Wetenschap JBZ: de lijnen zijn getrokken

Publicaties
Jeroen Bosch Ziekenhuis
2008

www.jeroensochziekenhuis.nl
Publicaties
Jeroen Bosch Ziekenhuis
2008

Onder redactie van:
Wetenschapscommissie
Wetenschapsbureau

’s-Hertogenbosch, 2010
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Voorwoord

Voor het derde jaar achtereenvolgens bieden wij u een overzicht van de wetenschappelijke publicaties uit het Jeroen Bosch Ziekenhuis (JBZ). De publicaties uit 2008 zullen we u iets anders presenteren dan in de voorgaande edities van 2006 en 2007 het geval is geweest. Enerzijds is gedifferentieerd naar wel of niet PubMed geregistreerde artikelen, anderzijds zijn ook activiteiten onder 'maatschappelijke bijdrage' opgenomen. Wetenschappelijke publicaties zijn uiteraard een belangrijke vorm van output van de activiteiten van de JBZ-professionals, maar ook op het gebied van maatschappelijke betrokkenheid zijn zij actief. Waar mogelijk is van de wetenschappelijke publicaties een samenvatting opgenomen in bijlage I.

Dit jaar zijn 3 van de 4 onderzoeksco-ordinatoren aangesteld die de onderzoekslijnen in het JBZ zullen gaan 'trekken': 'Kanker, afweer en infecties', 'Innovatie in techniek' en 'Hart en vaten' zijn van start, 'Leven in balans' zal in 2010 volgen. Waar tot nu toe een indeling per vakgroep is gehanteerd voor het jaarlijks overzicht, zal in de toekomst deze per onderzoekslijn gepresenteerd gaan worden.

Namens de wetenschapscommissie en het Wetenschapsbureau,

Judie van den Elshout, MSc.
Stafffunctionaris Wetenschapsbureau/ Cluster Leerhuis
ANESTHESIOLOGIE

ABSTRACTS, VOORDRACHTEN EN POSTERS

Gresnigt FM, Langenberg C, De Jager CP.
Ecstasy induced hyperthermia, treat first what kills first!
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee,
4-6 juni 2008
A case of an acquired high-degree AV block in a pregnant woman.
Neth Heart J. 2008 Dec;16(12):419-21.
PMID: 19127320

Pregnancy and the risk of torsades de pointes in congenital long-QT syndrome.
Neth Heart J. 2008 Dec;16(12):422-5.
PMID: 19127321

Diagnostic accuracy of 64-slice computed tomography coronary angiography: a prospective, multicenter, multivendor study.
J Am Coll Cardiol. 2008;52:2135-44.
PMID: 19095130

Does carbamylated hemoglobin still affect the analysis of HbA(1c) in uremic and hyperglycemic patients?
PMID: 19055458

Myocardial adipose tissue in healthy postmenopausal women: no relations with vascular risk.
PMID: 18837806

Relation of epicardial and pericoronary fat to coronary atherosclerosis and coronary artery calcium in patients undergoing coronary angiography.
Meijs MF, Cramer MJ, Prokop M.
A heartless patient.
Heart. 2008;94:560.
PMID: 18411349

Rutten A, Krul SP, Meijs MF, de Vos AM, Cramer MJ, Prokop M.
Variability of coronary calcium scores throughout the cardiac cycle: implications for the appropriate use of electrocardiogram-dose modulation with retrospectively gated computed tomography.
PMID: 18301315

ABSTRACTS, VOORLACHTEN EN POSTERS

Stella P, Hoseyni S, Wilbergh T, Elsman P, van Belle E.
Current and future PCI techniques for bifurcation lesions could we need drug eluting balloons: preliminary results of the debiut.
Abstract : NVVC, UMCUtrecht, 18 apr 2008

Unrecognized Myocardial Infarction in High Risk Subjects: Prevalence and Determinants.
European Society of Cardiology 2008

Unrecognized Myocardial Infarction in High Risk Subjects: Prevalence and Determinants.
American Society of Cardiology 2008

Meijs MF, Bob Meijboom W, Schuijf JD, Prokop M, Mollet NR, van Mieghem CA, Doevendans PA, Bax JJ, de Feyter PJ, Cramer MJ
An Algorithm for the Optimal Combined Use of Calcium Score and 64-Slice CT Coronary Angiography in Angina Patients Referred for Coronary Angiography
European Society of Cardiology 2008
MAATSCHAPPELIJKE BIJDRAGE

Daniëls MC
Vice-voorzitter van de Nederlandse Vereniging voor Cardiologie
Voorzitter van de wetenschappelijke commissie van de Noordbrabantse
Cardiologenvereniging.
Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Rutten MJ, Bosscha K.
The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and DCIS with microinvasion of the breast.
PMID: 17851019

Van Keimpema L, Ruurda JP, Ernst MF, van Geffen HJ, Drenth JP.
Laparoscopic fenestration of liver cysts in polycystic liver disease results in a median volume reduction of 12.5%.
PMID: 17957434

Factors associated with posttraumatic stress symptoms in a prospective cohort of patients after abdominal sepsis: a nomogram.
PMID: 18197398

Van Schaik PM, Ernst MF, Meijer HA, Bosscha K.
Melanoma of the rectum: a rare entity.
PMID: 18330962

Van Wensen RJ, Ruurda JP, Van Geffen HJ, Bosscha K.
A rare cause of "cellulitis".
PMID: 18628372

Looij BG, Kreb DL, Bosscha K, Ernst MF, Jager GJ, Rutten MJ.
Radio frequency ablation therapy in the elderly breast cancer patient
Van Wensen RJ, van Leuken MH, Bosscha K.
Pelvic sepsis after stapled hemorrhoidopexy.
PMID: 18855996

Heating of carbon dioxide during insufflation alters the peritoneal fibrinolytic response to laparoscopic surgery: A clinical trial.
PMID: 17943363

Van Schaik PM, Hermans E, van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Micro-metastases in stages I and II colon cancer are a predictor of the development of distant metastases and worse disease-free survival.
Eur J Surg Oncol. 2008
PMID: 18775627

ABSTRACTS, VOORDRACHTEN EN POSTERS

Hekma EJ, Looijen-Salomon MG, Olsman JG, Van Swieten HA
“Het biopteren bij de Video-Assisted Thoracoscopic Surgery (VATS) bij interstitiele longziekten, zijn wij goed bezig?”
Chirurgendagen 2008, Veldhoven

Koebrugge B, Bosscha K, Jager G, Ernst MF.
Accuracy of Transrectal Ultrasonography in preoperative staging of rectal lesions suitable for Transanal Endoscopic Microsurgery.
DCCG dag, RAI Amsterdam, 12 november 2008

Koebrugge B, Koeck HL, Van Wensen RJA, Dautzenberg PLJ, Bosscha K.
Delirium after abdominal surgery at a surgical ward with a high standard of delirium care.

Koebrugge B, Bosscha K, Ernst MF.
Transanal Endoscopic Microsurgery for local excision of rectal lesions: initial results in a teaching hospital.
Najaarsvergadering NVGE, Veldhoven, 3 oktober 2008
Van Vugt R, Kruse RR, Fritschy WM.
Half-gesloten endarteriectomie van het aorto-iliacala traject: oude wijn in nieuwe zak?
Nederlandse vereniging voor Heelkunde voorjaarsvergadering mei 2008.

Koning OH, Van Loenhout RM, Rutten M.
Endovascular repair of an aortocaval fistula. Pitfalls in presentation.
Voordracht: Association of International Vascular Surgeons (AIVS), Chamonix, Frankrijk, maart 2008

Van Wensen RJ, Bosscha K, Dautzenberg PL, Koek HL, Van Loenhout RM, Koning OH.
Delirium in aorto iliac vascular reconstructions.
Voordracht: Association of International Vascular Surgeons (AIVS), Chamonix, Frankrijk, maart 2008

Van Wensen RJ, Bosscha K, Dautzenberg PL, Koek HL, Van Loenhout RM, Koning OH.
Delirium in aorto iliac vascular reconstructions.
Voordracht: Vaatdagen, Noordwijkerhout, apr 2008

Hinnen JW, Koning OH, Van Bockel JH, Hamming JF.
Aneurysma-drukmeting na EVAR – Het ei van Columbus of een lege dop?
Vascular Rounds Amsterdam, Amsterdam VUMC, 3 juni 2008

Koning OH, Kaptein BL, Van der Vijver RJ, Garling EH, Hinnen JW, Dias NV, Malina M, Schalij MJ, Hamming JF, Valstar ER, Van Bockel JH.
De rol van fluoroscopische rontgen stereofotogrammetrische analyse (FRSA) bij het bestuderen van 3-D stent graft bewegingen in patiënten, een pilot-studie.
Voordracht najaarsvergadering NVvH 2008, Ede, november 2008

Ruurda JP, Ernst MF, Van Keimpema L, Drenth JP, Van Geffen HJ.
Laparoscopic fenestration of liver cysts in patients with polycystic liver disease results in volume reduction and decreased symptoms
European Association for Endoscopic Surgery, Stockholm, Zweden, 11-14 juni 2008

Bosscha K.
DoCCs-studie
IKZ-symposium maagcarcinoom, Vught, 21 februari 2008
Bosscha K, Ruiterkamp J, Ernst MF.
Primair mammacarcinoom en metastasen op afstand: Is locoregionale therapie zinvol?
Mammacarcinoom scholingscursus NVCO, Tiel, 26 september 2008

Van la Parra RF, Ernst MF, Bosscha K.
Schildwachtklierbiopsie na eerdere ipsilaterale mammachirurgie.
Najaarsvergadering NVvH, Ede, 28 november 2008

Dassen AE, Lemmens VE, Van de Poll-Franse LV, Creemers GJ, Brenninkmeijer SJ, Lips DJ, Bosscha K.
Trends in incidentie, overleving en behandeling van het maagcarcinoom in het zuiden van Nederland.
Najaarsvergadering NVvH, Ede, 28 november 2008

Dassen AE, Lemmens VE, Van der Wurff AA, Brenninkmeijer SJ, Lips DJ, Bosscha K.
Aantal onderzochte lymfeklieren bij maagkanker: duidelijke prognostische waarde bij N0 tumoren
Najaarsvergadering NVvH, Ede, 28 november 2008

Faraj D, Kokke MC, Ernst MF, Bosscha K.
De significantie van de vrije chirurgische tumormarges bij de mammasparende therapie.
Najaarsvergadering NVvH, Ede, 28 november 2008

Ruiterkamp J, Bosscha K, Voogd AC, Smilde TJ, Ernst MF.
De zin van mammachirurgie bij patiënten met een primair gemetastaseerd mammacarcinoom.
Najaarsvergadering NVvH, Ede, 28 november 2008

Hermans E, Van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K.
Micro-metastases in stages I en II colon cancer are a predictor of the development of distant metastases and worse disease-free survival
DCCG-dag, Amsterdam, 12 november 2008

Dassen AE, Lemmens VE, Van der Wurff AA, Brenninkmeijer SJ, Lips DJ, Bosscha K.
Number of lymph nodes examined among patients with gastric cancer: variation between departments of pathology and clear prognostic impact in node-negative disease.
Najaarsvergadering NVGE/NVGIC, Veldhoven, 2-3 oktober 2008
Ruiterkamp J, Voofd AC, Smilde TJ, Bosscha K, Ernst MF.
The prognostic significance of tumor surgery in patients with primary metastatic breast cancer.
ESSO 14, Den Haag, 10-12 september 2008

Dassen AE, Lemmens VE, Van de Poll-Franse LV, Creemers GJ, Breninkmeijer SJ, Lips DJ, Bosscha K.
Trends in incidence, survival and treatment of gastric cancer in the Southern part of the Netherlands
ESSO 14, Den Haag, 10-12-september 2008

Kreb DL, Rutten MC, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Treatment of small invasive breast cancer with ultrasound-guided radiofrequency ablation followed by immediate resection.
ESSO 14, Den Haag, 10-12 september 2008

Hermans E, van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K.
Are micrometastasis in colon cancer a predictor for the development of distant micrometastasis?
ESSO 14, Den Haag, 10-12 september 2008

Van la Parra RF, Ernst MF, Mol JJ, Bevilacqua JL, Van Zee KJ, Broekman JM, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
ESSO 14, Den Haag, 10-12 september 2008

Van la Parra RF, Ernst MF, Bosscha K.
Sentinel lymph node biopsy after previous breast surgery
ESSO 14, Den Haag, 10-12-september 2008

Van la Parra RF, Ernst MF, Bosscha K.
Predictive factors for non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node.
ESSO 14, Den Haag, 10-12 september 2008

Kokke MC, Rutten MC, Curiel F, Van der Linden JC, Ernst MF, Bosscha K.
The role of MRI on the therapeutic approach in premenopausal patients with breast cancer.
ESSO 14, Den Haag, 10-12 september 2008
Faraj D, Kokke MC, Ernst MF, Bosscha K.
The significance of tumour free surgical excision margins in breast-conserving therapy.
ESSO 14, Den Haag, 10-12 september 2008

Ritchie ED, Jager GJ, Van der Linden JC, Bosscha K.
Intra-abdominal lymphangioma.
ESSO 14, Den Haag, 10-12 september 2008

Dassen AE, Lemmens VE, Van der Wurff AA, Brenninkmeier SJ, Lips DJ, Bosscha K.
Number of lymph nodes examined among patients with gastric cancer: variation between departments of pathology and clear prognostic impact in node-negative disease.
ESSO 14, Den Haag, 10-12 september 2008

Van Schaik PM, Ernst MF, Prins HA, Bosscha K.
Quality of life after total mesorectal excision for rectal cancer.
ESSO 14, Den Haag, 10-12- September 2008

Hermans E, Van Schaik PM, Prins HA, Ernst MF, Bosscha K.
Poor outcome of emergency surgery in patients with colon cancer.
ESSO 14, Den Haag, 10-12 september 2008

Hermans E, Van Schaik PM, De Vrij I, Hermans M, Prins HA, Ernst MF, Bosscha K.
Detection of CEA an CK-20 as a marker of disseminated tumour cells in blood in patients with colonic cancer.
ESSO 14, Den Haag, 10-12 september 2008

Hermans E, Van Schaik PM, Prins HA, Ernst MF, Bosscha K.
Outcome of colonic surgery in elderly patients with colon cancer.
ESSO 14, Den Haag, 10-12 september 2008

Kreb DL, Rutten MC, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Ultrasound-guided radiofrequency ablation of early breast cancer in a resection specimen.
ESSO 14, Den Haag, 10-12 september 2008

Hermans E, Van Schaik PM, Hermans M, Ernst MF, Bosscha K.
Peroperatieve detectie van tumorcellen in bloed bij patiënten met een coloncarcinoom.
Chirurgendagen 2008, Veldhoven, 22 en 23 mei 2008
Hermans E, Van Schaik PM, Prins HA, Ernst MF, Bosscha K.
Slechte uitkomst na spoedoperaties bij patiënten met een coloncarcinoom.
Chirurgendagen 2008, Veldhoven, 22 en 23 mei 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
Predictive factors for non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node.
6th EBBC, Berlijn, 15-19 april 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
6th EBBC, Berlijn, 15-19 april 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
De SMMAC studie: SNB met completerende OKD bij het multicentrisch mammacarcinoom.
IKZ mammawerkgroep, Eindhoven, 9 april 2008

Ruiterkamp J, Ernst MF, Bosscha K.
Excisie mammatumor bij het primair gemetastaseerd mammacarcinoom.
IKZ mammawerkgroep, Eindhoven, 9 april 2008

Koning OH, Van Wensen RJ, Van Loenhout RM, Koek HL, Dautzenberg PL, Bosscha K.
Delirium na centrale vaatreconstructies.
Vaardagen, Noordwijkerhout, 7 en 8 april 2008

Van la Parra RF, Ernst MF, Bevilacqua JL, Mol S, Van Zee KJ, Broekman J, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
SSO, Chicago 13-17 maart 2008

Hermans E, Van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K.
Are micro-metastases a predictor for the development of distant metastases in colonic cancer.
EMCCC, Berlijn, 24-26 februari 2008

Hermans E, Van Schaik PM, Prins HA, Ernst MF, Bosscha K.
Poor outcome of emergency surgery in patients with colonic cancer.
EMCCC, Berlijn, 24-26 februari 2008
Hermans E, van Schaik PM, Hermans M, Ernst MF, Bosscha K.
Intra-operative detection of disseminated tumour cells in blood in patients with colonic cancer.
EMCCC, Berlijn, 24-26 februari 2008

Jaspers JW, Olsman JG, Rozendaal FW, Wever PC
Pain and skin infection: beware of fasciitis necroticans.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

PUBLICATIES (NIET PUB-MED)

Hekma EJ, Looijen-Salomon MG, Olsman JG, Van Swieten HA
“Het biopteren bij Video-Assisted Thoracoscopic Surgery (VATS) bij interstitiele longziekten, zijn wij goed bezig?”
Nederlands Tijdschrift voor Heelkunde 2008, nr 4: 131

Kortekaas K, Van Niekerk J, Olsman J
“Betere pijnbestrijding op de SEH”
Triage, nr 2: 13-15

Mieog JS, Stoot JH, Bosch JJ, Koning OH, Hamming JF
Inflammatory aneurysm of the common iliac artery mimicking appendicitis
Vascular 2008 Mar-Apr; 16(2):116-9

MAATSCHAPPELIJKE BIJDRAGE

Van Geffen HJ
Voorzitter en mede-organisator Eerste Nederlandse Expert Meeting betreffende liesbreukchirurgie, 26 en 27 november 2008

Koning OH
National representative Association of International Vascular Surgeons
Nul-aanstelling LUMC; Endovasculair onderzoek in samenwerking met het LUMC,
DERMATOLOGIE

WETENSCHAPPELIJKE PUBLICATIES

A case of Lelis syndrome with hystrix-like ichthyosis.
PMID: 18627052

ABSTRACTS, VOORDRACHTEN EN POSTERS

Dooren-Greebe RJ
Pigment, te veel, te weinig of op de verkeerde plaats.

Dooren-Greebe RJ
Als je haar maar goed zit en door je nagels niet in de put. Aandoeningen van haar en nagels.
Workshops duodagen WDH KNO, Dermatologie, Oogheelkunde, Vught, 4 Juni 2008. (voor huisartsen geaccrediteerd met 6 pt)

Janssens RWA
Pigmentatiestoornissen en haar- en nagelafwijkingen.
Duodagen voor huisartsen te Vught.
27 mei en 3 juni 2008

Janssens RWA
Eczeem, allergie en geneesmiddelreacties.
Voor (ziekenhuis) apothekers regio noord-oost Brabant te Den Bosch.
2 en 4 december 2008

Van Geest AJ
Nascholing voor huisartsen over acne. Jeroen Bosch ziekenhuis, Den Bosch.
20 maart 2008

Andriessen M
Kruip in de huid van.
Huisartsen Regio Den Bosch, 30 september 2008
PUBLICATIES (NIET PUB-MED)

Velden van der HMJ, Erceg A, Dooren-Greebe RJ, Nooijen P, Janssens RWA.
Kliniek en behandeling van multipele familiaire trichoepitheliomen: beschrijving van een casus en een overzicht van de literatuur.

Badeloe S, Van Geest AJ, Van Marion AM, Frank J.
Absence of fumarate hydratase mutation in a family with cutaneous leiomyosarcoma and renal cancer.

MAATSCHAPPELIJKE BIJDRAGE

Dooren-Greebe RJ
Patientenfolder “De behandeling met Neotigason” i.s.m. firma Actavis, 2008
GERIATRIE

WETENSCHAPPELIJKE PUBLICATIES

Dautzenberg PL, van Rijn CA, Schaaf JH.
The geriatric model as a source of inspiration
PMID: 18500168

ABSTRACTS, VOORDRACHTEN EN POSTERS

Koebrugge B, Koek HL, Van Wensen RJA, Dautzenberg PL, Bosscha K.
Delirium after abdominal surgery at a surgical ward with a high standard of
delirium care.

Van Wensen RJ, Bosscha K, Dautzenberg PL, Koek HL, Van Loenhout RM,
Koning OH.
Delirium in aorto iliac vascular reconstructions.
Voordracht: Association of International Vascular Surgeons (AIVS), Chamonix,
Frankrijk, maart 2008

Van Wensen RJ, Bosscha K, Dautzenberg PL, Koek HL, Van Loenhout RM,
Koning OH.
Delirium in aorto iliac vascular reconstructions.
Voordracht: Vaatdagen, Noordwijkerhout, apr 2008

PUBLICATIES (NIET PUB-MED)

Dautzenberg PL, Koffijberg RE, Driesen JJM, Dautzenberg F.
Geheugenklachten bij patiënten jonger dan 65 jaar en begeleidende stoornissen.

