









# Trucchi e segreti in Pronto Soccorso

Fabio De Iaco  
Pronto Soccorso Imperia

**ABM**

# Astuteness Based Medicine



**“Siate scaltri come i serpenti ma puri come le colombe”**

Matteo, 10,16



**Indicatori:**

**Percentuale di efficacia**

**Tempo d'esecuzione**

**Numero di repliche**

**Numero di sorrisi**

QUI  
NASCE  
IL PO



# LA BARUNISSA di CARINI

CANTASTORIE  
ALE



Walt Disney

# MANUALE DELLE GIOVANI MARIOTTI







...Validation of a technique by receiving feed-backs from the colleagues is an empirical, not-scientific but efficacious method to sharpen our performances in the Emergency Department...

De Iaco & Morabito, J Emerg Med, in press

**I CULTORI DELLA META-ANALISI  
SONO GENTILMENTE INVITATI  
AD USCIRE**

## **Disclosure:**

**L'autore declina ogni responsabilità  
rispetto alla vostra certificazione ECM**

**In rigoroso ordine casuale...**

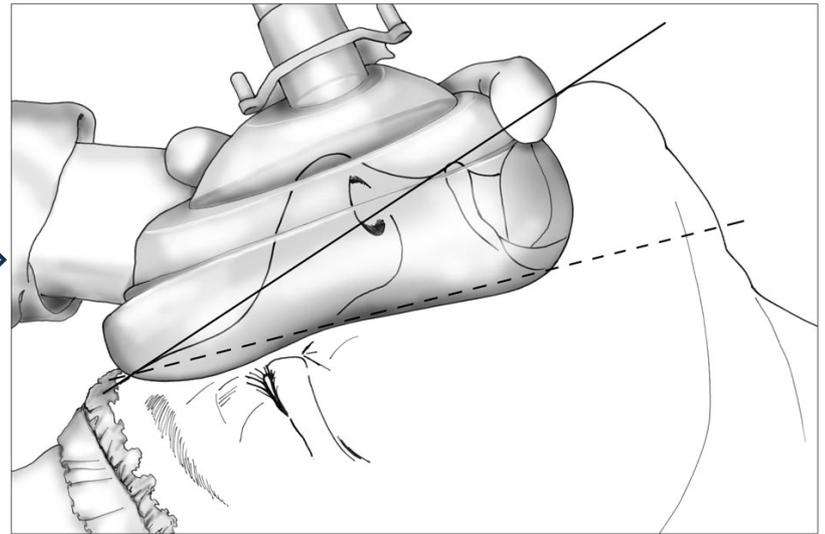
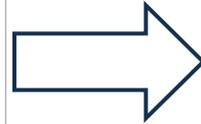
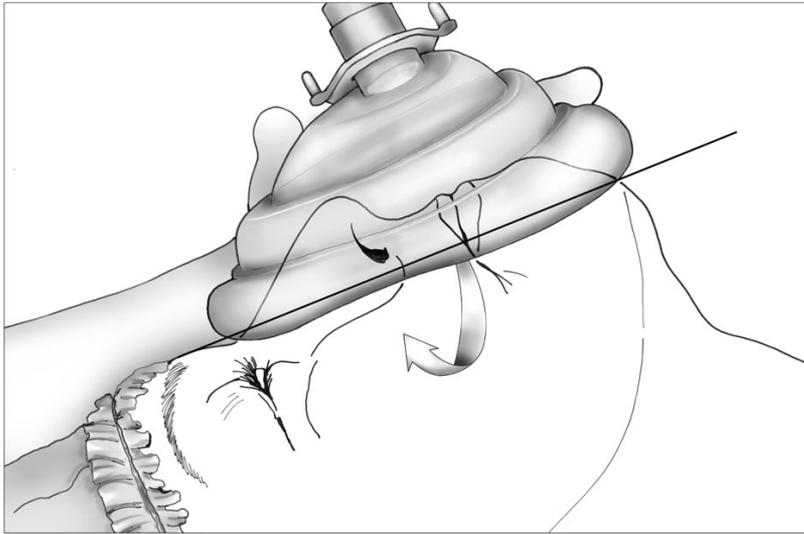


1

**Migliorare l'ossigenazione in maschera  
nel paziente edentulo**

# LLMV

## Lower Lip Mask Ventilation



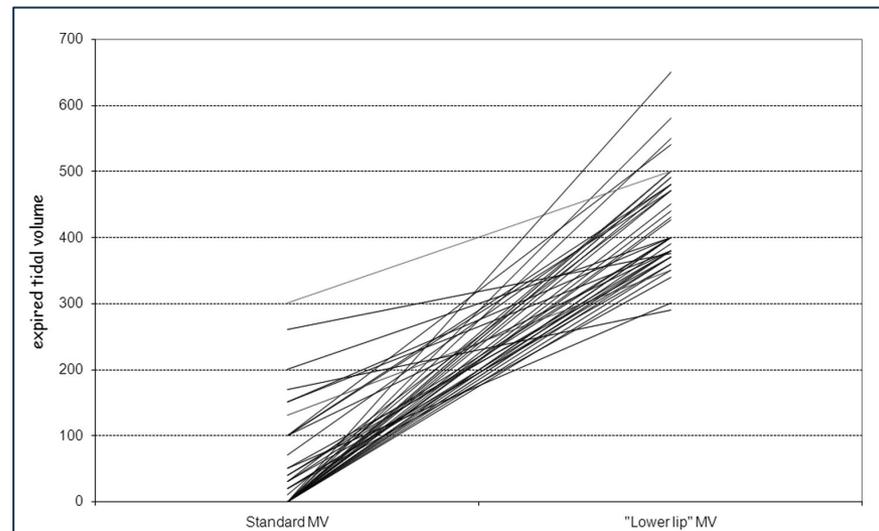
## Face Mask Ventilation in Edentulous Patients

