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Outcomes after traumatic spinal cord injury

Older patients with traumatic spinal cord injury wait longer for surgery and have higher mortality in hospital. These findings are based on data for 1440 patients from 31 acute care and rehabilitation hospitals participating in a disease registry for spinal cord injury. The planned analysis based on an age threshold of 70 years showed that older patients were less severely injured. However, mortality differences were statistically significant only in analyses with 65 as the age threshold. Further work is needed to assess the extent to which immobilization and surgical delay might lead to increased rates of adverse events, the authors suggest. **See Research, page 873**

Investigations in early breast cancer

Breast cancer metastases are what give most women trouble, so it is natural to look for them at the time of diagnosis and staging. However, this search does not benefit women with stage I or II disease. Despite guideline recommendations against imaging for metastases in early-stage breast cancer, such imaging was done for most affected Ontario women. **See Research, page E387**

Routine radiologic staging investigations for asymptomatic patients with stage I and II breast cancer have low detection rates and high false-positive rates. Although discouraged by Canadian and international guidelines, such investigations are commonly requested. Careful knowledge brokering between the medical team and the patient is key to better practice. **See Commentary, page 860**

Managing stroke: think FAST

Ischemic stroke and acute coronary syndromes are similar because both are caused by sudden arterial occlusion. Time to treatment is a critical factor affecting outcome. Stroke care should be designed around efficient, coordinated systems and dedicated care units to ensure the best possible outcomes. **See Review, page 887**

Screening for glaucoma

In this article about a 65-year-old woman with a family history of glaucoma, the authors outline who should be screened for glaucoma, how best to do that in primary care and when to refer patients to an eye care specialist. An appendix to the article includes a widely endorsed practical guide on glaucoma for primary care physicians. **See Decisions, page 899**

Nonresponding osteomyelitis in a boy

A previously healthy two-year-old boy received treatment for osteomyelitis of the calcaneus. Despite six weeks of antibiotic therapy intravenously, the boy's calcaneus was still tender to palpation. Khan and colleagues describe the next steps in managing nonresponding osteomyelitis. The final diagnosis was unexpected. **See What is your call?, page 901**

Passive sensitization causing food allergy

An eight-year-old boy developed anaphylactic reactions to peanuts and salmon after receiving a pooled platelet transfusion in plasma from a donor who had severe food allergies. Reassuringly, the prognosis of passively acquired IgE-mediated allergy from blood products is excellent, with resolution within a few months. The authors stress that unusual causes of food allergy should be suspected in children who react to previously tolerated foods. **See Cases, page 905**

Glaucoma

Primary open-angle glaucoma is a slow and silent thief of vision. Yet for half of people with glaucoma in developing countries, the condition is undiagnosed. Hong and Trope tell us more about diagnosing and managing this common condition. **See Five Things to Know About ..., page E398**