MAATSCHAPPELIJKE BIJDRAGE

Dautzenberg PL
Voorzitter Nederlandse Vereniging voor Klinische Geriatrie
Voorzitter werkgroep Geheugenpolidag
Lid werkgroep Consultatie bureau voor Ouderen, Schijndel
Columnist Algemeen Dagblad
GYNAECOLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Oei AL, de Hullu JA, Grefte JM, Havenith BP.
An enlarged groin node as first manifestation of a malignancy: Don't forget the ovaries.
PMID: 17466436

Gaugler-Senden IP, Berends AL, De Groot CJ, Steegers EA
Severe, very early onset preeclampsia: Subsequent pregnancies and future parental cardiovascular health.
PMID: 18571828

De Reu PA, Smits LJ, Oosterbaan HP, Snijders RJ, Nijhuis JG.
Value of a single early third trimester fetal biometry for the prediction of birth weight deviations in a low risk population.
PMID: 18598122

ABSTRACTS, VOORDRACHTEN EN POSTERS

Brandes M, Hamilton CJ, Bergevoet KA, De Bruin JP, Nelen WL, Kremer JA.
Where do multiple pregnancies come from?
Human Reprod volume 23, suppl 1, i203, 2008

De Reu PA, Smits LJ, Oosterbaan HP, Snijders RJ, Nijhuis JG.
Eenmalige echobiometrie aan het begin van het 3e zwangerschapstrimter voor de detectie van mogelijke groeiertardatie in de low-risk populatie.

Cardiotocografie plus S-analyse van het foetale electrocardiogram versus cardiotocografie plus microbloedonderzoek: voorlopige resultaten van een Nederlandse gerandomiseerde klinische trial.

Hamilton CJ, Brandes M.
Waar komen de meerlingen in de regio ‘s-Hertogenbosch vandaan?
Wetenschapsbespreking afdeling Voortplantingsgeneeskunde, UMC Utrecht.
6 februari 2008

Hamilton CJ, Brandes M.
Een kijkje in de Bossche schatkist.
Afscheidssymposium R. Bots, gynaecoloog St Elisabethziekenhuis Tilburg.
21 November 2008

Hamilton CJ.
25 November 2008

Schenk A. Hamilton CJ.
Implementatie GnRH antagonisten protocol in the kliniek.
Workshop GnRH agonisten versus GnRH antagonisten.
Hotel Central, ‘s-Hertogenbosch
25 November 2008

PUBLICATIES (NIET PUB-MED)

Oosterbaan HP
De behandeling van ernstige opvliegers met desvenlafaxinesuccinaat.
Meno-management Journaal 8: 12-13 (2008)

Oosterbaan HP
“Houston we have a problem” The twisted flow of information on HRT.

Oosterbaan HP
Transfusiebeleid bij Jehovah’s getuigen.
Verloskundig SamenwerkingsVerband. ’s-Hertogenbosch, 27 mei 2008
Oosterbaan HP
Preconceptiezorg. Geaccrediteerde nascholing voor huisartsen. Vught, 10 juni 2008

Oosterbaan HP, Bouwma AE

MAATSCHAPPELIJKE BIJDRAGE

Hamilton CJ
Lid Redactie Nederlands Tijdschrift voor Obstetrie en Gynaecologie

Oosterbaan HP
Instructor MOET Provider Course
Redactielid website www.gynaecologie.nl
INTENSIVE CARE GENEESKUNDE

WETENSCHAPPELIJKE PUBLICATIES

Mathoera RB, Wever PC, van Dorsten FR, Balter SG, de Jager CP.
Epiglottitis in the adult patient.
PMID: 18931398

Moviat MA, Terpstra AM, Ruitenbeek W, Kluijtmans LA, Pickkers P, van der Hoeven JG.
Contribution of various metabolites to the “unmeasured” anions in critically ill patients with metabolic acidosis.
PMID: 18176310

Moviat AM Pickkers P, Ruitenbeek W, van der Hoeven JG.
The nature of unmeasured anions in critically ill patients.
PMID: 18439325

BOEKEN

Kellum JA, Moviat M, van der Hoeven J.
Using the stewart model at the bedside.

ABSTRACTS, VOORDRACHTEN EN POSTERS

Bosch FH, Van Vliet J, De Jager CP.
The introduction of a medical emergency team leads to a decrease in the number of resuscitations.

Resultaten van een PCR voor de detectie van Q-koorts in community-acquired pneumonia (CAP)-patiënten.
Abstract: NVMM/VIZ 2008
Jaspers JWH, Wever PC, Rozendaal FW, Olsman J, De Jager CP
Pain and skin infection: beware of necrotizing fasciitis!
Poster: NVSHA dagen 2008

Rybak-de Rouw M, Rozendaal FW, Pruyt JF, De Jager CP.
Malignant cor pulmonale: tumor emboli causing pulmonary hypertension,
Poster: NVSHA dagen 2008

Veeken SN, De Jager CP, Bok S, Rozendaal FW.
Self referrals at the emergency department.
Poster: NVSHA dagen 2008

Rozendaal FW
De diagnostiek en behandeling van septische shock.
Voordracht: Regionale onderwijsdag SEH artsen regio den Bosch/Utrecht, 2008

Ciotti G, Louwerse ES, de Jager CP
Long-term survival after first-ever minor ischemic stroke,
Voordracht en Poster: NVSHA dagen, juli 2008

Gresnigt FM, Langenberg C, De Jager CP
Ecstasy induced hyperthermia, treat first what kills first.
Poster: NVSHA dagen, juli 2008

Bosch FH, Van Vliet J, de Jager CP
The introduction of a medical emergency team leads to a decrease in the number of resuscitations.
Poster: European Society of Intensive Care Medicine, Lissabon, september 2008

Moviat MA
Metabole acidose in de praktijk: praktische benadering aan het (IC-) bed.
NEMO dagen NVIC 14/15 juni 2009

Gresnigt FM, Langenberg C, De Jager CP.
Ecstasy induced hyperthermia, treat first what kills first!
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Jaspers JW, Olsman J, Rozendaal FW, Wever PC.
Pain and skin infection: beware of fasciitis necroticans.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008
Rybak-de Rouw M, Rozendaal FW, Pruijt JF, De Jager CP.
Malignant cor pulmonale: tumor emboli causing pulmonary hypertension.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Veeken SN, De Jager CP, Rozendaal FW.
Self-referrals at the Emergency Department.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6- juni 2008

PUBLICATIES (NIET PUB-MED)

Moviat MA, Pickkers P.
Metabolic acidosis and strong ion gap: what is its real cause?

Baten A, De Jager CP, Fijnheer R, Rozendaal FW.
Intrapulmonale Actinomycose na chemotherapie bij een jonge vrouw met Hodgkin Lymphoom.
Nederlands Tijdschrift voor Anesthesiologie, 18-21, september 2008

Bosch FH, De Jager CP
Number of resuscitations for in hospital cardio-pulmonary arrests decreases after introduction of a medical emergency team.
Netherlands Journal of Critical Care, volume, 12, no 6, 256-259

Legionella pneumophila DNA in serum samples during Legionairres’ disease in relation to C-reactive protein
Eur J Clin Microbiol Infect Dis. 2008, 15 Oktober

MAATSCHAPPELIJKE BIJDRAGE

De Jager CP
Bestuurslid Nederlandse Vereniging voor Intensive Care
Aalten J, **Hoogeveen EK**, Roodnat JI, Weimar W, Borm G, De Fijter JW, Hoitsma AJ.
PMID: 18564985

Evaluation of the one-minute exercise test to detect peripheral arterial disease.
PMID: 18380796

Van Poppel PC, Fijnheer R, Haverman JF, **Sinnige HA**.
Aggressive non-Hodgkin lymphoma in 3 patients with rheumatoid arthritis: discontinue the use of methotrexate.
PMID: 19024068

**Looij BG**, Jager GI, **van Munster IP**.
An adult with lower abdominal pain.
PMID: 19075319

**Herbers AH**, Blijlevens NM, Donnelly JP, De Witte TJ.
Bacteraemia coincides with low citrulline concentrations after high-dose melphalan in autologous HSCT recipients.
Bone Marrow Transplant. 2008 Sep;42(5):345-9.
PMID: 18587437

Van der Velden WJ, **Herbers AH**, Blijlevens NM.
Palifermin in allogeneic HSCT: many questions remain.
Bone Marrow Transplant. 2008 published online 1 September 2008.
PMID: 18762763
Van Schaik PM, Hermans E, van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Micro-metastases in stages I and II colon cancer are a predictor of the
development of distant metastases and worse disease-free survival.
Eur J Surg Oncol. 2008
PMID: 18775627

Van Lieshout AW, Creemers MC, Radstake TR, Elving LD, Van Riel PL.
Graves' disease in a patient with rheumatoid arthritis during treatment with anti-
tumor necrosis factor-alpha.
PMID: 18464319

Louwman WJ, Voogd AC, Van Dijck JA, Nieuwenhuijzen GA, Ribot J, Pruijt JF, Coebergh JW.
On the rising trends of incidence and prognosis for breast cancer patients
diagnosed 1975-2004: a long-term population-based study in southeastern
Netherlands.
PMID: 18038250

Freriks K, den Heijer M, Bonenkamp JJ, Biert J, Sweep CG, Hermus AR.
Intraoperatieve bepaling van parathormoon bij primaire hyperparathyreoidie;
vooral waardevol bij vermoeden van solitair bijzijklvieradenoom en bij
heroperatie.
PMID: 18240759

Ramakers BP, Pickkers P, Deussen A, Rongen GA, Van den Broek P, Van der
Hoeven JG, Smits P, Riksen NP.
Measurement of the endogenous adenosine concentration in humans in vivo:
methodological considerations.
PMID: 18855606

Draisma A, Dorresteijn MJ, Pickkers P, Van der Hoeven H.
The effect of systemic iNOS inhibition during human endotoxemia on the
development of tolerance to different TLR-stimuli.
PMID: 18562574


BOEKEN


PROEFSCHRIFTEN

Beutler JJ Co-promotor: van L. Bax Renal function and atherosclerotic renovascular disease, Utrecht 29 augustus 2008

ABSTRACTS, VOORDRACHTEN EN POSTERS


Kreb DL, Rutten MC, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Ultrasound-guided radiofrequency ablation of early breast cancer in a resection specimen.
ESSO 14, Den Haag, 10-12 september 2008

Garritsen SJ, Nijziel M, Herbers AH.
Severe thrombocytopenia secondary to a cytomegalovirus infection in a previously healthy, immunocompetent woman.
NIV abstractboek 2008, p79.

Anemie met een chinees tintje.
Klinische dag Hematologie 2008

Burghout C
Voedingskeuze bij hematologische patiënten: sondevoeding versus TPV.
Voordracht en Poster: Oncologiedagen 2008

Burghout C
Mondzorg, onze zorg.
Poster: Oncologiedagen 2008

Hoogeveen EK
Hematurie in de huisartsenpraktijk
Geaccrediteerde cursus, Vught, november 2008

Herbers AH, Donnelly JP, Blijlevens NM.
Idarubicin containing regimen for HSCT prolongs mucosal toxicity.
34th Annual Meeting of the European Group for Blood and Marrow Transplantation, March 31, 2008.

Dorresteijn MJ, Draisma A, Van der Hoeven JG, Pickkers P.
Whole blood cytokine production does not predict the in vivo inflammatory response after LPS stimulation in humans.
Internistendagen, Maastricht, april 2008.

Freriks K, Kemperman FA.
Late appearance of Sheehan syndrome in a patient with symptomatic hyponatremia after a delivery with severe bleeding and hysterectomy.
Internistendagen, Maastricht, april 2008.
Beutler JJ
STAR-update The 11th RENOVASCULAR FORUM, Birmingham United Kingdom, 14 maart 2008

Beutler JJ
STAR trial: Efficacy and Safety of Stenting in Atherosclerotic Renovascular Disease, Nefrologiedagen, Veldhoven, april 2008

Beutler JJ
Klinisch denken.
RODIN UMC St Radboud, 10 september 2008

Beutler JJ
Cardiologie en Nefrologie, Noord Brabantse Cardiologen Vereniging,
Mook, 22 november 2008

Rybak-de Rouw M, Rozendaal FW, Pruijt JF, De Jager CP.
Malignant cor pulmonale: tumor emboli causing pulmonary hypertension. 2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Ramakers BP, Conemans JM, Hollander AA.
(Val)acyclovir induced neurotoxicity: two case reports. 19e internistendagen. Netherlands Society of Internal Medicine, Maastricht 2008, Abstractbook, p. 114-5.

PUBLICATIES (NIET PUB-MED)

Thalidomide in induction treatment increases the very good partial response rate before and after high-dose therapy in previously untreated multiple myeloma Dutch-Belgian HOVON, German GMMG

Van Poppel PC, Sinnige HA, Fijnheer R, Haverman JF
Agressief non-hodgkinlymfoom bij 3 patiënten met reumatoïde artritis: eerst methotrexaat staken.
Ned Tijdschr Geneeskd. 2008;152:2351-6
Burghout C
Wat is de beste supportive care met betrekking tot de voedingszorg bij hematologische patiënten: sondevoeding of TPV?
Oncologica, No 2, p34-37

Herbers AH, Blijlevens NM.
Palifermine voor mucositis bij stamceltransplantatie patiënten.

Festen HP, Van den Broek HM, van Deijne MW, Freriks K, Netten PM.
Leerzame openheid; de incidentbespreking tijdens de medisch-specialistische opleiding.
Medisch Contact 2008 Jul; 63(27):1176-79.

Abrahams AC, Thunnissen PLM, Pruijt IF, Boelens JJ.
Diagnostiek en behandeling van hemofagocytaire lymfohistiocytose.

Festen HP, Van den Broek H, van Deijne M, Freriks K, Netten PM.
De vergeten competenties.
Medisch Contact 2008 Dec; 63(49):2065.

Heijligenberg R, Koopman M, Netten PM.
Opleidingsvisitaties: ervaringen uit het veld.

Netten PM, Bilo HJG.
Nuchter blijven voor kleine operaties.
DiabeteScience 2008 Nov; 8-10.

Van Eijk LT, Dorresteijn MJ, Pickkers P.
Gender influences in vivo human responses to endotoxin.

MAATSCHAPPELIJKE BIJDRAGE

Sinnige HA
Lid Regionaal Medisch Tuchtcollege
Lid Myeloom werkgroep Nederland (HOVON)
Lid Lymfoom werkgroep Nederland (HOVON)
Netten PM
Consulent somatiek en lid wetenschappelijke staf in het kader van
de opleiding tot psychiater. Reinier van Arkel, GGZ ’s-Hertogenbosch
Vice voorzitter Concilium Medicinae Internae
Lid Plenaire Visitatiecommissie Nederlandse Internisten Vereniging, Utrecht.
Lid Medisch Specialistische Registratie Commissie (MSRC)
Lid commissie van uitvoering MSRC.
Lid regionaal medisch tuchtcollege, Eindhoven
Lid regionaal opleidingcommissie interne geneeskunde OOR-ON
Lid Advies Commissie Regionale Opleidingssymposium Interne geneeskunde
Nijmegen (ACROSIN)
Redactielid Nederlands Tijdschrift voor Diabetologie
Lid wetenschappelijke en programma commissie 4 jaarlijks "International
Diabetic Foot symposium”, Noordwijkerhout.
Jurylid jaarlijkse kwaliteitsprijs diabeteszorg Nederland

Beutler JJ
Voorzitter Sessie Nefrologie op NIV dagen, 23 april 2008 Maastricht
Lid Sectie Nefrologie, NIV
Lid Centrale Opleidingscommissie Nefrologie
Lid Richtlijnencommissie Hypertensieve Crisis NIV
Voorzitter stuurcommissie en projectleider STAR-onderzoek UMC Utrecht
Lid stuurcommissie AURORA-trial
Lid ACRODIN
Docent OOR-On
Lid organisatiecomité Workshop Nefrologie
Nulaanstelling vakgroep Nefrologie en Hypertensie UMC Utrecht

Hoogeveen EK
Bestuurslid kwaliteitscommissie NFN
Bestuurslid richtlijnencommissie NIV

Hollander AA
Beroepsbelangen commissie Nederlandse Internisten Vereniging, Utrecht
Sectie Bedrijfsvoering Nederlandse federatie voor Nefrologie, Utrecht
Werkgroep Registratieregels nieuwe DOT-structuur, Utrecht
Stichting Nefrosearch, Leiden
Lid BBC, NIV
Lid Sectie Bedrijfsvoering Nederlandse federatie van Nefrologie
Lid Landelijke werkgroep registratieregels DBC-onderhoud
Lid expert-team DOT-DBC nefrologie/interne geneeskunde
Pruijt JF
Lid commissie kwaliteit Nederlandse Internisten Vereniging (NIV) en voorzitter kwaliteit indicatoren
Lid commissie beoordeling (dure) oncologische (genees) middelen (commissie BOM)
Lid hoofdredactieraad Nederlands Tijdschrift voor Hematologie (NTvH)
Lid hoofdredactieraad landelijke nascholing Kennis en kunde Over Palliatie (KOP)
Lid visitatieteam IKZ
KINDERGENEESKUNDE

WETENSCHAPPELIJKE PUBLICATIES

De Ridder L, Rings EH, Damen GM, Kneepkens CM, Kokke FT, Benninga MA, Hoekstra JH, Gijsbers CF, Escher JC.
Infliximab dependency in pediatric Crohn’s disease: long-term follow-up of an unselected cohort.
PMID: 18069674

Mestrum E, Hendriks-Roelofs F, Tetteroo E, De Vries E.
An infant with an extracranial protuberance.
PMID 18394091

Guarino A, Albano F, Ashkenazi S, Gendrel D, Hoekstra JH, Shamir R, Szajewska H; European Society for Paediatric Gastroenterology, Hepatology, and Nutrition; European Society for Paediatric Infectious Diseases.
European Society for Paediatric Gastroenterology, Hepatology, and Nutrition/European Society for Paediatric Infectious Diseases evidence-based guidelines for the management of acute gastroenteritis in children in Europe.
PMID: 18460974

European Society for Paediatric Gastroenterology, Hepatology, and Nutrition/European Society for Paediatric Infectious Diseases evidence-based guidelines for the management of acute gastroenteritis in children in Europe: executive summary.
PMID: 18493225

Van der Linde AA, Pillen S, Gerrits GP, Bouwes Bavinck JN.
Stevens-Johnson syndrome in a child with chronic mercury exposure and 2,3-dimercaptopropane-1-sulfonate (DMPS) therapy.
PMID: 18568806
Hoekstra JH
Probiotic prophylaxis in patients with predicted severe acute pancreatitis: a randomised, double-blind, placebo-controlled trial and informed consent procedure.
PMID: 18714463

Van Aerde KJ, Kalverdijk LJ, Reimer AG, Widdershoven JA.
QT interval prolongation and psychotropic drugs in children and adolescents: proposed guideline
PMID: 18754307

Van Mil EG, Hiort O.
Three out of four: a case discussion on ambiguous genitalia.
Eur J Endocrinol. 2008 Dec; 159 Suppl 1:S91-3
PMID: 18775976

Setz JM, Van der Linde AA, Gerrits GP, Meulstee J.
EEG findings in an eleven-year-old girl with mercury intoxication
PMID: 19044221

BOEKEN

Rezaei N, Bonilla FA, De Vries E, Sullivan KE, Orange J.
Trefwoorden: primaire immuundeficiëntie, diagnostiek.

Van Mil EG
Exercise, sport and diabetes mellitus.

ABSTRACTS, VOORDRACHTEN EN POSTERS

Kusters MA, Jol-van der Zijde CM, Van Tol MJ, De Vries E.
Serum antibody response to tetanus toxoid in children with Down syndrome.
Verstegen RH, Gemen EF, Kusters GC, De Vries E.
Verlaagd percentage CD23+ B-lymfocyten bij Down Syndroom: een verklaring voor gestoorde antistofproduktie?

Kusters MA, Gemen EF, De Jongh-Leuvenink J, De Vries E.
T-lymfocytensubpopulaties bij Down syndroom passen bij intrinsiek immuundefect, niet bij vervroegde veroudering.

Van Esch J, Muijs M, De Vries E.
A dedicated program for the transfer of hospital-therapy to home-therapy for children with PID to increase treatment satisfaction.

De Vries E, Weemaes CM, Schuitema-Dijkstra AR, Smeets D.
Antibody deficiency and probably chronical inflammation in proximal trisomy 6p.

Schatorjé E, Gemen EF, Driessen GJ, De Jongh-Leuvening J, Van der Burg M, De Vries E.
Age-matched reference values for lymphocyte subpopulations, and their implication for the care of immunodeficient children.

Kusters MA, Gemen EF, Wever PC, De Jongh-Leuvenink J, De Vries E.
T-lymphocyte subpopulations in children with Down syndrome.

Verstegen RH, Gemen EF, De Jongh-Leuvenink J, Kusters GC, De Vries E.
Decreased CD21+ and CD23+ B-lymphocytes in Down Syndrome children: association with decreased antibody production?

