



FOAM & Education Newsletter

September 2020
Volume #1



Welcome to Rez's #FOAM Newsletter

This will be a monthly newsletter brought to you by the Education Committee with the latest in the EM & FOAMed world, ranging from the latest trials, news and pearls. We will also share with you the best podcasts & blog posts recently published in FOAM. If you have an interest in contributing or sharing interesting images or EKGs, let us know!

Your 20-21 Education Committee
Walid Malki
Jon Reid
Lola Reingold
TJ Stolz
Yalan Vu



The THALES Trial
Should you give Ticagrelor along with Aspirin for CVA & TIAs?

POCUS Update
Should you tempt FATE or attempt POCUS in Aortic Dissections?



September Highlights
Blog Post, Podcast, and Procedure Of The Month



THALES Trial: Ticagrelor + Aspirin vs Aspirin Alone in Acute Ischemic Stroke or TIA

Bottom Line: The risks of severe bleeding from Ticagrelor + ASA outweigh the benefits.

Who: 11k patients randomized, 91% presented with ischemic stroke, only 15 lost to follow up.

What: Does the addition of ticagrelor to aspirin for 30 days aid in reducing the risk of subsequent stroke or death among patients with acute non-cardioembolic cerebral ischemia?

How: Large, multicenter, randomized, double-blind, placebo-controlled, parallel-group trial. Limitation: Pt with NIHSS >5 excluded.

Findings:

- (+) Lower incidence of subsequent ischemic strokes
- (=) No change in overall disability
- (-) Increase in severe bleeding & ICH

Outcomes	Ticagrelor + ASA	ASA Alone	HR	95% CI	P Value
Composite of Stroke or Death	5.5%	6.6%	0.83	0.71 to 0.96	0.02
Stroke at 30d	5.1%	6.3%	0.81	0.69 to 0.95	---
Death at 30d	0.7%	0.5%	1.13	0.81 to 2.19	---
Ischemic Stroke	5.0%	6.3%	0.79	0.68 to 0.93	0.004
Overall Disability	23.8%	24.1%	0.98	0.89 to 1.07	0.61
Severe Bleeding	0.5%	0.1%	3.99	1.74 to 9.14	0.001

Trauma Update: Risk factors for Fat Embolism Syndrome (FES)

Bottom Line: Risk factors for FES include age under 30yo, multiple fractures, closed femur fractures & high-speed mechanisms of injury.

Goal: Determine FES risk factors, hypothesizing femur fractures & multiple fractures are associated w increased risk.

Why: FES is associated with several worse outcomes including increased LOS, longer ICU stay, compartment syndrome and an 11% mortality rate.

How: Retrospective study; Trauma Quality Improvement Program database queried from 2010-2016, >300k pts with only 0.04% having FES.

Source: Alpert, M., Ghigian, A., Scolaro, J., Learned, J., Dolich, M., Kuza, C. M., ... Nahmijs, J. (2020). Fat embolism syndrome in blunt trauma patients with extremity fractures. Journal of Orthopaedics <https://doi.org/10.1016/j.jor.2020.08.040>

Early Screening for Aortic Dissection With POCUS [Link to Blog Post \(Ultrasound G.E.L\)](#)

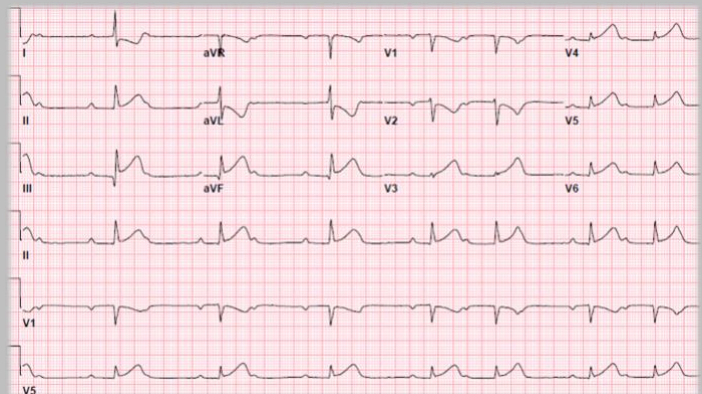
- FATE Protocol: standard 4 echo views, suprasternal notch view ([link](#)), abdominal aorta view
- Diagnosis of Aortic Dissection = seeing a “flap”:
 - Undulating motion concordant with pulsatile blood flow (independent of excursion of the aortic wall)
 - Seen in at least 2 planes
 - “Clear distinction” from a reverberation of surrounding tissue
- Take home points:
 1. POCUS findings of dissection can be **very specific (100%)** but not very sensitive (86.4%).
 2. POCUS can **decrease time to diagnosis** but may not translate into downstream patient-centered benefits.

EKG of the month by Dr Hoang

50F w/ PMHX DM & HTN presenting with x4-5 episodes of NBNB emesis x2 days after eating re-heated food. No abdominal pain or diarrhea. Also endorsing syncopal episode during emesis.

EKG: Infero-lateral STEMI

Case Resolution: PCI with x2 DES in RCA



Shoutout to KP!

Procedure Of The Month:
EMRAP: Cranial Burr Hole
[Link To Video](#)

Podcast Of The Month:
Rebel Core EM: Upper GI Bleeds
[Link To Post](#)

Blog Post Of The Month:
emDocs: Aortic Dissection: Why We Miss It? How to Improve?
[Link To Post](#)