### *A Comparison of Mandibular Groove and Lower Lip Placement*

Stéphane X. Racine, M.D., Ph.D.,\* Audrey Solis, M.S.,† Nora Ait Hamou, M.S.,†  
Philippe Letoumelin, M.D.,‡ David L. Hepner, M.D.,§ Sadek Beloucif, M.D., Ph.D.,||  
Christophe Baillard, M.D., Ph.D.||

Anesthesiology, 2010

	"Fuga" d'aria
Ventilazione tradizionale	400 cc
LLBV	10 cc



2

**Verificare la correttezza dell' intubazione**

# SAT

## Syringe Aspiration Technique



3

Proteggere il paziente dall'ipossia  
durante l'intubazione d'emergenza

**NODESAT!!!**



Ossigenare prima...



Ossigenare durante...



The measured inspired oxygen in the hyopharynx with a non-rebreather at 15 lpm is only 60-70%...

...the patients expired gasses are mixing with the applied oxygen, and expired gasses accumulate in the nasopharynx...

...high flow nasal oxygen has been shown to flush the nasopharynx with oxygen, and then when patients inspire they inhale a higher percentage of inspired oxygen...

...carbon dioxide excretion into the alveolus diminishes during apnea because carbon dioxide is approximately 25 times more soluble than oxygen in blood. It is estimated that during apnea CO<sub>2</sub> is excreted into the alveolus at only 10 ml/min. Conversely, oxygen is absorbed at 250 ml/min. The resultant negative pressure gradient (-240 ml/min) creates a sub-atmospheric pressure in the alveolus. The net result is that during apnea, oxygen insufflated into the upper airway will be “drawn” down the trachea and into the alveolus.



Dicembre 2010

AIRWAY/REVIEW ARTICLE

## Preoxygenation and Prevention of Desaturation During Emergency Airway Management

Scott D. Weingart, MD, Richard M. Levitan, MD

*From the Division of Emergency Critical Care, Department of Emergency Medicine, Mount Sinai School of Medicine, New York, NY (Weingart); and the Department of Emergency Medicine, Thomas Jefferson University Hospital, Philadelphia, PA (Levitan).*

Patients requiring emergency airway management are at great risk of hypoxemic hypoxia because of primary lung pathology, high metabolic demands, anemia, insufficient respiratory drive, and inability to protect their airway against aspiration. Tracheal intubation is often required before the complete information needed to assess the risk of peri-procedural hypoxia is acquired, such as an arterial blood gas level, hemoglobin value, or even a chest radiograph. This article reviews preoxygenation and peri-intubation oxygenation techniques to minimize the risk of critical hypoxia and introduces a risk-stratification approach to emergency tracheal intubation. Techniques reviewed include positioning, preoxygenation and denitrogenation, positive end expiratory pressure devices, and passive apneic oxygenation. [Ann Emerg Med. 2012;59:165-175.]

A **podcast** for this article is available at [www.annemergmed.com](http://www.annemergmed.com).

