



The Bread Loaf

vs.

Gold Market Theory

in Medical Training

In this issue

• Editorial: The Bread Loaf vs. Gold Market Theory in Medical Training... by Hatem Said	2
• SICOT News: A Visit to the Oman SICOT Education Centre	3
• Congress News: 34 th SICOT Orthopaedic World Congress 2013 – Hyderabad, India	4
• Worldwide News: Efficacy of platelet-rich plasma in the treatment of degenerative knee pathology	6
• Training Around the World: Orthopaedic Training in Kenya	7
• Fellowship News: 'SICOT meets SICOT' Fellowship Report from Homburg, Germany	8
• Fellowship News: 'SICOT meets SICOT' Fellowship Report from Hospital Infanta Leonor in Madrid, Spain	10
• Case of the Month: 63-year-old female with groin pain	11
• Congress News: Rio de Janeiro TWC 2014 – Registration	12



The Bread Loaf vs. Gold Market Theory in Medical Training...

Hatem Said
SICOT Editorial Secretary – Assiut, Egypt

Some may have heard about the 'Bread Loaf Theory', also known in some western countries as the 'Cake Theory'. This is a misconception that the more you teach others, the more they will grow into the market and share in your potential pool of clients and hence income.

Unfortunately, this theory is widespread in developing countries, where the main source of income is private practice. It is less of an issue in areas where surgeons are on fixed salaries, and the salary is sufficient for one's needs and requirements.

The theory is based on the assumption that clients or patients are a fixed amount like a bread loaf, and the more people share in it, the smaller your cut will be...

This theory is clearly contradicted by the Gold Market Theory. One notices that gold shops are usually present in groups to form a whole market, although that drives competition in quality and prices, which is good for the customer, it also attracts more customers to that market, who predict they will find a wider variety in the market, rather than going to a place with a single shop.

This is also depicted in modern malls all over the world in which there are many clothes, electronics, and sports shops, in addition to restaurants, in the same place. So, taking this model into account, the percentage of sales may indeed decrease from 10% to 5% of the Bread Loaf or Cake due to competition, but the final income (Bread Loaf) is much larger, because of the market attraction of more customers. Therefore, 5% in reality is a much bigger income than the original 10% of the smaller Bread Loaf.

One sees examples of this in real life in one's own country. The surgeons who practise the Bread Loaf Theory usually have learned a skill after a long struggle, and at the same time fail to progress and learn something new due to low ambition, which creates a danger that if a younger colleague learns that skill, they will be in direct

competition. In some situations, they even try to suppress them from learning the same skill, which leads the younger surgeon to search for alternative sources of training, thus losing the senior respect and the whole teacher/learner relationship.

On the contrary, for senior surgeons who have progressed and taught younger colleagues, besides the gratitude of teaching others, one finds that group practice is much easier. The whole department grows and the reputation blossoms and the private work increases for all, as this area becomes a medical hub for more patients.

As surgeons, we all realise that the best assistant is one who can do the surgery, so that you may depend on him to do certain parts, and help in decision-making during surgery, which results in less stress for the main surgeon. In addition, a well-trained assistant helps in the pre- and post-operative workload, resulting in a better and smoother run service for the whole team.

In all religions, teachers are of high stature which approaches that of prophets. In Islam: Prophet Mohamed mentioned that after death, one's good deeds can only continue through one of three things, one of which is 'a science or teaching that is useful to mankind...'. In Judaism, Rabbi Akiba shows the desire to teach by saying 'my son, more than the calf wishes to suck does the cow yearn to suckle', while the Bible says 'my brothers, for you know that we who teach will be judged with greater strictness', James 3:1-2.

Yet, this principle remains under-practised in developing countries compared to developed ones...

Over the years, we have seen professors and surgeons who have taught their techniques decades ago, and until now their legacy continues, bringing 'immortality'. Yet, for others who have not, their fame and knowledge have died with them and they are soon to be forgotten.