Hoekstra JH
Probiotics, a bear market?
Iguassu 17 augustus

Hoekstra JH
ESPGHAN/ESPID EBM richtlijnen voor de behandeling van acute gastro-enteritis.
Amersfoort, 19 september 2008

Hoekstra JH
Naar regionale docentprofessionalisering,
Ravenstein, 2 oktober 2008

De Vries E
TACI-mutatie in CVID-familie. Werkgroep Immuundeficiënties
Utrecht 23 mei 2008

De Vries E
Resultaten van vaccinatiestudie.
Werkconferentie Down Syndroom,
Leiden, 27 november 2008

De Vries E
Internationaal congres organiseren voor dummies. Bossche Bollen retour.
`s-Hertogenbosch, 12 december 2008

Widdershoven JA
Kinderarts sociale pediatrie, gedragsproblemen door een kindergeneeskundige bril. Voordracht bij het afscheid van collega W. van de Broek, kinderarts te Veghel, 24 januari 2008

Widdershoven JA
Het dikke kind.
Voordracht voor de ledenvergadering van Thuiszorg Wijk en Aalburg,
25 maart 2008

Van Mil EG
Insuline als dikmaker. Voordracht regionale dietisten Vivent
`s-Hertogenbosch, 7 januari 2008
Van Mil EG
Public Health Forum bestuurdersdebat.
Utrecht, 10 maart 2008

Van Mil EG
De Jeugd heeft de toekomst. Docent Nascholing Huisartsen en Jeugdartsen,
Eindhoven, 25 maart 2008

Van Mil EG
Ambiguous genitalia of the newborn.
5th International Paediatric Endocrinology Symposium Baveno, Italie,
10-11-april 2008

Van Mil EG
Multidisciplinaire refereeravond Obesitas voor specialisten en huisartsen
Boxtel, 26 augustus 2008

Van Mil EG
The metabolic syndrome in the paediatric age range: towards international
consensus.
Introduction into the 47th annual ESPE meeting Istanbul, Turkije,
20 september 2008

Van Mil EG
Kinderobesitas, gericht op de toekomst.
Voordracht Stichting Toekomst Scenario’s Gezondheidszorg,
Amsterdam, 17 november 2008

Van Mil EG
Kinderen en jeugdigen.
Voordracht jaarvergadering Nederlandse Diabetes Federatie,
Amersfoort, 20 november 2008

Den Rooyen C, van Rossum HJM, Gans ROB, van Schelphout-van Deventer V,
Hoekstra JH.
What competencies are required for clinical supervisors and heads of specialist
training departments?
Proceedings AMEE, Prague, 2008

Hoekstra JH, Van der Weij A, Groot-Loonen J, Hoogerbrugge P, Kooy Y,
Koning F.
Celiac disease cured by allogenic hematopoietic stem cell transplantation.
WCPGHN Proceedings, Iguassu, 2008
Van Esch J, Muijs M, De Vries E.
A dedicated program for the transfer of hospital-therapy to home-therapy for children with PID to increase treatment satisfaction.

De Vries E, Weemaes CMR, Schuitema-Dijkstra AR, Smeets D.
Antibody deficiency and probably chronical inflammation in proximal trisomy 6p.
XIIIth meeting of the European Society for Immunodeficiencies ESID, `s-Hertogenbosch, 2008.

PUBLICATIES (NIET PUB-MED)

De Vries E.
Using vaccines to diagnose antibody deficiency.

Schuitema AR
Zindelijkheidsproblemen bij kinderen
Modern Medicine 2008, nr. 3

Pelleboer R, Hoekstra JH
Gastro-enteritis.
Praktische Pediatrie 2008;3:179-82

Struik AL, Pijpers M, Widdershoven JA.
Preventieprogramma voor de lichamelijke gezondheid van kinderen met psychiatrische problematiek.
Tijdschrift voor Psychiatrie 2008;50 suppl. I. pg S246

MAATSCHAPPELIJKE BIJDRAGE

De Vries E
Workshops ‘Diagnostiek bij vermoeden van een afweerstoornis’ voor kinderartsen, internisten, longartsen en KNO-artsen (al dan niet in opleiding) door het gehele land.
Meeting president 13€ congres van de European Society for Immunodeficiencies in `s-Hertogenbosch.
Penningmeester European Society for Immunodeficiencies (ESID) t/m oktober, daarna gewoon bestuurslid
Hoofdredacteur ESID Newsletter
Lid Educational Working Party ESID (organisatie Summer School en Educational Day)
Lid Commissie PAOG cluster Nijmegen
Lid Clinical Study Group General Paediatrics MCRN (Medicines for Children Research Network)
Lid Clinical Study Group Immunology, Rheumatology and Infectious Diseases MCRN.
Reviewer diverse immunologische en kindergeneeskundige tijdschriften
Lid landelijke werkgroep Downsyndroom; deelnemer richtlijnontwikkeling follow-up Downsyndroom.
Docent onderwijscurriculum Opleiden van AIOS in de Klinische Praktijk UMC Nijmegen

Hoekstra JH
Coördinator voor de affiliatie van het JBZ met UMC St Radboud
Lid beraad opleiders kindergeneeskunde in algemene ziekenhuizen
Voorzitter stuurgroep professionalisering docenten OOR Oost Nederland
Lid comité van aanbeveling stichting De Locatie, ’s-Hertogenbosch
Member ESPGHAN/ESPID Committee for EBM Guidelines for Management of Acute Gastroenteritis
Member Editorial Council Journal of Infant and Child Nutrition and Diet Therapy
Reviewer voor Journal of Pediatric Gastroenterology and Nutrition
Reviewer voor Nederlands Tijdschrift voor Medisch Onderwijs
Decaan medisch onderwijs en opleidingen JBZ
Lid Heyendaal commissie (PAOG) UMC St Radboud
Lid centraal College Medische Specialismen
Lid commissie modernisering opleidingen CCMS
Lid plenair overleg Onderwijs en Opleidingsregio OOR (Oost Nederland)

Jacobs JW
Voorzitter Commissie Bossche Samenscholingsdagen
Lid Landelijke Begeleidingscommissie Zorg rond de pasgeborene
Lid regionale kinderdiabetes groep “KIDZ&KO”

Jira PE
Regio-coördinator Prader-Willi Syndroom-patiënten
Adviseur Stichting Opsporing Erfelijke Hypercholesterolemie (StOEH)

Widdershoven JA
Lid bestuur van de Nederlandse Vereniging voor Kindergeneeskunde
Voorzitter Beroeps Belangen Commissie en Werkgroep Producttypering van de NVK
Instructeur APLS en NLS

De Witte J
Docent onderwijscurriculum Opleiden van Co-assistenten in de Klinische Praktijk UMC Nijmegen
Docent onderwijscurriculum Tropenartsen In Opleiding

Van Mil EG
Voorzitter van de werkgroep kinderobesitas van de European Society for Paediatric Endocrinology
Voorzitter van de werkgroep kinderobesitas van de sectie kinderendocrinologie van de NVK
Partner in het Partnerschap Overgewicht Nederland (PON) namens de NVK
Reviewer voor International Journal of Obesity
Reviewer voor International Journal of Pediatric Obesity
Reviewer voor Hormone Research
KLINISCHE CHEMIE & HEMATOLOGIE

WETENSCHAPPELIJKE PUBLICATIES


PROEFSCHRIFTEN


ABSTRACTS, VOORDRACHTEN EN POSTERS


Verstegen RH, Gemen EF, Kusters GC, de Vries E.
Verlaagd percentage CD23+ B-lymfocyt en bij Down Syndroom: een verklaring voor gestoorde antistofproduktie?

Verstegen RHJ, Gemen EF, de Jongh-Leuvenink J, Kusters GC, de Vries E.
Decreased CD21+ and CD23+ B-lymphocytes in Down Syndrome children: association with decreased antibody production?

Litsenburg EH, Péquériaux NC.
Zwangere vrouw met anti-c en…
Poster: Nederlandse Vereniging voor Bloedtransfusie, 28 en 29 mei 2008, Ede

Litsenburg EH, Péquériaux NC.
Zwangere vrouw met anti-c en…
Voordracht: Nederlandse Vereniging voor Bloedtransfusie, 28 en 29 mei 2008, Ede

Schatorjé E, Gemen EF, Driessen GJ, de Jongh-Leuvenink J, van der Burg M, de Vries E.
Age-matched reference values for lymphocyte subpopulations in children, and their implication for the care of immunodeficiënt children.
Poster: ESID, 16 oktober 2008, 's-Hertogenbosch

Kusters MA, Gemen EF, Wever PC, de Jongh-Leuvenink J, de Vries E.
T Lymphocyte subpopulations in children with Down Syndrome.

Wetzer PM, Péquériaux NC.
Plasmatransfusies, doen we het goed?

Wetzer PM, Péquériaux NC.
Plasmatransfusies, doen we het goed?

De Waard H
Automatisering in het JBZ.
De Waard H, Van ’t Sant P.
Rhabdomyolyse; (on)mogelijkheid van kwantitatieve myoglobine bepaling in urine op een viertal platforms.

Van ’t Sant P, De Wit NC
"Slechte commuteerbaarheid van SKML rondzendingen".

Van ’t Sant P, de Wit NC,
Geen goede commuteerbaarheid van de ASAT-bepaling in SKML rondzendingen.

PUBLICATIES (NIET PUB-MED)

Hoedemakers RM
Vitamine D deficiëntie: komt dat nu veel voor?

Hoedemakers RM,
Heeft een patiënt met een positieve ANA uitslag een auto-immuunziekte?
Labcontact, 27 oktober 2008

Litsenburg EH, Péquériaux NC
Zwangere vrouw met anti-c en een…
Tijdschrift voor Bloedtransfusie, 2008; 4: 102 – 105

MAATSCHAPPELIJKE BIJDRAGE

Hoedemakers RM
Lid redactie LabContact
Lid regio Klinisch Chemici Oost Brabant Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Lid dagelijks bestuur Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC) (penningmeester)
Lid Commissie Automatisering Informatisering en Commissie Technologie (AICT), NVKC
Lid Commissie en Stichting Post Academisch Onderwijs Klinische Chemie NVKC
Lid Examencommissie NVKC
Bestuurslid Noyons Stichting NVKC
Lid College van Adviseurs Zuid-Oost Brabant, Bloedbank Sanquin
Lid Nederlandse Vereniging voor Bloedtransfusiegeneeskunde
Refereeravonden samen met klinisch chemici Bernhoven
Onderwijs Fontys Hogeschool Eindhoven, module "Laboratoriumdiagnostiek Autoimmuunziekten"
Presentatie en rondleiding voor nieuwe leden Diabetes patiëntenvereniging over het laboratorium
Lid Nederlandse Vereniging voor Trombose en Hemostase
Lid Nederlandse Vereniging voor Immunologie
Lid International Society Laboratory Hematology

De Jongh-Leuvenink J
Voorzitter van beenmergmorfologie kwaliteitscontrole regio Zuid-Oost Nederland
Organisatie van beenmergmorfologie kwaliteitscontrole regio Zuid-Oost Nederland i.s.m. MMC Veldhoven (voorjaar en najaar) met bijbehorende nabespreking en casuïstiek
Voorzitter stuurgroep Multidisciplinair Laboratorium Moleculair Biologische Diagnostiek JBZ
Lid regio Klinisch Chemici Oost Brabant Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Lid Vereniging Hematologisch Laboratoriumonderzoek (VHL) (kascontrole)
Lid Nederlandse Vereniging voor Klinische Chemie en Laboratoriumgeneeskunde
Lid Nederlandse Vereniging voor Trombose en Hemostase
Lid Nederlandse Vereniging voor Cytometrie (NVC)

Van ’t Sant P
Casus bespreking MLO studenten, 3e jaar, studierichting Klinische Chemie
Regionaal Opleidingen Centrum (ROC) Eindhoven
Auditor van Coördinatie Commissie ter bevordering van de Kwaliteitsbeheersing op het gebied van Laboratoriumonderzoek in de Gezondheidszorg (CCKL): 2 audits per jaar
Lid redactie Labcontact
Scholing voor doktersassistентen van huisartsen regio 's-Hertogenbosch, Oss en Veghel: juni
Presentatie en rondleiding voor nieuwe leden Diabetes patiëntenvereniging over het laboratorium
Zitting in commissie medisch laboratorium onderwijs van de Nederlandse Vereniging voor Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Zitting in platform point of care testen (POCT) van de NVKC
Lid commissie medisch laboratoriumonderwijs NVKC
Lid regio Klinisch Chemici Oost Brabant Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Beroepenveld commissie ROC Eindhoven
Lid Vereniging van Hematologisch Laboratoriumonderzoek (VHL)

Péquéraux NC
Auditor van Coördinatie Commissie ter bevordering van de Kwaliteitsbeheersing op het gebied van Laboratoriumonderzoek in de Gezondheidszorg (CCKL): 2 audits per jaar en Raad van accreditatie
Lid college van Adviseurs Zuid Oost Brabant Bloedbank Sanquin
Lid Nederlandse Vereniging voor Bloedtransfusie
Lid Nederlandse Vereniging voor Trombose en Hemostase
Lid Vereniging van Hematologisch Laboratoriumonderzoek (VHL)
Lid commissie Bossche samenscholingsdagen voor huisartsen en specialisten
Lid regio Klinisch Chemici Oost Brabant Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Lid Vereniging voor Artsen Laboratoriumdiagnostiek
Lid Koninklijke Maatschappij ter bevordering van de Geneeskunde

Kusters GC
Lid stuurgroep benchmark laboratoria Nederlandse Vereniging voor Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Voorzitter commissie Accreditatie van Nascholing (NVKC)
Lid werkgroep publieksvragen (NVKC)
Lid regio Klinisch Chemici Oost Brabant Nederlandse Vereniging Klinische Chemie en Laboratoriumgeneeskunde (NVKC)
Casus bespreking MLO studenten, 3e jaar, studierichting Klinische Chemie Regionaal Opleidingen Centrum (ROC) Eindhoven
Presentatie en rondleiding voor nieuwe leden Diabetes patiëntenvereniging over het laboratorium
Lid bestuur Vereniging Medische Staf
Plateaucie dienstverlening huisartsen (JBZ)
Opleider NVKC
Lid directie Diagnostisch Centrum Jeroen Bosch Ziekenhuis
Lid STZ overleg laboratoriumhoofden
Deelnemer ledenvergadering Stichting Samenwerkende topklinischeZiekenhuizen (STZ)
Lid American Association for Clinical Chemistry
Lid Nederlandse vereniging voor Endocrinologie
Lid The Endocrine Society
Mede-auteur website www.kiesbeter.nl laboratoriumonderzoek
KLINISCHE FYSICA

BOEKEN

Praktijkgids Risicomanagement en Medische Technologie.
NVZ Publicaties 11-2007-001, Utrecht

ABSTRACTS, VOOR DRACHTEN EN POSTERS

Maas AJ
Pacemakers als elektronisch medicijn
Collegevoordracht, TUe, Eindhoven

Maas AJ
Zin en onzin van preventief onderhoud
FMT Gezondheidszorg 2008 (12): 32-34.

MAATSCHAPPELIJKE BIJDRAGE

Maas AJ
Bestuurslid Vereniging Invasief Technische Hartstimulatie Specialisten (VITHaS)
Lid NVZ-denktank Risicomanagement en Medische Technologie
Lid FBZ-bestuur namens NVKF
KNO-HEELKUNDE

ABSTRACTS, VOORDRACHTEN EN POSTERS

De Visscher AV
Globusklachten. Nieuwe ontwikkelingen KNO
Voordracht duodagen WDH KNO, Dermatologie, oogheelkunde, Vught, 4 juni 2008

De Visscher AV
Rhinosinusitis en allergische rhinopathie
Workshops duodagen WDH KNO, Dermatologie, Oogheelkunde, Vught, 4 juni 2008

MAATSCHAPPELIJKE BIJDRAGE

De Visscher AV
Voorzitter bestuur Vereniging Medische Staf JBZ
Lid Lead Physician Panel. 2/3 Unity Wharf-13 Mill Street, SE1 2BH, London, UK
Consultent Cello: instelling voor verstandelijk gehandicapten
Consultent Dokter, dokter.nl
LONGZIEKTEN

WETENSCHAPPELIJKE PUBLICATIES

Phase III study comparing cisplatin plus gemcitabine with cisplatin plus pemetrexed in chemotherapy-naïve patients with advanced-stage non-small-cell lung cancer.
PMID: 18506025

ABSTRACTS, VOORDRACHTEN EN POSTERS

A randomized phase II study of pemetrexed (P) versus pemetrexed-carboplatin (PC) as second line treatment for patients (pts) with advanced non-small-cell lung cancer (NSCLC) – NVALT-7.

Veen E, Janssen-Heijnen M, Ritchie E, Biesma B, Bolhuis RJ.
Pneumonectomy for bronchogenic carcinoma: analysis of factors predicting short and long term outcome.

PUBLICATIES (NIET PUB-MED)

De Visser VL, Biesma B.
Wat is de beste eerstelijnsbehandeling voor gemetastaseerd bronchoalveolaircel carcinoom.

Geftinib (IRESSA) plus best supportive care (BSC) vs placebo plus BSC in chemotherapy-naïve patients with advanced (stage IIIB or IV) non-small-cell

MAATSCHAPPELIJKE BIJDRAGE

Biesma B.
Voorzitter werkgroep longtumoren IKZ
Penningmeester EORTC Lung Cancer Group
Lid NVALT werkgroep Richtlijn Niet-kleincellig longcarcinoom
Lid NVALT werkgroep Richtlijn kleincellig longcarcinoom
MEDISCHE MICROBIOLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Van Delft E, Vandewall M, Curiel FB, Rutten MJ, Schneeberger PM.
A previously healthy 15-year-old girl with high fever and progressive dyspnoea.
PMID: 18253750

Ingham CJ, Ben Jacob E.
Swarming and complex pattern formation in Paenibacillus vortex studied by imaging and tracking cells.
PMID: 18298829

Van Wijk PT, Pelk-Jongen M, Wijkmans C, Voss A, Timen A, Schneeberger PM.
Variation in interpretation and counselling of blood exposure incidents by different medical practitioners.
PMID: 18313514

Van Wijk PT, Pelk-Jongen M, Wijkmans C, Voss A, Schneeberger PM.
Three-year prospective study to improve the management of blood-exposure incidents.
PMID: 18724826

Mathoera RB, Wever PC, van Dorsten FR, Balter SG, de Jager CP.
Epiglottitis in the adult patient.
PMID: 18931398

Huijsdens XW, Janssen M, Renders NH, Leenders AC, van Wijk PT, van Santen Verheuvel MG, van Driel JK, Morroy G.
Methicillin-resistant Staphylococcus aureus in a beauty salon, the Netherlands.
PMID: 18976576

Wulf MW, Tiemersma E, Kluytmans J, Bogaers D, Leenders AC, Jansen MW, Berkhout J, Ruijters E, Haerkate D, Isken M, Voss A.
MRSA carriage in healthcare personnel in contact with farm animals. 
PMID: 18701191

Van Wijk PT, Pelk-Jongen M, Wijkmans C, Voss A, Schneeberger PM. 
Three-year prospective study to improve the management of blood-exposure incidents. 
PMID: 18724826

Van Wijk PT, Boland GJ, van Leeuwen-Gilbert P, Schneeberger PM. 
Inadequate infrastructure for follow-up after needlestick injuries in the Netherlands. 
PMID: 18807336

Q fever in the Netherlands - what matters is seriousness of disease rather than quantity. Author reply. 
PMID: 18761906

Large ongoing Q fever outbreak in the south of The Netherlands, 2008. 
PMID: 18761906

Schneeberger C, Stolk RP, Devries JH, Schneeberger PM, Herings RM, Geerlings SE. 
Differences in the pattern of antibiotic prescription profile and recurrence rate for possible urinary tract infections in women with and without diabetes. 
PMID: 18362200

Van Wijk PT, Pelk-Jongen M, Wijkmans C, Timen A, Voss A, Schneeberger PM. 
Variation in interpretation and counselling of blood exposure incidents by different medical practitioners. 
PMID: 18313514
ABSTRACTS, VOORDRACHTEN EN POSTERS


Meekelenkamp JC, Blaauw GJ, Schneeberger PM, Horrevorts AM, Leenders AC. Evaluation of a commercially available Enzyme-Linked Immunosorbent Assay detecting Coxiella burnetii phase II specific IgM to diagnose acute Q-fever in comparison with Indirect Fluorescent Antibody assay. Gecombineerde NVMM en VIZ Wetenschappelijke Najaarsvergadering, Amsterdam, 20 november 2008.


Schneeberger C, Stolk RP, Devries JH, Schneeberger PM, Herings RM, Geerlings SE.
Treatment of urinary tract infections (UTI) in women with diabetes mellitus (DM); lower recurrence rate with norfloxacin compared to nitrofurantoin or trimethoprim.


Ingham C, Boonstra S, de Lange M, Schneeberger PM. The culture and antifungal sensitivity testing of pathogenic fungi on a highly porous ceramic (P1344). European Congress of Clinical Microbiology and Infectious Diseases, Barcelona, Spanje, 19-22 april 2008.


Jaspers JW, Wever PC, Rozendaal FW, Olsman J, de Jager CP. Pain and skin infection: beware of necrotising fasciitis!

PUBLICATIES (NIET PUB-MED)


Van Wijk PT, Boland GJ, Ruijs WLM, Timen A, Schneeberger PM. Naar een uniforme afhandeling van prikaccidenten in Nederland.