4

Ipotermia terapeutica sul territorio



# Cavoletti di Bruxelles



Grazie ad Andrea Fabbri

5

Ridurre una lussazione di spalla





Grazie a Gemma Morabito

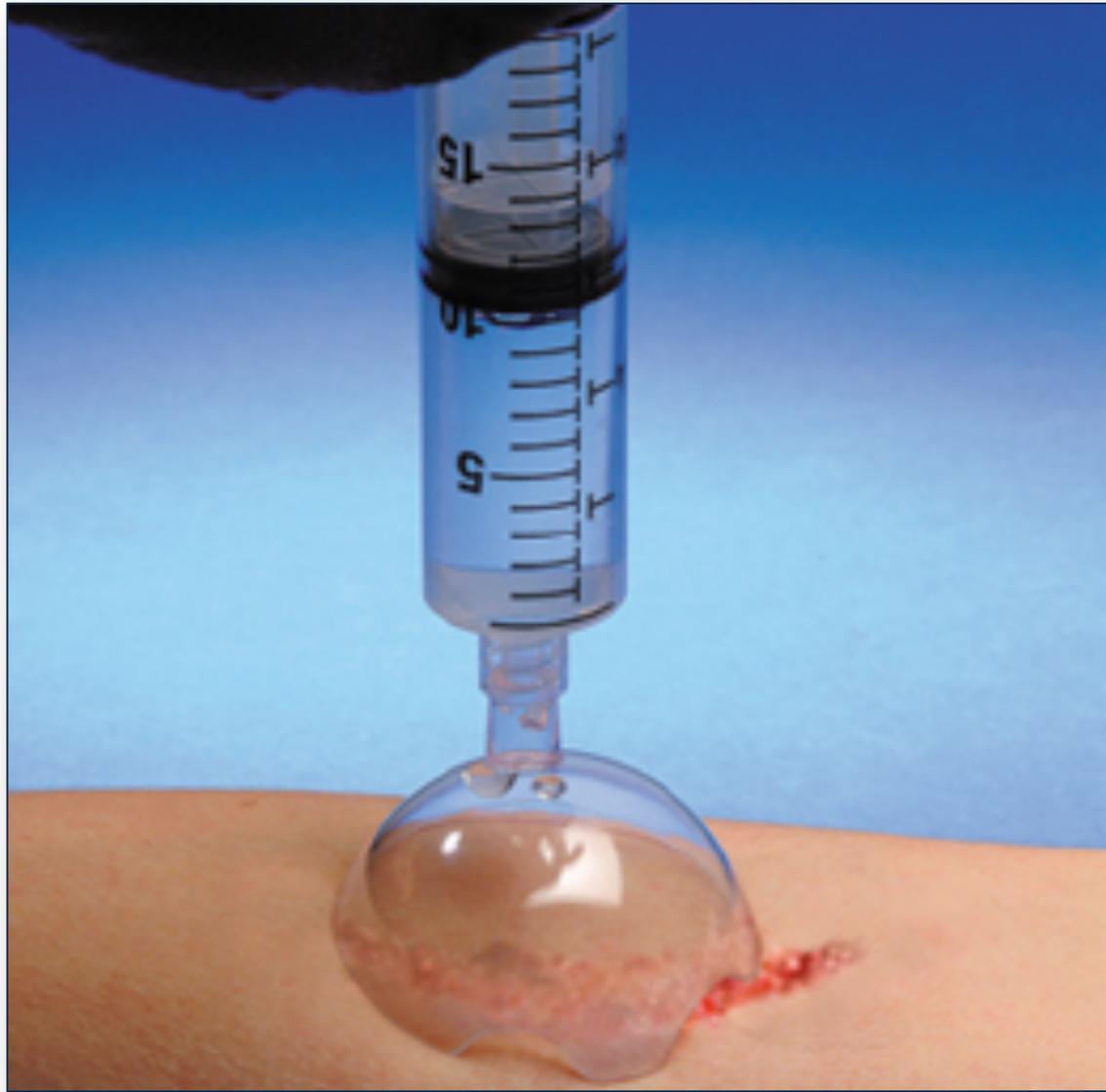


Grazie a Cristina Gervasoni

6

Irrigare una ferita







Grazie a Ciro Paolillo

## Cochrane corner: water for wound cleansing

The Journal of Hand Surgery  
(European Volume)  
37E(4) 375-376  
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sagepub.co.uk/journalsPermissions.nav  
DOI: 10.1177/1753193412443640  
jhs.sagepub.com



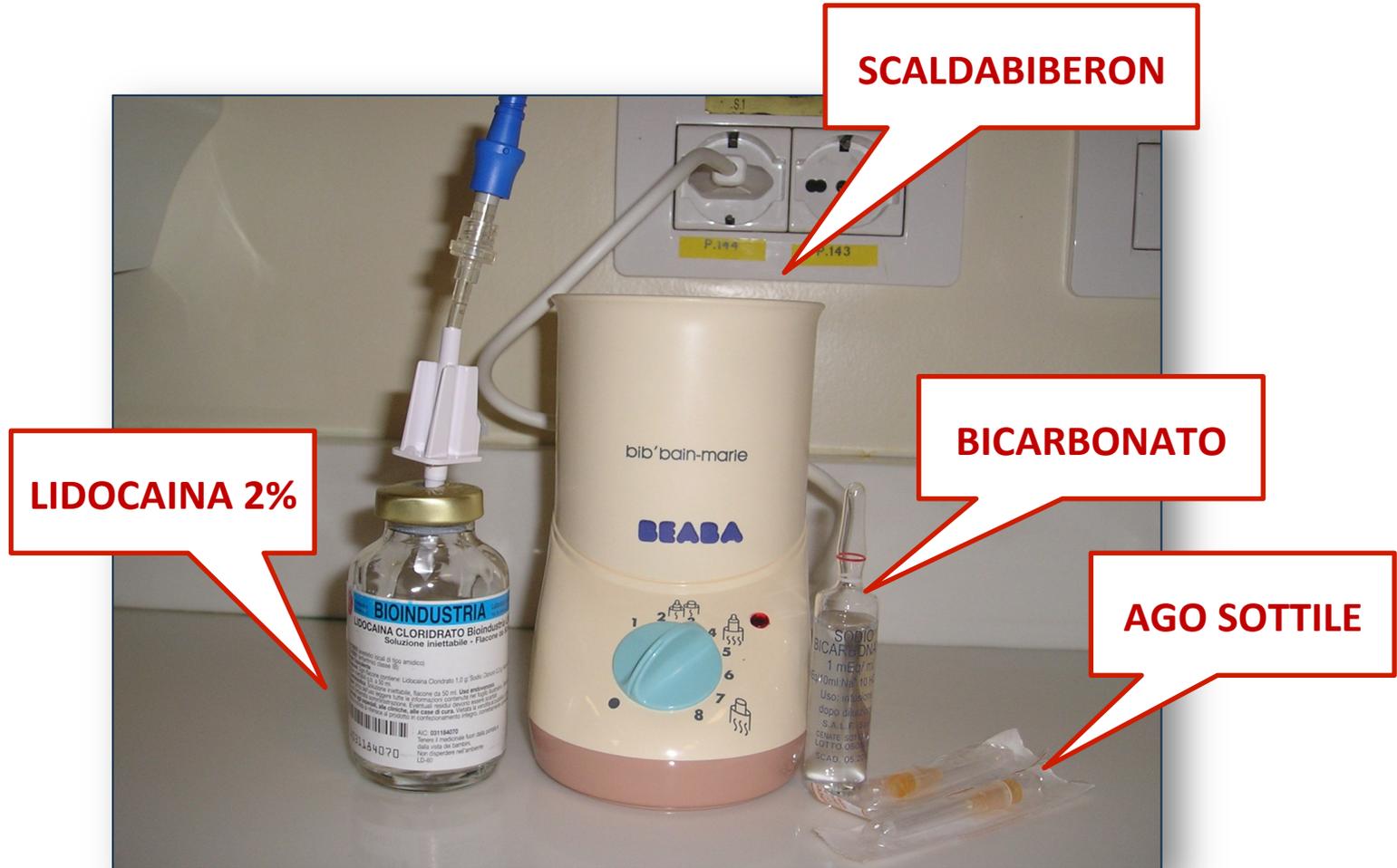
*The Cochrane Library*, 2010, Issue 5- update on 2008 review [no change]  
Fernandez R, Griffiths R. Water for wound cleansing. *Cochrane Database of Systematic Reviews* 2008, Issue 1.  
Art. No.:CD003861. DOI: 10.1002/14651858.CD003861.pub2.

