensional ultrasonography were present in 15% (21 of 144) of the benign masses, 69% (18 of 26) of the malignant masses, and 27% (3 of 11) of the masses of borderline malignancy. The likelihood ratios for presence of central vessels for a mass being malignant and/or borderline was 4.9 (95% confidence interval 2.1-12). Mean gray index and flow index were also significantly different between the groups, but other features were not. CONCLUSION: The central localization of vessels in an adnexal mass, as observed by three-dimensional ultrasonography, the mean gray index, and the flow index are potentially important parameters for distinguishing benign from malignant adnexal masses. LEVEL OF EVIDENCE: II-2.

van Dongen AJCM, Mertens HJMM

Acardiac twin

Eur J Obstet Gynecol Reprod Biol 2006 Nov 4; [Epub ahead of print]

Beertema W, Draijer WF, van Os JJ, Pilot P

A retrospective analysis of surgical treatment for symptomatic hallux rigidus patients: long-term follow-up of seventy-seven patients

J Foot Ankle Surg 2006 Jul-Aug;45(4):244-51

The objective of this retrospective study was to analyze the long-term clinical outcomes and patient satisfaction of operative care in patients with symptomatic hallux rigidus. Seventy-seven patients (94 feet) underwent cheilectomy, Keller resection arthroplasty, or arthrodesis between 1990 and 2000. All were invited to return for follow-up evaluation after a minimum of 2 years (mean, 7 years). The average patient age was 53 years (range, 22-77 years). Outcomes were assessed by questioning and examining the patients and by evaluating radiographs according to the Regnault's classification system. Overall patient satisfaction was good; average visual analogue and American Orthopedic Foot and Ankle Society (AOFAS) Hallux Metatarsophalangeal-Interphalangeal scores were 1.8 and 81, respectively. Eighty-seven percent stated they would undergo the same procedure again. After cheilectomy, the average visual analogue score was 1.4 for grade I and 2.3 for grade II, and rating scale scores were 87 and 82, respectively. There were comparable results for the Keller resection arthroplasty where visual analogue scores were 0.4 and 1.6, respectively, while AOFAS scores were 94 and 83, respectively. Average visual analogue scores and AOFAS scores in grade III patients after a Keller procedure and an arthrodesis were 2.3; 87 and 2.0; and 73, respectively. In the arthrodesis group, 4 patients required revision because of complications. Cheilectomy is a good choice for patients with grade I and II hallux rigidus because it is a safe and simple joint-preserving procedure. For end-stage hallux rigidus without preexistent metatarsalgia, the Keller procedure was favored over arthrodesis of the first metatarsophalangeal joint.

van Sleuwen BE, l'Hoir MP, Engelberts AC, Busschers WB, Westers P, Blom MA, Schulpen TW, Kuis W

Comparison of behavior modification with and without swaddling as interventions for excessive crying

J Pediatr 2006 Oct;149(4):512-7

OBJECTIVE: To test the hypothesis that swaddling is an effective method to reduce crying, we compared a standardized approach of regularity and stimulus reduction with the same approach supplemented with swaddling. STUDY DESIGN: Healthcare nurses coached 398 excessively crying infants up to 12 weeks of age for 3 months. Outcome measurements were crying as measured by Barr's 24-hour diary and parental perception of crying. RESULTS: Crying decreased by 42% in both groups after the first intervention week. Swaddling had no added benefit in the total group. Young infants (1-7 weeks of age at randomization) benefited significantly more from swaddling as shown by a larger decrease of crying over the total intervention period. Older infants (8-13 weeks of age at randomization) showed a significantly greater decrease in crying when offered the standardized approach without swaddling. The actual difference in crying time was 10 minutes. CONCLUSION: For older babies, swaddling did not bring any benefit when added to regularity and stimuli reduction in baby care, although swaddling was a beneficial supplementation in excessively crying infants < 8 weeks of age.

Engelberts AC, Ruys JH, Semmekrot BA, Wierenga H, L'Hoir MP, Hoorntje TM, Hopmans RM

Samen slapen niet veilig : onderzoeksresultaten bevestigen aanbevelingen Stichting Wiegedood

Medisch Contact 2006; 61(39):1538-1540

De adviezen van de Stichting Wiegedood zijn ten onrechte in diskrediet gebracht. Een jonge baby bij je in bed laten slapen, is wel degelijk een veiligheidsrisico. Ook als er geen factoren als roken, alcohol of slaapmiddelen in het spel zijn.

L'Hoir MP, Boere-Boonekamp MM, Beltman M, Bruil J, Dijkstra N, **Engelberts AC**

Preventie van overgewicht bij niet-westerse zuigelingen

Tijdschr voor Jeugdgezondheidszorg 2006; 38: 89-92

Derijks LJ, Gilissen LP, **Engels LGJB, Bos LP, Bus PJ, Lohman JJHM, van Deventer SJ, Hommes DW, Hooymans PM**

Pharmacokinetics of 6-thioguanine in patients with inflammatory bowel disease

Ther Drug Monit 2006 Feb;28(1):45-50

6-Thioguanine (6-TG) seems to be an attractive alternative in both AZA- and 6-MP-intolerant and -resistant IBD populations. However, little is known of 6-TG pharmacokinetics, metabolite levels, and their correlation with drug efficacy and toxicity in IBD patients. This study reports the 6-TG pharmacokinetics in a population of IBD patients and the predictive value of metabolite concentrations. Red blood cell (RBC) 6-thioguanine nucleotide (6-TGN) concentrations were measured in 28 IBD patients at t = 1, 2, 4, and 8 weeks after starting 6-TG, 20 mg once daily. Outcome measures included mean 6-TGN concentrations (+/-95% confidence interval [CI95%]) and their associations with TPMT genotype, 6-TG dose, and hematological, hepatic, pancreatic, and efficacy parameters during the 8 week period. Steady-state 6-TGN concentrations were reached after 4 weeks, indicating a half-life of approximately 5 days, and measured 856 (CI95% 715-997) pmol/8 x 10 RBCs. Large interpatient variability occurred at all time-points. No correlation was found between steady-state 6-TGN concentrations and drug dose per kilogram body weight. No significant differences in 6-TGN concentrations were found between patients with adverse events and patients without any event. Also, mean 6-TGN concentrations did not differ in patients with active disease versus patients in remission. In IBD patients on 6-TG treatment, large interindividual differences in metabolite concentrations occur. In our population, we could not demonstrate a clear relationship between 6-TGN concentrations on one hand and toxicity and efficacy on the other, as exist in AZA- and 6-MP-treated patients.

Once daily MMX mesalazine for the treatment of mild-to-moderate ulcerative colitis: a phase II, dose-ranging study

D'Haens G, Hommes D, **Engels LGJB, Baert F, van der Waaij L, Connor P, Ramage J, Dewit O, Palmes M, Stephenson D, Joseph R**

Aliment Pharmacol Ther. 2006 Oct 1;24(7):10: 1087-97

BACKGROUND: SPD476 (MMX mesalazine), is a novel, once daily, high-strength mesalazine formulation (1.2 g/tablet) that utilizes Multi Matrix System (MMX) technology to delay and extend delivery of the active drug throughout the colon. AIM: To assess the safety and efficacy of MMX mesalazine in patients with mild-to-moderately active ulcerative colitis, in a pilot, phase II, randomized, multicentre, double-blind, parallel-group, dose-ranging study (SPD476-202). METHODS: Thirty-eight patients with mild-to-moderately active ulcerative colitis were randomized to MMX mesalazine 1.2, 2.4 or 4.8 g/day given once daily for 8 weeks. Remission ulcerative colitis-disease activity index (UC-DAI) < or =1, a score of 0 for rectal bleeding and stool frequency, and > or =1 -point reduction in sigmoidoscopy score from baseline was the primary end point. RESULTS: Week 8 remission rates were 0%, 31% and 18% of patients receiving MMX mesalazine 1.2, 2.4 and 4.8 g/day respectively. No statistically significant difference in remission was observed between treatment groups. MMX mesalazine 2.4 and 4.8 g/day demonstrated greater improvement in overall UC-DAI and component scores from baseline, compared with the 1.2 g/day group. CONCLUSION: MMX mesalazine given as 2.4 or 4.8 g/day once daily is well tolerated and effective for the treatment of mild-to-moderately active ulcerative colitis.

van der Steeg AF, Roukema JA, **van der Ent FWC, Schriek MJ, Schreurs DMA, de Vries J**
De invloed van dispositionele angst op de kwaliteit van leven van vrouwen met borstkanker

Gedrag en Gezondheid 2006;34(3):223-236

Koopman M, Antonini NF, Douma J, Wals J, Honkoop AH, **Erdkamp FLG, de Jong RS, Rodenburg CJ, Vreugdenhil G, Akkermans-Vogelaar JM, Punt CJ**

Randomised study of sequential versus combination chemotherapy with capecitabine, irinotecan and oxaliplatin in advanced colorectal cancer, an interim safety analysis. A Dutch Colorectal Cancer Group (DCCG) phase III study

Ann Oncol 2006 Oct;17(10):1523-8. Epub 2006 Jul 27

BACKGROUND: Results on overall survival in randomised studies of mono- versus combination chemotherapy in advanced colorectal cancer patients may have been biased by an imbalance in salvage treatments. This is the first

randomised study that evaluates sequential versus combination chemotherapy with a fluoropyrimidine, irinotecan and oxaliplatin. **PATIENTS AND METHODS:** A total of 820 patients were randomised between first-line capecitabine, second-line irinotecan and third-line capecitabine + oxaliplatin (arm A) versus first-line capecitabine + irinotecan, and second-line capecitabine + oxaliplatin (arm B). The primary end point was overall survival. We present the results of an interim analysis on the safety data in the first 400 patients. **RESULTS:** In first-line the incidence of grade 3-4 diarrhoea, nausea, vomiting and febrile neutropenia was significantly higher in arm B. However, when toxicity over all lines was considered only grade 3 hand-foot syndrome occurred more frequently in arm A (12% versus 6%, respectively, $P = 0.041$). The incidence of cardiovascular toxicity was low. In two out of five patients with sudden death (one in arm A, four in arm B) cardiovascular risk factors were present. **CONCLUSIONS:** Both treatment arms had an acceptable safety profile. These data imply that the results on survival will be the major determinant for the selection of either strategy. Capecitabine plus irinotecan appears to be a feasible first-line treatment for patients with advanced colorectal carcinoma.

Geeraerts GAG, Hoofwijk AGM

Evaluatie van (medische) professionals : leer en werkboek Appraisal & Assessment /

G.A.G. Geeraerts, A.G.M. Hoofwijk. - Houten : Bohn Stafleu van Loghum, 2006. - XII, 120 p. : ill. ; 25 cm
Met lit. opg. ISBN 90-313-4804-X

Gehlen AMLG, Brink PRG

Een klassieke casus van traumatische asfyxie

Ned tijdschr traumatologie 2006 Oktober(5):111-4

Traumatic asphyxia is a condition of indirect concern for both patient and medical professional due to the clinical manifestation. The anamneses of severe thorax compression and the triad of symptoms: cervicofacial cyanoses, subconjunctival haemorrhage and petechiae fit this relative benign disorder. The treatment is conservative and the symptoms will subside within a few days. The recovery is complete, unless there are severe accompanying injuries. We describe a classic case of a 50 year old male, who had his thorax compressed for a short time between a bus and a tree.

Hannemann PFW, Lassen K, Nimmo S, Ljungqvist O, Nygren J, Soop M, Fearon K, Andersen J, Revhaug A, von Meyenfeldt MF, Dejong CHC, Spies C

Patterns in current anaesthesiologic perioperative practice for colonic resections: a survey in five northern European countries

Acta Anaesthesiol Scand 2006 Oct;50(9):1152-60

BACKGROUND: For colorectal surgery, evidence suggests that optimal management includes: no pre-operative fasting, a thoracic epidural analgesia continued for 2 days post-operatively, and avoidance of fluid overload. In addition, no long-acting benzodiazepines on the day of surgery and use of short-acting anaesthetic medication may be beneficial. We examined whether these strategies have been adopted in five northern-European countries. **METHODS:** In 2003, a questionnaire concerning peri-operative anaesthetic routines in elective, open colonic cancer resection was sent to the chief anaesthesiologist in 258 digestive surgical centres in Scotland, the Netherlands, Denmark, Sweden and Norway. **RESULTS:** The response rate was 74% ($n = 191$). Although periods of pre-operative fasting up to 48 h were reported, most ($> 85\%$) responders in all countries declared to adhere to guidelines for pre-operative fasting and oral clear liquids were permitted until 2-3 h before anaesthesia. Solid food was permitted up to 6-8 h prior to anaesthesia. In all countries more than 85% of the responders indicated that epidural anaesthesia was routinely used. Except for Denmark, long-acting benzodiazepines were still widely used. Short-acting anaesthetics were used in all countries except Scotland where isoflurane is the anaesthetic of choice. With the exception of Denmark, intravenous fluids were used unrestrictedly. **CONCLUSION:** In northern Europe, most anaesthesiologists adhere to evidence-based optimal management strategies on pre-operative fasting, thoracic epidurals and short-acting anaesthetics. However, premedication with longer-acting agents is still common. Avoidance of fluid overload has not yet found its way into daily practice. This may leave patients undergoing elective colonic surgery at risk of oversedation and excessive fluid administration with potential adverse effects on surgical outcome.