MOLECULAIRE DIAGNOSTIEK

WETENSCHAPPELIJKE PUBLICATIES

Wilms EB, Touw DJ, Conemans JM, Veldkamp R, and Hermans MH.
A new VKORC1 allelic variant (p.Trp59Arg) in a patient with partial resistance to acenocoumarol and phenprocoumon.
PMID: 18419745

ABSTRACTS, VOORDRACHTEN EN POSTERS

Handoko K, Majoie M, Hermans MH, Zwart J, Egberts T, Hekster Y.
The association between a functional polymorphism in SCN1A gene and drug resistance in epilepsy.

de Jongh-Leuvenink J, Hermans MH, Péquériaux NC.
Casus: Multidisciplinaire diagnostiek en follow up van een patiënt met acute myeloïde leukemie (AML-M4eo).

Hermans E, Van Schaik PM, De Vrij I, Hermans MH, Prins HA, Ernst MF, Bosscha K.
Detection of CEA an CK-20 as a marker of disseminated tumour cells in blood in patients with colonic cancer.
ESSO 14, Den Haag, 10-12 september 2008

Hermans E, Van Schaik PM, Hermans MH, Ernst MF, Bosscha K.
Peroperatieve detectie van tumorcellen in bloed bij patiënten met een coloncarcinoom.
Chirurgendagen 2008, Veldhoven, 22 en 23 mei 2008

Hermans E, van Schaik PM, Hermans MH, Ernst MF, Bosscha K.
Intra-operative detection of disseminated tumour cells in blood in patients with colonic cancer.
EMCCC, Berlijn, 24-26 februari 2008
PUBLICATIES (NIET PUB-MED)


MAATSCHAPPELIJKE BIJDRAGE

MH Hermans
Medeoprichter Vereniging Moleculaire Diagnostiek in de Gezondheidszorg (VMDG).
Penningmeester Werkgroep Moleculaire Diagnostiek Infectieziekten (WMDI) van NVMM.
Consultancy Moleculaire Diagnostiek VieCuri Medisch Centrum, Venlo.
NEUROLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Handoko KB, Zwart-van Rijkom JE, Vissee HF, Hermens WA, Hekster YA, Egberts TC.
Drug treatment related factors of inadequate seizure control.
PMID: 18657477

ABSTRACTS, VOORDRACHTEN EN POSTERS

Ter Bruggen JP
Duodopa state of the art
’s-Hertogenbosch 2008

Ter Bruggen JP
“trigeminus neuralgie, medicamenteuze behandeling”
Symposium werkgroep pijn Dortrecht 2008

Ter Bruggen JP
“Behandeling van neuropathische pijn”
Symposium palliatieve pijn. Den Bosch 2008

Ter Bruggen JP
“Parkinson”
WDH Bossche samenscholing 2008

Ter Bruggen JP
“Casus Parkinsonisme”
MDS Istanbul 2008

Ter Bruggen JP
Nordic walking en Parkinson.
Poster: MDS Istanbul 2008

Ter Bruggen JP
Nordic walking 2 en Parkinson, Parkinson and related disorders
Amsterdam 2008. (Poster)
PUBLICATIES (NIET PUB-MED)

Ter Bruggen JP
Nordic Walking improves mobility in patients with Parkinson’s disease

MAATSCHAPPELIJKE BIJDRAGE

Ter Bruggen JP
Opzetten Parkinson activiteiten programma i.s.m.ParcNet UMCN
Organisator jaarvergadering NHV (Ned. hoofdpijn vereniging) 11/2008
NUCLEAIRE GENEESKUNDE

WETENSCHAPPELIJKE PUBLICATIES

Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Rutten MJ, Bosscha K.
The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and DCIS with microinvasion of the breast.
PMID: 17851019

The Netherlands protocol for standardisation and quantification of FDG whole body PET studies in multi-centre trials.
PMID: 18704407

BOEKEN

Van den Broek WJ, PC Barneveld PC, C Lemstra C, Van Urk P,

ABSTRACTS, VOORDRACHTEN EN POSTERS

The Netherlands protocol for standardization of FDG whole body PET studies in multi-center trials (NEDPAS).
Voordracht: door R. Boelaard. SNM New Orleans 2008

Hoekstra CJ.
Response monitoring FDG PET bij NSCLC.
Voordracht: Landelijke onderwijsdag AIOS nucleaire geneeskunde.
25 April 2008

Hoekstra CJ
“Maagcarcinoom: nieuwe inzichten en behandelingsmethodieken”.
Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
Predictive factors for non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node.
6th EBBC, Berlijn, 15-19 april 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
6th EBBC, Berlijn, 15-19 april 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman J, Bosscha K.
De SMMAC studie: SNB met completerende OKD bij het multicentrisch mammacarcinoom.
IKZ mammawerkgroep, Eindhoven, 9 april 2008

MAATSCHAPPELIJKE BIJDRAGE

Barneveld PC
Lid van Commissie Kwaliteitsbevordering NVNG (secretaris)
Lid mammacarcinoomwerkgroep IKZ

Hoekstra CJ
Lid HOVON Imaging werkgroep
Penningmeester Dutch Lung Cancer Research Group
Voorzitter IKZ werkgroep PET
Reviewer European Journal of Cancer
ORTHOPEDIE

WETENSCHAPPELIJKE PUBLICATIES

Jansen EJ, Emans PJ, Douw CM, Guldemond NA, Van Rhijn LW, Bulstra SK, Kuijer R
One intra-articular injection of hyaluronan prevents cell death and improves cell metabolism in a model of injured articular cartilage in the rabbit.
PMID: 18176946

BOEKEN

van Loon T, Marti RK.
Derotational humeral osteotomy in posttraumatic anterior instability.
In: Marti RK, van Heerwaarden RJ. Osteotomies for Posttraumatic Deformities. Thieme Verlag. ISBN 978-3-13148671-4

Marti RK, Eygendaal D, van Loon T.
Correction of proximal humerus malunion.
In: Marti RK, van Heerwaarden RJ. Osteotomies for Posttraumatic Deformities. Thieme Verlag. ISBN 978-3-13148671-4

ABSTRACTS, VOORDRACHTEN EN POSTERS

Bom LP
Patiënttevredenheid bij Resurfacing Heup Arthroplastiek.
Stichting Pat. Belangen Orthopedie, augustus 2008

Bom LP,
1. Cementloze Totale heup
2. Hip Resurfacing.
Cursus Heupprothesiologie PAOG Nijmegen, 25 januari 2008

Bom LP
Patiënttevredenheid bij na total hip arthroplastiek.
Vereniging Aangeboren heupafwijkingen, Ijsselstein, 4 oktober 2008
PATHOLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Rutten MJ, Bosscha K.
The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and DCIS with microinvasion of the breast.
PMID: 17851019

Interpretation of immunohistochemistry for mismatch repair proteins is only reliable in a specialized setting.
PMID: 18677806

Van Schaik PM, Ernst MF, Meyer HA, Bosscha K.
Melanoma of the rectum: A rare entity.
PMID: 18330962

Van Schaik PM, Hermans E, van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Micro-metastases in stages I and II colon cancer are a predictor of the development of distant metastases and worse disease-free survival.
Eur J Surg Oncol. 2008
PMID: 18775627

ABSTRACTS, VOORDRACHTEN EN POSTERS

Hermans E, Van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K.
Micro-metastases in stages I en II colon cancer are a predictor of the development of distant metastases and worse disease-free survival
DCCG-dag, Amsterdam, 12 november 2008

Van der Linden JC
Bevolkingsonderzoek baarmoederhalskanker, de eerste 2 visitaties
Regiodag bevolkingsonderzoek Baarmoederhalskanker Noord-Brabant / Noord Limburg NVVP, 2008
Kreb DL, Rutten MC, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K. Treatment of small invasive breast cancer with ultrasound-guided radiofrequency ablation followed by immediate resection. ESSO 14, Den Haag, 10-12 september 2008


Hermans E, van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K. Are micrometastasis in colon cancer a predictor for the development of distant micrometastasis? ESSO 14, Den Haag, 10-12 september 2008

Kokke M, Rutten MC, Curiel F, Van der Linden JC, Ernst MF, Bosscha K. The role of MRI on the therapeutic approach in premenopausal patients with breast cancer. ESSO 14, Den Haag, 10-12 september 2008


Van la Parra RF, Ernst MF, Mol JJ, Bevilacqua JL, Van Zee KJ, Broekman JM, Bosscha K. Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy. ESSO 14, Den Haag, 10-12 september 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Bosscha K. Predictive factors for non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node. 6th EBBC, Berlijn, 15-19 april 2008
Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
6th EBBC, Berlin, 15-19 April 2008

Hermans E, Van Schaik PM, Van der Linden JC, Ernst MF, Bosscha K.
Are micro-metastases a predictor for the development of distant metastases in colonic cancer.
EMCCC, Berlin, 24-26 February 2008

Van la Parra RF, Ernst MF, Bevilacqua JL, Mol S, Van Zee KJ, Broekman JM, Bosscha K.
Validation of a nomogram to predict the risk of non-sentinel lymph node metastasis in breast cancer patients with a positive sentinel node biopsy.
SSO, Chicago 13-17 March 2008

Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Bosscha K.
De SMMAC studie: SNB met completerende OKD bij het multicentrisch mammacarcinoom.
IKZ mammawerkgroep, Eindhoven, 9 April 2008

Broekman JM
Minisymposium Juridische aspecten van PA diagnostiek deel IV
Pathologendagen Zeist, 23 April 2008

PUBLICATIES (NIET PUB-MED)

Kliniek en behandeling van multipele familiaire trichoepitheliomen: beschrijving van een casus en een overzicht van de literatuur.
Nederlands Tijdschrift voor Dermatologie en venerologie Vol 18, jan 2008; 2-6

MAATSCHAPPELIJKE BIJDRAGE

Broekman JM
Voorzitter commissie juridische zaken NVVP

Van der Linden JC
Voorzitter NVVP sectie klinische pathologie
Lid werkgroep Kinderpathologie der lage landen
Lid opleideroverleg (Nijmegen)
lid werkgroep IKZ urologie
Regionaal coördinerend patholoog

Nooijen P
Lid werkgroep Haematopathologie IKZ-regio
Redacteur labcontact JBZ/Bernhoven
Lid Sectie pathologie HOVON
PLASTISCHE, RECONSTRUCTIEVE EN HANDCHIRURGIE

WETENSCAPPELIJKE PUBLICATIES

Heijnen IC, Franken RJ, Bevaart BJ, Meijer JW.
Long-term outcome of superficialis-to-profundus tendon transfer in patients with clenched fist due to spastic hemiplegia.
PMID: 17852274

ABSTRACTS, VOORDRACHTEN EN POSTERS

Organisatie van Congres "De Hand in uw praktijk", vanuit de juist opgerichte HPEC (Hand en Pols Expertise Centrum) JBZ.
30 januari 2008

Franken RJ
TendoVaginitis Stenosans, diagnostiek, Congres "De Hand in uw praktijk", JBZ.
30 januari 2008

Hermens RA
Mallet Finger, diagnostiek, Congres "De Hand in uw praktijk", JBZ.
30 januari 2008

Van der Heijden EP
Anatomie vd Duim. Congres "De Hand in uw praktijk", JBZ.
30 januari 2008

Van der Heijden EP
CMC-arthrosis, operatieve behandeling. Congres "De Hand in uw praktijk", JBZ.
30 januari 2008

Franken RJ
Autumn Meeting NVPC/RBSPS, Den Bosch, 4 Oktober 2008
Organisatie internationaal congres & voorzitter Sessie IV: Microsurgery.
Hermens RA
Autumn Meeting NVPC/RBSPS, Den Bosch, 4 Oktober 2008
Organisatie internationaal congres & voorzitter Sessie VII: Aesthetic Surgery.
Güzelcan Y, Kleinpenning AS, Vuister FM.
Peduncular hallucinosis caused by a tumour in the right thalamus. A case study
PMID: 18188831
Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Rutten MJ, Bosscha K.
The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and
DCIS with microinvasion of the breast.
PMID: 17851019

Van Delft E, Vandewall M, Curiel FB, Rutten MJ, Schneeberger PM.
A previously healthy 15-year-old girl with high fever and progressive dyspnoea.
PMID: 18253750

Looij BG, Jager GJ, Rutten MJ
Radiofrequency ablation offers new treatment options in the elderly breast
cancer patient.
Acta Oncologica; 1: 2008 Apr 30:1. Letter to the editor
PMID: 18607843

Looij BG, Kreb DL, Bosscha K, Ernst MF, Jager GJ, Rutten MJ.
Radio frequency ablation therapy in the elderly breast cancer patient
PMID: 18807458

Van Wensen RJ, van Leuken MH, Bosscha K.
Pelvic sepsis after stapled hemorrhoidopexy.
PMID: 18855996

Looij BG, Jager GJ, van Munster IP.
An adult with lower abdominal pain.
PMID: 19075319

MRI with a lymph-node-specific contrast agent as an alternative to CT scan
and lymph-node dissection in patients with prostate cancer: a prospective multicohort study.
PMID: 18708295

Hövels AM, Heesakkers RA, Adang EM, Jager GJ, Strum S, Hoogeveen YL, Severens JL, Barentsz JO.  
The diagnostic accuracy of CT and MRI in the staging of pelvic lymph nodes in patients with prostate cancer: a meta-analysis.  
PMID: 18325358

Looij BG, Jager GJ, Rutten MJ.  
Radiofrequency ablation offers new treatment options in the elderly breast cancer patient.  
Acta Oncol. 2008;47(6):1156 author reply 1157  
PMID 18607843

Jager GJ, Heesakkers R, Witjes J, Barentsz J.  
The importance of the extent of pelvic-lymph-node dissection in the diagnosis of lymph-node metastases in prostate cancer - Authors’ reply  
The Lancet Oncol. 2008 Oct;9(10)915-7; author reply 917-8  
PMID 19071244

ABSTRACTS, VOORDRACHTEN EN POSTERS

Ranschaert ER.  
Virtuele Colonoscopie: Waar staan we en waar gaan we?  
Diner pensant, 1 april 2008, Boxtel

Rutten MJ, Collins JM, Maresch BJ, Smeets JH, Janssen C, Kiemeney LA, Jager GJ.  
Glenohumeral joint injection: a comparative study of ultrasound and fluoroscopically guided techniques.  

Rutten MJ, Maresch BJ, Jager GJ, de Waal Malefijt MC.  
Injection of the subacromial-subdeltoid bursa: blind or US-guided?  

Rutten MJ, Maresch BJ, Jager GJ, de Waal Malefijt MC.  
Injection of the subacromial-subdeltoid bursa: blind or US-guided?
Voordracht: 15th Annual ESSR/BSSR Meeting
June 12-14th 2008, Galway, Ireland.

MDCT angiography of abdominal wall vascularisation: preoperative imaging for DEEP inferior epigastric perforator flap breast reconstruction.
Poster: Radiologen Dagen 2008.
9-10 oktober 2008, Rotterdam.

Jafari K, Rutten MJ.
Percutaneous Thrombin Injection of Femoral Artery Pseudoaneurysm with Simultaneous Arterial Balloon Occlusion.
Poster: Radiologen Dagen 2008.
9-10 oktober 2008, Rotterdam.

Looij BG, Kreb DL, van der Linden JC, Pruijt JFM, Bosscha K, Ernst F, Jager GJ, Rutten MJ.
Ex-vivo radio frequency ablation (RFA) in small breast cancer. Evaluation of effectiveness using different techniques of staining of the histopathologic specimen.
Poster: Radiologen Dagen 2008.
9-10 oktober 2008, Rotterdam.

Rutten MJ.
‘Het belang van MR-mammografie’
Symposium: Mammapathologie in de eerste en tweede lijn: Nieuwe ontwikkelingen en Toekomstvisie.
10 april 2008, Vught

Efficacy and safety of stent placement in patients with impaired renal function and atherosclerotic renal artery stenosis: the STAR study.
Radiologen Dagen 2008. Sessie 4 Interventieradiologie. 4.08
9 oktober 2008, Rotterdam.

Rutten MJ.
Crossroads Institute for Cardiac and Vascular Education
Communicatie op de interventie kamer.
Symposium Interventional Radiologie.
27 oktober 2008, Brussel

Rutten MJ.
Schouder US: Technique, Indications, Pitfalls and Efficacy; US versus MRI
Hands-On MSK, Sectie Aspirant-leden NVVR.
15 november 2008, Utrecht

Looij BG, Kreb DL, van der Linden JC, Bosscha K, Pruijt JF, Jager GJ, Rutten MJ.
Ex vivo Radio Frequency Ablation (RFA) in breast cancer. Evaluation of
effectiveness using different techniques of staining of the histopathologic
specimen.
Scientific Paper SSC21-09: RSNA 2008
1 december 2008, Mon, 11:50 AM 12:00 PM (E351), Chicago

Runneboom-Mertens S, Rutten MJ, Jager GJ.
Oncologische interventie behandeling van HCC middels TransArteriële
ChemoEmbolisatie (TACE).
Regionale refereervond Radiologie OOR-ON
12 december 2008, ’s-Hertogenbosch

Koebrugge B, Bosscha K, Jager GJ, Ernst MF.
Accuracy of Transrectal Ultrasonography in preoperative staging of rectal
lesions suitable for Transanal Endoscopic Microsurgery.
DCCG dag, RAI Amsterdam, 12 november 2008

Koning OH, Van Loenhout RM, Rutten MJ.
Endovascular repair of an aortocaval fistula. Pitfalls in presentation.
Voordracht: Association of International Vascular Surgeons (AIVS), Chamonix,
Frankrijk, maart 2008

Kreb DL, Rutten MJ, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Treatment of small invasive breast cancer with ultrasound-guided
radiofrequency ablation followed by immediate resection.
ESSO 14, Den Haag, 10-12 september 2008

Kokke M, Rutten MC, Curiel F, Van der Linden JC, Ernst MF, Bosscha K.
The role of MRI on the therapeutic approach in premenopausal patients with
breast cancer.
ESSO 14, Den Haag, 10-12 september 2008

Ritchie ED, Jager GJ, Van der Linden JC, Bosscha K.
Intra-abdominal lymphangioma.
Kreb DL, Rutten MC, Van der Linden JC, Pruijt JF, Ernst MF, Bosscha K.
Ultrasound-guided radiofrequency ablation of early breast cancer in a resection specimen.
ESSO 14, Den Haag, 10-12 september 2008

PUBLICATIES (NIET PUB-MED)

Rutten MJ
“Kanker bestrijden met een prikje”
Wegener dagbladen (Brabants Dagblad, De Stem, De Stentor, Eindhovens dagblad, De Gelderlander, Twentsche Courant Tubantia, PZC) 2008

MAATSCHAPPELIJKE BIJDRAGE

Rutten, M J
Lid Concilium Radiologicum
Lid Projectgroep Herziening Opleiding Radiologie (HORA)
Reviewer American Journal of Roentgenology
Reviewer European Radiology
Voorzitter Symposium Interventional Radiologie
Crossroads Institute for Cardiac and Vascular Education
27 oktober 2008, Brussel
Nulaanstelling: UMC Nijmegen

Ranschaert ER
Chairman of the ECR (European Congress of Radiology) 2008. Computer Applications Subcommittee, Vienna, Austria.
7-11 Maart 2008
Editorial Advisory Board vaktijdschrift Diagnostic Imaging Europe.