Nessuna evidenza che l'irrigazione con acqua di rubinetto aumenti la prevalenza di infezione della ferita

7

**Minimizzare il dolore  
da anestetico locale**

# Il kit dell'anestesia locale indolore



# Systematic Review and Meta-analysis of the Effect of Warming Local Anesthetics on Injection Pain

Mary-Ellen Hogan, BScPhm, PharmD, Sondra vanderVaart, MBA, PhD(c), Kumar Perampaladas, BSc, MSc, Márcio Machado, MSc, PhD, Thomas R. Einarson, MSc, PhD, Anna Taddio, MSc, PhD

**-11%**

Study or Subgroup	Warmed		Room temperature		Mean difference 95% CI [mm]
	Mean (mm)	Total	Mean (mm)	Total	

**Studies comparing unbuffered warm solution to unbuffered room temperature solution.**

Alonso 1993	41	63	60	41	-19 [-27, -11]
Bainbridge 1991	20	23	63	22	-43 [-51, -35]
Bell 1996	10	30	20	30	-10 [-23, 3]
Brogan 1995	49	27	82	9	-33 [-70, 4]
Colaric (A) 1998	21	20	22	20	-1 [-2, 0]
Dalton 1989	17	77	19	80	-2 [-7, 3]
Davidson 1992	3	40	11	40	-8 [-19, 3]
Jones (A) 1998	57	40	79	40	-22 [-29, -15]
Krathen 2008	41	20	60	20	-19 [-31, -7]
Mader (A) 1994	51	32	54	32	-3 [-14, 8]
Ong 2000	24	29	23	31	1 [-11, 13]
Ram 2002	21	44	23	45	-2 [-11, 7]
Waldbillig 1995	25	20	36	20	-11 [-20, -2]
Yang (A) 2008	43	12	65	12	-22 [-36, -8]
<b>Subtotal (95% CI)</b>		<b>477</b>		<b>442</b>	<b>-13 [-20, -6]</b>

Heterogeneity: Tau<sup>2</sup> = 137.10; Chi<sup>2</sup> = 166.88, df = 13 (P < 0.00001); I<sup>2</sup> = 92%

Test for overall effect: Z = 3.67 (P = 0.0002)

**Studies comparing buffered warm solution to buffered room temperature solution.**

Bartfield 1995	21	24	16	24	5 [-1, 11]
Colaric (B) 1998	15	20	18	20	-3 [-4, -2]
Jones (B) 1998	51	40	63	40	-12 [-20, -4]
Kaplan 1996	7	16	18	16	-11 [-28, 6]
Mader (B) 1994	33	32	51	32	-18 [-30, -8]
Martin 1996	35	40	40	40	-5 [-13, 3]
Yang (B) 2008	33	12	53	12	-20 [-34, -6]
Yiannakopoulos 2004	10	22	19	22	-9 [-12, -6]
<b>Subtotal (95% CI)</b>		<b>206</b>		<b>206</b>	<b>-7 [-12, -3]</b>

Heterogeneity: Tau<sup>2</sup> = 26.80; Chi<sup>2</sup> = 36.30, df = 7 (P < 0.00001); I<sup>2</sup> = 81%