Hendricks RAJM

Duaal management: utopie? illusie? filosofie? visie? (afstudeer assessment opleiding Tias Business School Tilburg)

Duaal management: participatie van de medisch specialist bij beleid en beheer van ziekenhuisorganisaties wordt de laatste jaren algemeen toegepast binnen de ziekenhuizen in Nederland. Het onderzoek beschrijft hoe de rol van de medisch professional zich door de jaren heen heeft ontwikkeld en geeft inzicht in met name het aspect wat managers en medisch professionals "motiveert en beweegt" in hun samenwerking binnen de dagelijkse gang van zaken in het ziekenhuis. Er wordt inzicht verkregen dat beide partijen (managers en medici) hun zaken vanuit verschillende percepties ervaren en benaderen.

De belangrijkste conclusies van het onderzoek zijn: Medisch specialisten conformeren zich aan het (algemeen) medisch en strategisch beleidsplan van het ziekenhuis, maar stellen, binnen de eigen maatschappen, geen (afgeleid) maatschapsbeleidsplan op in afstemming met het beleidsplan van de toegewezen managers om beleidsafspraken te concretiseren en te operationaliseren. Dit creëert een te hoge mate van vrijblijvendheid van één partij der dualen. Daarnaast zijn voortgangsbewaking en resultaten moeilijk meetbaar. Deze situatie heeft het potentiële risico dat medisch professionals zichzelf te makkelijk en te vaak positioneren in rol van "achteraf reageren en oppositie voeren" i.p.v. pro-actief vóóraf de zaken mee regelen.

Daarnaast zijn in besluitvormingsprocessen te vaak alleen de manager en medisch professional partij (opdrachtgever en aannemer of vise versa). Dit gegeven zegt iets over organisatie-, communicatie- en besluitvormingsstructuren binnen een ziekenhuis, reden waarom door de onderzoeker is gesteld dat duaal management *moet* en succesvoller zal kunnen zijn door opdrachtgever, aannemer en uitvoerder gezamenlijk in de besluitvorming te betrekken, met als doel de haalbaarheid van afspraken en de resultaten ervan te vergroten. De rollen van opdrachtgever, aannemer en uitvoerder kunnen zowel door managers, medisch professionals alsook andere betrokken partijen binnen het ziekenhuis, afhankelijk van het onderwerp, ingevuld worden.

Reden waarom geadviseerd wordt om "TRIO-MANAGEMENT met een duale filosofie" toe te passen.

Heuts EM, van der Ent FWC, van der Pol HAG, Debets JMH, Kengen RAM, Verkeyn JMA, Hulswé KWE, Hoofwijk AGM

Evaluation of early versus delayed lymphoscintigraphic imaging in detecting internal mammary sentinel lymph nodes in breast cancer: a multicenter study to establish an optimal lymphatic mapping protocol

Nucl Med Commun 2006 Aug;27(8):677-81

OBJECTIVE: Metastases in the internal mammary lymph nodes have an important prognostic value in breast cancer. Lymphatic mapping and sentinel node biopsy of internal mammary nodes improves staging and permits specific therapeutic strategies, thereby possibly improving final outcome. Therefore, optimal lymphoscintigraphic results are needed. Visualization of internal mammary lymph drainage, however, is influenced by several factors. We evaluated the effect of different time intervals between radioactive tracer injection and lymphoscintigraphy on visualization of internal mammary sentinel lymph nodes. **METHODS:** From February 1997 to August 2001 a total of 682 eligible breast cancer patients underwent sentinel lymph node mapping. The technique involved the injection of 370 MBq (10 mCi) (99m)Tc-nanocolloid peritumorally. In 470 patients (group A) the time interval between injection of the radiocolloid and lymphoscintigraphy was 16 h, compared to 2.5 h in 212 patients (group B). **RESULTS:** Patient characteristics showed no statistically significant difference between both groups for age and location of the tumour. Axillary hotspots were visualized in 97% in group A and 96% in group B. Lymphoscintigraphy showed internal mammary hotspots in 21% in group A, compared to 27% in group B. The mean number of internal mammary hotspots per patient was 1.9 in group A and 1.8 in group B. **CONCLUSIONS:** We found no significant differences between early and delayed lymphoscintigraphic imaging in visualizing internal mammary sentinel lymph nodes.

Heuts EM, van der Ent FWC, Kengen RA, van der Pol HAG, Hulswé KWE, Hoofwijk AGM

Results of sentinel node biopsy not affected by previous excisional biopsy

Eur J Surg Oncol 2006 Apr;32(3):278-81. Epub 2005 Oct 24

AIMS: Sentinel lymph node (SN) biopsy has been validated in the treatment of breast carcinoma. Patients with previous excisional biopsy are regarded as ineligible for SN biopsy. We evaluated the results of SN biopsy for this group of patients based on confirmatory axillary lymph node dissection. **PATIENTS AND METHODS:** From April 1997 all 88 patients with stage T(1-3) breast cancer who had previously undergone diagnostic excisional biopsy followed by complete axillary lymph node dissection, were enrolled into a prospective study to determine the validity of the sentinel node procedure. **RESULTS:** Lymphoscintigraphy visualized one or more axillary hotspots in 84/88 patients. A successful SN biopsy was performed in 87 patients. Complete axillary lymph-node dissection showed no false-negative SN biopsy among the 87 SN procedures. **CONCLUSION:** SN biopsy is a reliable and safe method following excisional biopsy as is confirmed by completion axillary lymph node dissection. Therefore, patients with previous excisional biopsy are eligible for sentinel node procedure and can be spared unnecessary axillary lymph node dissection.

Heuts EM, van der Ent FWC, Hulswé KWE, Heeren PAM, Hoofwijk AGM
Improved outcome of breast cancer patients with internal mammary lymph node metastases by use of tailored treatment.

Eur J Cancer 2006 suppl;4:115 Abstract

Hoofwijk AGM, van der Ent FWC, Heeren PAM, Hulswé KWE, Stroeken HJG
The long-term prognosis of locally recurrent breast cancer after breast conserving

treatment

Ned Tijdschr Geneesk 2006 Mar 4;150(9):521-2: author reply 522-3

Comment on: [Ned Tijdschr Geneesk. 2006 Jan 7;150\(1\):29-33](#); [Ned Tijdschr Geneesk. 2006 Jan 7;150\(1\):9-11](#).

Hoofwijk AGM, Stas L, Mertens HJMM, Heeren PAM, Looij BJ

Podium voor kennisuitwisseling : Maaslandziekenhuis maakt succesvolle start met interdisciplinair onderwijs

Medisch Contact 2006; 61(27):1128-1130

Multidisciplinaire behandeling zal in de toekomst eerder regel dan uitzondering zijn. Gezien deze ontwikkeling is het van belang dat behandelaars elkaars mogelijkheden en beperkingen kennen.

Derijks LJ, Gilissen LP, Hooymans PM, Hommes DW

Review article: thiopurines in inflammatory bowel disease

Aliment Pharmacol Ther 2006 Sep 1;24(5):715-29

BACKGROUND: In the past 10-20 years, knowledge of both thiopurine pharmacology and -pharmacogenetics has been extended dramatically and used to develop new strategies to improve efficacy and reduce toxicity. **AIM:** To review thiopurine efficacy, toxicity, pharmacology, pharmacogenetics, interactions in patients with inflammatory bowel disease. Special attention was paid to new strategies for optimization of pharmacotherapy. **METHODS:** To collect relevant scientific articles, a Pubmed search was performed from 1966 through January 2006 with the following key words (MeSH terms preferentially) in multiple combinations: 'azathioprine', '6-mercaptopurine', '6-MP', '6-thioguanine', '6-TG', 'thiopurine(s)', 'metabolites', 'level(s)', 'TDM', 'TMPT', 'ITPA', 'genotype(s)', 'phenotype(s)', 'inflammatory bowel disease', 'Crohn('s) disease', 'ulcerative colitis'. **RESULTS:** Strategies for optimization of pharmacotherapy include therapeutic drug monitoring of thiopurine metabolites, geno- or phenotyping crucial enzymes in thiopurine metabolism like thiopurine S-methyltransferase and inosine triphosphate pyrophosphatase, and the use of thioguanine as such. **CONCLUSIONS:** Thiopurine S-methyltransferase genotyping and therapeutic drug monitoring are useful instruments for individualizing thiopurine pharmacotherapy of inflammatory bowel disease. Inosine triphosphate pyrophosphatase genotyping may be helpful in case of unexplainable myelotoxicity. In case of azathioprine- or mercaptopurine-intolerance, thioguanine seems a promising alternative. However, more knowledge needs to be gathered about its potential hepatotoxicity.

Heuft-Dorenbosch L, Landewe R, Weijers R, Wanders A, Houben HHML, van der Linden S, van der Heijde D

Combining information obtained from magnetic resonance imaging and conventional radiographs to detect sacroiliitis in patients with recent onset inflammatory back pain

Ann Rheum Dis 2006 Jun;65(6):804-8. Epub 2005 Oct 11

OBJECTIVE: To compare the contribution of changes on magnetic resonance imaging (MRI) and conventional radiography (CR) in the sacroiliac joints of patients with recent onset inflammatory back pain (IBP) in making an early diagnosis of spondyloarthritis. **METHODS:** The study involved 68 patients with IBP (38% male; mean (SD) age, 34.9 (10.3) years) with symptom duration less than two years. Coronal MRI of the sacroiliac joints was scored for inflammation and structural changes, and pelvic radiographs were scored by the modified New York (mNY) grading. Agreement between MRI and CR was analysed by cross tabulation per sacroiliac joint and per patient. **RESULTS:** A structural change was detected in 20 sacroiliac joints by MRI and in 37 by CR. Inflammation was detected in 36 sacroiliac joints by MRI, and 22 of these showed radiographic sacroiliitis. Fourteen patients fulfilled the mNY criteria based on CR. Classification according to the modified New York criteria would be justified for eight patients if it was based on MRI for structural changes only, for 14 if it was based on structural changes on CR, for 14 (partly) different patients if it was based on inflammation on MRI only, for 16 if it was based on inflammation and structural changes on MRI, for 19 if it was based on inflammation on CR combined with MRI, and for (the same) 19 if it was based on inflammation and structural damage on CR combined with MRI. **CONCLUSIONS:** CR can detect structural changes in SI joints with higher sensitivity than MRI. However, inflammation on MRI can be found in a substantial proportion of patients with IBP but normal radiographs. Assessment of structural changes by CR followed by assessment of inflammation on MRI in patients with negative findings gives the highest returns for detecting involvement of the SI joints by imaging in patients with recent onset IBP.

van Rijn JC, Klemetso N, Reitsma JB, Bossuyt PM, Hulsmans FJH, Peul WC, den Heeten GJ, Stam J, Majoie CB

Observer variation in the evaluation of lumbar herniated discs and root compression: spiral CT compared with MRI

Br J Radiol 2006 May;79(941):372-7

Spiral CT is considered the best alternative for MRI in the evaluation of herniated discs. The purpose of this study was to compare radiological evaluation of spiral CT with MRI in patients suspected of herniated discs. 57 patients

with lumbosacral radicular syndrome underwent spiral CT and 1.5 T MRI. Two neuroradiologists independently evaluated 171 intervertebral discs for herniation or "bulge" and 456 nerve roots for root compression, once after CT and once after MRI. We compared interobserver agreement using the kappa statistic and we performed a paired comparison between CT and MRI. For detection of herniated or bulging discs, we observed no significant difference in interobserver agreement (CT kappa 0.66 vs MRI kappa 0.71; $p = 0.40$). For root compression, we observed significantly better interobserver agreement at MRI evaluation (CT kappa 0.59 vs MRI kappa 0.78; $p = 0.01$). In 30 of 171 lumbar discs (18%) and in 54 of 456 nerve roots (12%), the observers disagreed on whether CT results were similar to MRI. In the cases without disagreement, CT differed from MRI in 6 discs (3.5%) and in 3 nerve roots (0.7%). For radiological evaluation of lumbar herniated discs, we found no evidence that spiral CT is inferior to MRI. For evaluating lumbar nerve root compression, spiral CT is less reliable than MRI.

van Rijn JC, Klemetso N, Reitsma JB, Majoie CB, **Hulsmans FJ**, Peul WC, Bossuyt PM, Heeten GJ, Stam J

Symptomatic and asymptomatic abnormalities in patients with lumbosacral radicular syndrome: Clinical examination compared with MRI

Clin Neurol Neurosurg 2006 Sep;108(6):553-7. Epub 2005 Nov 10

OBJECTIVE: To determine the frequency of symptomatic and asymptomatic herniated discs and root compression in patients with lumbosacral radicular syndrome (LRS) and to correlate clinical localization with MRI findings. **METHODS:** Fifty-seven patients with unilateral LRS were included in the study. Using the visual analogue scale, two physicians independently localized the most likely lumbar level of complaints. These clinical predictions of localizations were correlated with the MRI findings. **RESULTS:** MRI showed abnormalities on the symptomatic side in 42 of 57 patients (74%). In 30% of the patients, MRI confirmed an abnormality at the exact same level as determined after clinical examination. On the asymptomatic side, MRI showed abnormalities in 19 of 57 patients (33%), 13 (23%) of these patients had asymptomatic root compression. **CONCLUSIONS:** In more than two-thirds of the patients with unilateral LRS there was no exact match between the level predicted by clinical examination and MRI findings. These discrepancies complicate the decision whether or not to operate.