Jager GJ
Reviewer European Radiology
REUMATOLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Hartkamp A, Geenen R, Godaert GL, Bootsma H, Kruize AA, Bijlsma JW, Derksen RH.
Effect of dehydroepiandrosterone administration on fatigue, well-being, and functioning in women with primary Sjögren syndrome: a randomised controlled trial.
PMID: 17545193

Branten AJ.
Risk of infectious complications during anti-TNFalpha therapy.
PMID: 18292606

Van Poppel PC, Fijnheer R, Haverman JF, Sinnige HA.
Aggressive non-Hodgkin lymphoma in 3 patients with rheumatoid arthritis: discontinue the use of methotrexate.
PMID: 19024068
REVALIDATIEEGENENESKUNDE

WETENSCHAPPELIJKE PUBLICATIES


BOEKEN


ABSTRACTS, VOORDRACHTEN EN POSTERS

Van Kuijk AA. Onderwijs cerebrale parese. Terugkomdag Arsen voor verstandelijk gehandicapten (AVG), Vredenburg Utrecht, 17 januari 2008
Bevaart BJ

Van Kuijk AA


Vugts M

Vugts M
Klinimetrie en gangbeeld bij kinderen met cerebrale parese. Onderwijs: St. Maartenskliniek, Nijmegen, 7 maart 2008

Meijer JW
Lerend in ontwikkeling. Symposium 50 jaar Revalidatiecentrum Tolbrug, Theater aan de Parade, ’s-Hertogenbosch, 18 april 2008

Van Kuijk AA
Workshop “lerend in ontwikkeling”. symposium 50 jaar bestaan RC Tolbrug, Theater aan de Parade, ’s-Hertogenbosch, 18 april 2008

Kortland I

Rosbergen W en Bos GJ
Indicatiestelling na CVA: revalidatiecentrum cq verpleeghuis. Refereeravond Brabantse revalidatieartsen, 1 september 2008
Van Kuijk AA  
College “NHO” onderwijsblok 3 Spinale en wervelkolompathologieCentraal onderwijs opleiding revalidatiegeneeskunde regio Nijmegen-‘s-Hertogenbosch-Arnhem, 3 oktober 2008


Transcranial magnetic stimulation to understand and predict neuroplasticity after stroke: the EXPLICIT-stroke program. Poster 3rd Dutch-UK Rehabilitation meeting, Ermelo 30-31 October 2008

Buma FE, Ramsey NF, Rombouts SA, Visser-Meily JM, Meskers CG, Van Wegen EE, Geurts AC, Van Kuijk AA, Arendzen JH, Lindeman E, Kwakkel G.
Cerebral plasticity underlying upper limb recovery after stroke; the EXPLICIT-stroke program. Poster 3rd Dutch-UK Rehabilitation meeting, Ermelo 30-31 October 2008

Investigating behavioral strategies underlying recovery of the upper paretic limb after stroke: the EXPLICIT-stroke program. Poster 3rd Dutch-UK Rehabilitation meeting, Ermelo 30-31 October 2008

Van Kuijk AA.
Hoorcollege: Voorspellen van herstel van arm-handfunctie. Cursus neurorevalidatie, Nederlands Paramedisch Instituut, Papendal, 14 november 2008

Van Kuijk AA
Lezing: Voorspellen van arm-handfunctie na CVA. Keypointdag Ariane Ranitz school Utrecht, 29 november 2008


MAATSCHAPPELIJKE BIJDRAGE

Vugts M
penningmeester werkgroep spasticiteit, sectie kinderrevalidatie medisch adviseur stichting de Wielewaal

Van Kuijk AA
Docent IMC Weekend school
Reviewer Journal of Rehabilitation Medicine
Reviewer Nerorehabilitation and Neural Repair
UROLOGIE

WETENSCHAPPELIJKE PUBLICATIES

Leijte JA, Oddens JR, Lock TM.
PMID: 18294030

BOEKEN

De Vylder AM
Chapter 31: Sexuality, Sex, Pregnancy, and Spina Bifida
The Spina Bifida, 2008
Springer, Milan

ABSTRACTS, VOORDRACHTEN EN POSTERS

Arentsen HC, H.P. Beerlage HP, Schrier BPh, Oddens JR.
Diagnostic laparoscopic lymphadenectomy for clinically localised prostate carcinoma: Do we find what we are looking for?
Abstract: (Annual congress of European association of Urology, Milan)

Van Onna IE, Oddens JR, Kok ET, Van Moorselaar JA, Bosch LH, Battemann J.
External beam radiation therapy followed by interstitial radiotherapy with Iridium-192 for solitary bladder tumours: results of 111 treated patients.
Abstract: (Annual congress of European association of Urology, Milan)

Bolla M, De Reijke ThM, Van Tienhoven GJ, Van Den Bergh AC, Oddens JR, Poortmans PM, Gez E, Kil PJ, Musat E, Collette L.
Six-month concomitant and adjuvant hormonal treatment with external beam irradiation is inferior to 3-years hormonal treatment for locally advanced prostate cancer: results of the EORTC randomised phase III trial 22961.
Abstract: (Annual congress of European association of Urology, Milan)
Gelders WC, De Vylder AM
Routine biopsies in paediatric circumcision: (non) sense?
Poster en voordracht op Annual congres of European Association of Urology, Milan 2008

De Vylder AM, Van der Horst E
Sandwichcursus NVU Werkgroep kinderurologie UOI: workshop niet ingedaalde testis. Bunnik, 8-2-2008

Gelders WC, De Vylder AM
Buccal Mucosa Urethraplastiek, onze ervaringen
Voordracht op de Elautprijs 2008, Koksijde, 16 februari 2008

De Vylder AM
Gebruik van buccal mucosa bij urethraplastiek
Voordracht Urethrachirurgie op Refereeravond Urologie cluster Utrecht, Den Bosch, 8 april 2008

De Vylder AM
Niet ingedaalde testes, hypospadie
Voordracht Klein gebrek, geen bezwaar. Symposium Verloskundig Samenwerkingsverband, Den Bosch 21 oktober 2008

Oddens JR
Blaasinstillaties bij het niet-spierinvasief blaascarcinoom: indicaties en nieuwe ontwikkelingen
Voordracht IKZ thema-avond blaascarcinoom, Breda, 03 juni 2008

Oddens JR
Laparoscopische lymfeklierdissectie bij prostaatcancinoom: vinden we wel wat we zoeken?
Voordracht symposium State of the Art in Urology, Wolfheze, 12 september 2008

PUBLICATIES (NIET PUB-MED)

De Vylder AM, Gelders W.
ROUTINE BIOPSIES IN PAEDIATRIC CIRCUMCISION: (NON) SENSE?
MAATSCHAPPELIJKE BIJDRAGE

Oddens JR.
Lid scientific bard EORTC Genito-urinary group
Reviewer Nederlands Tijdschrift voor Urologie
SPOEDEISENDE HULP

ABSTRACTS, VOORDRACHTEN EN POSTERS

Gresnigt FM, Langenberg C, De Jager CP
Ecstasy induced hyperthermia, treat first what kills first!
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Jaspers JW, Olsman J, Rozendaal FW, Wever PC
Pain and skin infection: beware of fasciitis necroticans.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Rybak-de Rouw M, Rozendaal FW, Pruijt JF, De Jager CP
Malignant cor pulmonale: tumor emboli causing pulmonary hypertension.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

Veeken SN, De Jager CP, Rozendaal FW
Self-referrals at the Emergency Department.
2nd Dutch North Sea Emergency Medicine conference, Egmond aan Zee, 4-6 juni 2008

MAATSCHAPPELIJKE BIJDRAGE

Jaspers JW
Voorzitter VGT-commissie, NVSHA
ZIEKENHUISFARMACIE

WETENSCHAPPELIJKE PUBLICATIES


PUBLICATIES (NIET PUB-MED)


Derijks LJ, Derijks HJ, Touw DJ, Conemans JM
Pharmacogenetics in clinical practice.

Conemans JM, Felix-Schollaart B, Brenninkmeijer-de Groot F, Geevers J.
Polyfarmacie. In: De oudere patiënt. Bossche samenscholingsdagen voor

Ramakers BP, Conemans JM, Hollander AA
(Val)acyclovir induced neurotoxicity: two case reports. 19e internistendagen.
Netherlands Society of Internal Medicine, Maastricht 2008, Abstractbook, p.
114-5.

Gombert-Handoko KB, Majoie HJ, Hermans M, Hermens WA, Zwart-van
Rijkom JE, Hekster YA, Egberts AC.
Rol van P-glycoproteïne bij therapieresistente epilepsie ongeschikt.

Tlustá E, Handoko KB, Majoie HJ, Egberts TC, Vlcek J, Heerdink ER.
Highly selected subset of patients with epilepsy qualifies for antiepileptic drug
trials.

Poels-Jansen HG., Duchateau AM, Gerkens FD.
Dosering capecitabine luistert nauw. Aandacht nodig voor controle thuisgebruik.
Pharm Weekbl 2008;46:24-26
OVERIGE STAFDIENSTEN

Fysiotherapie

WETENSCHAPPELIJKE PUBLICATIES


Hygiene en infectiepreventie

WETENSCHAPPELIJKE PUBLICATIES


Leerhuis

ABSTRACTS, VOORDRACHTEN EN POSTERS

Den Rooyen C, van Rossum HJM, Gans ROB, van Schelfhout-van Deventer V, Hoekstra JH.
What competencies are required for clinical supervisors and heads of specialist training departments?
Proceedings AMEE, Prague, 2008

**Verpleegkunde / Kwaliteit van zorg**

**ABSTRACTS, VOORDRACHTEN EN POSTERS**

**Van Engelshoven I.**
Rituelen in de zorg; relatie met patiëntveiligheid?
Inleiding starters conferentie Veiligheid Management Programma Ziekenhuizen (VMS) georganiseerd door de Orde NVZ, LEVV, Sittard, 12 maart 2008.

**PUBLICATIES (NIET PUB-MED)**

Vloet L, Boeijen W, Van Engelshoven I.
Verpleegkundige spreekuren.
Tijdschrift voor verpleegkundigen, 2008 Mei: nr 5, blz 12 –17.

Plas M, Van Engelshoven I, Mintjes J.
Doorbreek de rituelen. Een overzicht van zinloze rituelen in de zorg en een stappenplan om deze te doorbreken.
DIVERSEN

Proefschriften

Van Geest-Daalderop JH
Antistolling binnen de grenzen.
Universiteit van Amsterdam, 16 januari 2008, Amsterdam.
Wetenschapsmiddag 31 januari 2008 (4e editie)
(Op volgorde van presentatie)

Frank van Eijkeren, klinisch fysiotherapeut
NORDIC WALKING IMPROVES MOBILITY IN PARKINSON’S DISEASE

Sarah Robben, arts-assistent klinische geriatrie
DIAGNOSTIEK VAN DEMENTIE BIJ DE ZIEKTE VAN PARKINSON: PILOT ONDERZOEK NAAR EEN DRIE STAPSMODEL

Bob Looij, arts-assistent radiologie
MINIMAAL INVASIEVE BEHANDELING MIDDELS RADIOFREQUENTIE ABLATIE VAN HE MAMMACARCINOOM. EEN ONDERZOEK NAAR HAALBAARHEID, EFFECTIVITEIT EN VEILIGHEID

Hans Hoekstra, kinderarts
OPSTELLEN VAN EBM GUIDELINES VOOR DE BEHANDELING VAN ACUTE GASTRO-ENTERITIS BIJ KINDEREN IN EUROPA: HET PROCES TOEGELICHT

Rutger Hassink, arts-assistent cardiolgie
CARDIOMYOCYTE CELL CYCLE ACTIVATION IMPROVES CARDIAC FUNCTION AFTER MYOCARDIAL INFARCTION

Anne Esselink, keuze co-assistent cardiolgie
GEBRUIK NHG-STANDAARD STABILE ANGINA PEKTORIS BIJ VERWIJZING NAAR CARDIOLOOG

Peter de Jager, internist-intensivist
DYNAMICS OF PERIPHERAL BLOOD LYMPHOCYTE SUBPOPULATIONS IN THE ACUTE AND SUBACUTE PHASE OF LEGIONNAIRES’ DISEASE

Ilse Jeuring, arts-assistent cardiolgie
ASPIRINRESISTENTIE: EEN EERSTE PILOT STUDIE

Sylvie Rietjens, arts-assistent gynaecologie
VOORSPELLENDE FACTOREN VOOR DE RESPONS BIJ MILDE OVAIRE STIMULATIE MET CLOMIFEEN CITRAAT OF RECOMBINANT FOLLIKEL-STIMULEREND HORMOON

Paul van Schaik, arts-assistent chirurgie
ZIJN MICROMETASTASEN BIJ HET COLONCARCINOOM EEN NEGATIEVE VOORSPELLER VOOR HET KRIJGEN VAN METASTASEN?

Raquel van la Parra, arts-assistent chirurgie
VALIDATIE VAN EEN NOMOGRAM OM DE KANS OP NIET-SCHILDKLIERMETASTASEN TE VOORSPELLEN BIJ BORSTKANKER PATIËNTEN MET EEN POSITIEVE SCHILDWACHTKLIER

Kim Handoko, ziekenhuisapotheke i n opleiding
DRUG TREATMENT-RELATED FACTORS OF INADEQUATE SEIZURE CONTROL
**Bijlage I**
**Wetenschappelijke publicaties opgenomen in PubMed**

Volgorde op PubMed ID nummer.
Waar mogelijk is een samenvatting van de publicatie opgenomen. De artikelen worden in het overzicht opgenomen op basis het jaar van publicatie (dus niet het jaar van Epub).

**PMID: 17466436**
Oei AL, de Hullu JA, Grefte JM, Havenith BP.
An enlarged groin node as first manifestation of a malignancy: Don't forget the ovaries.

**PMID: 17545193**
Hartkamp A, Geenen R, Godaert GL, Bootsma H, Kruize AA, Bijlsma JW, Derksen RH.
Effect of dehydroepiandrosterone administration on fatigue, well-being, and functioning in women with primary Sjögren syndrome: a randomised controlled trial.

OBJECTIVE: Dehydroepiandrosterone (DHEA) administration has been reported to improve fatigue, psychological distress, and physical disability. These are common features of primary Sjögren syndrome (pSS). We investigated the effects of DHEA administration on fatigue, well-being, and functioning in women with pSS. METHODS: In a double-blind, randomised placebo-controlled clinical trial, 60 female patients with pSS received 200 mg oral DHEA or placebo. Primary outcome measures were general fatigue, depressive mood, mental well-being, and physical functioning. In addition, pain, sicca complaints and disease activity parameters were measured. Patients were assessed before treatment, after 3, 6, and 12 months on study medication, and 6 months after cessation of treatment. RESULTS: Patients from both the DHEA- and placebo-treated group improved on general fatigue (p<0.001), mental well-being (p = 0.04), and depressive mood (p = 0.008). Physical functioning did not change (p = 0.44). Of the secondary outcome variables, complaints of a dry mouth diminished during treatment in both groups (p = 0.006), the erythrocyte sedimentation rate showed a decrease for the DHEA group (p = 0.02), and complaints of dry eyes improved in the placebo group (p = 0.01). The belief to have used DHEA was a stronger predictor for improvement of fatigue and well-being than the actual use of DHEA. CONCLUSIONS: Our study does not support a superior effect of DHEA over placebo in female patients with pSS. Both DHEA and placebo induce improvement of fatigue and well-being. This may suggest possibilities for cognitive behavioural interventions.

**PMID: 17851019**
Van la Parra RF, Ernst MF, Barneveld PC, Broekman JM, Rutten MJ, Bosscha K.
The value of sentinel lymph node biopsy in ductal carcinoma in situ (DCIS) and DCIS with microinvasion of the breast.

AIM: Ductal carcinoma in situ (DCIS) refers to the preinvasive stage of breast carcinoma and should not give axillary metastases. Its diagnosis, however, is subject to sampling errors. The
role of sentinel lymph node biopsy (SLNB) in management of DCIS or DCISM (with microinvasion) remains unclear. The purpose of this study was to review our experience with SLNB in DCIS and DCISM. METHODS: A review of 51 patients with a diagnosis of DCIS (n=45) or DCISM (n=6), who underwent SLNB and a definitive breast operation between January 1999 and December 2006, was performed. RESULTS: In 10 patients (19.6%) definitive histology revealed an invasive carcinoma. SLN (micro)metastases were detected in 5 out of 51 patients, of whom 2 had a preoperative diagnosis of grade III DCIS and 3 of DCISM. Three patients (75%) had micrometastases (< 2 mm) only. In 2 patients, histopathology demonstrated a macrometastasis (> 2 mm). All 5 patients underwent axillary dissection. No additional positive axillary lymph nodes were found. CONCLUSIONS: In case of a preoperative diagnosis of grade III DCIS or a grade II DCIS with comedo necrosis and DCIS with microinvasion, an SLNB procedure has to be considered because in almost 20% of the patients an invasive carcinoma is found after surgery. In this case the SLNB procedure becomes less reliable after a lumpectomy or ablation has been performed. SLN (micro)metastases were detected in nearly 10% of the patients. The prognostic significance of individual tumour cells remains unclear.

PMID: 17852274
Heijnen IC, Franken RJ, Bevaart BJ, Meijer JW.
Long-term outcome of superficialis-to-profundus tendon transfer in patients with clenched fist due to spastic hemiplegia.

BACKGROUND: Spastic hemiplegia is a common feature after stroke, which can result in a clenched fist deformity with secondary hygienic problems and pain. Operative treatment can improve these problems, although literature about its long-term effects is lacking. PURPOSE: To determine whether Superficialis-to-Profundus tendon (StP-) transfer procedure leads to permanent improvement of hygiene and reduction of pain in patients with clenched fist due to spastic hemiplegia following stroke. METHOD: Patients who underwent a StP-transfer in 2003-2005 were evaluated on skin condition, upper extremity joint mobility, resting position and muscle tone and with VAS scores on hygiene maintenance and pain in the hand. RESULTS: Six patients (mean age 54 years; duration after stroke 10 years) were included. Indications to operate were hygienic problems only (3) or combined with pain (3). The average follow-up period was 19 months. After 6 weeks of post-operative splinting, no standard follow-up was applied. Serious post-operative complications were not reported. At follow-up no hygienic problems were present and pain was decreased in all except one patient. All hands could passively be fully opened. In resting position, flexion was seen in the MCP-joints (60-90 degrees). Muscle tone was raised in flexors of the wrist and fingers and m. adductor pollicis (Ashworth 1-2). Given the same pre- and post-operative circumstances, all patients would agree to have the surgery over again. CONCLUSION: Even 19 months after the StP-transfer for clenched fist, all operated hands could still be fully opened and there was a permanent improvement of hygiene and pain reduction.

PMID: 17943363
Heating of carbon dioxide during insufflation alters the peritoneal fibrinolytic response to laparoscopic surgery: A clinical trial.
Laparoscopic fenestration of liver cysts in polycystic liver disease results in a median volume reduction of 12.5%.

**INTRODUCTION:** Patients with polycystic liver disease (PCLD) may develop symptoms due to increased liver volume. Laparoscopic fenestration is one of the options to reduce liver volume and to relieve symptoms. This study was performed to evaluate the safety and efficacy of laparoscopic liver cyst fenestration.

**PATIENTS AND METHODS:** Twelve patients (all female, median age 45 years, range 35-58) with symptomatic PCLD were included between August 2005 and April 2007. Surgical data were recorded, liver volumes were measured on pre- and postoperative computed tomography (CT) scans, and patients completed a validated symptom-based questionnaire pre- and postoperatively. **RESULTS:** Median preoperative liver volume was 4,854 ml (range 1,606-8,201) and decreased to 4,153 ml postoperatively (range 1,556-8,232) resulting in median liver volume reduction of 12.5% (range +9.5 to -24.7%). Median procedural time was 123.5 min (range 50-318), and median hospitalization period was 3.5 days (range 1-8). Postoperative complications occurred in three patients including biliary leakage, obstruction of inferior vena cava and sepsis, all recovering with conservative management. Patients reported decreased symptoms of postprandial fullness and abdominal distension. **CONCLUSION:** Laparoscopic fenestration in PCLD patients results in volume reduction of 12.5% and decrease of symptoms.

**BACKGROUND:** Much progress has been made in the early diagnosis and treatment of breast cancer. We have assessed the changing burden of this disease, by means of a comprehensive description of trends in incidence, survival, and mortality. **METHODS:** Data on breast cancer patients diagnosed between 1975 and 2004 (n = 26,464) registered in the population-based Eindhoven Cancer Registry were investigated. **RESULTS:** Incidence for patients aged below 40 and 40-49 has increased by 2.1% and 2.4% annually, since 1995 (p = 0.08 and p = 0.001, respectively). Mortality decreased in all age groups, but most markedly among women aged 50-69 (-1.5% yearly since 1985, p = 0.14). The proportion of stage I tumors increased from 25% to 39%, that of advanced stages (III & IV) decreased from 30% (1975-1984) to 13% in 1995-2004, and the proportion of in situ tumors increased from 1.5% to 10%. Adjuvant systemic treatment was administered to 15% of patients in 1975-1984 vs. 49% in 1995-2004. Relative 10-year survival rates for women aged 50-69 (period analysis) increased from 53% to 75% between 1975 and 2004. The best prognosis was observed for women aged 45-54. Women younger than 35 had a particularly poor prognosis. **CONCLUSION:** The observed improvement in survival of breast cancer patients during the last three decades is impressive. The peak in breast cancer incidence is not yet in sight considering the recent trends in exposure to known risk factors and improved diagnosis. The
combination of increasing incidence and improved survival rates implies that the number of prevalent cases will continue to increase considerably in the next 10 years.

**PMID: 18069674**
De Ridder L, Rings EH, Damen GM, Kneepkens CM, Kokke FT, Benninga MA, Hoekstra JH, Gijsbers CF, Escher JC.
Infliximab dependency in pediatric Crohn’s disease: long-term follow-up of an unselected cohort.

**BACKGROUND:** Infliximab is effective for induction and maintenance of remission in Crohn's disease. It is unknown how long patients should be kept on infliximab therapy. The primary aim of this study was to assess duration of effective maintenance therapy and infliximab dependency in pediatric CD patients initially responding to infliximab therapy.

**METHODS:** All pediatric patients treated with infliximab by pediatric gastroenterologists in the Netherlands because of severe luminal or fistulizing CD with initial response to infliximab therapy were reviewed. Duration of therapy, clinical response and adverse events were recorded. RESULTS: Sixty-six CD patients (37 boys) in 10 hospitals were initially responding to infliximab therapy. Mean age at the start of infliximab therapy was 14.5 years (range, 8.1-18.5 years). Mean follow-up since infliximab was started was 41.3 months (range 12-165). In total, 991 infusions were administered. Analysis demonstrates that 15.2% of patients had prolonged response, while 56.1% were infliximab dependent and 28.8% lost response. In total, 10 patients (15.2%) developed an infection during infliximab therapy and 8 (12.1%) had an immediate allergic reaction. CONCLUSIONS: Good clinical response to maintenance infliximab therapy was seen in 70% of patients. Infliximab maintenance therapy seems very effective and safe in pediatric CD. However, more than half of the patients in this cohort is dependent on repeated infliximab infusions. The number of infliximab infusions received when patients lost response to infliximab was diverse. There was no statistical difference regarding response to infliximab therapy when started early as compared to later in the course of Crohn's disease.