A Visit to the Oman SICOT Education Centre

Kandiah Raveendran

SICOT First Vice President – Ipoh Perak, Malaysia

On 18 November 2013, my wife and I landed at Muscat International Airport and were pleasantly surprised by Dr Mohammed Darwish who greeted us before immigration and helped us with the formalities.

Dr Darwish, whom we have known for many years, is the SICOT National Delegate for Oman. He is also the current President of the Oman Orthopaedic Society and the President of the Pan Arab Orthopaedic Association – a very busy man indeed. We were greatly honoured by this special welcome.

We were whisked to our hotel through the bustling streets of Muscat. The capital of the Sultanate of Oman is a modern but still ancient city. It is also a strategic port. Oman has a population of about 3 million people. The Omanis have a long historical and cultural heritage and the country has modernised itself in the last 30 years with impressive infrastructure and magnificent architectural iconic buildings like the Grand Mosque and the Royal Opera House.

The next day was the beginning of a busy two-day programme. Dr Mohamad Al Lami, Head of the Orthopaedic Department of Khoula Hospital, greeted me. Dr Al Lami and his department, together with Dr Darwish, have all been instrumental in mooting this SICOT Education Centre in Muscat and in obtaining the necessary approval and support from the Ministry of Health.

The day started with my lecture in the Main Auditorium on 'Proximal Tibial Osteotomy for Varus Gonarthrosis – Indications and Patient Selection'. This was followed by a brief introduction about SICOT and the Education Centre's vision and objectives.

I then toured Khoula Hospital, the National Trauma Centre that has 500 beds. The hospital is a referral centre for orthopaedic surgery, neurosurgery, plastic surgery and burns including rehabilitation. It is completely paperless and is fully equipped with the latest imaging and diagnostic tools.

After the obligatory tour of the Education Centre, Dr Al Lami took me to the office of the Director General of

Khoula Hospital, Dr Ali Al Mashani, who has been very supportive of the SICOT Education Centre. I suggested that, since Khoula Trauma Hospital has excellent facilities for patient care, teaching and research, they should try to host fellows from other less developed countries.

Dr Al Lami and his department consultants and doctors then hosted my wife and me for a sumptuous lunch at one of the premier hotels in Muscat.

The next day started off with a talk by Dr Al Lami about the achievements and vision of the Orthopaedic Department of Khoula Hospital. There are nine consultants in the Department with specialists and residents in the subspecialties of joint replacement, spine surgery, complex fractures, sports medicine, oncology, paediatric orthopaedics and reconstructive surgery. They have very high standards and 86% of all trauma patients requiring surgery are operated on in the first 24 hours.

Later, one of the senior residents, Dr Reem Bahwan, updated us on the structure and training goals of the OMSB Orthopaedic Programme. The residency programme is relatively new and first started in 2011 with a five-year residency programme leading to a board examination.

The Oman SICOT Education Centre, under the dynamic leadership of Dr Al Lami, has planned for a SICOT Trainees' Meeting in 2014, for a selection of fellows to be sent overseas, and to receive fellows to be attached at Khoula. The SICOT Oman Education Centre has fulfilled its role and I am sure that it will grow to become a centre of excellence in the region.