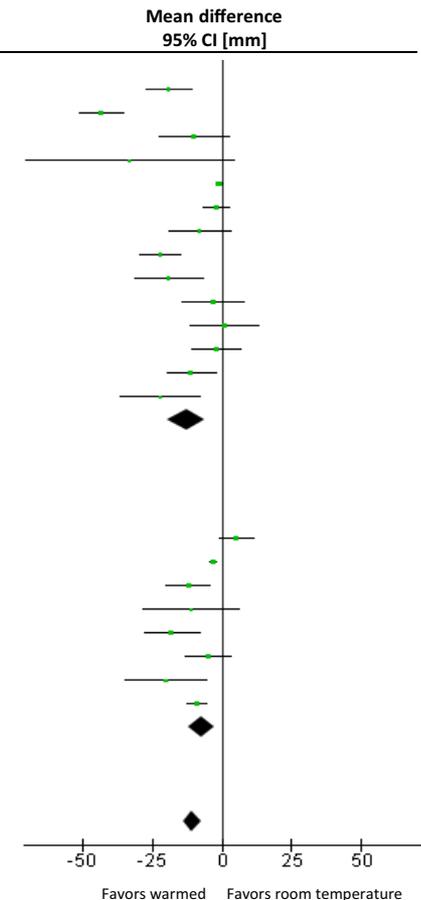
Test for overall effect: Z = 3.17 (P = 0.002)

**Total (95% CI)** **683** **648** **-11 [-14, -7]**

Heterogeneity: Tau<sup>2</sup> = 43.11; Chi<sup>2</sup> = 203.81, df = 21 (P < 0.00001); I<sup>2</sup> = 90%

Test for overall effect: Z = 6.06 (P < 0.00001)

Test for subgroup differences: Chi<sup>2</sup> = 0.63, df = 1 (P = 0.43), I<sup>2</sup> = 0%



# Systematic Review Snapshot

## *Clinical Synopsis*

### TAKE-HOME MESSAGE

Increasing the pH of lidocaine (buffering) significantly decreases the pain of local injection.

### METHODS

#### DATA SOURCES

The authors searched the Cochrane Central Register of Controlled Trials

### Does Buffered Lidocaine Decrease the Pain of Local Infiltration?

#### EBEM Commentators

Dylan D. Cooper, MD  
Rawle A. Seupaul, MD

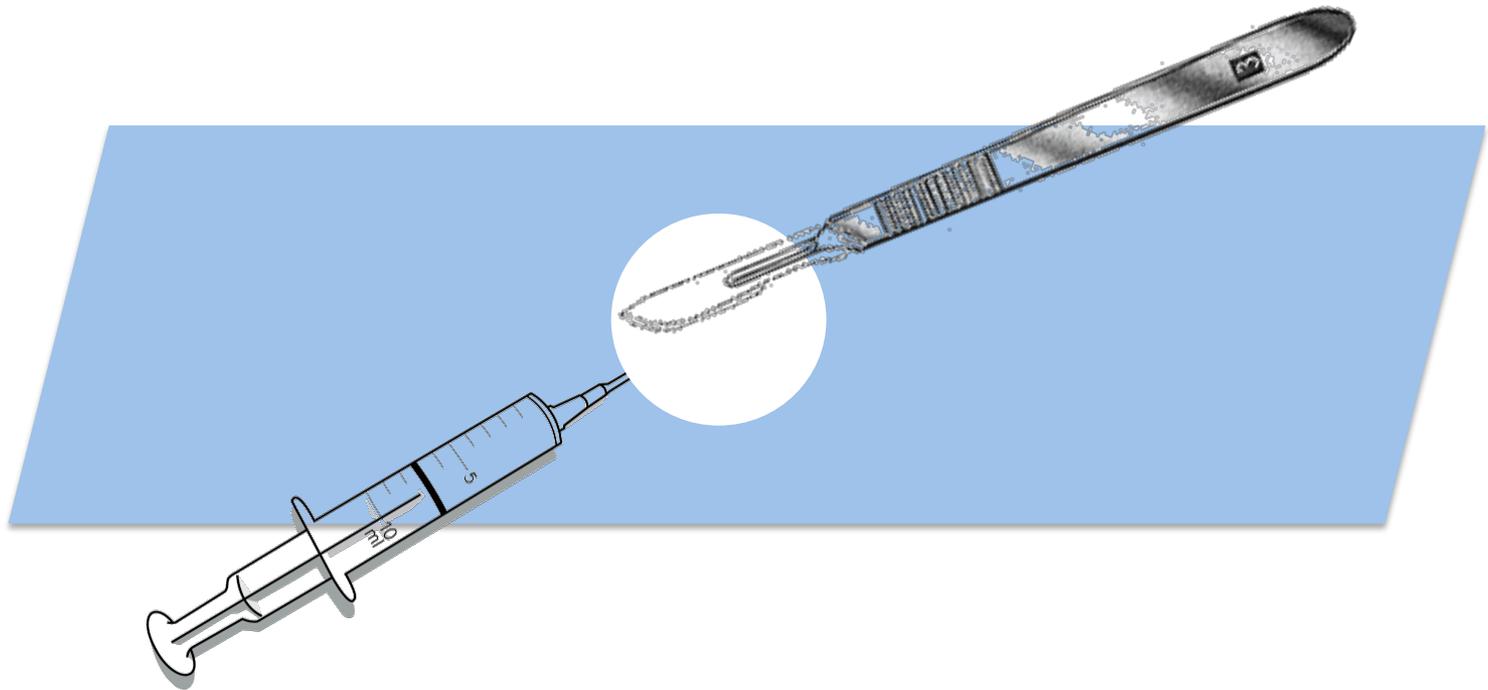
Ann Emerg Med, 2012

-13%

8

**Anestetizzare un ascesso cutaneo**

Gli “esperti” tramandano che un ascesso  
non è anestetizzabile...