**PMID: 18176310**
Contribution of various metabolites to the “unmeasured” anions in critically ill patients with metabolic acidosis.

**OBJECTIVE:** The physicochemical approach, described by Stewart to investigate the acid-base balance, includes the strong ion gap (SIG), a quantitative measure of "unmeasured" anions, which strongly correlates to the corrected anion gap. The chemical nature of these anions is for the most part unknown. We hypothesized that amino acids, uric acid, and organic acids could contribute to the SIG. DESIGN: Prospective observational study. SETTING: Intensive care department of an academic hospital. PATIENTS: Consecutive intensive care unit patients (n = 31) with metabolic acidosis, defined as a pH of < 7.35 and a base excess of < or = -5 mmol/L. INTERVENTIONS: A single arterial blood sample was collected. MEASUREMENTS: The SIG was calculated and two groups were compared: patients with SIG of < or = 2 mEq/L and patients with SIG of > or = 5 mEq/L. "Unmeasured" anions were examined by ion-exchange column chromatography, reverse-phase high-performance liquid chromatography, and gas chromatography/mass spectrometry measuring amino acids, uric
acid, and organic acids, respectively. MAIN RESULTS: Comparison of patient characteristics of both SIG groups showed that age, sex, Acute Physiology and Chronic Health Evaluation II, pH, base excess, and lactate were not significantly different. Renal insufficiency and sepsis were more prevalent in the SIG > or = 5 mEq/L group (n = 12; median SIG, 8.3 mEq/L), associated with higher mortality. Concentrations of the anionic compounds aspartic acid, uric acid, succinic acid, pyroglutamic acid, p-hydroxyphenyllactic acid, and the semiquantified organic acid homovanillic acid were all statistically significantly elevated in the SIG > or = 5 mEq/L group compared with the SIG < or = 2 mEq/L group (n = 8; median SIG, 0.6 mEq/L). Overall, the averaged difference between both SIG groups in total anionic amino acids, uric acid, and organic acids concentrations contributed to the SIG for, respectively, 0.07% (5 microEq/L, p = not significant), 2.2% (169 microEq/L, p = .021), and 5.6% (430 microEq/L, p = .025). CONCLUSIONS: Amino acids, uric acid, and organic acids together accounted for only 7.9% of the SIG in intensive care unit patients with metabolic acidosis.

PMID: 18176946
Jansen EJ, Emans PJ, Douw CM, Guldemond NA, Van Rhijn LW, Bulstra SK, Kuijer R
One intra-articular injection of hyaluronan prevents cell death and improves cell metabolism in a model of injured articular cartilage in the rabbit.
The purpose of this study was to determine the effect of one intra-articular injection of hyaluronan on chondrocyte death and metabolism in injured cartilage. Twenty-three 6-month-old rabbits received partial-thickness articular cartilage defects created on each medial femoral condyle. In order to examine the effect on articular cartilage surrounding iatrogenic cartilage lesions, which can occur during arthroscopic procedures, Study 1 was performed: in 14 rabbits both knees were immediately rinsed with 0.9% NaCl. Experimental knees were treated with hyaluronan. Six rabbits were sacrificed at 2 days; eight rabbits 3 months postoperatively. Histomorphometric analysis was used for studying cell death in cartilage next to the defect. In order to examine the effect on longer lasting lesions, more reflecting the clinical situation, Study 2 was performed: after 6 months knee joints of nine rabbits were (i) irrigated with 0.9% NaCl, (ii) treated with hyaluronan after irrigation with 0.9% NaCl, or (iii) sham-treated. After 7 days patellas were used to study the chondrocyte metabolism by measuring the [(35)S]sulfate incorporation. Study 1: Two days postoperatively, in hyaluronan-treated cartilage the percentage of dead cells was 6.7%, which was significantly lower compared to 16.2% in saline-treated cartilage. After 3 months the percentages of dead cells in both groups were statistically similar. Study 2: Hyaluronan treatment resulted in significantly higher [(35)S]sulfate incorporation compared to knees irrigated with 0.9% NaCl. These results suggest a potential role for hyaluronan in preventing cell death following articular cartilage injury. One injection of hyaluronan improved cartilage metabolism in knees with 6-month-old cartilage defects. (c) 2008 Orthopaedic Research Society. Published by Wiley Periodicals, Inc.

PMID: 18188831
Güzelcan Y, Kleinpenning AS, Vuister FM.
Peduncular hallucinosis caused by a tumour in the right thalamus. A case study
Peduncular hallucinations are vivid, complex visual hallucinations. They generally arise as a result of lesions in the midbrain. A 46-year-old man had peduncular hallucinations arising from a tumour in the right thalamus. The patient was not operated on for this tumour. The visual hallucinations were treated with psychiatric medications. This treatment reduced the patient's anxiety and visual hallucinations and he became better able to cope with his symptoms. Psychiatrists need to increase their knowledge with regard to the diagnosis and treatment of these symptoms.

PMID: 18197398
Factors associated with posttraumatic stress symptoms in a prospective cohort of patients after abdominal sepsis: a nomogram.
OBJECTIVE: To determine to what extent patients who have survived abdominal sepsis suffer from symptoms of posttraumatic stress disorder (PTSD) and depression, and to identify potential risk factors for PTSD symptoms. DESIGN AND SETTING: PTSD and depression symptoms were measured using the Impact of Events Scale-Revised (IES-R), the Post-Traumatic Symptom Scale 10 (PTSS-10) and the Beck Depression Inventory II (BDI-II). PATIENTS AND PARTICIPANTS: A total of 135 peritonitis patients were eligible for this study, of whom 107 (80%) patients completed the questionnaire. The median APACHE-II score was 14 (range 12-16), and 89% were admitted to the ICU. MEASUREMENTS AND RESULTS: The proportion of patients with "moderate" PTSD symptom scores was 28% (95% CI 20-37), whilst 10% (95% CI 6-17) of patients had "high" PTSD symptom scores. Only 5% (95% CI 2-12) of the patients expressed severe depression symptoms. Factors associated with increased PTSD symptoms in a multivariate ordinal regression model were younger age (0.74 per 10 years older, p=0.082), length of ICU stay (OR=1.4 per doubling of duration, p=0.003) and having some (OR=4.9, p=0.06) or many (OR=55.5, p<0.001) traumatic memories of the ICU or hospital stay. CONCLUSION: As many as 38% of patients after abdominal sepsis report elevated levels of PTSD symptoms on at least one of the questionnaires. Our nomogram may assist in identifying patients at increased risk for developing symptoms of PTSD.

PMID: 18253145
Despite initial enthusiasm, the use of pharmacogenetics has remained limited to investigation in only a few clinical fields such as oncology and psychiatry. The main reason is the paucity of scientific evidence to show that pharmacogenetic testing leads to improved clinical outcomes. Moreover, for most pharmacogenetic tests (such as tests for genetic variants of
cytochrome P450 enzymes) a detailed knowledge of pharmacology is a prerequisite for application in clinical practice, and both physicians and pharmacists might find it difficult to interpret the clinical value of pharmacogenetic test results. Guidelines that link the result of a pharmacogenetic test to therapeutic recommendations might help to overcome these problems, but such guidelines are only sparsely available. In 2001, an early step was taken to develop such guidelines for the therapeutic use of antidepressants, and these included CYP2D6-related dose recommendations drawn from pharmacokinetic study data. However, the use of such recommendations in routine clinical practice remains difficult, because they are currently outside the ambit of the clinical environment and are not accessible during the decision-making process by physicians and pharmacists, namely the prescription and dispensing of drugs.

**PMID: 18240759**

**OBJECTIVE:** Analysis of the value of intraoperative parathormone (PTH) measurement in patients with primary hyperparathyroidism. **DESIGN:** Prospective study. **METHOD:** Evaluation of the value of intraoperative measurement of PTH in 75 patients (including 19 patients with multiple endocrine neoplasia (MEN)-1 syndrome) who underwent parathyroidectomy in 2001-2005. **RESULTS:** The so-called Miami-criterion (PTH concentration 10 min after excision at least 50% below the value measured prior to the first incision) correctly predicted the success of the operation in 91% of the subjects. The success rate was correctly predicted as follows: in subgroups of patients with MEN-1 syndrome, 85%, patients after exclusion of MEN-1, 94%, and patients in whom a solitary adenoma was likely after preoperative localization studies, 97%. In 13% of the total number of operations, PTH-measurements led to further exploration, removal of additional parathyroid tissue and normocalcemia postoperatively. In patients without MEN-1 syndrome, in whom a solitary adenoma was likely on the basis of preoperative investigations, it was possible to limit the operation to a unilateral procedure in 87%. **CONCLUSION:** In the majority of patients with primary hyperparathyroidism, intraoperative PTH-measurement in combination with preoperative imaging studies leads to patients being cured with a unilateral instead of a bilateral operation.

**PMID: 18241872**

**AIM:** To establish whether impaired renal function is an independent predictor of cardiovascular disease (CVD) and death in an unselected high-risk population with CVD. **METHODS AND RESULTS:** In 3216 patients with CVD, the estimated glomerular filtration rate (GFR) was assessed with the Modification of Diet in Renal Disease (MDRD)-equation. Primary outcomes were all vascular events (including stroke, myocardial infarction, end-stage renal disease and vascular death) and all cause death. During a median follow-up of 39 months, 378 patients had a vascular event (11.7%) and 337 patients died (10.5%).
adjusted hazard ratio (HR) of an estimated GFR <or=60 versus >90 ml/min per 1.73 m(2) was 1.8 (95% CI, 1.2-2.6) for vascular events and 1.4 (95% CI 0.9-2.0) for all cause death. For stroke and cardiac events as separate outcomes, similar HR's were found. Subgroup analysis according to localization of vascular disease at presentation or presence of the risk factors hypertension, diabetes and albuminuria had no influence on the hazard ratios.

CONCLUSIONS: The presence of moderate to severe renal insufficiency is an independent risk factor for adverse CVD events in high-risk patients with a history of vascular disease. Localization of vascular disease or presence of other risk factors had no influence on the impact of renal function alone.

PMID: 18253145
Swen JJ, Wilting I, de Goede AL, Grandia L, Mulder H, Touw DJ, de Boer A, Conemans JM, Egberts TC, Klungel OH, Koopmans R, van der Weide J, Wilffert B, Guchelaar HJ, Deneer VH.
Pharmacogenetics: from bench to byte.

Despite initial enthusiasm, the use of pharmacogenetics has remained limited to investigation in only a few clinical fields such as oncology and psychiatry. The main reason is the paucity of scientific evidence to show that pharmacogenetic testing leads to improved clinical outcomes. Moreover, for most pharmacogenetic tests (such as tests for genetic variants of cytochrome P450 enzymes) a detailed knowledge of pharmacology is a prerequisite for application in clinical practice, and both physicians and pharmacists might find it difficult to interpret the clinical value of pharmacogenetic test results. Guidelines that link the result of a pharmacogenetic test to therapeutic recommendations might help to overcome these problems, but such guidelines are only sparsely available. In 2001, an early step was taken to develop such guidelines for the therapeutic use of antidepressants, and these included CYP2D6-related dose recommendations drawn from pharmacokinetic study data. However, the use of such recommendations in routine clinical practice remains difficult, because they are currently outside the ambit of the clinical environment and are not accessible during the decision-making process by physicians and pharmacists, namely the prescription and dispensing of drugs.

PMID: 18253750
Van Delft E, Vandewall M, Curiel FB, Rutten MJ, Schneeberger PM.
A previously healthy 15-year-old girl with high fever and progressive dyspnoea.

A 15-year-old girl was admitted with a high fever and progressive malaise, vomiting, anorexia and abdominal complaints. She previously had a sore throat and unilateral painful swollen lymph nodes in the neck. Laboratory investigation indicated a bacterial infection. Blood cultures were taken. There was infiltrate in the left lung. Pneumonia complicated with sepsis was suspected and ceftriaxone was started. The patient's condition deteriorated. Computed tomography (CT) scan showed progressive infiltrates in both lungs and pleural effusion. Blood culture led to the diagnosis. After changing antibiotics the patient slowly improved. Antibiotics were continued for several weeks.
PMID: 18270659

PMID: 18292606

PMID: 18294030

PURPOSE: To define possible predictive factors for success and complications for ureteroscopic holmium laser lithotripsy procedures. PATIENTS AND METHODS: All 105 ureteroscopic holmium laser lithotripsy procedures performed between 1996 and 2005 were analyzed. Data recorded were sex, age, stone size, stone location, complications, success rate (stone-free rate after 3 months), operative time, and surgeon experience for this procedure. For further analysis, surgeon experience was divided into four groups based on the number of procedures performed. Multivariate analysis was used to define possible predictive factors for complications and successful procedures. RESULTS: Total success rate was 84.8%. Complications were present in 13 patients (12.4%). Success rate was significantly (P = 0.03) related to surgeon experience, with 92.9% success in the most experienced group and 50% in the least experienced group. Furthermore, significantly more complications occurred with decreased experience (P = 0.03): complication rate was 4.2% in the highest experience group and 41.7% in the least experienced group. In our series, sex, stone location, size, and age did not significantly influence complication and success rates. CONCLUSION: Surgeon experience is a predictive factor for complications and success for ureteroscopic holmium laser lithotripsy for ureteric calculi. Experienced surgeons have fewer complications, and the success rate is higher. Sex, stone location, size, and age were not significantly related to complication or success rates.

PMID: 18298829

BACKGROUND: Swarming motility allows microorganisms to move rapidly over surfaces. The Gram-positive bacterium Paenibacillus vortex exhibits advanced cooperative motility on agar plates resulting in intricate colonial patterns with geometries that are highly sensitive to the environment. The cellular mechanisms that underpin the complex multicellular
organization of such a simple organism are not well understood. RESULTS: Swarming by P. vortex was studied by real-time light microscopy, by in situ scanning electron microscopy and by tracking the spread of antibiotic-resistant cells within antibiotic-sensitive colonies. When swarming, P. vortex was found to be peritrichously flagellated. Swarming by the curved cells of P. vortex occurred on an extremely wide range of media and agar concentrations (0.3 to 2.2% w/v). At high agar concentrations (> 1% w/v) rotating colonies formed that could be detached from the main mass of cells by withdrawal of cells into the latter. On lower percentage agars, cells moved in an extended network composed of interconnected "snakes" with short-term collision avoidance and sensitivity to extracts from swarming cells. P. vortex formed single Petri dish-wide "supercolonies" with a colony-wide exchange of motile cells. Swarming cells were coupled by rapidly forming, reversible and non-rigid connections to form a loose raft, apparently connected via flagella. Inhibitors of swarming (p-Nitrophenylglycerol and Congo Red) were identified. Mitomycin C was used to trigger filamentation without inhibiting growth or swarming; this facilitated dissection of the detail of swarming. Mitomycin C treatment resulted in malcoordinated swarming and abortive side branch formation and a strong tendency by a subpopulation of the cells to form minimal rotating aggregates of only a few cells. CONCLUSION: P. vortex creates complex macroscopic colonies within which there is considerable reflux and movement and interaction of cells. Cell shape, flagellation, the aversion of cell masses to fuse and temporary connections between proximate cells to form rafts were all features of the swarming and rotation of cell aggregates. Vigorous vortex formation was social, i.e. required > 1 cell. This is the first detailed examination of the swarming behaviour of this bacterium at the cellular level.

PMID: 18301315
Rutten A, Krul SP, Meijs MF, de Vos AM, Cramer MJ, Prokop M.
Variability of coronary calcium scores throughout the cardiac cycle: implications for the appropriate use of electrocardiogram-dose modulation with retrospectively gated computed tomography.

PMID: 18303472
Meijer JW, van Kuijk AA, Geurts ACH, Schelhaas HJ, Zwarts M.
Acute deterioration of bulbar function after botulinum toxin treatment for sialorrhoea in amyotrophic lateral sclerosis.

Transcutaneous botulinum toxin injection in the salivary glands was introduced in 2000 as a new treatment for sialorrhoea in amyotrophic lateral sclerosis (ALS). We describe an ALS patient who developed serious complications of botulinum toxin treatment for sialorrhoea, and we review the relevant literature. A 64-yr-old woman with bulbar ALS for 6 mos was treated for disabling sialorrhoea. She had moderate dysphagia, but she was able to swallow. The submandibular and parotid glands were injected transcutaneously, under ultrasound guidance, with botulinum toxin (Dysport), 80 U on each side. Four days later, her bulbar function rapidly deteriorated, resulting in complete aphagia and anarthria on the fifth day. A PEG catheter was placed. Although according to the literature this treatment can be made safer by cautiously increasing the dosage and injecting the parotid glands first, BTX should
not be the first-line treatment of sialorrhoea in ALS; comparative studies of BTX, amitryptiline, scopolamine, and radiation should be performed first.

**PMID: 18313514**


**BACKGROUND:** Blood exposure incidents pose a risk for transmission of bloodborne pathogens for both health care workers and public health. Despite several national and international guidelines, counsellors have often different opinions about the risks caused by these incidents. Little is known about the consequences of these variations in risk assessment on the effectiveness of the treatment and the costs for the health care system. **METHODS:** The aim of this study was to reveal differences among diverse groups of counsellors in assessing the same blood exposure incidents. Subjects included 4 different kinds of counsellors: public health physicians from infectious disease departments and medical microbiologists, occupational health practitioners, and HIV/AIDS specialists from hospital settings. Surveys with cases of blood exposure incidents were sent to the counsellors in The Netherlands asking questions about their risk assessment and consequent treatment. Questions were categorized for hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV risks. **RESULTS:** Of the 449 surveys sent, 178 were returned, of which 158 were eligible for the study. In general, occupational health practitioners and medical microbiologists showed a more rigorous approach especially with regard to prophylactic treatment when counselling HBV risk situations, whereas public health physicians and HIV/AIDS specialists were more thorough in the handling of HCV risk accidents. In HIV counselling, HIV/AIDS specialists were far more rigorous in their treatment than the other groups. For 7 of the total of 12 cases, the risk assessment with regard to HBV, HCV, and HIV differed significantly. **CONCLUSION:** The assessment of blood exposures significantly differs depending on the medical background of the counsellor handling the incident, leading to remarkable inconsistencies in the response to prevent the transmission of bloodborne pathogens and/or to increased costs for unnecessary diagnostic tests and preventive measures. Although national guidelines for the counselling and treatment of blood exposure incidents are essential, the assessment of blood exposure incidents should be limited to as few as possible, well-trained professionals, operating in regional or national call centers, to ensure comparable assessment and corresponding application of preventive measures for all victims.

**PMID: 18325358**


**AIM:** To compare the diagnostic accuracy of computed tomography (CT) and magnetic resonance imaging (MRI) in the diagnosis of lymph node metastases in prostate cancer. **METHODS:** After a comprehensive literature search, studies were included that allowed construction of contingency tables for detection of lymph node metastases using CT or MRI.
In addition, a summary receiver-operating characteristic (ROC) analysis was performed.

RESULTS: A total of 24 studies were included. For CT, pooled sensitivity was 0.42 (0.26-0.56 95% CI) and pooled specificity was 0.82 (0.8-0.83 95% CI). For MRI, the pooled sensitivity was 0.39 (0.22-0.56 95% CI) and pooled specificity was 0.82 (0.79-0.83 95% CI). The differences in performance of CT and MRI were not statistically significant.

CONCLUSION: CT and MRI demonstrate an equally poor performance in the detection of lymph node metastases from prostate cancer. Reliance on either CT or MRI will misrepresent the patient's true status regarding nodal metastases, and thus misdirect the therapeutic strategies offered to the patient.

PMID: 18330962
van Schaik PM, Ernst MF, Meijer HA, Bosscha K.
Melanoma of the rectum: a rare entity.
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A 41-year-old man presented with a 6-mo history of changed defecation and rectal bleeding. A 3-cm polypoid tumor of the lower rectum was found at rectosigmoidoscopy, which proved to be a leiomyosarcoma upon biopsy. Dissemination studies did not show any metastases. He was underwent to an abdomino-perineal resection (APR). Histopathology of the specimen showed a melanoma (S-100 stain positive). Two years after the resection, metastases in the abdomen and right lung were found. He died one and half years later. Primary anorectal melanoma is a rare and very aggressive disorder. According to current data, one should always perform a S-100 stain when anorectal sarcoma is suspected. A positive S-100 stain suggests the tumour to be most likely a melanoma. Subsequently, thorough dissemination studies need to be performed. Depending on the outcome of the dissemination studies, a surgical resection has to be performed. Nowadays, a sphincter-saving local excision combined with adjuvant loco-regional radiotherapy should be preferred in case of small tumors. The same loco-regional control is achieved with less “loss of function” compared to non-sphincter saving surgery. Only in the case of large and obstructing tumors an abdomino-perineal resection is the treatment of choice.

PMID: 18362200
Schneeberger C, Stolk RP, Devries JH, Schneeberger PM, Herings RM, Geerlings SE.
Differences in the pattern of antibiotic prescription profile and recurrence rate for possible urinary tract infections in women with and without diabetes.

