

*Confidential Enquiries into Maternal Deaths and Morbidity 2013–15*. MBRACE-UK, 2017.

- 3 Department of Health. *Safer maternity care: progress and next steps*. London: DH, 2017.

### Collaborative research has direct patient benefit and merits recognition

We are pleased that Donovan and Sangha noted our call for collaborative research to be fully recognised by postgraduate training selection panels.<sup>1</sup> However, we are concerned by their conflation of research collaboratives with 'soft target' journals which are financially motivated to publish work of such low scientific value, that it would not pass through peer review into a mainstream journal.<sup>2</sup>

Trainee research collaboratives conduct high impact multicentre studies, such as the West Midlands Research Collaborative's randomised controlled trial 'Dexamethasone reduces emesis after major surgery' (DREAMS). This 1350 patient trial demonstrated that administration of dexamethasone at induction reduces postoperative nausea and vomiting by one-third.<sup>3</sup> In the evidence-based medicine era, only multicentre studies like DREAMS can change clinical practice. By necessity these are delivered by large, complex teams; 300 coinvestigators contributed to DREAMS across 45 hospitals.

Although DREAMS recruited fewer than 5 patients per coinvestigator, opening the trial at each site, completing mandatory training, screening patients for eligibility, consenting and randomising patients, delivering interventions, and completing follow-up required a significant investment of time over many months; this does not equate to the 'minimal effort' outlined in Donovan and Sangha's letter.

Regardless of whether individuals participate 'for the love of it', research collaboratives enable students and trainees to lead and contribute to research that has the potential to improve patient care. Furthermore, it equips them with practical academic skills,<sup>4</sup> promoting further engagement with research and quality improvement across the NHS.<sup>5</sup> STARSurg's International Journal of Surgery letter argued that it is in patients' interests for participation in high-quality research such as DREAMS to be fairly recognised by selection bodies on par with other types of publication.<sup>6</sup> This position is supported by the core surgical training, neurosurgery, urology, and general surgery Specialty Association Committees who now recognise collaborative research in award of Certificates of Completion of Training.

We agree that it would be inappropriate to award points in selection processes for short letters. However, recognition of collaborative research is not only wholly merited, but also essential to ensure trainees continue to contribute to high-impact research for patient benefit. ■

### Conflicts of interest

DN was the guarantor for Student Audit and Research in Surgery's (STARSurg) International Journal of Surgery letter. JCG is the current senior lead of STARSurg ([www.starsurg.org](http://www.starsurg.org), @STARSurgUK).

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### References

- 1 Donovan K, Sangha G. The application game. *Clin Med* 2017;17:586.
- 2 Shen C, Björk BC. 'Predatory' open access: a longitudinal study of article volumes and market characteristics. *BMC Med* 2015;13:230.
- 3 DREAMS Trial Collaborators and West Midlands Research Collaborative. Dexamethasone versus standard treatment for postoperative nausea and vomiting in gastrointestinal surgery: randomised controlled trial (DREAMS Trial). *BMJ* 2017;357:j1455.
- 4 Chapman SJ, Glasbey JC, Khatri C *et al*. Promoting research and audit at medical school: evaluating the educational impact of participation in a student-led national collaborative study. *BMC Med Educ* 2015;15:1.
- 5 Nepogodiev D, Chapman SJ, Kolas AG *et al*. The effect of trainee research collaboratives in the UK. *Lancet Gastroenterol Hepatol* 2017;2:247–8.
- 6 Collaborative STARSurg. Students' participation in collaborative research should be recognised. *Int J Surg* 2017;39:234–7.

### Response

We welcome Nepogodiev and Glasbey's response to our letter. The central thesis of our original piece was that points-based selection criteria for training posts are flawed because they are founded on misleading metrics and do not allow for adequate assessment of individuals' contribution to research, or of their motivation. While we agree that research collaboratives produce high-quality and high-impact research, we do think that these issues become particularly apparent when considered in the context of a large student or junior doctor research collaborative. This is because, by their very nature, collaboratives rely on distributing a large amount of work over a very large number of individuals, thus reducing each individual's proportional contribution. One could easily envisage a situation where a canny (but entirely reasonable) junior doctor would take advantage of this distribution of labour to score a 'point' which was earned with little work, and the wrong motivation. Such a candidate could easily be identified in a less structured application process with more attention paid to white space and freely flowing interview; however, he or she could not be distinguished by an algorithm based on points-for-publications.

Collaborative research is changing medicine for the better and should be recognised. The problem lies with application systems which only see points and not individuals.

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### The hazards of neglecting the skin

Editor – Elder *et al*<sup>1</sup> have addressed the important but overlooked subject of the physical examination. However, as a dermatologist I was disappointed to discover that of 58 different components of the physical examination that they considered, ranging from ophthalmoscopy to digital rectal examination, examination of the largest and most accessible organ of the body, the skin, had been entirely overlooked, other than 'skin turgor'.