# Abscess Incision and Drainage

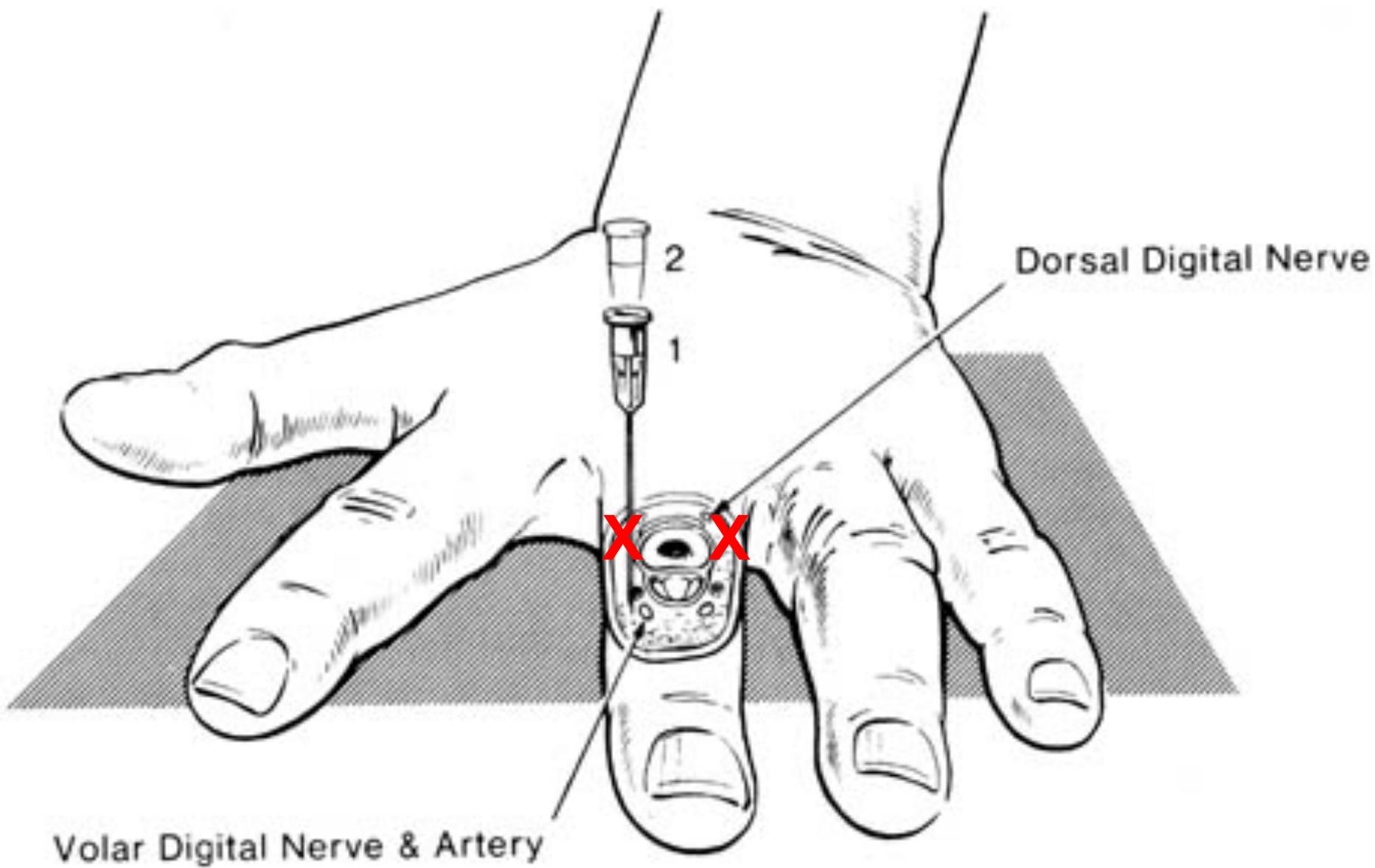
Michael T. Fitch, M.D., Ph.D., David E. Manthey, M.D.,  
Henderson D. McGinnis, M.D., Bret A. Nicks, M.D., and Manoj Pariyadath, M.D.

N Engl J Med, 2007

Anesthetize the top of the wound by inserting a 25-gauge or 30-gauge needle just under and parallel to the surface of the skin. Inject anesthetic into the intradermal tissues. Once the entire open bore of the needle is under the skin, use gentle pressure to infiltrate the skin with the anesthetic agent. You will note blanching of the tissue as the anesthetic spreads out. Continue with infiltration until you have covered an area over the top of the abscess large enough to anesthetize the area of incision. For some abscesses, additional injections of anesthetic in a local field block pattern,<sup>6</sup> parenteral analgesic agents, or procedural sedation may be required for the patient's comfort.