Oman SICOT Education Centre Doctors



34th SICOT Orthopaedic World Congress 2013 – Hyderabad, India

Shalin Maheshwari

SICOT Young Surgeons Core Committee Member & SICOT Assistant Editorial Secretary

Dr Ashok Johari, as Indian National Delegate, prepared and won the bid at the Prague Congress in 2011 to host the 2013 SICOT Orthopaedic World Congress (OWC) in India. The Congress was planned to be held at the Hyderabad International Convention Centre in Hyderabad under the aegis of SICOT India. SICOT India has made huge strides in making its presence felt nationally and internationally. The very smooth and successful conduct of the SICOT World Congress, for the first time in India, convinced the whole world of the potential that India has for doing good and great things. Hurdles like the Telangana issue, Phailin cyclone and proximity to numerous major national and international conferences failed to diminish the spirit of the SICOT Congress. The event kick-started with the Educational Day, which offered not only a glimpse but also a comprehensive review of orthopaedic trauma management delivered by eminent young faculties from across the globe. The event focused on a series of lectures catering to residents and young surgeons, with emphasis on Principles and Evidence Based Practice Guidelines. The increasingly popular SICOT Diploma Examination was given a new dimension as the number of candidates was increased to 48 for the first time since its inception to accommodate the enormous interest among the younger orthopaedic surgeons. The 34th SICOT OWC was inaugurated in a glittering ceremony amidst a galaxy of international and national faculty. The Congress President, Dr Ashok Johari, warmly welcomed the delegates and the SICOT President, Prof Maurice Hinsenkamp, declared the Congress open. Subroto Bagchi, acclaimed as India's No. 1 best-selling business author, gave the inaugural speech where he introduced the concept of scaling: 'Scaling yourself, scaling your organisation'. This was followed by two mesmerising dances by the world-renowned Ananda Shankar Jayant group.

Four plenary speakers were widely appreciated for technical brilliance and scientific content. They were Dr Dror Paley from United States who spoke on 'Implantable Limb Lengthening: Past, Present & Future', Dr José Sérgio Franco from Brazil who spoke on 'Proximal Humerus Fracture Treatment: Unsolved Problem?', Dr Steffen Ruchholtz from Germany speaking about 'Modern

Management of Polytrauma', and Dr S. Rajasekaran from India speaking about 'Medicine – For Whose Benefit?'.

The theme of the Congress was Orthopaedics in an Unequal World and sessions were organised to get more interaction and create guidelines to bridge the gap between the developed and developing world. The highlight of the 34th SICOT Orthopaedic World Congress were the record-breaking 2,500 scientific abstracts, 240 eminent speakers, 47 symposia, 46 free paper sessions and one best paper session, and 11 focused oral presentation sessions, besides other interesting courses and social events like the Indian Night Party, Charity Run, Cricket Match and a variety of interesting tour options. A large comprehensive exhibition was held during the SICOT OWC. Participants witnessed the newest gadgets and cutting-edge technology that was being showcased by leading international and Indian companies. The SICOT India team sincerely thanks everyone who participated in the 34th SICOT Orthopaedic World Congress making it a landmark event in the history of Indian Orthopaedics.



Traditional Indian lamp lighting to open the Congress



Ashok Johari, Congress President, delivering his welcome speech



Jochen Eulert
SICOT Secretary General – Würzburg, Germany

Thank you, SICOT India, for having offered the orthopaedic world such an exciting event in Hyderabad.

We are extremely thankful to the President of the meeting, Ashok Johari, and his teams for the enormous efforts they undertook to make the Hyderabad Congress so successful.

The scientific level of the Congress was outstanding, the sessions well attended, the convention centre one of the best of the country, and the social events remarkable.

The event was very professionally prepared and managed by KW Conferences and it has left behind unforgettable memories of an outstanding SICOT Congress in an exciting country with wonderful people.

During the meeting, it was decided to address an international protest on the violence against health care



Maurice Hinsenkamp
SICOT President – Brussels, Belgium

workers. In recognition of India, renowned for its non-violent leaders, this petition was called the ‘SICOT Declaration of Hyderabad’ and it is now signed jointly by 64 orthopaedic associations, representing more than 200,000 orthopaedic surgeons, from all over the world.

On another note, the Indian section of SICOT is exceptionally active and constitutes today the largest section in SICOT. Recently, many new actions have started in India under the initiative of Ashok Johari, including the launch of the Ortho Excellence Programme (OEP). OEP is a unique programme of webinars aimed at general orthopaedic surgeons, allowing them to share the expertise of world authorities in the fields of Orthopaedics and Trauma.

Thanks again to Ashok Johari and India for their great hospitality and continuous effort and contribution to foster and develop orthopaedic knowledge.



