

### Dear esteemed reader

In this edition of the Bangkok Medical Journal we bring you the latest in cutting-edge procedures and best practice in patient care management.

We draw your attention to the study by Dr Chaothawee et al on calcified coronary artery plaque burden, or CAC, which has been widely accepted as a strong independent event predictor in asymptomatic moderate risk in the western population and associated with very low risk of having a cardiovascular disease (CVD) event and all causes of mortality. This study by Dr. Chaothawee et al, was the first 10-year cohort that reported different results from western studies, indicating that low or even zero CAC might not be safe in asymptomatic Thai people. Thus, we should be skeptical to use CAC as a CVD risk predictor in our population and further study in a larger population is a must.

The world's leading cause of death and disability according to World Health Organization is respiratory related infections. It is estimated that more than 1 billion people are facing the burden of respiratory related diseases. Dr. Saenghirunvattana et al, report on the benefits of the RP 33 test, a multiplex real time polymerase chain reaction (PCR), as it provides optimal diagnostic evaluations in ruling out etiologies of respiratory-related infections, particularly acute respiratory infections. It thus delivers definitive and precise clinical care to patients leading to minimal usage of broad spectrum antibiotics. Furthermore, RP 33 test results often take a shorter turnaround time compared to sputum culture or blood culture.

The article by Dr. Sriprayoon draws our attention to look for Venous thromboembolism (VTE) in trauma patients. VTE is not uncommon in trauma patients, as the mechanism of trauma can increase the odds of VTE 12.6 fold. Blood clot formation in the deep venous system of legs or deep vein thrombosis is the common form of VTE. Blood clot in the pulmonary artery or pulmonary embolism is a rare but more serious form of VTE. A significant association between VTE and the severity of injury suggests that we should pay attention to these specific groups of patients for early VTE prophylaxis and detection.

The medical specialist distribution in a large private hospital network in Thailand was investigated by Dr. Suppaitnarm et al. This research is important for planning where current and future shortages may arise. Findings can also help public health officials to identify gaps in tertiary hospital specialist care. In particular, specialist and gender gaps were identified in rural areas and in hospitals serving Thai muslim communities.

An isolated avulsion of distal biceps femoris tendon is a rare occurrence. Dr. Budhraj reports a case of a patient with isolated avulsion of distal biceps tendon which occurred while kicking a ball backwards with the heel. He underwent surgical treatment and recovered fully. In reviewing other literature of similar injuries, 23 reported cases were found. 21 of the 24 cases (including our reported case) injured the tendon in a sporting activity. 21 cases underwent surgical treatment while 3 took conservative treatment. Both methods of treatment resulted in a good clinical outcome.

Finally, we extend our thanks to contributing authors for the insightful review articles: Dr. Chen et al, Management of Acute Sport Injuries, Dr. Kaewkerd et al, Key Factors of Family Adaptation to the Illness of family Members, and RN Chaiyasit Thai Nurses' Perceptions of a Good Death.

We hope you find this journal informative and useful in your clinical practice.

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