Muijers PE, Grol RP, Sijbrandij J, **Janknegt R**, Knottnerus JA

Pharmaceutical care and its relationship to prescribing behaviour of general practitioners

Pharm World Sci 2006 Oct;28(5):302-8. Epub 2006 Nov 17

OBJECTIVE: To study the correlation between pharmaceutical care and prescribing routines of general practitioners (GPs). **METHODS:** Cross-sectional study; 201 pharmacies, 408 general practices, The Netherlands, 2000/2001. The variation in prescribing behaviour was characterised using 20 validated prescribing indicators based on general practice guidelines. The general construct 'adherence to guidelines' served as the dependent variable and was formed by summing the scores of the prescribing indicators. Four possible determinants of the variation were determined on the basis of survey questions: the construct 'the pharmacist's attitude towards pharmaceutical care', and three partial constructs derived from the pharmacist's care-providing function: the care for the individual patient, the cooperation with general practitioners and the registration of the care provided. A multiple linear regression analysis was then performed. **MAIN OUTCOME MEASURE:** The weighted score for the prescribing indicators. **RESULTS:** The weighted average score for the prescribing indicators was 65% (SD 3.7). The response rate to the survey was 71%. The pharmacist's attitude to pharmaceutical care, as well as the degree to which the pharmacist provided care for the individual patient, the degree to which he cooperated with the general practitioner and the degree to which he registered the care provided were not correlated with the 'adherence to guidelines' by the general practitioner with whom the pharmacist frequently cooperated. **CONCLUSION:** Variations between general practitioners in the quality of prescribing, as measured by their adherence to guidelines, were not correlated with pharmaceutical care by the pharmacist with whom they cooperated on a day-to-day basis.

Geerlings SE, van den Broek PJ, van Haarst EP, Vleming LJ, van Haaren KM, **Janknegt R**, Platenkamp GJ, Prins JM

Optimisation of the antibiotic policy in the Netherlands. X. The SWAB guideline for antimicrobial treatment of complicated urinary tract infections

Ned Tijdschr Geneeskd 2006 Oct 28;150(43):2370-6

The 'Stichting Werkgroep Antibioticabeleid' (SWAB; Dutch Working Party on Antibiotic Policy) has developed an evidence-based guideline for the empirical antimicrobial treatment of complicated urinary tract infections (UTIs) in hospitalised adult patients. The choice of treatment is based on recent Dutch data on the resistance of uropathogens to the most frequently used antibiotics. The first choice for empirical antibiotic treatment in a patient with a complicated UTI is a 2nd or 3rd generation cephalosporin or the combination of amoxicillin and gentamicin. Amoxicillin-clavulanic-acid intravenously is the second empirical choice. The treatment duration must be at least 10 days. The treatment must be adjusted after the results of the urine culture become known and made more specific if possible. Oral treatment can be given if the patient's clinical situation allows it. There are separate recommendations for the treatment of UTIs in the following patient categories: men, pregnant women, patients with a urinary catheter, patients with diabetes mellitus and patients with renal diseases, congenital polycystic kidney

disease or pyocystis.

Van der Meer JWM, Verbrugh HA, Janknegt R

Antibiotica

In: Diagnose en Therapie 2006 / Van Everdingen JJE, Glerum JH ed. Houten: Bohn Stafleu van Loghem, 2006. ISBN 9031345437.

Hoofdstuk 21, p935-76

Walker R, Janknegt R, Scott M

Evidence based drug formularies

EJPH Practice 2006;12(2):21

Janknegt R, van der Weijden T, Verstappen W, Muijers P, Hooyman G

Niet bedreigende afspraken maken en nakomen

Pharm Weekbl 2006;141:478-80

Colen HBB, Janknegt R

Trends in drug distribution and medication safety

EJHP Practice 2006;12(5):48-49

Janknegt R, Jacklin A, Krämer I

Can a closed loop system add value above and beyond computerised physician order entry?

EJHP Practice 2006;12(5): 17-9

van Kampen RJ, Krekels MM, Derijks JH, Peters FP

Serious intoxication after inhaling methanol

Ned Tijdschr Geneeskd 2006 Jun 10;150(23):1298-302

Comment in: Ned Tijdschr Geneeskd 2006 Sep 16;150(37):2057

A 38-year-old man presented with severe methanol intoxication after inhaling methanol over a period of 36 hours in a poorly-ventilated laboratory. He complained of visual disturbances, mild photophobia, hyperventilation and nausea. Laboratory results showed severe metabolic acidosis with a toxic serum-methanol level. He was treated by acute haemodialysis and ethanol infusions. After 9 hours of haemodialysis the serum-methanol value fell below toxic levels. Therapy resulted in the complete disappearance of symptoms and he was able to leave the intensive-care unit 24 hours after presentation. Often, late presentation is a cause of serious morbidity and even mortality in severe methanol intoxication, so early recognition is essential. This is the first published case of methanol intoxication due to inhalation, which is as serious and requires the same treatment as ingestion of methanol.

Op den Buijsch RAM, de Vries JE, ten Kate J, Wijnen PAHM, Rothkrantz-Kos S, van Dieijen-Visser MP, Bekers O

Comparison of DNA isolation kits to extract DNA from whole blood samples

Current Genomics 2006;7(2):73-78

Genomic DNA from WBCs is widely often used for PCR. Although kits for DNA isolation are in common use, there is scarce information about their performance and about the PCR quality of the genomic DNA obtained. Hence, three different kits, QIAamp blood mini kit, High Pure PCR Template Preparation Kit and the Puregene DNA isolation kit were evaluated on these aspects. Genomic DNA was isolated from whole blood samples with WBC counts ranging from 0.5 to 20*10⁹ WBC/L. The WBC count was used to calculate the amount of genomic DNA. The actual amount of genomic DNA isolated, was determined spectrophotometrically. The DNA extraction efficiency was obtained by dividing the actual amount of DNA by the calculated amount yielded. PCR quality was analysed by measuring Cycle threshold (Ct) values with a quantitative real-time PCR β -globin assay. The extraction efficiency of the three DNA isolation kits was 20% to 40%. Spectrophotometrically determined DNA concentrations correlated inversely with Ct values, regardless of the DNA isolation kit applied, whereas the strongest correlation was obtained for the Puregene DNA isolation kit. WBC counts also correlated inversely with Ct values and here the strongest correlation was found for the QIAamp blood mini kit. In conclusion, the overall performance of the DNA isolation kits was quite comparable (DNA recoveries of 20-40%), albeit the QIAamp blood mini kit yielded the most reproducible extraction efficiencies and lowest Ct values within every WBC count category

ten Kate J, Pilot P, Kerens B, Kort NP, Verburg AD, Draijer WF, Buurman WA, Geesink RGT, Kuipers H

Ontstekings- en spierschadeparameters bij (minimaal)-invasieve heupvervang

Ned Tijdschr Klin Chem 2006;31:106

Groothuis PG, De Gooyer ME, **ten Kate J**, Menheere PP, Dunselman GA, de Goeij AF, Verboost P, Ederveen AG, Kloosterboer HJ

Tibolone and metabolites induce prolactin production in human endometrial stromal cells in vitro: evidence for cell-specific metabolism

J Steroid Biochem Mol Biol 2006 Aug;100(4-5):152-60. Epub 2006 Jun 14

In this study, we assessed the effects of tibolone and its metabolites on the production of a progesterone sensitive parameter, prolactin, in human endometrium stroma cells in vitro. In addition, the metabolism of the compounds by isolated stromal and epithelial cells was evaluated. The reference compounds, progesterone, Org 2058, and DHT all induced prolactin production. Oestradiol also slightly induced prolactin production and enhanced the response to Org 2058. Tibolone and Delta4-tibolone were similar with regard to potency to induce prolactin levels in the culture supernatant. Their potency was lower than that of Org 2058, similar to that of progesterone and higher than that of DHT. The efficacies of tibolone, Delta4-tibolone and Org 2058 were similar (approximately 200-fold induction). The estrogenic tibolone metabolites 3alpha- and 3beta-OH tibolone also significantly stimulated prolactin production. Their potency, however, was low since significance was reached only at the highest concentrations tested. The PR antagonist Org 31710 inhibited both tibolone- and Delta4-tibolone-induced prolactin production. The responses of tibolone and Delta4-tibolone were not affected by co-incubation with the androgen receptor antagonist OH-flutamide. The effect of tibolone, but not Delta4-tibolone, was antagonized approximately 50% in combination with the highest dose (1 microM) estrogen receptor antagonist, ICI 164384. The induction of prolactin by 3alpha- and 3beta-OH tibolone was antagonized most potently by Org 31710, but also by ICI 164384 and OH-flutamide. Tibolone is metabolized differently in epithelial and stromal cells of the human endometrium. The epithelial cells mostly produce the progestagenic/androgenic Delta4-tibolone. The stromal cells produce predominantly the 3beta-OH tibolone, and some Delta4-tibolone, but the net effect observed with regard to prolactin production is progestagenic. When the metabolites 3alpha-OH, 3beta-OH, and Delta4-tibolone were added to the cultures no conversions were observed. The HPLC analyses showed no evidence for the production of sulfated metabolites. In conclusion, the net effects on endometrial stromal cells are predominantly progestagenic. Tibolone is converted by epithelial cells into Delta4-tibolone which displays progestagenic and androgenic activities, whereas in stromal cells also the estrogenic metabolites 3alpha- and 3beta-OH tibolone are formed.

Kerens B, Gans EH, Pilot P, van der Tempel H, Verburg AD

Atypical tuberculous osteomyelitis of the humeral shaft caused by Mycobacterium avium

Ned Tijdschr Geneesk 2006 Aug 5;150(31):1728-31

A 41-year-old man underwent skeletal scintigraphy due to chronic pain in the left foot and polyarthralgia. He was taking medication for gout and had previously had sarcoidosis, for which he had received corticosteroids and other therapy that was discontinued 4 years ago. Scintigraphy revealed a mass in the shaft of the left humerus that, according to biopsy, was an asymptomatic osteomyelitis caused by Mycobacterium avium. The shaft of the left humerus is an uncommon site for tuberculous osteomyelitis. A viable fistula remained after the biopsy that persisted despite pharmacologic treatment with ethambutol, rifabutin and clarithromycin. Four months later, sequestrectomy was performed with insertion of gentamicin-impregnated beads, which resulted in rapid resolution. The foot pain resolved spontaneously. The incidence of bone tuberculosis has increased over the last 2 decades. The most commonly affected sites are the spine and large joints. Infection with M. avium is sometimes involved. Because of the increasing incidence it is important to include mycobacterial infections in the differential diagnosis of focal bone lesions, especially when standard cultures are initially negative.

Koorengel KM, Verhey FR

Balint's syndrome: seeing blind

Tijdschr Psychiatr 2006;48(4):319-23

Balint's syndrome consists of simultanagnosia, ocular apraxia and optical ataxia. Although various disorders may underlie this syndrome, the most frequent is Alzheimer's disease in its early stages. Because so few people are familiar with this syndrome the first reaction is often to attribute it to underlying problems that are primarily of a psychological nature. As a result treatment and support may be inadequate or given too late. The case study reported here concerns a female patient with Balint's syndrome. The case is supported by comparable symptoms found in three other patients.