Ananda Shankar Jayant group performing at the Opening Ceremony



Exhibition



Indian Night Party



Cricket Match

Efficacy of platelet-rich plasma in the treatment of degenerative knee pathology

ACE Review by OrthoEvidence

Synopsis

Six ACE Reports (5 randomized controlled trials and 1 systematic review/meta-analysis) were identified from the OrthoEvidence database which evaluated the efficacy of platelet-rich plasma in the treatment of knee osteoarthritis. All included studies were randomized controlled trials, and reported clinical and functional assessment at various time points between 1 and 6 months following treatment. Pooled analysis of the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) Total scores suggested a possible beneficial effect with PRP injection in comparison to saline and a lower effect versus hyaluronic acid. Beneficial effects were also noted for individual subscales of the WOMAC assessment (pain, stiffness, and physical function). However, pooling of OMERACT-OARSI responders and a review of the literature indicated that there was no significant difference between PRP and comparison groups in other functional outcome measures, such as the International Knee Documentation Committee (IKDC) assessment and Knee Injury and Osteoarthritis Outcome Score (KOOS). Furthermore, contrasting results were obtained between two studies reporting function on the Lequesne Index. The discrepancy in the efficacy of PRP in treatment for osteoarthritis of the knee indicates the need for future high-quality randomized trials, with uniform reporting, in order to provide further evidence in this emerging treatment method.

What was the principle research question of the Review?

Were intra-articular PRP injections (plasma rich in growth factors and autologous conditioned plasma) more effective in treating degenerative knee pathology than hyaluronic acid or saline injections?

Report Characteristics

Six reports from the OrthoEvidence database were identified that evaluated the use of platelet-rich plasma injection(s) in the management of symptomatic knee osteoarthritis. Five of the included reports were of

randomized controlled trials, and 1 was a systematic review/meta-analysis. The included studies ranged in publication date from August 2012 to February 2013. A total of 480 patients were included in the four trials.

What should I remember most?

The results of this review suggest that intra-articular platelet-rich plasma injections are beneficial in reducing pain caused by degenerative knee diseases, in comparison to hyaluronic acid and placebo injections. Additionally, total WOMAC scores supported the application of platelet-rich plasma injections when analyzed against both hyaluronic acid and placebo injection groups, and benefits were seen in individual WOMAC subscales. No significant differences between the groups existed for IKDC and KOOS outcomes, and outcome on the Lequesne Index was conflicting. Overall, as pooling of the majority of outcomes was not possible for the four included studies, the efficacy in the utilization of platelet-rich plasma and other related products in the treatment of knee osteoarthritis and gonarthrosis remain inconclusive.

Implications for patient treatment and future research

Pain reduction in osteoarthritis and gonarthrosis patients may be achieved with the use of platelet-rich plasma injections. However, due to the inability to pool the spectrum of functional outcomes, advocacy of widespread application of platelet-rich plasma as a treatment method should be withheld until future studies have provided more insight on the efficacy of this treatment with uniform methodology.

The full report is available to read at:
www.myorthoevidence.com





Orthopaedic Training in Kenya

Mbuta Namunguba
SICOT Associate Member - Nairobi, Kenya

The journey to become an orthopaedic surgeon in Kenya begins in a similar way as all other places. After the undergraduate training, one has to do a mandatory period of internship. This period lasts for a minimum of 52 weeks. In this period, the young doctor is expected to rotate in the four major specialties, i.e. surgery, internal medicine, paediatrics, and obstetrics and gynaecology.

Successful completion of this phase earns one the right to be registered as a general practitioner by the Kenya Medical and Dentists Practitioners Board (KMDPB). It is after this stage that one can think of specialising. A basic requirement by the orthopaedic training institutions is that the doctor must have worked as a general practitioner for at least one year before applying for residency.

There are two different routes that are recognised by the government which lead to one being conferred the specialist status.

The first one is a university-based training programme that lasts for a minimum of five years. Currently, there are only two universities that have been approved to offer specialist training in orthopaedics. These are the University of Nairobi and Moi University. These two programmes are similar but each hold independent exams. Gaining entry into these programmes is extremely competitive as the number of positions is much lower than the number of applicants. Entry exams and an oral interview lead to a selection of the desired candidates.