OBJECTIVE: Women with diabetes have a high incidence and complication rate of urinary tract infections (UTIs). Our aims were to compare current treatment strategies with respect to recurrence rates in women with diabetes with those without diabetes. RESEARCH DESIGN AND METHODS: We used a Dutch registration database containing pharmacy dispensing data. A total of 10,366 women with diabetes (17.5% premenopausal) (aged < or =55 years) and 200,258 women without diabetes (68% premenopausal) who received a first course of trimethoprim, nitrofurantoin, fosfomycin, or norfloxacin between January 1999 and January 2006 were included. We compared short (< or or =5 days) with long (>5 days) prescriptions and norfloxacin with trimethoprim, nitrofurantoin, and fosfomycin. A recurrence was defined as a second prescription for one of the above-mentioned agents or a first with amoxicillin (clavulanic acid), fluoroquinolones, or trimethoprim/sulfamethoxazole between 6 and 30 days
after inclusion. RESULTS: Premenopausal women with diabetes more often received a long (26.5 vs. 19.2%; P < 0.001) treatment with norfloxacin (10.7 vs. 6.2%; P < 0.001) but still had a higher recurrence rate (16.1 vs. 12.2%; P = 0.003) compared with those without diabetes. Similarly, postmenopausal women with diabetes more often received a longer (32.8 vs. 28.8%; P < 0.001) treatment with norfloxacin (15.2 vs. 12.7%; P < 0.001) but had a higher recurrence rate (19.1 vs. 16.4%; P < 0.001) compared with those without diabetes.

CONCLUSIONS: Despite the fact that patients with diabetes more often received longer and more potent initial treatment than patients without diabetes, pre- and postmenopausal women with diabetes more often had recurrences of their UTIs.

PMID: 18380796

BACKGROUND: Asymptomatic peripheral arterial disease (PAD) is common amongst the elderly and is a risk factor for cardiovascular morbidity and mortality. PAD can be assessed by non-invasive tests such as the ankle/brachial pressure index (ABPI) at rest and Doppler flow velocity (DFV) scanning, but these tests may underestimate the prevalence of PAD. The aim of this study was to estimate the added value, for the detection of PAD, of the one-minute exercise test, defined as positive if the drop of the ankle systolic pressure was more than 30 mmHg. We also investigated whether the combination of the ABPI at rest and the one-minute exercise test could replace DFV scanning. MATERIALS AND METHODS: We studied this in a random sample (n = 631) of a 50- to 75-year-old population. RESULTS: Of these subjects 11% (66/631) had an abnormal ABPI (< 0.9) and 16% (102/631) had an abnormal DFV curve. Of this sample 72% of the subjects performed a one-minute exercise test. Of all subjects 6% (27/451) had an abnormal ABPI (< 0.9) and 12% (54/451) had an abnormal DFV curve. The one-minute exercise test revealed seven cases of PAD (beyond the 67 already identified) which were not detected by an abnormal ABPI at rest and/or DFV scanning. As a result the prevalence of PAD increased by 2%. All patients with an aortoiliac or femoropopliteal obstruction had an ABPI < 0.9. The sensitivity of the combination of the ABPI at rest and the one-minute exercise test to detect abnormal DFV curves was low for crural obstructions. CONCLUSION: The one-minute exercise test slightly improves the detection of peripheral arterial disease in the general population.

PMID: 18387339

OBJECTIVE: Diabetic polyneuropathy (PNP) has been proposed to be a primary disorder of sensory nerves. At an early stage motor nerve conduction velocity (MNCV) and muscle strength remain preserved due to compensatory mechanisms (axonal sprouting, reinnervation). We evaluated the use of invasive muscle fiber conduction velocity (MFCV) measurements as a method to detect muscle fiber denervation atrophy, as an early sign of motor axonal loss in diabetes mellitus (DM). METHODS: Twelve selected male patients (8 type 1, 4 type 2; mean age 35.8 years, SD 10.6), without any sign of micro- or macroangiopathy, were studied by systematic clinical and neurophysiological testing
including MFCV estimation. RESULTS: Hand-held dynamometry was normal in all subjects. There were no signs of recent denervation by concentric needle EMG in any of the patients. Sensory nerve conduction velocity (SNCV) was abnormal in 6 subjects, MFCV in 6 subjects (5 had also low SNCV). The ratio of fastest/slowest muscle fibers in MFCV was correlated to SNCV of sural nerve (r = .59, p < .05), but not to MNCV. CONCLUSIONS: Half of the clinically asymptomatic DM subjects showed sensory involvement together with MFCV abnormalities, despite normal needle EMG and force. SIGNIFICANCE: MFCV estimation offers a sensitive method in detecting early signs of motor axonal dysfunction in DM.

PMID 18394091
Mestrum E, Hendriks-Roelofs F, Tetteroo E, De Vries E.
An infant with an extracranial protuberance.

PMID: 18396413
Van Kuijk AA, Anker LC, Pasman JW, Hendriks JCM, van Elswijk G, Geurts ACH.
Stimulus-response characteristics of motor evoked potentials and silent periods in proximal and distal upper-extremity muscles.
OBJECTIVE: To compare stimulus-response characteristics of both motor evoked potentials (MEP) and silent periods (SP) induced by transcranial magnetic stimulation (TMS) in proximal and distal upper-extremity muscles. METHODS: Stimulus-response curves of MEPS and SPs were obtained from the biceps brachii (BB) and abductor digitii minimi (ADM) muscles in 15 healthy participants. A nonlinear mixed model was used to fit the stimulus-response curves to a sigmoid Boltzmann function. RESULTS: Small residuals of the function were found for MEPS and SPs in both muscles. Higher maximal MEP amplitudes were found for the BB compared to the ADM (p<0.01). The active motor threshold to obtain a SP was less for the ADM compared to the BB (p<0.01). The slope parameter of the function of the SP duration was steeper and more variable in the ADM than in the BB (p<0.01). For the MEP amplitude no difference in active motor threshold and slope of the function was found between both muscles. CONCLUSIONS: Excitatory (MEP) and inhibitory (SP) effects of TMS differ between proximal arm and distal hand muscles in healthy participants. The adequate fit of our model suggests that this model can be used to study between and within subject changes in future studies.

PMID: 18411349
Meijs MF, Cramer MJ, Prokop M.
A heartless patient.
Heart. 2008;94:560.

PMID: 18419745
Wilms EB, Touw DJ, Conemans JM, Veldkamp R, and Hermans M.
A new VKORC1 allelic variant (p.Trp59Arg) in a patient with partial resistance to acenocoumarol and phenprocoumon.
PMID: 18431319
Dorresteijn MJ, Van der Hoeven HG, Pickkers P.
Volume therapy and innate immune response during systemic inflammation or sepsis.

PMID: 18439325
Moviat AM, Pickkers P, Ruitenbeek W, van der Hoeven JG.
The nature of unmeasured anions in critically ill patients.

PMID: 18460974
European Society for Paediatric Gastroenterology, Hepatology, and Nutrition;
European Society for Paediatric Infectious Diseases.
European Society for Paediatric Gastroenterology, Hepatology, and Nutrition; European Society for Paediatric Infectious Diseases evidence-based guidelines for the management of acute gastroenteritis in children in Europe.

PMID: 18464319
Van Lieshout AW, Creemers MC, Radstake TR, Elving LD, Van Riel PL.
Graves' disease in a patient with rheumatoid arthritis during treatment with anti-tumor necrosis factor-alpha.

PMID: 18493225
European Society for Paediatric Gastroenterology, Hepatology, and Nutrition; European Society for Paediatric Infectious Diseases evidence-based guidelines for the management of acute gastroenteritis in children in Europe: executive summary.

PMID: 18500168
Dautzenberg PL, van Rijn CA, Schaaf JH.
The geriatric model as a source of inspiration

PMID: 18506025
Scagliotti GV, Parik P, von Pawel J, Biesma B, Vansteenkiste J, Manegold C,

PURPOSE: Cisplatin plus gemcitabine is a standard regimen for first-line treatment of advanced non-small-cell lung cancer (NSCLC). Phase II studies of pemetrexed plus platinum compounds have also shown activity in this setting. PATIENTS AND METHODS: This noninferiority, phase III, randomized study compared the overall survival between treatment arms using a fixed margin method (hazard ratio [HR] < 1.176) in 1,725 chemotherapy-naive patients with stage IIIB or IV NSCLC and an Eastern Cooperative Oncology Group performance status of 0 to 1. Patients received cisplatin 75 mg/m\(^2\) on day 1 and gemcitabine 1,250 mg/m\(^2\) on days 1 and 8 (n = 863) or cisplatin 75 mg/m\(^2\) and pemetrexed 500 mg/m\(^2\) on day 1 (n = 862) every 3 weeks for up to six cycles. RESULTS: Overall survival for cisplatin/pemetrexed was noninferior to cisplatin/gemcitabine (median survival, 10.3 v 10.3 months, respectively; HR = 0.94; 95% CI, 0.84 to 1.05). Overall survival was statistically superior for cisplatin/pemetrexed versus cisplatin/gemcitabine in patients with adenocarcinoma (n = 847; 12.6 v 10.9 months, respectively) and large-cell carcinoma histology (n = 153; 10.4 v 6.7 months, respectively). In contrast, in patients with squamous cell histology, there was a significant improvement in survival with cisplatin/gemcitabine versus cisplatin/pemetrexed (n = 473; 10.8 v 9.4 months, respectively). For cisplatin/pemetrexed, rates of grade 3 or 4 neutropenia, anemia, and thrombocytopenia (P < or = .001); febrile neutropenia (P = .002); and alopecia (P < .001) were significantly lower, whereas grade 3 or 4 nausea (P = .004) was more common. CONCLUSION: In advanced NSCLC, cisplatin/pemetrexed provides similar efficacy with better tolerability and more convenient administration than cisplatin/gemcitabine. This is the first prospective phase III study in NSCLC to show survival differences based on histologic type.

PMID: 18562574


The phenomenon of repeated exposure to endotoxin resulting in diminished release of pro-inflammatory cytokines is called endotoxin tolerance, in which there is a putative role for nitric oxide (NO). We investigated the effect of selective inducible NO-synthase (iNOS) inhibition during experimental human endotoxemia on the development of tolerance to various Toll-like receptor (TLR) agonists ex vivo. Volunteers received 2 ng/kg Escherichia coli endotoxin in the absence (n = 7) or presence (n = 7) of the selective iNOS inhibitor aminoguanidine (bolus 5 mM followed by a continuous infusion of 1.5 mmol/h). At 0, 2 and 4 h, blood samples were drawn for ex vivo stimulation with different TLR agonists. Experimental endotoxemia did not induce tolerance to TLR-2 and TLR-7 stimulation. In TLR-3, TLR-4 and TLR-5 stimulated whole blood, pro- and anti-inflammatory cytokine release was attenuated at 4 h, indicating that endotoxin-induced tolerance is not confined to subsequent TLR-4 stimulation alone. Aminoguanidine-treated subjects also developed tolerance to TLR-4 stimulation. In contrast, tolerance to TLR-3 stimulation did not occur for IL-10, and tolerance in TLR-5 stimulated blood did not develop for both pro- and anti-
inflammatory cytokines. The role of NO in the development of tolerance is different for the various TLRs stimulated and pro- and anti-inflammatory cytokines measured.

PMID: 18564985

PMID: 18568806

INTRODUCTION: Stevens-Johnson syndrome (SJS) is an uncommon and potentially serious mucocutaneous disease. The most important step in the management of SJS is early recognition and immediate withdrawal of the causative agent. We present a patient with SJS associated with dimercaptopropane-1-sulfonate (DMPS) therapy. CASE REPORT: An asymptomatic 11-year old boy who had been exposed chronically to mercury vapour had a 24-hour urine mercury concentration of 37 microgram/L (reference value <10 microgram/L). Exposure to the mercury vapour was stopped and treatment with oral DMPS was begun. After two weeks of therapy, he developed a disseminated cutaneous eruption of red pruritic macules on his chest and back, which three days later had spread all over his body with the discrete maculae becoming confluent; erosions and crusts developed on his lips and he had blisters in his mouth. The diagnosis of SJS was made, the DMPS was stopped, and the SJS resolved gradually. DISCUSSION: Chelation agents like DMPS or DMSA are increasingly used and are available over the counter in some countries. These drugs are used in patients with complaints that are attributed to mercury-containing dental amalgams and in children with autism. CONCLUSION: The reported association suggests that SJS may be a potential complication of DMPS therapy, and this should be considered in the risk-benefit analysis of chelation.

PMID: 18571828

OBJECTIVE: To study subsequent pregnancy outcome in women with severe, very early onset preeclampsia (onset before 24 weeks’ gestation) and to analyze cardiovascular risk profiles of these women and their partners. STUDY DESIGN: Twenty women with preeclampsia with an onset before 24 weeks' gestation, admitted between 1 January 1993 and 31 December 2002 at a tertiary university referral center, were enrolled in the study. Data on subsequent pregnancies were obtained from medical records. Their cardiovascular risk profiles and those of their partners (n=15) were compared with those of 20 control women.
after uncomplicated pregnancies only, matched for age and parity, and those of their partners (n=13). Body weight, height, waist and hip circumference, blood pressure and intima media thickness (IMT) of the common carotid artery were measured. Fasted blood samples were drawn for detection of metabolic cardiovascular risk factors. RESULTS: Of the 20 case women 17 women had 24 subsequent pregnancies, of which 12 (50%) were complicated by preeclampsia. Severe preeclampsia developed in five (21%) pregnancies. No perinatal deaths occurred. Case women had significantly more often chronic hypertension as compared to controls (55% vs. 10%, P=0.002). IMT of the common carotid artery was increased in a subset of case women using antihypertensive medication (P=0.03). Case women showed increased microalbuminuria (P<0.05). No differences were found in cardiovascular risk profiles between partners of cases and controls. CONCLUSIONS: Women with severe, very early onset preeclampsia have an increased risk of preeclampsia in future pregnancies, yet neonatal outcome is, in general, favourable. Regarding cardiovascular health, women after severe, very early onset preeclampsia exhibit more risk factors compared to controls whereas men who fathered these pregnancies do not.

PMID: 18587437

PMID: 18598122

OBJECTIVE: To analyze the value of a single ultrasound biometry examination at the onset of the third trimester of pregnancy for the detection of small-for-gestational-age (SGA) and large-for-gestational-age (LGA) at birth in a low risk population. The aim of this study was to develop a simple and useful method for the detection of growth deviations during pregnancy in primary care (midwife or general practitioner) practices. SETTING: A Dutch primary care midwifery practice. STUDY DESIGN: In an earlier study, we developed parity and sex specific fetal growth charts of abdominal circumference (AC) and head circumference (HC) on the basis of ultrasound data of a low-risk midwifery population in the Netherlands. In the present study, we calculated sensitivity, specificity and predictive values at different cut-off points of AC and HC for the prediction of growth deviations at birth. Patients booked for perinatal care between 1 January 1993 and 31 December 2003 (n=3449) were used for the identification of cut-off points (derivation cohort) and those admitted between 1 January 2004 and 31 December 2005 (n=725) were used to evaluate the performance of these cut-offs in an independent population (validation cohort). For the determination of SGA and macrosomia at birth, we used the recently published Dutch birth weight percentiles. RESULTS: Most promising cut-offs were AC <or=25(th) percentile for the prediction of SGA (birth weight <or=10(th) percentile) and AC >or=75(th) percentile for the prediction of macrosomia (birth weight >or=90(th) percentile). Within the validation cohort these cut-offs performed slightly better than in the derivation cohort. For the prediction of SGA, sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were 53% (95% CI 49-
respectively. The false positive rate was 74%. For the prediction of macrosomia, the values of these parameters were 64% (95% CI 59-69%), 80% (95% CI 78-81%), 23% (95% CI 20-26%), and 96% (95% CI 95-97%), respectively. Here, false positive rate was 77%. No cut-offs were found that predicted extreme birth weight deviations (<or=2.3 percentile; >or=97.7 percentile) sufficiently well. CONCLUSIONS: In a low risk population, we could predict future growth deviations with a higher sensitivity and in a significant earlier stage (at the onset of the third trimester of pregnancy) than with the use of conventional screening methods (i.e., palpation of the uterus only and fundus-symphysis measurement). Sonographic measurement of fetal abdominal circumference enables to detect more than half of cases of SGA at birth and more than two-thirds of cases of macrosomia with acceptable false-positive rates. We suggest that fetuses with biometry results below the 25(th) percentile or above the 75(th) percentile at the onset of the third trimester of pregnancy should be more intensively investigated in order to distinguish between pathology (e.g., IUGR or macrosomia) and physiology and to decide about the appropriate level of further perinatal care.

PMID: 18607843
Looij BG, Jager GJ, Rutten MJ
Radiofrequency ablation offers new treatment options in the elderly breast cancer patient.
Acta Oncologica; 1: 2008 Apr 30:1. Letter to the editor

PMID: 18627052
A case of Lelis syndrome with hystrix-like ichthyosis.

PMID: 18628372
Van Wensen RJ, Ruurda JP, Van Geffen HJ, Bosscha K.
A rare cause of "cellulitis".

PMID: 18636788
Influence of chemical structure on hypersensitivity reactions induced by antiepileptic drugs: The role of the aromatic ring.
OBJECTIVE: Antiepileptic drugs (AEDs) can cause various 'idiosyncratic' hypersensitivity reactions, i.e. the mechanism by which AEDs induce hypersensitivity is unknown. The aim of this study was to assess whether the presence of an aromatic ring as a commonality in chemical structures of AEDs can explain symptoms of hypersensitivity. METHODS: Between January 1985 and January 2007, all adverse drug reactions (ADRs) reported to the
The Netherlands Pharmacovigilance Centre Lareb related to AEDs as suspected drugs were included in this study. ADRs were analysed using a case/non-case design. Cases were defined as those patients with ADRs involving symptoms of hypersensitivity. Non-cases were patients with all other ADR reports. Symptoms of hypersensitivity were classified according to the Gell and Coombs classification (type I-IV) and the organ involved (e.g. cutaneous, hepatic). AEDs were classified as aromatic anticonvulsant if their chemical structure contained at least one aromatic ring. All other AEDs were classified as non-aromatic. We assessed the strength of the association between aromatic AEDs versus non-aromatic AEDs and reported hypersensitivity reactions with logistic regression analysis and expressed these as reporting odds ratios (RORs). RESULTS: In total, 303 cases of hypersensitivity associated with the use of AEDs were reported. Aromatic AEDs were suspected in 64.4% of these reports versus 41.3% (574/1389) of the non-hypersensitivity reports. A significant ROR of 2.15 (95% CI 1.63, 2.82) was found for aromatic AEDs and all hypersensitivity reactions. Aromatic AEDs were significantly associated with immunoglobulin E-mediated type I hypersensitivity reactions (ROR 2.15; 95% CI 1.23, 3.78) and T-cell-mediated type IV reactions (ROR 6.06; 95% CI 3.41, 10.75). Type II and III reactions did not show an association. Cutaneous symptoms represented 39.9% of the hypersensitivity-related ADRs. Aromatic AEDs were significantly associated with cutaneous hypersensitivity reactions (ROR 5.81; 95% CI 3.38, 9.99).

CONCLUSION: This study confirms that the presence of an aromatic ring as a common feature in chemical structures of AEDs partly explains apparent 'idiosyncratic' hypersensitivity reactions. Symptoms of hypersensitivity were reported twice as frequently with aromatic AEDs than with non-aromatic AEDs. Strong associations for aromatic AEDs versus non-aromatic AEDs were found for T-cell-mediated (type IV) reactions, as well as for cutaneous reactions.

PMID: 18657477
Handoko KB, Zwart-van Rijkom JE, Visee HF, Hermens WA, Hekster YA, Egberts AC.
Drug treatment related factors of inadequate seizure control.

To optimize seizure control it is important to identify modifiable factors. We conducted a case-control study to explore to what extent drug treatment-related factors are associated with seizures. Eighty-six patients with epilepsy were evaluated: 45 cases (recently experienced a seizure) and 41 controls (seizure-free for at least 2 months). There was a significant association between low AED serum concentration and seizures (odds ratio (OR)=8.9, 95% confidence interval (CI)=1.7-47.8), compliance was not associated with seizures (OR=0.9, 95% CI=0.2-4.0), and changes in medication (mainly non-AEDs) were more frequently observed in the case group than in the control group (OR=4.1, 95% CI=0.9-18.3). These findings indicate that patients with low AED serum levels have a nine times higher risk of seizures compared with patients with therapeutic AED levels and that changes in medication regimens in patients with epilepsy should be made with care.