Kort NP, van Raay JJAM

Pitfalls of the mobile bearing unicompartmental knee arthroplasty

Internet site: <http://www.ortho.hyperguides.com>

Folkeringa RJ, Van Kraaij DJW, Tieleman RG, Nieman FH, Pinto YM, Crijns HJ
Statins associated with reduced mortality in patients admitted for congestive heart failure

J Card Fail 2006 Mar;12(2):134-8

BACKGROUND: Statins may be of potential benefit in patients with congestive heart failure (CHF) due to modulation of neurohormones and their antioxidant, antiinflammatory, and antifibrotic properties. To test this hypothesis, we performed a case-control study by using a prospective registry of patients admitted to our hospital for CHF. **METHODS AND RESULTS:** The Maastricht Registry of Congestive Heart Failure consists of a cohort of all patients who were admitted to the University Hospital Maastricht because of CHF for the first time between 1998 and 2000. Elective admissions were not included in the database. Drug treatment was left at the discretion of the attending physician. From a total of 840 patients admitted, we selected patients with an uncomplicated survival for at least 1 month after hospital discharge. For each survivor a nonsurvivor was matched for age, sex, left ventricular ejection fraction, and renal function. Drugs were considered in use only if they were administered for at least 90% of follow-up time. Five hundred twenty-four patients were included with a mean follow-up after discharge of 31 +/- 18 months. Twenty percent used statins. In Cox multivariate regression analysis, the use of statins remained significantly associated with decreased mortality independent of the cause of CHF. However, there appeared no additional benefit of statins in patients using beta-blockers. Mortality rates were constant over time after discharge. Statins were as effective in ischemic as in nonischemic heart failure and in patients with depressed as well as preserved LVEF. **CONCLUSION:** Statins appear associated with improved survival in CHF independent of its etiology. No additional benefit was seen in patients treated with beta-blockers.

Oudijk EJ, Gerritsen W, Nijhuis EH, Kanters D, Maesen BLP, Lammers JW, Koenderman L
Expression of priming-associated cellular markers on neutrophils during an exacerbation of COPD

Respir Med 2006 Oct;100(10):1791-9. Epub 2006 Mar 13

Chronic inflammation of the airways is a hallmark of chronic obstructive pulmonary disease (COPD). We investigated the kinetics of priming of inflammatory cells in peripheral blood during exacerbations of COPD and during the resolution phase. Modulation of the leukocyte compartment as a consequence of systemic activation by cytokines/chemokines was determined by measuring the expression of priming-associated epitopes by novel antibodies designated A17 and A27. Furthermore, H₂O₂ was determined in breath condensate as a read out for local inflammation. Leukocytes were obtained from COPD patients (GOLD II-IV) during and after an exacerbation of their disease. During an exacerbation the expression of priming epitopes on leukocytes was increased. This priming phenotype disappeared upon treatment with intravenous corticosteroids. Similarly, H₂O₂ levels in breath condensate were also increased during an exacerbation and decreased upon treatment. We conclude that the activation status of neutrophils in the systemic compartment can be used as a read-out for systemic innate immune signals involved in the pathogenesis of COPD. The correlation between H₂O₂ in exhaled air with A27 priming on neutrophils showed that local inflammation has systemic effects on cells of the innate immune system.

Mertens HJMM, van Dongen AJCM, Alleman JSP

A woman with vulval ulcers and uveitis

Ned Tijdschr Geneesk 2006 Feb 11;150(6):310

A 49-year-old woman suffered from vulval and vaginal ulcers and from oral mucosal lesions and uveitis due to Behcet's disease.

Mertens HJMM, Hutten M

Gemellipartus in een middelgrote perifere kliniek, Tijd voor verandering?

Ned Tijdschr Obstetrie Gynaecologie 2006; 119: 8-14

Nicolaï SPA, Willigendael EM, Bartelink MEL, Teijink JAW

Roken en perifere arterieel vaatlijden

Patiënt Care 2006;12:11

Nicolaï SPA, Willigendael EM, Bendermacher BLW, Regtop P, Schambergen T, Welten RJThJ, de Bie R, Teijink JAW

Gesuperviseerde looptherapie scoort: netwerk LoopTherapie Parkstad bewijst waarde

Fysiopraxis 2006;15:30-5.

Nicolaï SPA, Bendermacher BLW, Willigendael EM, Schambergen T, Hendriks HJM, Teijink JAW

State of the art. Claudicatio intermittens

Ned Tijds Fysiotherapie 2006;116:78-82

Slappendel R, Weber EW, Hemon YJ, Mahler S, Dalen T, Rouwet EF, van Os JJ, Vosmaer A, van der Ark PD

Patients with and without rheumatoid arthritis benefit equally from preoperative epoetin-alpha treatment

Acta Orthop 2006 Aug;77(4):677-83

BACKGROUND: Preoperative epoetin-alpha administration is said to have a limited effect in patients with chronic inflammatory diseases such as rheumatoid arthritis (RA), due to lower iron availability. We studied the effects of preoperative epoetin-alpha treatment in orthopedic surgery patients in a daily life setting in which iron supplementation was assured, and compared the effects in RA and non-RA patients. **METHODS:** In an open, naturalistic, randomized controlled trial, 695 orthopedic surgery patients with preoperative hemoglobin (Hb) values of 10-13 g/dL, either with RA (113) or without RA (582), received either preoperative epoetin-alpha treatment added to standard care, or standard care alone. Hb values and transfusions were evaluated from entry into the study until 4-6 weeks after surgery. **RESULTS:** Both in RA and non-RA patients, perioperative Hb values were significantly higher and transfusion requirements were significantly lower in epoetin-alpha treated patients than in control patients ($p < 0.001$). In RA patients, the outcomes regarding Hb values were not significantly or relevantly different from non-RA patients. **INTERPRETATION:** Just as with orthopedic patients in general, RA patients benefit from preoperative epoetin-alpha treatment in combination with iron supplementation. We postulate that iron supplementation during epoetin-alpha therapy in RA patients is important for optimal efficacy.

Kara MA, Peters FPJ, Fockens P, ten Kate FJ, Bergman JJ

Endoscopic video-autofluorescence imaging followed by narrow band imaging for detecting early neoplasia in Barrett's esophagus

Gastrointest Endosc 2006 Aug;64(2):176-85

Comment in:

Gastrointest Endosc 2006 Aug;64(2):186-7.

Gastrointest Endosc 2006 Aug;64(2):188-92.

Gastrointest Endosc 2006 Aug;64(2):193-4.

BACKGROUND: Video-autofluorescence imaging (AFI) and narrow band imaging (NBI) are new endoscopic techniques that may improve the detection of high-grade intraepithelial neoplasia (HGIN) in Barrett's esophagus (BE). AFI improves the detection of lesions but may give false-positive findings. NBI allows for detailed inspection of the mucosal and (micro)vascular patterns, which are related to HGIN. **OBJECTIVE:** A proof-of-principle study to combine AFI and NBI to improve the detection of HGIN and to reduce false-positive findings. **DESIGN:** Cross-sectional study of consecutive eligible patients. **SETTING:** Single-center. **PATIENTS:** Twenty patients with BE with suspected or endoscopically treated HGIN were investigated with 2 prototype imaging systems: AFI (inspection with high-resolution videoendoscopy and autofluorescence imaging for detection of lesions) and NBI (for detailed inspection of mucosal and vascular patterns of identified lesions). Lesions were sampled for histopathologic evaluation. **MAIN OUTCOME MEASUREMENTS:** The positive predictive value of AFI alone and of AFI-NBI for detecting HGIN and the reduction of false-positive findings because of the use of NBI. **RESULTS:** All of the 28 lesions with HGIN were identified with AFI. Seventeen were identified with white light (61%). Forty-seven suspicious lesions were detected with AFI: 28 contained HGIN (60%) and 19 were false positive (40%). With NBI, 25 of the true-positive lesions had definitely suspicious patterns, and 3 had dubiously suspicious patterns. Of the 19 false positives, 14 were not suspicious on NBI. The false-positive rate, therefore, was reduced from 40% to 10%. Low-grade dysplasia was found in 4 of the remaining 5 false positives. All of the 14 patients with HGIN were identified by AFI-NBI (sensitivity 100%). **LIMITATIONS:** Uncontrolled study in high-risk patients. **CONCLUSIONS:** This proof-of-principle study confirms that AFI can be used as a red-flag technique to detect suspicious lesions. With NBI, detailed inspection of the surface patterns can be performed. This combination may increase the accuracy of detecting HGIN in BE.

**Pepels MJAE, Peters FPJ, Mebis JJIR, Ceelen TL, Hoofwijk AGM, Erdkamp FLG
Sclerosing peritonitis: an unusual cause of ascites in a patient with systemic lupus erythematosus**

Neth J Med 2006 Oct;64(9):346-9

Sclerosing peritonitis is a rare condition characterised by fibrosis and adhesion of the peritoneum to loops of the small intestine. It is generally associated with continuous peritoneal dialysis, peritoneo-venous shunts or β -adrenergic blocking agents. In this case we report a female patient with idiopathic sclerosing peritonitis and systemic lupus erythematosus.

Peters FPJ, Kara MA, Rosmolen WD, ten Kate FJ, Krishnadath KK, van Lanschot JJ, Fockens P, Bergman JJ

Stepwise radical endoscopic resection is effective for complete removal of Barrett's

esophagus with early neoplasia: a prospective study

Am J Gastroenterol 2006 Jul;101(7):1449-57

OBJECTIVES: Endoscopic therapy for early neoplasia in Barrett's esophagus (BE) is evolving rapidly. Aim of this study was to prospectively evaluate safety and efficacy of stepwise radical endoscopic resection (ER) of BE containing early neoplasia. **METHODS:** Patients with early neoplasia (i.e., high-grade intraepithelial neoplasia or early cancer) in BE $<$ or $=$ 5 cm, without signs of submucosal infiltration or lymph node/distant metastases, were included. Patients underwent resection sessions (cap technique after submucosal lifting) with intervals of 6 wk. **RESULTS:** Between January 2003 and December 2004, 39 consecutive patients were included. Therapy was discontinued in two patients due to unrelated comorbidity. Complete eradication of early neoplasia was achieved in all 37 treated patients in a median number of three sessions. Complete removal of all Barrett's mucosa was achieved in 33 (89%) patients: 4 patients (all had undergone APC [argon plasma coagulation]) were found to have small isles of Barrett's mucosa underneath neosquamous mucosa. Complications occurred in two out of 88 (2%) ER procedures: one asymptomatic perforation, one delayed bleeding. Symptomatic stenosis occurred in 10 of 39 (26%) patients and was effectively treated by endoscopic bougienage. During a median follow-up of 11 months, no patients died and none had recurrence of neoplasia or Barrett's mucosa. **CONCLUSIONS:** Stepwise radical ER is effective for selected patients with early neoplasia in BE; provides optimal histopathological diagnosis; and may reduce recurrence rate, since all mucosa at risk is effectively removed. Use of APC should be limited to prevent buried Barrett's mucosa. Methods for prevention of stenosis should be developed.

Pilot P, Kerens B, Draijer WF, Kort NP, ten Kate J, Buurman WA, Kuipers H Is minimally invasive surgery less invasive in total hip replacement? A pilot study

Injury 2006; Dec 37 (suppl 5):S17-S23

It has been suggested that minimally invasive surgery (MIS) in total hip replacement (THR) is less traumatic than standard techniques. This study was designed to address the question of whether an anterior MIS approach generates less inflammation and muscle damage than the standard posterolateral (PL) approach. Inflammation parameters such as interleukin-6 (IL-6), muscle damage parameters like heart type fatty acid binding protein (H-FABP), and haemoglobin (Hb) levels were determined pre-operatively and at five consecutive points post-operatively in 10 patients operated through a MIS anterior approach and in 10 patients operated through a PL approach. The mean IL-6 concentration increased from 3 pg/ml in both groups pre-operatively to 78.5 pg/ml (PL group) vs 74.8 pg/ml (MIS group) at 6 hours post-operatively and reached a maximum of 100 pg/ml (PL group) vs 90.5 pg/ml (MIS group) after 24 hours. Up to this time point, there was a decrease in both groups. The post-operative mean H-FABP concentration increased to 10.7 mg/l in the PL group vs 15.8 mg/l in the MIS group. It formed a plateau and decreased after 24 hours postoperatively. The Hb levels were 14.5 g/dl before surgery and decreased to 10.7 g/dl (PL group) and 10.0 g/dl (MIS group) at 72 hours post-operatively. No significant differences were found between the two approaches either in inflammation and muscle damage or blood loss. Although the absence of a learning curve may explain the lack of a difference between both techniques, we speculate that the term MIS is at least doubtful in terms of being less traumatic.