The programme is divided into two parts, the first part is deemed to be the most demanding, mostly because one is required to be proficient in all the basic sciences and basic surgery. Those who pass this stage progress to part 2 which is largely clinical. In the clinical years, the doctor is expected to rotate in the orthopaedic subspecialties as well as write a thesis. This is then followed by an exit exam. Those who pass get a Masters degree in orthopaedic surgery (Mmed Orth).

The second option is hospital-based under the College of Surgeons of East Central and Southern Africa (COSECSA).

In this programme, tertiary level hospitals with a designated number of orthopaedic surgeons are accredited to offer training positions to those interested in orthopaedics. There are currently four hospitals that have been accredited. These are Kenyatta National Hospital, Moi Teaching and Referral Hospital, AIC Kijabe Hospital, and Tenwek Mission Hospital.

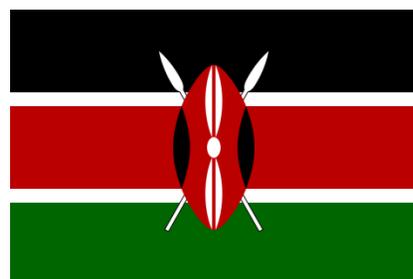
This training also lasts for a minimum of five years and is divided into two. The first two years are spent rotating between the different surgical specialties and basic sciences. This is followed by an exam. Those who pass become members of the College. After this they are free to apply for higher surgical fellowship training in any of the approved institutions where they are expected to rotate in all the orthopaedic subspecialties. After three years, a common exam is sat by candidates in all member countries.

Passing this exam, one can be called a fellow of the college and gets an FCS(ecsa) Orth.

For the graduating surgeons, the Kenyan Medical Board has also made an added requirement. The doctor has to work under the supervision of a much senior board registered orthopaedic surgeon for a period of at least two years.

Successful completion of the process leads to a registration as a specialist orthopaedic surgeon in Kenya.

It is unfortunate that there are no training positions for any of the subspecialties in Kenya yet. For subspecialty training, surgeons have to travel overseas.



'SICOT meets SICOT' Fellowship Report from Homburg, Germany



Ishaq Bamidele Ojodu
SICOT Active Member – Tabuk, Saudi Arabia

I was indeed privileged and honoured to have been given the 2013 'SICOT meets SICOT' Fellowship back in the winter of 2012. The award was a dream come true for me, as I had patiently awaited such an opportunity to come my way. I immediately swung into action to actualise this rare opportunity and privilege of a lifetime. I was eventually granted a German visa, after some initial delays, to proceed to my fellowship at the *Klinik für Unfall-, Hand- und Wiederherstellungschirurgie, Universitätsklinikum des Saarlandes Homburg/Saar, Germany*, under the able leadership of Prof Tim Pohlemann.



Dr Köhler, myself, and Dr Holstein



Myself and Prof Tim Pohlemann

I promptly settled down to work, after the routine orientation of the department and the facilities. The clinic is run by seven consultants and several resident doctors at different levels of training. A typical day usually starts at exactly 7 a.m. with the ward round, led by Prof Tim Pohlemann, followed by a morning clinical meeting, with a review of the cases of the previous day. Afterwards, I participated actively in the operating session. I was taught the rudiments of pelvic and acetabular reconstruction techniques personally by my boss, Prof Pohlemann, and Dr Joerg Holstein, in addition to gaining significant exposure in arthroscopic procedures of the shoulder, elbow and knee, spine fixation techniques as well as reconstructive surgeries of the soft tissues.

My skills in trauma management also improved during the fellowship period. I was particularly interested in pelvic and acetabular reconstruction techniques, of which I learnt a great deal directly from the world acclaimed expert in the field, Prof Pohlemann, who despite his busy schedule was always ready to provide unambiguous answers to all my enquiries.



Myself and Dr Sascha Hopp

I picked up fine arthroscopic techniques from the versatile and experienced Dr Antonius Pizanis, and from the energetic, vibrant and innovative friend of mine, Dr Sascha Hopp, who has recently published a paper on a novel arthroscopic technique in the management of athletic groin pain.