9

**Minimizzare il dolore nell'anestesia digitale**





# Digital anaesthesia: one injection or two?

Beverley Cannon,<sup>1</sup> Louisa Chan,<sup>2</sup> Joanna S Rowlinson,<sup>3</sup> Matthew Baker,<sup>4</sup>  
Mike Clancy<sup>5</sup>

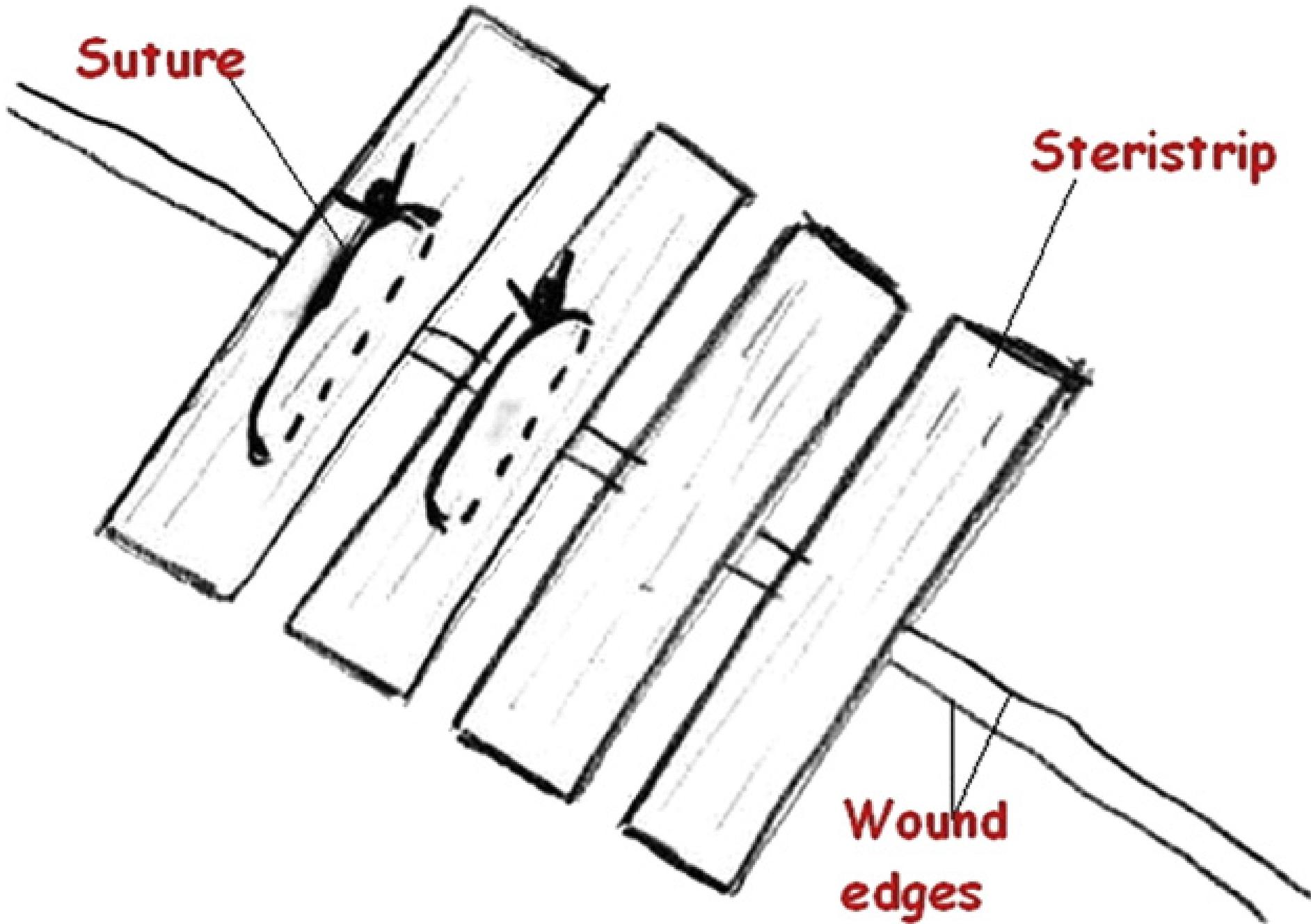
Emerg Med J, 2010

## **CONCLUSIONS**

This study demonstrates that SDNB is as effective as TDNB. All outcome measures favoured SDNB, but only CS scores achieved statistical significance. Due to the small number of patients no