Moonen AFCM, Neal TD, **Pilot P**

Perioperative blood management in elective orthopaedic surgery. A critical review of the literature

Injury 2006; Dec 37 (suppl 5):S11-S16

Pilot P, Bogie R, Draijer WF, Verburg AD, van Os JJ, Kuipers H Experience in the first four years of Rapid Recovery; is it safe?

Injury 2006; Dec 37 (suppl 5):S37-S40

The average length of hospital stay after Total Hip Replacement (THR) has been decreasing over time. Recently, many hospitals have commenced rapid recovery programs such as Joint Care[®]. In Joint Care[®] the patients are usually discharged on the fifth post-operative day with relatively fresh surgical wounds. The aim of this study is to evaluate the Joint Care[®] program after THR. Between February 2000 and February 2004, the Joint Care[®] program was used in 611 patients after THR. The average age of the patients was 66.3 yrs (SD 9.3; range 24-86 yrs) and 68% (n = 415) of them were female. All clinical and outpatient charts as well as nursery records were evaluated. The follow up was from 6 months to 4 years (average: 2.5 years). At the planned fifth post-operative day, 92% (n = 562) of patients were discharged from hospital (SD 1.7 days; range 6-25 days). 3.8% (n = 23) of the remaining cases faced wound problems - prolonged wound drainage in 2.3% (n = 14) and potential superficial infection in 1.5% (n = 9) - causing a delay in their discharge. The readmission rate was 6.4% (n = 39) due to hip dislocation (3.4%; n = 21), re-evaluation of wound (1.5%; n = 9), deep infection (1.2%; n = 7) and cardiac events (0.3%; n = 2). All the infection cases were treated effectively with debridement and antibiotics and no revision for any reason was reported. The Joint Care[®] program seems to be effective after THR. Postoperative hip dislocation was the main reason for postoperative readmission. However, no clear signs that the intensive rehabilitation program caused more complications compared to previous regimens were evident. The above results encourage the application of rapid recovery programs in Orthopaedic surgery and joint replacement.

Pilot P, Bols EMJ, Verburg AD, Bell CAMP, Moonen AFCM, van Os JJ, Koolen JJ, Geesink RG, Kuipers H

The use of autologous blood to improve exercise capacity after total hip arthroplasty: a preliminary report

Transfusion 2006 Sep;46(9):1484-90

BACKGROUND: Venesection of red blood cells in healthy well-trained subjects decreased the maximum oxygen uptake parallel with the reduction in hemoglobin (Hb) level. Based on the large Hb decrease that is seen after total joint surgery, one could expect a decrease in performance as well. The purpose of this study was to investigate whether autologous blood enhanced performance on a bicycle ergometer in patients after total hip arthroplasty.

STUDY DESIGN AND METHODS: Nine patients scheduled for elective total hip arthroplasty in an accelerated stay program participated in a preoperative autologous blood donation (PABD) program. Weeks before the scheduled surgery, patients donated 4 units of blood and received standard erythropoietin treatment. Physical fitness was assessed during exercise test on a bicycle ergometer. Each patient was matched with three previously tested patients. **RESULTS:** Patients in both groups were 69.0 years old (range, 66-74 years vs. 61-77 years). None of the patients had relevant cardiovascular abnormalities. On average patients received 3.3 units of blood because 3 units were not transfused. The PABD group showed a Hb decrease of 0.5 g per dL (4%) on the fourth postoperative day versus 4.4 g per dL (31%) in the control group. The decline in power output on Day 4 was significantly less in the PABD group compared with the control group (t test, $p = 0.026$). **CONCLUSION:** From this pilot study it can be concluded that correction of the postoperative Hb decrease was associated with a lower decrease in maximum power output, compared to the control group. On Days 23 and 39, however, the difference in performance between the PABD group and control group had disappeared.

Pilot P, Verburg AD, Moonen AFCM, Koolen JJ, van Os JJ, Geesink RGT, Kuipers H
Feasibility of early maximal cardiopulmonary exercise testing after total hip arthroplasty (De haalbaarheid van vroeg-postoperatieve inspanningstesten na totale heupoperaties)

Ned Tijdschrift voor Orthopaedie 2006 Maart;13:17-22

De opnameduur na de electieve plaatsing van een totale heupprothese wordt in toenemende mate ingekort. Om verbeteringen in operatietechniek en vroege revalidatieprogramma's te kunnen beoordelen is kennis van de fysiologische veranderingen rond een operatieve ingreep noodzakelijk.

Bij 50 patienten is de cardiovasculaire conditie gemeten op een fietsergometer met continue ECG-registratie en ademgasanalyse. Gedurende 3 maanden is getest met een stapsgewijs oplopend testprotocol. Bij alle patienten was de conditie kort (4 dagen) na de operatie afgenomen. Een snel herstel was te zien in de eerste 3 weken. Hierna verbeterde de conditie gestaag tot vrijwel volledig herstel na 3 maanden. Geen van de testen moest voortijdig gestaakt worden door hartafwijkingen of pijn.

Het uitvoeren van maximale inspanningstesten kort na een totaleheupoperatie is haalbaar. De patientengroep liet een afname van het prestatievermogen van ruim 22% zien op de 4^e post-operatieve dag en een bijna volledig herstel binnen 3 maanden. Cardiale complicaties traden niet op.

Bennet L, Roelfsema V, Pathipati P, Quaedackers JS, Gunn AJ

Relationship between evolving epileptiform activity and delayed loss of mitochondrial activity after asphyxia measured by near-infrared spectroscopy in preterm fetal sheep

J Physiol 2006 Apr1: 572(Pt1):141-54

Early onset cerebral hypoperfusion after birth is highly correlated with neurological injury in premature infants, but the relationship with the evolution of injury remains unclear. We studied changes in cerebral oxygenation, and cytochrome oxidase (CytOx) using near-infrared spectroscopy in preterm fetal sheep (103-104 days of gestation, term is 147 days) during recovery from a profound asphyxial insult ($n = 7$) that we have shown produces severe subcortical injury, or sham asphyxia ($n = 7$). From 1 h after asphyxia there was a significant secondary fall in carotid blood flow ($P < 0.001$), and total cerebral blood volume, as reflected by total haemoglobin ($P < 0.005$), which only partially recovered after 72 h. Intracerebral oxygenation (difference between oxygenated and deoxygenated haemoglobin concentrations) fell transiently at 3 and 4 h after asphyxia ($P < 0.01$), followed by a substantial increase to well over sham control levels ($P < 0.001$). CytOx levels were normal in the first hour after occlusion, was greater than sham control values at 2-3 h ($P < 0.05$), but then progressively fell, and became significantly suppressed from 10 h onward ($P < 0.01$). In the early hours after reperfusion the fetal EEG was highly suppressed, with a superimposed mixture of fast and slow epileptiform transients; overt seizures developed from 8 +/- 0.5 h. These data strongly indicate that severe asphyxia leads to delayed, evolving loss of mitochondrial oxidative metabolism, accompanied by late seizures and relative luxury perfusion. In contrast, the combination of relative cerebral deoxygenation with evolving epileptiform transients in the early recovery phase raises the possibility that these early events accelerate or worsen the subsequent mitochondrial failure.

Bennet L, Booth L, Malpas SC, Quaedackers JS, Jensen E, Dean J, Gunn AJ

Acute systemic complications in the preterm fetus after asphyxia: role of cardiovascular and blood flow responses

Clin Exp Pharmacol Physiol 2006 Apr;33(4):291-9

Poor perfusion of the kidneys and gut, and associated functional impairment, are major problems in the first days of life in very preterm infants. These complications can be associated with a substantial mortality and further problems such as reduced kidney growth and chronic renal problems in later childhood. 2. There is very little information, and consequently considerable debate, about how or even whether to improve perfusion of the vital organs of this most vulnerable group of babies. Current treatments simply do not consistently improve babies' perfusion generally or kidney and gut perfusion and function in particular. 3. In this review we critically examine clinical and experimental evidence that suggests that exposure to low oxygen levels before and during birth may be a significant contributor to impaired systemic perfusion, and highlight areas requiring further research. 4. This knowledge is essential to develop and refine ways of improving perfusion of the kidneys and other vital organs in premature babies.

Vestjens JH, Rahnamai MS, Brans BT, Buijs J

A case of abdominal mesothelioma diagnosed by indium-III leucocyte scintigraphy

Neth J Med 2006;64 May(5):157-9

We present a case of peritoneal mesothelioma that presented with fever of unknown origin and an elevation in the inflammatory parameters. Radiological imaging did not reveal a diagnosis. Because of tumour-associated inflammatory activity, indium-III leucocyte scintigraphy enabled us to establish a diagnosis. To our knowledge, the use of indium-III leucocyte scintigraphy in peritoneal mesothelioma has not been reported previously.

Rahnamai MS, Geilen RP, Singhi S, van den Akker M, Chavannes NH

Which clinical signs and symptoms predict hypoxemia in acute childhood asthma?

Indian J Pediatr 2006 sept;73(9):771-5

OBJECTIVE: To find the clinical signs that are the best predictors of hypoxemia (SpO₂ = 92%) in acute asthma in children. **METHODS:** Color of skin, dyspnea (by single breath counting), alertness, respiratory rate, presence of audible wheeze, wheezing on auscultation, accessory muscle use, nasal flaring, pulse rate, systolic and diastolic blood pressure, pulsus paradoxus and oxygen saturation at room air (by pulse oximetry) were recorded at the time of presentation and one hour after presentation after completion of 3 doses of nebulized salbutamol and budesonide. **RESULTS:** Hypoxemia (SpO₂ 92% pounds sterling) was seen in 45% children at presentation and 14(28.6%) after one hour. The clinical signs that correlated significantly with hypoxemia at both time points were dyspnea assessed by single breath count (OR 3.3, 95% CI 0.9-12.9), accessory muscle use score > or = 3 (OR 3.0, 95% CI 0.9-15.4) and pulsus paradoxus > 10 (OR 3.0, 95% CI 0.7-13.6). In a multiple logistic regression model accessory muscle score > or = 3 and pulsus paradoxus > 10 were identified as independent predictors of hypoxemia (sensitivity 64.3%, specificity 91%). **CONCLUSION:** Physical assessment in a child with acute exacerbation of asthma should at least include accessory muscle use and pulsus paradoxus, since these predict hypoxemia the best.

Robroeks CM, Jöbsis Q, Damoiseaux J, Heijmans P, Rosias PP, Hendriks HJ, Dompeling E Cytokines in exhaled breath condensate of children with asthma and cystic fibrosis

Ann Allergy Asthma Immunol 2006 Feb;96(2):349-55

BACKGROUND: Inflammatory mediators in exhaled breath condensate (EBC) indicate ongoing inflammation in the lungs and might differentiate between asthma and cystic fibrosis (CF). **OBJECTIVES:** To evaluate the presence, concentration, and short-term variability of TH1- and TH2-mediated cytokines (interferon-gamma [IFN-gamma], tumor necrosis factor alpha [TNF-alpha], interleukin 10 [IL-10], IL-5, IL-4, and IL-2) in EBC of children with asthma or CF and in controls and to analyze the discriminating ability of inflammatory markers in EBC between children with asthma or CF and controls. **METHODS:** Expired air was conducted through a double-jacketed glass tube cooled by circulating ice water. In 33 asthmatic children, 12 children with CF, and 35 control children, EBC was collected during tidal breathing. Cytokines were measured using flow cytometry. **RESULTS:** Interleukin 2, IL-4, IFN-gamma, and IL-10 were detected in 16%, 16%, 11%, and 9%, respectively, of all samples in asthma and CF. Interleukin 5 and TNF-alpha were not detected in children with CF. Cytokine concentrations did not differ significantly in children with asthma vs CF. In controls, IFN-gamma, TNF-alpha, and IL-10 were detected in 9%, 14%, and 3%, respectively; IL-2, IL-4, and IL-5 were not detected in controls. **CONCLUSIONS:** Cytokines such as IFN-gamma, TNF-alpha, IL-10, IL-5, IL-4, and IL-2 can be detected in EBC of children with asthma or CF. However, the concentrations found are close to the detection limits of the assay used. These findings emphasize the importance of developing more sensitive techniques for the analysis of EBC and of standardizing the EBC collection method.

Rosias PP, Robroeks CM, Niemarkt HJ, Kester AD, Vernooij JH, Suykerbuyk J, Teunissen J, Heynens JW, Hendriks HJ, Jöbsis Q, Dompeling E.