Cutaneous manifestations of systemic disease are numerous and common; the fingernails alone may reveal splinter haemorrhages

(endocarditis), periungual fibromas (tuberosa sclerosis), nail fold telangiectasia (dermatomyositis), clubbing, koilonychia (iron deficiency), and yellow nails (benign pleural effusion) to give but a few examples.

Every dermatologist has the experience of being called to the medical or surgical wards to find important physical signs in the skin that had been overlooked and which lead the correct diagnosis of a puzzling clinical presentation.

A brief but systematic examination of the skin from the top of the head (syphilitic alopecia) to the tip of the toe (subungual malignant melanoma) is, in these cost-conscious days, inexpensive but often highly rewarding. It should not be neglected. ■

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## Reference

- 1 Elder AT, McManus IC, Patrick A *et al.* The value of the physical examination in clinical practice; an international survey. *Clin Med* 2017;17:490–8.

## A 68-year-old with cranial nerve neuropathies and a troponin rise

We read with interest the case report by Bennett and Iqbal describing a patient thought to have takotsubo cardiomyopathy (TC) induced by varicella zoster viral encephalitis.<sup>1</sup> Unfortunately, cardiac magnetic resonance imaging (CMR) had not been available to the authors in the acute setting.

Have the authors considered utilising CMR for patient follow up? CMR represents the 'gold standard' imaging modality for the assessment of ventricular size and function. In addition, it would be important in this case to assess left ventricular late gadolinium enhancement (LGE).

The presence of LGE confers a poorer prognosis in both ischaemic and non-ischaemic cardiomyopathies,<sup>2</sup> and, in patients with TC, LGE is associated with an increased frequency of cardiogenic shock and increased duration to electrocardiographic normalisation.<sup>3</sup>

It would, therefore, be important to consider CMR not only for diagnostic purposes, but also as a risk-stratification tool, and to assess the patient's response to evidence-based heart failure therapy. ■

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## References

- 1 Bennett L, Iqbal J. A 68-year-old with cranial nerve neuropathies and a troponin rise. *Clin Med* 2017;17:575–7.
- 2 Kohan AA, Levy Yeyati E, De Stefano L *et al.* Usefulness of MRI in takotsubo cardiomyopathy: a review of the literature. *Cardiovasc Diagn Ther* 2014;4:138–46.

- 3 Naruse Y, Sato A, Kasahara K *et al.* The clinical impact of late gadolinium enhancement in Takotsubo cardiomyopathy: serial analysis of cardiovascular magnetic resonance images. *J Cardiovasc Magn Reson* 2011;13:67.

## Varicella zoster encephalitis, cranial nerve neuropathies, and takotsubo syndrome: delving further into the pathogenesis

Editor – I read with great interest the communication by Bennett and Iqbal,<sup>1</sup> published in *Clinical Medicine*, about the 68-year-old woman with takotsubo syndrome (TTS) secondary to a varicella zoster encephalitis (VZE), and the arduous work of the authors in diagnosing and managing her evolving cranial nerve neuropathies (initially mononeuritis and subsequently polyneuritis), associated with rapid atrial fibrillation, and cardiac abnormalities. The rise in high sensitivity troponin was higher than expected for TTS, and making the distinction between TTS and acute coronary syndromes more difficult. The QRS voltage of the electrocardiogram (ECG) of Fig 1 is low,<sup>1</sup> in keeping with TTS,<sup>2</sup> and one wonders whether prior to the admission, ECGs, or ECGs from follow-up, showed higher QRS voltages. In reference to the pathophysiology of TTS, we are still far from delineating the underlying mechanism(s), but in cases like the one herein, checking for elevated blood-borne catecholamines,<sup>3</sup> or evaluating for evidence of enhanced cardiac autonomic sympathetic nervous system (CASNS) stimulation, norepinephrine-based, exerting cardiomyocyte injury,<sup>4</sup> are two promising injurious pathways, needing exploration. Indeed, current commercially available technology<sup>5</sup> could provide monitoring of the CASNS function, via the chest electrodes used for ECG recordings, with analysis of filtered signals of 500 to 1,000 Hz from the skin of the thorax, reflecting activity of the stellate ganglia, and the sympathetic autonomic nerve input to the heart. ■

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## References

- 1 Bennett L, Iqbal J. A 68-year-old with cranial nerve neuropathies and a troponin rise. *Clin Med* 2017;17:575–7.
- 2 Madias JE. Transient attenuation of the amplitude of the QRS complexes in the diagnosis of Takotsubosyndrome. *Eur Heart J Acute Cardiovasc Care* 2014;3:28–36.
- 3 Wittstein IS, Thiemann DR, Lima JA *et al.* Neurohumoral features of myocardial stunning due to sudden emotional stress. *N Engl J Med* 2005;352:539–48.
- 4 Samuels MA. The brain-heart connection. *Circulation* 2007;116:77–84.
- 5 Madias JE. A proposal for a noninvasive monitoring of sympathetic nerve activity in patients with takotsubo syndrome. *Med Hypotheses* 2017;109:97–101.

## Consultant recognition for accepting work experience students

In order to gain entry to a UK medical school it is almost obligatory that a candidate demonstrates evidence of work experience. Many