PMID: 18677806
Interpretation of immunohistochemistry for mismatch repair proteins is only reliable in a specialized setting.
We examined the validity of immunohistochemistry for mismatch repair (MMR) proteins in colorectal cancer specimens to identify patients at risk for Lynch syndrome (hereditary nonpolyposis colorectal cancer) and patients with sporadic microsatellite instable colorectal cancer. This was assessed by observer agreement for and accuracy of interpretation of immunohistochemistry. Seven pathologists from 5 different pathology laboratories evaluated 100 molecularly defined colorectal cancers stained for MLH1, PMS2, MSH2, and MSH6. Two of the pathologists were experienced in interpretation of immunohistochemistry for MMR proteins. After evaluation of a subset of 20 cases, a discussion meeting was organized, after which pathologists evaluated all 100 cases. Staining patterns were interpreted as aberrant, normal, or indefinite. In 82% of tumors, 5 or more pathologists reached the same interpretation, which was considered the consensus diagnosis. Consensus was reached slightly less frequently in microsatellite instable than in stable tumors, and interobserver variation was moderate to substantial (kappa: 0.49-0.79). More microsatellite instable tumors showed an indefinite staining pattern compared with microsatellite stable tumors. Three out of 7 pathologists, including the 2 experienced pathologists, did not miss a microsatellite instable tumor. Each pathologist found at least 1 tumor with an aberrant staining pattern, whereas consensus was a normal staining pattern and the tumor was microsatellite stable. We conclude that, if restricted to experienced pathologists, immunohistochemistry is a valid tool to identify patients at risk for Lynch syndrome and patients with sporadic microsatellite instable colorectal cancer. An indefinite or aberrant staining result has to be followed by molecular microsatellite instability analysis to confirm the presence of a defective DNA MMR system.

PMID: 18678291
Gorter PM, de Vos AM, van der Graaf Y, Stella PR, Doevendans PA, Meijs MF, Prokop M, Visseren FL.
Relation of epicardial and pericoronary fat to coronary atherosclerosis and coronary artery calcium in patients undergoing coronary angiography.

PMID: 18701191
Wulf MW, Tiemersma E, Kluytmans J, Bogaers D, Leenders AC, Jansen MW, Berkhout J, Ruijters E, Haverkate D, Isken M, Voss A.
MRSA carriage in healthcare personnel in contact with farm animals.

In The Netherlands it has been shown that people in contact with pigs have a higher risk of meticillin-resistant Staphylococcus aureus (MRSA) carriage than the general population. Isolates of closely related spa types, corresponding to multilocus sequence type (MLST) ST398, were found in pig farmers, pig veterinarians and pigs. The objective of this study was to investigate whether contact with pigs and veal calves or other livestock is a risk factor for MRSA carriage in Dutch healthcare workers (HCWs). HCWs at four general hospitals and one university hospital were asked to fill in questionnaires covering contact with animals and to take MRSA cultures of their throat and nares. Cultures of HCWs in contact with livestock were processed with samples from HCWs with no contact with livestock as controls. Seventy-seven of 1721 HCWs (4.4%) reported direct or indirect contact with pigs and/or veal calves and 145 reported contact with other livestock animals. The MRSA carriage rate in the group in contact with pigs and veal calves was 1.7% and in the control group was 0.15%. No
carriers were found among HCWs in contact with other livestock. An estimated 3% of hospital staff working in Dutch hospitals serving rural populations belong to a high risk group for MRSA carriage according to the Dutch guidelines. Although MRSA carriage in HCWs in contact with livestock is 10-fold higher than in other HCWs, the difference is not statistically significant.

PMID: 18704407

INTRODUCTION: Several studies have shown the usefulness of positron emission tomography (PET) quantification using standardised uptake values (SUV) for diagnosis and staging, prognosis and response monitoring. Many factors affect SUV, such as patient preparation procedures, scan acquisition, image reconstruction and data analysis settings, and the variability in methodology across centres prohibits exchange of SUV data. Therefore, standardisation of 2-[(18)F] fluoro-2-deoxy-D-glucose (FDG) PET whole body procedures is required in multi-centre trials. METHODS: A protocol for standardisation of quantitative FDG whole body PET studies in the Netherlands (NL) was defined. This protocol is based on standardisation of: (1) patient preparation; (2) matching of scan statistics by prescribing dosage as function of patient weight, scan time per bed position, percentage of bed overlap and image acquisition mode (2D or 3D); (3) matching of image resolution by prescribing reconstruction settings for each type of scanner; (4) matching of data analysis procedure by defining volume of interest methods and SUV calculations and; (5) finally, a multi-centre QC procedure is defined using a 20-cm diameter phantom for verification of scanner calibration and the NEMA NU 2 2001 Image Quality phantom for verification of activity concentration recoveries (i.e., verification of image resolution and reconstruction convergence). DISCUSSION: This paper describes a protocol for standardization of quantitative FDG whole body multi-centre PET studies. CONCLUSION: The protocol was successfully implemented in the Netherlands and has been approved by the Netherlands Society of Nuclear Medicine.

PMID: 18708295

BACKGROUND: In patients with prostate cancer who are deemed to be at intermediate or high risk of having nodal metastases, invasive diagnostic pelvic lymph-node dissection (PLND) is the gold standard for the detection of nodal disease. However, a new lymph-node-specific MR-contrast agent ferumoxtran-10 can detect metastases in normal-sized nodes (ie, <8 mm in size) by use of MR lymphoangiography (MRL). In this prospective, multicentre cohort study, we aimed to compare the diagnostic accuracy of MRL with up-to-date multidetector CT (MDCT), and test the hypothesis that a negative MRL finding obviates the
need for a PLND. METHODS: We included consecutive patients with prostate cancer who had an intermediate or high risk (risk of >5% according to routinely used nomograms) of having lymph-node metastases. All patients were assessed by MDCT and MRL, and underwent PLND or fine-needle aspiration biopsy. Imaging results were correlated with histopathology. The primary outcomes were sensitivity, specificity, accuracy, NPV, and PPV of MRL and MDCT. This study is registered with ClinicalTrials.gov, number NCT00185029.

FINDINGS: The study was done in 11 hospitals in the Netherlands between April 8, 2003, and April 19, 2005. 375 consecutive patients were included. 61 of 375 (16%) patients had lymph-node metastases. Sensitivity was 34% (21 of 61; 95% CI 23-48) for MDCT and 82% (50 of 61; 70-90) for MRL (McNemar's test p<0.05). Specificity was 97% (303 of 314; 94-98) for MDCT and 93% (291 of 314; 89-95) for MRL. Positive predictive value (PPV) was 66% (21 of 32; 47-81) for MDCT and 69% (50 of 73; 56-79) for MRL. Negative predictive value (NPV) was 88% (303 of 343; 84-91) for MDCT and 96% (291 of 302; 93-98) for MRL (McNemar's test p<0.05). Of the 61 patients with lymph-node metastases, 50 were detected by MRL, of which 40 (80%) had metastases in normal-sized lymph nodes. The high sensitivity and NPV of MRL imply that in patients with a negative MRL, the chance of positive lymph nodes is less than 11/302 (4%). INTERPRETATION: MRL had significantly higher sensitivity and NPV than MDCT for patients with prostate cancer who had intermediate or high risk of having lymph-node metastases. In such patients, after a negative MRL, the post-test probability of having lymph-node metastases is low enough to omit a PLND.

PMID: 18714463
Hoekstra JH
Probiotic prophylaxis in patients with predicted severe acute pancreatitis: a randomised, double-blind, placebo-controlled trial and informed consent procedure.
PMID: 18714463

PMID: 18724826
Van Wijk PT, Pelk-Jongen M, Wijkmans C, Voss A, Schneeberger PM.
Three-year prospective study to improve the management of blood-exposure incidents.
Infect Control Hosp Epidemiol. 2008 Sep;29(9):871-7

OBJECTIVE: Throughout 2003-2005, all blood-exposure incidents registered by an expert counseling center in The Netherlands accessible by telephone 24 hours a day, 7 days a week, were analyzed to assess quality improvement in the center's management of such incidents. The expert center was established to handle blood-exposure incidents that occur both inside and outside of a hospital. Infection control practitioners carried out risk assessment, made the practical arrangements associated with managing incidents, and carried out treatment and follow-up, all in accordance with standardized procedures. DESIGN: We analyzed the time it took for exposed individuals to report the incident, the time required to perform a human immunodeficiency virus (HIV) test for the source individual when needed, occurrence of injuries, hepatitis B (HBV) vaccination status of exposed individuals, and adherence to protocol at the expert center. RESULTS: A mean of 465 incidents was registered during each year of the 3-year study period. Although 698 (50%) of 1,394 reported exposures took place in a hospital, 704 (50%) took place outside of a hospital, and 460 (33%) occurred at a time other than regular office hours. HIV tests for source individuals were performed increasingly quickly over the course of the 3-year study period because of earlier reporting and
improvements in practical matters associated with performing and processing the tests. The percentage of healthcare workers employed outside a hospital who were vaccinated against HBV increased from 34% (52 of 152) to 70% (119 of 170) during the 3-year study period. Consequently, the administration of immunoglobulin and unnecessary laboratory testing were reduced. In assessing the quality of the expert center, flaws in the handling of incidents were identified in 148 (37%) of 396 incidents analyzed in 2003, compared with 38 (8%) of 461 incidents analyzed in 2005. CONCLUSIONS: The practical matters associated with management of blood-exposure incidents, such as timely reporting and administration of prophylaxis, should be optimized for incidents that occur at times other than regular office hours and outside of hospitals. The establishment of a 24-hour centralized counseling facility that was open 7 days a week to manage blood exposures resulted in significant improvements in incident management and better care.

PMID: 18754307
Van Aerde KJ, Kalverdijk LJ, Reimer AG, Widdershoven JA.
QT interval prolongation and psychotropic drugs in children and adolescents: proposed guideline

--Several psychotropic drugs that are prescribed to children and adolescents can prolong the QT interval on ECG. QT prolongation can cause a potentially fatal type of ventricular tachycardia known as 'torsade de pointes'. --In 1999, the American Heart Association published a guideline on cardiovascular monitoring of children and adolescents receiving psychotropic drugs. --A similar guideline does not exist in the Netherlands. A survey of Dutch child and adolescent psychiatrists revealed a need for guidelines on QT monitoring in children and adolescents taking psychotropic drugs associated with QT prolongation. --A multidisciplinary panel of professionals drafted a proposed guideline for QT monitoring in patients treated with QT-prolonging psychotropic drugs. --The proposed guideline is summarised in two flowcharts, one for the first consultation and one for follow-up visits.

PMID: 18761906
Q fever in the Netherlands - what matters is seriousness of disease rather than quantity. Author reply.

PMID: 18761906
Large ongoing Q fever outbreak in the south of The Netherlands, 2008.

PMID: 18762763
Van der Velden WJ, Herbers AH, Blijlevens NM.
Palifermin in allogeneic HSCT: many questions remain.
Bone Marrow Transplant. 2008 published online 1 September 2008.

PMID: 18775627
Van Schaik PM, Hermans E, van der Linden JC, Pruigt JF, Ernst MF, Bosscha K.
Micro-metastases in stages I and II colon cancer are a predictor of the development of
distant metastases and worse disease-free survival.
Eur J Surg Oncol. 2008

PMID: 18775976
Van Mil EG, Hiort O.
Three out of four: a case discussion on ambiguous genitalia.
Eur J Endocrinol. 2008 Dec;159 Suppl 1:S91-3
Disorders of sex development (DSD) include a heterogeneous group of heritable disorders of
sex determination and differentiation. This includes chromosomal as well as monogenic
disorders, which inhibit or change primarily genetic or endocrine pathways of normal sex
development. However, in many patients affected, no definitive cause for the disorder can be
found. Therefore, the birth of a child with ambiguous genitalia still represents an enormous
challenge. For the structuring of diagnostic procedures, decision making and also therapeutic
interventions, a highly specialised team of physicians of different subspecialties and experts
for psychosocial care is needed to counsel parents and patients accordingly. This article
presents a case with 46,XX DSD and androgen excess. After making the diagnosis on clinical
and biochemical grounds, the family refused further genetic testing. The outcome of
subsequent pregnancies confirmed the working diagnosis of an autosomal form of 46,XX
DSD. However, the family still refused prenatal testing and treatment on religious grounds.
The case discussion further illuminates the possible influence of religion in prenatal testing
and concludes with the approach to the parents for comprehensive counselling in decision
making for their child.

PMID: 18807336
Van Wijk PT, Boland GJ, van Leeuwen-Gilbert P, Schneeberger PM.
Inadequate infrastructure for follow-up after needlestick injuries in the Netherlands.
OBJECTIVE: To determine how needle-stick injuries are dealt with in the Netherlands.
DESIGN: Study using questionnaires. METHOD: In order to study whether victims of
needle-stick injuries have access to proper treatment, we sent questionnaires to hospitals (n =
103) and Municipal Health Services (MHS) (n = 36) in the Netherlands. We enquired after the
possibilities of risk-estimation and follow-up, the performance of necessary laboratory tests,
direct administration of preventive medication and backup facilities. RESULTS:
Questionnaires were returned by 113 (81%) institutions. 74% of the hospitals and 71% of the
MHS provided follow-up for needle-stick injuries from outside their own institution.
Necessary laboratory tests were not always available or sometimes could not be performed on
an immediate basis. In addition, essential medication was not always directly available. MHS
recognized the advantage of cooperation during followup of needle-stick injuries more than
hospitals. CONCLUSION: Based on the results there is no guarantee that victims of needle-
stick injuries in the Netherlands have access to appropriate care at any location in the Netherlands on a 24/7 basis. We recommend improvement of the infrastructure and cooperation between health care organizations to guarantee improved follow-up in every region.

**PMID: 18807458**
Looij BG, Kreb DL, Bosscha K, Ernst MF, Jager GJ, Rutten MJ.
Radio frequency ablation therapy in the elderly breast cancer patient.

Breast cancer is an important health care problem, especially in the increasing elderly generation. Treatment of these fragile patients is a challenge for the clinician. Undertreatment has been linked to a higher percentage of recurrence and cancer related morbidity, while overtreatment leads to treatment related morbidity and mortality. Minimally invasive techniques do offer new opportunities for patients, who are no candidates for conventional surgery. The tumor lesion is treated locally and selective with minimal damage to surrounding tissue, yielding an adequate local tumor control. Radio frequency ablation technique seems an effective and safe method for treatment of the elderly patient with small (< 3 cm) breast cancer.

**PMID: 18816697**
van Eijkeren FJ, Reijmers RS, Kleinveld MJ, Minten A, Bruggen JP, Bloem BR.
Nordic walking improves mobility in Parkinson's disease.

Nordic walking may improve mobility in Parkinson's disease (PD). Here, we examined whether the beneficial effects persist after the training period. We included 19 PD patients [14 men; mean age 67.0 years (range 58-76); Hoehn and Yahr stage range 1-3] who received a 6-week Nordic walking exercise program. Outcome was assessed prior to training (T1), immediately after the training period (T2) and in a subgroup of 9 patients--5 months after training (T3). At T2, we observed a significant improvement in timed 10-m walking, the timed get-up-and-go-test (TUG), the 6-min walking test and quality of life (PDQ-39). All treatment effects persisted at T3. Compliance was excellent, and there were no adverse effects. These preliminary findings suggest that Nordic walking could provide a safe, effective, and enjoyable way to reduce physical inactivity in PD and to improve the quality of life. A large randomized clinical trial now appears justified.

**PMID: 18837806**
Roos K, Meijs MF, de Vos AM, Rutten A, Doevendans PA, van der Schouw YT, Prokop M, Bots ML, Vonken EJ.
PMID: 18855606
Measurement of the endogenous adenosine concentration in humans in vivo: methodological considerations.
The endogenous nucleoside adenosine has profound tissue protective effects in situations of ischaemia or inflammation. Animal studies have shown that various drugs can activate this protective mechanism by interfering with the metabolism of adenosine. Translation of this concept to the clinical arena is hampered by the difficulties encountered in measuring the adenosine concentration, due to the rapid cellular uptake and degradation of adenosine, which continues unabated after blood sampling, and due to the metabolically active endothelial barrier for adenosine. In the current paper, we critically discuss the various methods to measure the adenosine concentration in humans in vivo. For the measurement of circulating adenosine, we conclude that the use of a pharmacological blocker solution (containing inhibitors of the enzymes ecto-5'-nucleotidase, adenosine deaminase, and adenosine kinase, and of the equilibrative nucleoside transporter) and a purpose-built syringe which mixes the blood with this solution immediately at the tip of the needle, seems to be the most sensitive technique. However, for the measurement of adenosine concentrations in interstitial tissue, microdialysis is a suitable method, when used with an appropriate method to determine the recovery of adenosine across the semipermeable membrane to calculate the absolute adenosine concentration. Consistent use of these methods could help in the comparison of the various studies focussed on endogenous adenosine and could help to facilitate the use of drugs that modulate the adenosine concentration to protect tissues in the clinical arena.

PMID: 18855996
Van Wensen RJ, van Leuken MH, Bosscha K.
Pelvic sepsis after stapled hemorrhoidopexy.
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Stapled hemorrhoidopexy is a surgical procedure used worldwide for the treatment of grade III and IV hemorrhoids in all age groups. However, life-threatening complications occur occasionally. The following case report describes the development of pelvic sepsis after stapled hemorrhoidopexy. A literature review of techniques used to manage major septic complications after stapled hemorrhoidopexy was performed. There is no standardized treatment currently available. Stapled hemorrhoidopexy is a safe, effective and time-efficient procedure in the hands of experienced colorectal surgeons.

PMID: 18931398
Mathoera RB, Wever PC, van Dorsten FR, Balter SG, de Jager CP.
Epiglottitis in the adult patient.
Epiglottitis is an acute disease, which was predominantly caused by Haemophilus influenzae type b in the pre-vaccination era. In the vaccination era, with waning vigilance, adults remain at risk for acute epiglottitis according to recent Dutch incidence rates. There is more diversity in the cause of epiglottitis in adults. We describe three patients who presented to the
emergency ward of a regional teaching hospital with severe epiglottitis. All three patients had stridor at presentation indicating a compromised airway. Emergency intubation was attempted, but two patients required a tracheotomy and one patient died. Patients received fibreoptic nasal intubation, systemic dexamethasone and antibiotics. Stridor is an important acute sign of upper airway obstruction, which requires vigilance for epiglottitis, regardless of the patient's age. Fibreoptic nasal intubation should preferentially be attempted with the possibility of immediate surgical airway on hand. Timely diagnosis and treatment usually results in a complete recovery. In adults, severe acute epiglottitis and stridor can justify early intubation.

**PMID: 18976576**
Huijsdens XW, Janssen M, Renders NH, Leenders A, van Wijk P, van Santen Verheuvel MG, van Driel JK, Morroy G.
Methicillin-resistant Staphylococcus aureus in a beauty salon, the Netherlands.

An outbreak of community-associated USA300 methicillin-resistant Staphylococcus aureus occurred in a beautician and 2 of her customers. Eight other persons, who were either infected (n = 5) or colonized (n = 3), were linked to this outbreak, including a family member, a household contact, and partners of customers.

**PMID: 19024068**
Van Poppel PC, Fijnheer R, Haverman JF, Sinnige HA.
Aggressive non-Hodgkin lymphoma in 3 patients with rheumatoid arthritis: discontinue the use of methotrexate.

3 female patients who were being treated with methotrexate developed a non-Hodgkin lymphoma. The first patient, 67 years old, presented with an enlarged thyroid gland. The cytological punction was inconclusive and an open biopsy revealed a B cell non-Hodgkin lymphoma, which was localised. A week before the biopsy the methotrexate was discontinued. The patient herself reported that the swelling of her thyroid gland was diminished after cessation of methotrexate. The lymphoma showed a complete remission without chemotherapy being given. The second patient, a 78-year-old woman, developed a non-Hodgkin lymphoma in one of her tonsils that showed a partial remission after withdrawal of the methotrexate therapy. The third patient, a 66-year-old woman, presented herself with a pulmonary non-Hodgkin lymphoma. In this patient withdrawal of the methotrexate resulted in a complete remission of the non-Hodgkin lymphoma as well. Although no epidemiological study has shown an increased risk of lymphoproliferative disorders during the use of methotrexate, these spontaneous remissions suggest an aetiological link. If a non-Hodgkin lymphoma develops in a patient being treated with methotrexate then the therapy should be discontinued and chemotherapy should not be given straightaway.

**PMID: 19044221**
Setz JM, van der Linde AA, Gerrits GP, Meulstee J.
EEG findings in an eleven-year-old girl with mercury intoxication
An 11-year-old female was seen at our outpatient clinic with a broad variety of symptoms that were due to elemental mercury intoxication. Electromyography and sequential electroencephalography findings obtained at days 2, 36, 88 and 148 are described. The patient was treated with chelation therapy during which she clinically improved considerably. A profound decrease in urinary mercury concentration occurred as well as normalization of the electroencephalogram.

PMID: 19055458

PMID: 19071244

PMID: 19075319

PMID: 19095130

PMID: 19127320

Acquired heart block during pregnancy is rare. We describe the case of a 29-year-old pregnant female with fatigue due to an unexplained high-degree AV conduction disorder. She was treated with a dual chamber pacing system. Further pregnancy and delivery were without complications. The sparse literature on this topic is reviewed.
PMID: 19127321
Meregalli PG, Westendorp IC, Tan HL, Elsman P, Kok WE, Wilde AA.
Pregnancy and the risk of torsades de pointes in congenital long-QT syndrome.
Neth Heart J. 2008 Dec;16(12):422-5.
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