death of a trauma patient thought counselling should be offered, and one (20%) of those experiencing expected intraoperative death of a trauma patient felt it should be offered.

Comments

There was no general consensus among the orthopaedic surgeons we surveyed about how to cope with intraoperative death. The nature of the specialty is reflected in the division between deaths during elective surgery and those relating to trauma. We were not surprised to find that all but one of the surgeons continued to operate and that the prevailing attitude was one of "it's part of the job."

A recent study considering stress levels in various medical specialties showed that stress levels are actually lowest in surgeons.[2] We found no references specifically addressing surgeons' attitudes to intraoperative death, but our findings are not surprising as it has been suggested that surgeons are able to cope with situations that might be thought of as stressful to others.[2]

Because of the size of the study, we cannot draw conclusions about the difference in attitudes towards counselling between surgeons experiencing the death of a patient during elective surgery or an unexpected traumatic intraoperative death, and those experiencing an expected traumatic intraoperative death. We also acknowledge that we do not know whether counselling services were available nor whether the surgeons were aware of such services if they were available.

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Competing interests: None declared.

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Drug points

Benign intracranial hypertension secondary to nasal fluticasone propionate

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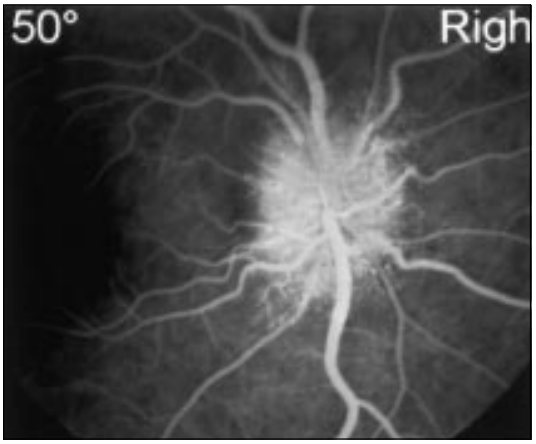
A 13 year old boy with Crohn's disease in remission presented with a 10 day history of head and back pain. He also mentioned intermittent blurring of vision and had developed a new squint four days before admission. He had a history of hay fever and was being treated with fluticasone propionate aqueous nasal spray 50 μg to each nostril once a day (Glaxo Wellcome). This had been taken infrequently until five days before admission when our colleagues from the ear, nose, and throat department reviewed him and advised regular treatment.

On examination his optic discs were swollen bilaterally and he had a right sixth nerve palsy. Investigations showed no evidence of intercurrent infection. Urea and electrolytes, liver function, and concentrations of calcium, phosphate, and magnesium were all within normal limits. Fluorescein angiography showed leakage of dye from the optic discs, confirming mild bilateral papilloedema (figure). An unenhanced computed tomogram gave normal results. Cerebrospinal fluid was clear and colourless with no cells, and the protein concentration was 0.1 g/l and glucose concentration 4.3 mmol/l (blood glucose 5.2 mmol/l). The opening pressure of the cerebrospinal fluid was not measured. Magnetic resonance imaging excluded cavernous sinus thrombosis.

The fluticasone propionate was stopped, and over the next few weeks his headaches and back pain disappeared. His sixth nerve palsy resolved, and his disc margins cleared. On review five months later his optic discs had returned to normal and he had remained asymptomatic.

We propose that nasal fluticasone propionate caused this child's benign intracranial hypertension because of the temporal relation between symptoms to its regular administration. After lumbar puncture and the cessation of the drug his symptoms resolved over a few weeks and the papilloedema resolved over several months.



Disc swelling, vascular nipping, and vessel leakage shown by fluorescein angiography

The occurrence of benign intracranial hypertension is well documented with corticosteroids when given systemically[1-3] or topically,[1 4] together with their withdrawal.[5] We reported this adverse reaction to the Committee on Safety of Medicines. The Medicines Control Agency and the manufacturers have confirmed that there have been no previous reports of benign intracranial hypertension with nasal fluticasone proprionate. Benign intracranial hypertension should be considered as a potential cause of headache in children taking nasal steroids.

Competing interests: None declared.

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