Prof Werner Knopp and Drs Antonius Pizanis and Birgit Reischmann provided me with the impetus I needed in the field of hand/soft tissue reconstruction and spine fixation respectively.

The review of the day's surgical activities and the following day's operation planning were usually done at the afternoon clinical meeting. During my fellowship, I participated actively in research activities of the department, both at the clinic and in the experimental surgical laboratory. I was therefore able to perform some animal experiments in the laboratory, as well as successfully completing a scientific paper on complex pelvic fractures in the elderly, awaiting publication. This is in addition to being actively involved as co-author in another three different scientific papers.

I made new friends not only from Germany, but also from Thailand, Malaysia, and Uzbekistan, to name just a few. My busy schedule was spiced with visits to some historical sites and recreational facilities in Homburg and Zweibrücken. Though the language barrier is a significant factor in Germany, I was able to overcome this by picking up some important vocabulary needed for day-to-day interaction.



Group photo

I am indeed very grateful to SICOT for this unique opportunity to learn directly from experts in the field of orthopaedics and traumatology, especially in the field of pelvic and acetabular reconstruction. My appreciation also goes to Prof Tim Pohlemann and his team for their hospitality, encouragement and above all for imparting their knowledge to me, which will serve as the foundation for my future professional development. My gratitude also goes to my soulmate, caring and loving wife, Bukola, and to my children for their sacrifice, encouragement and support during my fellowship period.

B. Braun Aesculap/SICOT Orthopaedic Scholarships

Funded by SICOT & B. Braun Aesculap

The B. Braun Aesculap/SICOT Orthopaedic Scholarships are open to surgeons from Eastern Europe and Asia who want to evolve their knowledge and skills into innovative concepts in orthopaedic reconstructive surgeries of the hip and knee.

The Scholarships consist of extensive exposure to innovative concepts in orthopaedic reconstructive surgery carried out at selected German hospitals with proven expertise in Short Stem THA and Computer Navigation.

Every fellow who is attached to this programme will be integrated into the surgical programme of a selected German hosting clinical institution in a daily routine by attending surgeries and clinical meetings.

More information can be found on the SICOT website: www.sicot.org/?id_page=718





'SICOT meets SICOT' Fellowship Report from Hospital Infanta Leonor in Madrid, Spain

Dinesh Choudary
SICOT Associate Member – Chennai, India

I had the honour of being selected by SICOT for the 'SICOT meets SICOT' fellowship programme at Hospital Infanta Leonor in Madrid, Spain. It is with great pleasure that I write to you this report after having successfully completed the fellowship during the months of April and May 2013.

It is springtime in Madrid in April, which makes it the perfect time to visit. Hospital Infanta Leonor is a tertiary care health centre located in the outskirts of Madrid. It is a 350-bedded hospital with Dr Ricardo Larrainzar heading the Department of Orthopaedics. There are about 20 orthopaedic consultants working in the department, each one of them a pioneer in their field of speciality. I got to spend a lot of time with the knee chief Dr Raul Garcia-Bogalo along with the hand-wrist team headed by Dr Fernando Corella and the foot team headed by Dr Antonio Martin. But it was Dr Oliver Marin-Pena, the fellowship coordinator and the head of the hip team, who served as my mentor and guide during my stay in Madrid. It would be an understatement if I said that his enthusiasm and teaching only have inspired me to work harder in becoming a better orthopaedic surgeon.



Performing a hip arthroscopy for femoroacetabular impingement along with Dr Marin-Pena

Since my areas of interest are primarily arthroplasty and sports surgeries, my schedule was tailored to make me participate more in these procedures. Each day began with the discussion of the cases admitted and operated the day before, followed by the division of activities. I got to attend the OR almost every day and from the very first day

was scrubbed in as first assistant. I participated in a number of interesting surgeries such as navigated arthroscopic ACL repairs, ankle arthroscopy, first MTP joint scopy, scaphoid fracture fixation using arthroscopy, to name but a few. I gained immense knowledge and inputs while working with Dr Marin-Pena, a pioneer of hip arthroscopy in Spain. He is also a trained hip resurfacing arthroplasty surgeon and my experience with him vastly increased my knowledge of arthroplasty.