Breath condenser coatings affect measurement of biomarkers in exhaled breath condensate

Eur Respir J 2006 Nov;28(5):1036-41. Epub 2006 Jul 26

Exhaled breath condensate collection is not yet standardised and biomarker measurements are often close to lower detection limits. In the current study, it was hypothesised that adhesive properties of different condenser coatings interfere with measurements of eicosanoids and proteins in breath condensate. In vitro, condensate was derived from a collection model using two test solutions (8-isoprostane and albumin) and five condenser coatings (silicone, glass, aluminium, polypropylene and Teflon). In vivo, condensate was collected using these five coatings and the EcoScreen condenser to measure 8-isoprostane, and three coatings (silicone, glass, EcoScreen) to measure albumin. In vitro, silicone and glass coatings had significantly higher albumin recovery compared with the other coatings. A similar trend was observed for 8-isoprostane recovery. In vivo, median (interquartile range) 8-isoprostane concentrations were significantly higher using silicone (9.2 (18.8) pg.mL(-1)) or glass (3.0 (4.5) pg.mL(-1)) coating, compared with aluminium (0.5 (2.4) pg.mL(-1)), polypropylene (0.5 (0.5) pg.mL(-1)), Teflon (0.5 (0.0) pg.mL(-1)), and EcoScreen (0.5 (2.0) pg.mL(-1)). Albumin in vivo was mainly detectable using glass coating. In conclusion, a condenser with silicone or glass coating is more efficient for measurement of 8-isoprostane or albumin in exhaled breath condensate, than EcoScreen, aluminium, polypropylene or Teflon. Guidelines for exhaled breath condensate standardisation should include the most valid condenser coating to measure a specific biomarker.

Rosias PP, den Hartog GJ, Robroeks CM, Bast A, Donckerwolcke RA, Heynens JW, Suykerbuyk J, Hendriks HJ, Josbis Q, Dompeling E

Free radicals in exhaled breath condensate in cystic fibrosis and healthy subjects

Free Radic Res 2006 Sep;40(9):901-9

Many markers of airway inflammation and oxidative stress can be measured non-invasively in exhaled breath condensate (EBC). However, no attempt has been made to directly detect free radicals using electron paramagnetic resonance (EPR) spectroscopy. Condensate was collected in 14 children with cystic fibrosis (CF) and seven healthy subjects. Free radicals were trapped by 5,5-dimethyl-1-pyrroline-N-oxide. EPR spectra were recorded using a Bruker EMX spectrometer. Secondly, to study the source of oxygen centered radical formation, catalase or hydrogen peroxide was added to the condensate. Radicals were detected in 18 out of 21 condensate samples. Analysis of spectra indicated that both oxygen and carbon centered radicals were trapped. Within-subject reproducibility was good in all but one subject. Quantitatively, there was a trend towards higher maximal peak heights of both oxygen and carbon centered radicals in the children with CF. Catalase completely suppressed the signals in condensate. Addition of hydrogen peroxide resulted in increased radical signal intensity. Detection of free radicals in EBC of children with CF and healthy subjects is feasible using EPR spectroscopy.

Snoeijs MG, Schaefer SS, Christiaans MH, van Hooff JP, van den Berg-Loonen PM, Peutz-Kootstra CJ, Buurman WA, van Heurn LW

Kidney transplantation using elderly non-heart-beating donors: a single-center experience

Am J Transplant 2006 May;6(5 Pt 1):1066-71

Although acceptable outcomes have been reported in both non-heart-beating (NHB) and elderly donors individually, the large pool of elderly NHB donors has not yet been fully utilized. In 1994, we expanded our transplant protocol to include NHB donors aged over 65 years and this study compares the clinical outcomes with regular NHB transplantations. Up to June 2005, 24 patients were transplanted at our center with kidneys from NHB donors aged 65 years or more, whereas 176 patients received grafts from conventional NHB donors during the same period. Grafts from older donors were associated with inferior glomerular filtration rates (29 vs. 44 mL/min after 1 year, $p=0.01$) and graft survival (52% vs. 68% after 5 years, $p=0.19$) compared to younger NHB donor grafts, although the difference in graft survival was not statistically significant. Exclusion of older NHB donor kidneys with severe vascular pathology resulted in similar graft survival of older and younger NHB donor kidneys. We conclude that the use of elderly NHB donors in order to expand the donor pool was associated with unacceptable clinical outcomes and cannot be justified without further refinement in their selection, for example, by histological assessment of pretransplant biopsies

Slobbe-van Drunen M, Spadlo A, van de Ven J, ten Kate J

Zinkprotoporfirinemeting met hematofluorimeter

Ned Tijdschr Klin Chem 2006;31:97

Duisters C, Beurskens H, Nijsten S, Starmans MJF, Wanders SL, Verschueren T, Lambin P, Minken A, De Ruyscher D

Palliative chest irradiation in sitting position in patients with bulky advanced lung cancer

Radiother Oncol 2006 Jun;79(3):285-7. Epub 2006 May 26

Some patients with bulky advanced lung cancer are not able to lie down because of dyspnea. We therefore designed a technique for irradiation in a sitting position by using a dedicated chair. The reproducibility of the sitting position was high and all ten patients preferred this position over lying down. In selected patients who are unable to lie down, palliative irradiation in a sitting position may be an option.

van den Bemt BJ, van den Hoogen FH, Breedveld FC, **van der Tempel H, Janknegt R**
InforMatrix: treatment of rheumatoid arthritis using biologicals

Expert Opin Pharmacother 2006 Sep;7(13):1769-89

This article offers an interactive decision matrix technique (InforMatrix), in which a group of experts in rheumatology determine an order of merit within the various biologicals used for rheumatoid arthritis. In this order of merit, six criteria (efficacy, safety, tolerance, ease of use, applicability and costs) are weighed against each other. Data necessary for this weighing process are derived from both literature, as well as clinical practice experience. This article provides an overview of the most relevant clinical trials on the biologicals, as well as a description of the interactive decision matrix technique. Using this interactive matrix technique makes rational consideration of the treatment options for rheumatoid arthritis possible.

van Baardwijk A, de Jong J, Arens A, **Thimister PWL, Verseput GH, Kremer B, Lambin P**
False-positive FDG-PET scan due to brown tumours

Eur J Nucl Med Mol Imaging 2006 Mar;33(3):393-4. Epub 2005 Dec 30

Moonen AFCM, **Tilman PBJ, van der Ent FWC, Verburg AD**
Obturator dislocation of the hip with associated open book fracture of the pelvis

Injury Extra 2006; 37(9):319-21

Case report

Geerdink CH, Grimm B, Ramakrishnan R, Rondhuis J, **Verburg AD, Tonino AJ**
Crosslinked polyethylene compared to conventional polyethylene in total hip replacement

Acta Orthopaedica 2006; 77 (5): 719-25

BACKGROUND: Polyethylene wear-induced osteolysis is a major cause of implant loosening in total hip arthroplasty. New crosslinked polyethylenes are presumed to give lower wear rates, but no long-term clinical results are available yet. **PATIENTS AND METHODS:** We compared basic material characteristics and MTS hip joint simulator wear rates of a crosslinked polyethylene (Duration) to those of conventional polyethylene. In a randomized double-blind 5-year clinical follow-up study, 133 hips (67 conventional, 66 Duration) in 127 patients were followed-up for an average of 5 (3-6) years. Wear rates were measured using a computer-based edge detection method. The radiographic appearances of wear-related phenomena were recorded. **RESULTS:** The Duration polyethylene showed a significantly lower in-vitro wear rate in the simulator study (mean 22 (SD 2.3) vs. 40 (SD 1.5) mm³/106 cycles). Also, the in-vivo wear was lower for Duration (mean 0.083 (SD 0.056) mm/year) than for conventional polyethylene (mean 0.123 (SD 0.082) mm/year). All radiographic signs of osteolysis were less frequent in the Duration group. **INTERPRETATION:** Our study has given a substantial body of evidence--from lower wear rates, less frequent signs of osteolysis, and higher survival rates after a mean follow-up of 5 years--that Duration provides better clinical outcomes than conventional polyethylene.

Vercruyse REA
Milestones in fracture treatment in the geriatric population

Eur J Trauma 2006; 32 (suppl. 1): 31. Abstract 82

Vercruyse REA
Complications in fracture treatment: what to do?

Eur J Trauma 2006; 32 (suppl. 1): 157. Abstract 508

Vercruyse REA
Treatment of the complicated wrist fracture in elderly people

Eur J Trauma 2006; 32 (suppl. 1): 234. Abstract 775

Luijendijk HJ, **Verkaaik AJB**
Handboek sociale geriatrie/ H.J. Luijendijk en A.J.B. Verkaaik (red.). - Utrecht : De Tijdstroom, cop. 2006. - 239 p. : ill. ; 25 cm Met lit. opg., reg. ISBN 90-5898-088-X geb ISBN 978-90-5898-088-5 geb

Verhey FR, **Verkaaik AJB, Lousberg R**
Olanzapine versus haloperidol in the treatment of agitation in elderly patients with dementia: results of a randomized controlled double-blind trial

Dement Geriatr Cogn Disord 2006;21(1):1-8\ . Epub 2005 Oct 21

The goal of this study was to compare the efficacy and safety of olanzapine versus haloperidol in the treatment of agitation and aggression in patients with dementia\ . The subjects were 58 out-patients with dementia and agitation\ .

After baseline assessments and, if necessary, a period of wash-out of a previous antipsychotic drug, they were randomly assigned to 5 weeks of double-blind treatment with either olanzapine or haloperidol. The first 2 weeks were used for dose titration. Subsequently, the patients received a fixed dose of either olanzapine (average dose 4.71 mg) or haloperidol (average dose 1.75 mg) from day 14 to day 35. Both olanzapine and haloperidol decreased agitation significantly (decrease in Cohen-Mansfield Agitation Inventory scores), but there was no significant difference between the two drugs. The two drugs had comparable effects on all secondary outcome measures. They were well tolerated and had a similar side-effect pattern. Our study could not demonstrate the superiority of olanzapine, compared to haloperidol, for the treatment of agitation in patients with dementia.

De Ruyscher D, Bremer RH, Koppe F, Wanders SL, van Haren E, Hochstenbag M, Geeraedts W, Pitz C, Simons J, ten Velde G, Dohmen J, Snoep G, Boersma L, Verschueren T, van Baardwijk A, Dehing C, Pijls M, Minken A, Lambin P

Omission of elective node irradiation on basis of CT-scans in patients with limited disease small cell lung cancer: a phase II trial

Radiother Oncol 2006 Sep;80(3):307-12. Epub 2006 Sep 1

PURPOSE: To evaluate the patterns of recurrence when elective node irradiation was omitted in patients with limited disease small cell lung cancer (LD-SCLC). **METHODS:** A prospective phase II study was undertaken in 27 patients with LD-SCLC without detectable distant metastases on CT scan. Chest radiotherapy to a dose of 45 Gy in 30 fractions in 3 weeks (1.5 Gy BID with 6 - 8 h interval) was delivered concurrently with carboplatin and etoposide chemotherapy. Chest radiation started after a mean time of 17.7 days +/- 9.7 days (SD) (range: 0-33 days) after the beginning of chemotherapy. Only the primary tumour and the positive nodal areas on the pre-treatment CT scan were irradiated. A total of five chemotherapy cycles were administered, followed by prophylactic cranial irradiation (PCI) in patients without disease progression. Isolated nodal failure was defined as recurrence in the regional nodes outside of the clinical target volume, in the absence of in-field failure. **RESULTS:** After a median time of 18 months post-radiotherapy, 7 patients (26%, 95% CI 19.5-42.5%) developed a local recurrence. Three patients (crude rate 11%, 95% CI 2.4-29%), developed an isolated nodal failure, all of them in the ipsilateral supraclavicular fossa. The median actuarial overall survival was 21 months (95% CI 15.3-26.7), and the median actuarial progression free survival was 16 months (95% CI 6.5-25.5). Eight patients developed an acute, reversible grade 3 (CTC 3.0) radiation oesophagitis (30%, 95% CI 14-50%). **CONCLUSIONS:** Because of the small sample size, no definitive conclusions can be drawn. However, the omission of elective nodal irradiation on the basis of CT scans in patients with LD-SCLC resulted in a higher than expected rate of isolated nodal failures in the ipsilateral supraclavicular fossa. The incidence of acute, reversible oesophagitis was in the same range as reported with elective nodal fields. The safety of selective nodal irradiation in NSCLC should not be extrapolated to patients with LD-SCLC until more data are available. In the mean time, elective nodal irradiation should only be omitted in clinical trials.

van Opstal JM, de Weerd GJ

Bad teeth and strange behaviour

Neth Heart J 2006 Feb;14(2)

Westermann GMA

Farmacotherapie van ADHD-Plus: een overzicht

Kind en Adolescent Praktijk 2006, 05:14-20

De medicamenteuze behandeling van ADHD (aandachtstekortstoornis met hyperactiviteit) en comorbiditeit (tegelijk voorkomende andere aandoeningen) is meer gebaseerd op klinische ervaring dan op wetenschappelijke parameters. In deze bijdrage worden voorstellen voor medicamenteus beleid gedaan op grond van onderzoeks- en ervaringsgegevens. De combinatie van ADHD met verschillende stoornissen (zoals de antisociale gedrags-, angst-, stemmings-, tic- en autismspectrumstoornissen) en met verslaving, mentale retardatie en epilepsie komen aan bod. Behandeling met stimulantia blijft ook bij complexe ADHD-beelden overwegend de eerste stap. In hoeverre het recent beschikbaar gekomen atomoxetine (Strattera®) in de toekomst van aanvullende waarde zal zijn, moet nog blijken.

