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Rule to detect skull fracture in kids

Using a new clinical decision rule should make it possible to identify about 90% of skull fractures in young children with mild head trauma and reduce the use of radiologic investigations by about 60% compared with current practice. The authors recruited 811 children to derive the rule and a further 856 children to validate it. The sensitivity and specificity of the decision rule were 94% and 86% in the derivation phase, and 89% and 87% in the validation phase. The next step would be a study of implementation in multiple settings, suggest the authors. **See Research, page 1202**

Head injuries in young children are common and can lead to important complications such as skull fracture and traumatic brain injury. Gill and Klassen discuss a newly validated rule that helps clinicians decide who should get a skull radiograph when computed tomography is not warranted and explain where it fits among head injury rules. **See Commentary, page 1189**

Eliminating tuberculosis in Canada

Universal screening for TB in immigrants has a modest impact on the domestic burden of TB and is highly inefficient. Kahn and colleagues used health information from nearly 1 million immigrant records in Ontario and found that all cases of TB in immigrants were confined to people from 35 countries out of the 214 from which people emigrate to Canada. **See Research, page E473**

Canada is unlikely to achieve its goal of eliminating tuberculosis by 2050 if current fragmented policy approaches continue, argue Long and Ellis. The establishment of a national TB advisory committee is needed to guide stakeholders in developing a plan to monitor and eliminate the disease effectively. **See Commentary, page 1191**

Reliable testing for Lyme

Standard assays and testing algorithms used in Canada are as sensitive as those used in American specialty laboratories for detecting infection with *Borrelia burgdorferi*. Patients should be warned that specialty laboratories have a high rate of false-

positive results because they use non-evidence based interpretation criteria. **See Commentary, page 1193**

A 35-year-old man with fatigue has a positive Lyme test result from a private commercial laboratory, but Lyme serology conducted by a provincial public health laboratory has a negative result. Why are the test results different? Should the patient be given antibiotic therapy for Lyme disease? The authors address these and other questions about testing for Lyme disease. **See Decisions, page 1222**

Cannabis legalization and public health

A Canadian government formed after October 2015 may move away from prohibitionist policies and create a legal framework for cannabis. If so, public health promotion and protection must be the primary goals, say Spithoff and colleagues in their analysis of policies in jurisdictions where cannabis has already been legalized. **See Analysis, page 1211**

A soccer player with syncope

A 26-year-old competitive soccer player was admitted to hospital for monitoring after an unwitnessed syncopal episode. While undergoing telemetry on day 2 after admission, he was found unresponsive. What did the telemetry recording show? What investigations should be initiated? What is the most likely diagnosis? This article answers these and other questions pertaining to sudden cardiac death in young people. **See Cases, page 1225**

Hidradenitis suppurativa

A 43-year-old man was referred for treatment of recurrent pilonidal abscesses that he had experienced over a 23-year period. After review, however, he was diagnosed with hidradenitis suppurativa, which responded to treatment specific to this disorder. Hidradenitis suppurativa is often misdiagnosed, say the authors, leading to prolonged patient suffering. Early diagnosis with appropriate treatment can improve patient quality of life. **See Clinical images, page 1235**