During the national arthroscopy meeting in San Sebastian, along with Dr Marin-Pena, Dr Hatem Said and Dr Fernando Corella (from left to right)

I was also fortunate enough to attend the National Arthroscopy Conference of Spain which was held in San Sebastian from 24 to 27 April 2013. There were numerous presentations and lectures on various subjects relating to the field of arthroscopy. A number of prominent arthroscopic surgeons attended the meeting, including Dr Lafosse, Dr Kerkhoffs, Dr Oscar Ramirez and Dr Hatem Said to name a few. I was privileged and indeed delighted to get a chance to interact with them and learn from their experience.

My heartfelt gratitude goes to this noble organisation, SICOT, which is a boon to young orthopaedic surgeons like me. I will cherish this imperishable and memorable experience all through my career. I wish and pray that I may be gifted to get associated with the future endeavours of SICOT and do quality service for the needy through the expertise gained from this reputed organisation.

63-year-old female with groin pain

Prasad Ellanti¹, Syah Bahari², Tom McCarthy¹

¹St James' Hospital, Ireland

²KPJ Healthcare University College, Malaysia

History

A 63-year-old female attended the Accident and Emergency Department complaining of lower back and left groin pain for several weeks. She was prescribed pain medication by her GP but it was unable to relieve the pain. She was able to mobilise full weight-bearing. Examination of the left hip was unremarkable as well as other clinical examinations. She was afebrile. She had a history of multiple myeloma and chronic anaemia. Her Hb was 9.5, WCC 2.4 and her neutrophil was 2.2.

This was her pelvic radiograph:



Q. What are your thoughts on the radiograph?

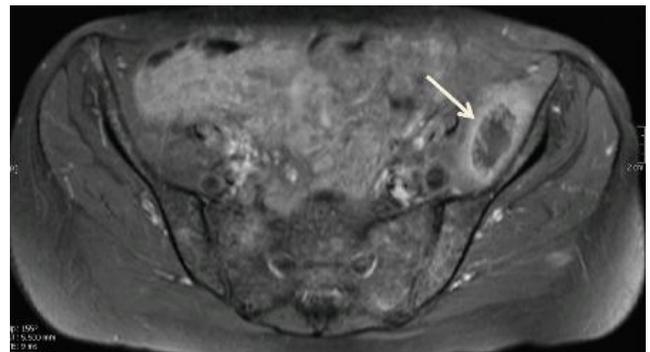
The plain radiograph of the pelvis was reported as normal.

Q. What further investigation would you perform considering her history?

Due to her history of myeloma, she would be at risk of fracture of the vertebra and possible compression of the spinal cord. An MRI scan (below) was performed to further investigate this.



Later, a pelvic MRI was done and showed the following:



Q. What are your thoughts?

To read more, please visit the SICOT website (accessible to SICOT Members only and login is required):

www.sicot.org/?id_page=825





XXVI SICOT Triennial World Congress combined with the 46th SBOT Annual Meeting
Rio de Janeiro, Brazil – 19-22 November 2014



Registration is open at www.sicot.org!

Congress Registration Fees in EUR	Early (until 30 June 2014)	Normal (1 July – 15 October 2014)	On-site (18 – 22 November 2014)
SICOT Active Members	EUR 170	EUR 260	EUR 360
SICOT Associate Members	EUR 85	EUR 150	EUR 200
Non-Members	EUR 370	EUR 460	EUR 600
Non-Member Trainees	EUR 170	EUR 260	EUR 360

Educational Day Registration Fees in EUR	(until 15 October 2014 & from 18 to 22 November 2014)
SICOT Active Members	EUR 100
SICOT Associate Members	EUR 75
Non-Members	EUR 200
Non-Member Trainees	EUR 150

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