Willigendael EM, Bendermacher BLW, Nicolai SPA, Teijink JAW

Looptherapie volgens de landelijke richtlijn voor patiënten met perifere arterieel vaatlijden; de noodzaak voor scholing

Ned Tijds Fysiotherapie 2006

Bendermacher BLW, Teijink JAW, Willigendael EM, Bartelink ML, Buller HR, Peters RJG, Boiten J, Langenberg M, Prins MH

Symptomatic peripheral arterial disease: the value of a validated questionnaire and a

clinical decision rule

Br J Gen Pract 2006 Dec;56(533):932-7

Background: If a validated questionnaire, when applied to patients reporting with symptoms of intermittent claudication, could adequately discriminate between those with and without peripheral arterial disease, GPs could avoid the diagnostic measurement of the ankle brachial index. **Aim:** To investigate the Edinburgh Claudication Questionnaire (ECQ) in general practice and to develop a clinical decision rule based on risk factors to enable GPs to easily assess the likelihood of peripheral arterial disease. **Design of study:** An observational study. **Setting:** General practice in The Netherlands. **Method:** This observational study included patients of ≥ 55 years visiting their GP for symptoms suggestive of intermittent claudication or with one risk factor. The ECQ and the ankle brachial index were performed. The prevalence of peripheral arterial disease, defined as an ankle brachial index < 0.9 , was related to risk factors using logistic regression analyses, on which a clinical decision rule was developed and related to the presence of peripheral arterial disease. **Results:** Of the 4790 included patients visiting their GP with symptoms suggestive of intermittent claudication, 4527 were eligible for analyses. The prevalence of peripheral arterial disease in this group was 48.3%. The sensitivity of the ECQ was only 56.2%. The prevalence of peripheral arterial disease in a clinical decision rule that included age, male sex, smoking, hypertension, hypercholesterolemia, and a positive ECQ, increased from 14% in the lowest to 76% in the highest category. **Conclusion:** This study indicates that the ECQ alone has an inadequate diagnostic value in detecting patients with peripheral arterial disease. The ankle brachial index should be performed to diagnose peripheral arterial disease in patients with complaints suggestive of intermittent claudication, although our clinical decision rule could help to differentiate between extremely high and lower prevalence of peripheral arterial disease.

Bendermacher BLW, Willigendael EM, Tejjink JAW, Prins MH

Supervised exercise therapy versus non-supervised exercise therapy for intermittent claudication

Cochrane Database Syst Rev 2006 Apr 19;(2):CD005263

BACKGROUND: Although exercise therapy is considered to be of significant benefit to people with leg pain (intermittent claudication), almost half of those affected do not undertake any exercise therapy. **OBJECTIVES:** To evaluate the effects of supervised versus non-supervised exercise therapy on the maximal walking time or distance for people with intermittent claudication. **SEARCH STRATEGY:** The Cochrane Peripheral Vascular Diseases Group searched their Specialized Register (last searched November 2005) and the Cochrane Central Register of Controlled Trials (CENTRAL) database in The Cochrane Library (last searched Issue 4, 2005). In addition, we handsearched the reference lists of relevant articles for additional trials. There was no restriction on language of publication. **SELECTION CRITERIA:** Randomized and controlled clinical trials comparing supervised exercise programs with non-supervised exercise programs for people with intermittent claudication. **DATA COLLECTION AND ANALYSIS:** Two authors (BB and EMW) independently selected trials and extracted data. One author (BB) assessed trial quality and this was confirmed by a second author (MP). For all continuous outcomes we extracted the number of participants, the mean differences, and the standard deviation. If data were available, the standardized mean difference was calculated using a fixed-effect model. **MAIN RESULTS:** We identified twenty-seven trials, of which 19 had to be excluded because the control group received no exercise therapy at all. The remaining eight trials involved a total of 319 male and female participants with intermittent claudication. The follow up ranged from 12 weeks to 12 months. In general, the supervised exercise regimens consisted of three exercise sessions per week. All trials used a treadmill walking test as one of the outcome measures. The overall quality of the included trials was good, though the trials were all small with respect to the number of participants, ranging from 20 to 59. Supervised exercise therapy showed statistically significant and clinically relevant differences in improvement of maximal treadmill walking distance compared with non-supervised exercise therapy regimens, with an overall effect size of 0.58 (95% confidence interval 0.31 to 0.85) at three months. This translates to a difference of approximately 150 meters increase in walking distance in favor of the supervised group. **AUTHORS' CONCLUSIONS:** Supervised exercise therapy is suggested to have clinically relevant benefits compared with non-supervised regimens, which is the main prescribed exercise therapy for people with intermittent claudication. However, the clinical relevance has not been demonstrated definitely and will require additional studies with a focus on the improvements in quality of life.

Proefschriften 2006

Pilot P

Short and long term recovery after total hip replacement : physiological, pathophysiological, outcomes and clinical implications

Kerkrade : Dÿ&L graphics ; Maastricht : University Library, Universiteit Maastricht [host], 2006. - Tekst : ill
Proefschrift Maastricht. - Lit. opg. - Met een samenvatting in het Nederlands.
ISBN 90-8590-009-3 ISBN 978-90-8590-009-2

Quaedackers JJ

Systemic complications in the preterm fetus after asphyxia : studies of cardiovascular and blood flow responses

[S.l. : s.n.], 2006 (Schrijen-Lippertz-Huntjens). - 152 p. : ill. ; 25 cm
Proefschrift Universiteit Maastricht. - Met lit.opg. en bibliogr. - Met een samenvatting in het Nederlands.
ISBN 90-8590-012-3 ISBN 978-90-8590-012-2

Rongen MJ

Dynamic graciloplasty in perspective

[S.l. : s.n.], 2006. - 144 p. : ill. ; 25 cm Auteursnaam op omslag: Mart-Jan Rongen.
Proefschrift Universiteit Maastricht. - Met lit. opg. en bibliogr. - Met een samenvatting in het Nederlands.
ISBN 90-8590-013-1 ISBN 978-90-8590-013-9

(Poster) presentaties en voordrachten 2006

Sluimer JC, Bijmens AP, Gasc J, Kolodgie F, Pacheco E, Kisters N, Sollewijn Gelpke MD, Cleutjens JP, Wouters BG, Frederik PM, van den Akker LHJM, Corvol P, Virmani R, Daemen MJ

Intraplaque neovascularization of human atherosclerosis is associated with expression of hypoxia-inducible transcription factor (HIF) pathway and demonstrates clear structural abnormalities

Angiogenesis meeting 2006
Amsterdam, (abstract)

**Dam DW van
Vlekjes en koorts**

Bijeenkomst Medische Microbiologie, werkgroep Oost
Nijmegen, 4 december 2006 (voordracht)

Engelberts AC, L'Hoir MP

SIDS in the Netherlands

Conference Handbook 9th SIDS International Conference
Yokohama, 1-4 juni 2006. p. 148 (abstract)

**L'Hoir MP, Engelberts AC, van Sleuwen BE, van Schaijk M, Vlimmeren LAI, Carpenter B
Cot death and sleeping sacks**

Conference Handbook 9th SIDS International Conference
Yokohama, 1-4 juni 2006. p. 99 (abstract)

van Sleuwen BE, L'Hoir MP, Engelberts AC, Busschers WBB, Westers P, Blom MA, Schulpen TWJ, Kuis W

Comparison of behaviour modification with and without swaddling as interventions for excessive crying

Conference Handbook 9th SIDS International Conference
Yokohama, 1-4 juni 2006. p. 160 (abstract)

van Schaijk M, Lanting C, van Wouwe K, Engelberts AC, L'Hoir MP

High risk groups better defined

Conference Handbook 9th SIDS International Conference
Yokohama, 1-4 juni 2006. p. 161 (abstract)

Engelberts AC

Wiegendood en doodsoorzaken bij kinderen in Nederland

Forensisch Genootschap
Utrecht, 3 november 2006

Engelberts AC

Wiegendood en doodsoorzaken bij kinderen.

PAOG Jeugdgezondheidszorg
Maastricht, 28 november 2006

de Vries J, van der Steeg AFW, van der Ent FWC, Roukema JA

Trait anxiety predicts fatigue in women with early stage breast cancer

5th European Breast Cancer Conference
Nice, 21-25 maart 2006 (poster)

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Quality of life is more influenced by personality than by type of surgical treatment in early stage breast cancer

5th European Breast Cancer Conference

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Personality does not influence the choice between breast conserving therapy and modified radical mastectomy in early stage breast cancer

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Quality of life is more influenced by personality than by the diagnosis breast cancer

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Veldhoven, 18-19 mei 2006 (poster)

van der Steeg AFW, de Vries J, van der Ent FWC, Roukema JA
Kwaliteit van leven wordt bij vrouwen met borstkanker meer beïnvloed door de persoonlijkheid dan door de chirurgische behandeling

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Veldhoven, 18-19 mei 2006 (abstract)

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Pitfalls and controversies in sentinel lymph node surgery

Middle East Breast Cancer Conference
Beirut, 20 mei 2006

Visschers, van Gemert WG, Beets GL, Gehlen AMLG, Olde Damink GWM, Soeters PB
Enterocutane fistels (na sepsis, open buik behandeling, Crohn)

Chirurgendagen Nederlandse vereniging voor Heelkunde
Veldhoven, 19 mei 2006

Heijmans MJLF, Ket JCF
Nursing the nurse's literature : challenging you to become a clinical librarian for nurses!

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Successful internal mammary sentinel node biopsy and subsequent tailored treatment results in improved treatment outcome

5th biennial international sentinel node society meeting
Rome, 1-4 november 2006 (poster)

Hoofwijk AGM, Geeraerts GAG

Verbeteren door evalueren met collegae: inleiding in en discussie over de Nederlandse Appraisal en assessment methodiek

Nascholing Neurologen Maastricht
Maastricht, 28 januari 2006

Hoofwijk AGM, Geeraerts GAG

Medisch specialisten beoordelen op prestaties, een cultuuromslag op komst? Best practice in beoordeling, de appraisal and assessment methodiek

Medilex congress
Driebergen, 2 februari 2006

Hoofwijk AGM, Geeraerts GAG

Daily practise: hospital management, the professional and the necessity for change

Post graduate course Healthcare management. College Faculteit Gezondheidswetenschappen Maastricht
Maastricht, 10 februari 2006

Hoofwijk AGM

Verbeteren van logistieke processen rondom de operatiekamer

Leiderschapsnetwerk SnellerBeter
Utrecht, 16 februari 2006

Hoofwijk AGM

Organisatie van zorgprocessen

Nationaal debatcyclus gezondheidszorg 2006
Haarlem, 16 februari 2006

Hoofwijk AGM

OKzorg OKé

Sneller Beter werkconferentie
Bussum, 7 maart 2006

Hoofwijk AGM, Geeraerts GAG

Appraisal & assessment: waar is Sittard?

Congres Appraisal en Assessment; verbeteren door evaluatie met collegae
Sittard, 30 maart 2006

Hoofwijk AGM

Appraisal & assessment: Inleiding en hands-on training

Sittard, 31 maart 2006

Hoofwijk AGM

Evaluatie van medische professionals

Medische staf Albert Schweitzerziekenhuis
Dordrecht, 15 mei 2006

Hoofwijk AGM

Omgaan met problemen

Medische staf Maasziekenhuis

Boxmeer, 17 mei 2006

Hoofwijk AGM

Verwevenheid van logistiek en ICT, tevens virtuele presentatie van het elektronisch medisch dossier

SGW-symposium Kennen, Erkennen en Herkennen
Vlissingen, 13 september 2006

Hoofwijk AGM

Appraisor cursus

Medische staf Albert Schweitzerziekenhuis
Dordrecht, 1 september 2006

Hoofwijk AGM

De logistieke processen in de zorg

SGW-symposium Kennen, Erkennen en Herkennen
Vlissingen, 19 september 2006

Hoofwijk AGM

Appraisal & assessment

- Medische staf Diaconessenziekenhuis
Zeist, 28 september 2006
- Zorgverzekeraars
Vught, 3 oktober 2006
- Medische staf Canisius-Wilhelminaziekenhuis
Nijmegen, 25 oktober 2006
- Medische staf Zaans Medisch Centrum
Zaandam, 20 november 2006
- Medische staf BovenIJ ziekenhuis
Amsterdam, 14 december 2006

Kort NP

The Oxford phase II unicompartimental knee replacement in younger patients

ESSKA congres
Innsbruck, 24-27 mei (poster)

Kort NP

The alignment of the femoral component in the mobile bearing unicompartimental knee arthroplasty

Oxford, 9-10 november 2006

Nicolai SPA, Bendermacher BLW, Kruidenier L, **Willigendael EM**, Welten RJThJ, Schambergen Th, Hendriks E, de Bie RA, Prins MH, Teijink JAW

Claudicatio intermittens

Jaarcongres KNGF
Amsterdam, 10-11 november 2006

Nicolai SPA, Bendermacher BLW, **Willigendael EM**, Welten RJThJ, Regtop P, Schambergen T, de Bie R, Teijink JAW

Long-term results of supervised exercise therapy for PAD in the frame work of a regional network of physiotherapists

- 12th Regional Conference of Wonca Europe ESGP/FM
Florence, 27-30 augustus 2006
- Chirurgendagen Nederlandse Vereniging voor Heelkunde
Veldhoven, 18-19 mei 2006

Nicolaï SPA, Bendermacher BLW, Willigendael EM, Kruidenier LM, Regtop P, Schambergen T, de Bie R, Welten RJThJ, Teijink JAW
Supervised exercise therapy for intermittent claudication in a community-based setting
Congres Cardiologische Centra Nederland
Amsterdam, 23-24 november 2006 (poster)

l'Ortije WHVM, de Heer F
Opname- en ontslagcriteria op de intensive care
Multidisciplinair onderwijs Maastrandziekenhuis
Sittard, 16 maart 2006

Peters FP
Wat een huisarts moet weten van de nieuwe ontwikkelingen in de oncologie
Nascholing huisartsen
Sittard, 13 september 2006

Rongen MJGM
Diafragmaruptuur
Symposium Ademnood
Maastricht, 18 april 2006

Robroeks CM, van Vliet D, Rosias PP, van de Kant KD, Jöbsis Q, Hendriks J, Dompeling E
The potential of FeNO and inflammatory markers in exhaled breath condensate to predict diagnosis cystic fibrosis in children
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The use of non-invasive inflammatory markers to predict presence, severity and stability of cystic fibrosis lung disease
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Veldhoven, november 2006 (poster)

Rosias PP
Toxische hepatitis. Oral presentation
Refereermiddag Kindergeneeskunde over Intoxicaties
Maastricht, 13 januari 2006

Thimister PWL

SPECT-CT in Sittard; how we avoided a turf war

International Symbia Forum

San Juan, Puerto Rico, May 4-6 2006

Thimister PWL

De rol van PET-CT in de oncologie

Highlights ASCO 2006

Elsloo, 19 juni 2006

Vanderdood K

Echografie van de heup/echografie van de knie/echografie van de enkel

Musculo-skeletale echografie - Hands-on cursus

Tielt (België), 4-5 november 2006

Vanderdood K

Ultrasound of the hip/ultrasound of the knee/ultrasound of the ankle

- Musculo-skeletal Ultrasound - Hands-on course
Pretoria (South-Africa), 11-12 november 2006
- Musculo-skeletal Ultrasound - Hands-on course
Entabeni (South-Africa), 13-17 november 2006
- Musculo-skeletal Ultrasound - Hands-on course
Pretoria (South-Africa), 18-19 november 2006

Verburg AD

Periprothetische fracturen

ICS najaarscongres

Dordrecht, 7 oktober 2006

Verburg AD

ABG meeting → waarde van de centralizer bij het centreren van de ABG steel

Waardenburg, 16 november 2006

Vercruysse REA

Diafragmaruptuur

Symposium Ademnood

Venlo, 14 april 2006

Vercruysse REA

Milestones in fracture treatment in the geriatric population

Medimond International Proceedings 7th European Trauma Congress 2006

Ljubljana, 14 t/m 17 mei 2006

Vercruysse REA

Complications in fracture treatment: what to do?

Medimond International Proceedings 7th European Trauma Congress 2006

Ljubljana, 14 t/m 17 mei 2006

Vercruysse REA

Treatment of the complicated wrist fracture in elderly people

Medimond International Proceedings 7th European Trauma Congress 2006

Ljubljana, 14 t/m 17 mei 2006 (poster)

Vercruysse REA

Voordracht over acute buik

Huisartsen in de regio

Sittard, 13 juni 2006

Vercruyse REA

Voordracht: LCP – Locking Compression Plate

Bijscholing Vereniging Orthopedische Verpleegkundigen, regio Zuid-Oost
Urmond, 18 september 2006

Bendermacher BLW, Willigendael EM, Welten RJThJ, Regtop P, Schambergen T, de Bie R,
Teijink JAW

Long-term results of supervised exercise therapy for PAD in a community based setting

European Society for Vascular Surgery
Praag, 22-24 september 2006

Willigendael EM, Bendermacher BLW, Bartelink ML, Peters RJG, Langenberg M, Prins
MH, Teijink JAW

The relation between a high ankle-brachial index and diabetes mellitus

- 12th Regional Conference of Wonca Europe ESGP/FM
Florence, 27-30 augustus 2006
- 9de Vaatdagen
Noordwijkerhout, 27-28 maart 2006

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**Supervised exercise therapy versus non-supervised exercise therapy for patients with
intermittent Claudication – a Cochrane meta-analysis**

12th Regional Conference of Wonca Europe ESGP/FM
Florence, 27-30 augustus 2006

Bendermacher BLW, Willigendael EM, Bartelink ML, Peters RJG, Langenberg M, Martin H
Prins, Teijink JAW

**Detection of asymptomatic Peripheral Arterial Disease: screening for subjects at high
risk of cardiovascular complications**

12th Regional Conference of Wonca Europe ESGP/FM
Florence, 27-30 augustus 2006

Bendermacher BLW, Willigendael EM, Bartelink ML, Peters RJG, Langenberg M, Prins
MH, Teijink JAW

**Symptomatic peripheral arterial disease: the value of a validated questionnaire and a
clinical decision rule**

12th Regional Conference of Wonca Europe ESGP/FM
Florence, 27-30 augustus 2006

Bendermacher BLW, Willigendael EM, Wouters F, Nicolai SPA, Welten RJThJ, Regtop P,
de Bie RA, Teijink JAW

**Gesuperviseerde looptherapie voor patienten met perifeer arterieel vaatlijden: resultaten
na 1 jaar van het regionale netwerk looptherapie parkstad**

Chirurgendagen Nederlandse Vereniging voor Heelkunde
Veldhoven, 18-19 mei 2006

Willigendael EM

Gesuperviseerde looptherapie versus niet-gesuperviseerde looptherapie

Het ABC van PAV symposium
Heerlen, 19 januari 2006

Willigendael EM, Bendermacher BLW, Prins MH, Teijink JAW

De relatie tussen een verhoogde enkel-arm-index en diabetes mellitus

Chirurgendagen Nederlandse Vereniging voor Heelkunde
Veldhoven, 18-19 mei 2006 (poster)

de Loos ER, **Willigendael EM**, de Ploeg IH, Bollen ECM, Welten RJThJ, Teijink JAW
Screening naar abdominale aneurysmata in een vaatchirurgische praktijk
Chirurgendagen Nederlandse Vereniging voor Heelkunde
Veldhoven, 18-19 mei 2006 (poster)

Bendermacher BLW, **Willigendael EM**, Wouters F, Prins MH, Teijink JAW
**Gesuperviseerde looptherapie versus niet-gesuperviseerde looptherapie bij claudicatio
intermittens; een cochrane meta-analyse**
Chirurgendagen Nederlandse Vereniging voor Heelkunde
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Wong DR, den Dulk MO, Derijks LJJ, Gemmeke EHKM, **Hooymans PM**
**Non-detectable levels of 6-thioguanine nucleotides and 6-methylmercaptopurine in a
patient treated with azathioprine: a case report**
Nederlandse Vereniging van Klinische Farmacologie & Biofarmacie
Lunteren, 27 september 2006 (posterpresentatie)

Publicaties over Orbis Medisch en Zorgconcern/Maaslandziekenhuis 2006

“Onze organisatie mag best vóór de troepen uitlopen” : Orbis medisch en zorgconcern : panoramisch vizier

Bouwen aan de gezondheidszorg 2006;6:5

Salden, Bert

Groeten uit Sittard aan Zee : beachpartij in verzorgingshuis

Zorginstellingen 2006;9:39

Zoutewelle-Morris, S

Making person-centred care happen : a view from Holland

J Dementia Care 2006;15(5):25-28

Description of a visit to St Jansgeleen, a care home in Holland, where staff have been working hard to make person-centred care a reality.

Auteurs op achternaam

R		Aardenburg	Gynaecologie
MJB		Aarts	Interne geneeskunde
BAC	van	Acker	Klinische chemie
LHJM	van den	Akker	Chirurgie
JSP		Alleman	Gynaecologie
W		Beertema	Orthopedie
HJ		Belgers	Chirurgie
CAMP		Bell	Orthopedie
R		Bogie	Orthopedie
LP		Bos	Gastro-enterologie
GL		Bremer	Gynaecologie
TL		Ceelen	Pathologie
DW	van	Dam	Medische microbiologie
JH		Derijks	Ziekenhuisapotheek
AJCM	van	Dongen	Gynaecologie
WF		Draijer	Orthopedie
AC		Engelberts	Kindergeneeskunde
LGJB		Engels	Gastro-enterologie
FWC	van der	Ent	Chirurgie
FLG		Erdkamp	Interne geneeskunde
EH		Gans	Longgeneeskunde
GAG		Geeraerts	Psychiatrie
AMLG		Gehlen	Chirurgie
PFW		Hannemann	Chirurgie
F	de	Heer	Interne geneeskunde
PAM		Heeren	Chirurgie
MJLF		Heijmans	Medische bibliotheek
RAJM		Hendricks	Operatiekamers
EM		Heuts	Chirurgie
JW		Heynens	Kindergeneeskunde
AGM		Hoofwijk	Chirurgie
PM		Hooymans	Ziekenhuisapotheek
HHML		Houben	Reumatologie
KWE		Hulsewé	Chirurgie
FJH		Hulsmans	Medische beeldvorming
R		Janknegt	Ziekenhuisapotheek
RJ	van	Kampen	Interne geneeskunde

J	ten	Kate	Klinische chemie
B		Kerens	Chirurgie
KM		Koorengevel	Psychiatrie
NP		Kort	Orthopedie
DJW	van	Kraaij	Cardiologie
MM		Krekels	Interne geneeskunde
JJHM		Lohman	Ziekenhuisapotheek
BJ		Looij	Interne geneeskunde
BLP		Maesen	Longgeneeskunde
HJMM		Mertens	Gynaecologie
SPA		Nicolaï	Chirurgie
WHVM		I'Ortije	Chirurgie
JJ	van	Os	Orthopedie
FPJ		Peters	Interne geneeskunde
P		Pilot	Orthopedie
HAG	van der	Pol	Nucleaire geneeskunde
JS		Quaedackers	Chirurgie
MS		Rahnamai	Chirurgie
MJGM		Rongen	Chirurgie
PPR		Rosias	Kindergeneeskunde
SS		Schaefer	Gynaecologie
M		Slobbe-van Drunen	Klinische chemie
MJF		Starmans	Reumatologie
L		Stas	Medische beeldvorming
HJG		Stroeken	Chirurgie
H	van der	Tempel	Reumatologie
PWL		Thimister	Nucleaire geneeskunde
PBJ		Tilman	Orthopedie
K		Vanderdood	Medische beeldvorming
AD		Verburg	Orthopedie
REA		Vercruysse	Chirurgie
AJB		Verkaaik	Psychiatrie
GH		Verseput	Interne geneeskunde
SL		Wanders	Radiotherapie
GJ	de	Weerd	Cardiologie
GMA		Westermann	Psychiatrie
EM		Willigendael	Chirurgie
DR		Wong	Ziekenhuisapotheek

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DJW	van	Kraaij	Cardiologie
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B		Kerens	Chirurgie
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JS		Quaedackers	Chirurgie
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K		Vanderdood	Medische beeldvorming
MJLF		Heijmans	Medische bibliotheek
DW	van	Dam	Medische microbiologie
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PWL		Thimister	Nucleaire geneeskunde
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P		Pilot	Orthopedie
PBJ		Tilman	Orthopedie
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AJB		Verkaaik	Psychiatrie
GMA		Westermann	Psychiatrie
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H	van der	Tempel	Reumatologie
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PM		Hooymans	Ziekenhuisapotheek
R		Janknegt	Ziekenhuisapotheek
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