10

# Suturare la cute fragile



**Suture**

**Steri-strip**

**Wound  
edges**



**Steristrip**

**Sutures**

# **SUTURE/STERI-STRIP COMBINATION FOR THE MANAGEMENT OF LACERATIONS IN THIN-SKINNED INDIVIDUALS**

Marcus Davis, MBBS,\* Amir Nakhdjevani, MBBS,† and Surjit Lidder, MBBS‡

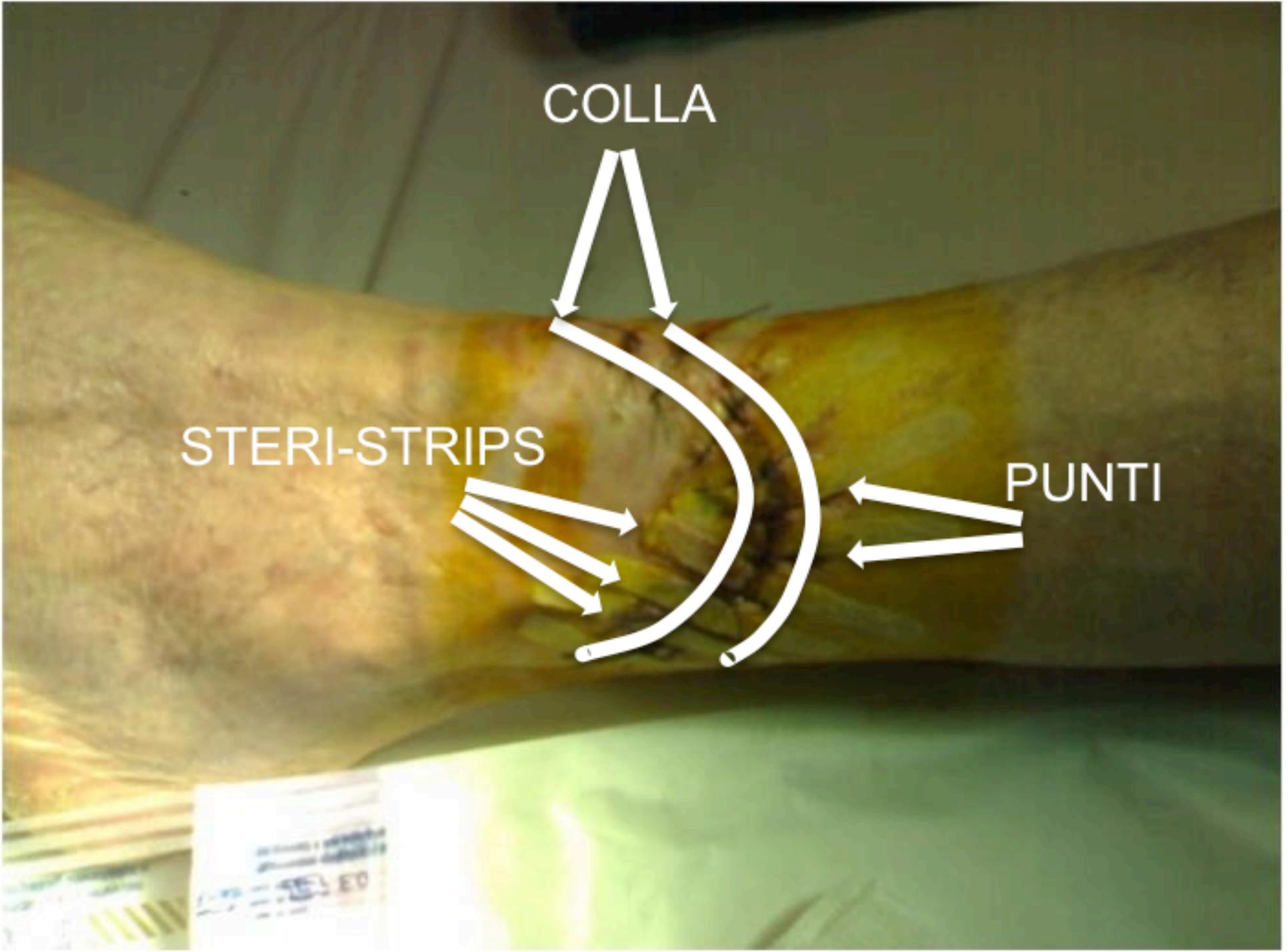
J Emerg Med, 2011



COLLA

STERI-STRIPS

PUNTI



## Transfusion Outcomes Differ Between Children and Adults

BY ROBERT FINN  
Boston Global Medical News

HONOLULU BEACH, CALIF. — Although immunosuppression appears to be a consequence of blood product transfusion in critically ill adults, a recent study suggests that blood transfusions do not increase morbidity or mortality in critically ill children.

Infection rates were significantly higher in children who received blood products than in those who did not, but a multivariate analysis of these findings suggested

transfusion, according to a poster presented by Dr. Cynthia L. Leaphart at the Academic Surgical Congress.

Dr. Leaphart and her colleagues at Children's Hospital of Pittsburgh conducted a retrospective study of all children aged 0-

18 years who were admitted to the hospital's trauma service between 2000 and 2005.

Of 7,577 children admitted during that time, 274 (2.9%) required a transfusion of packed red blood cells, fresh frozen plasma, platelets, cryoprecipitate, or factor VII.

Of the children who were transfused, 17% experienced culture-positive infections during their hospital stay, compared with just 1.5% of the total population. Respiratory infections were the most common, occurring in 73% of the transfused children. A total of 13% of the transfused children had blood infections, and the remaining infections were evenly divided among wound, urinary tract, and cere-

bral infections. Patients with culture-positive infections had significantly longer hospital stays, longer ICU stays, lower Glasgow Coma

Scale (GCS) scores, and higher injury severity scores than did those without infections. This was true both of patients who received transfusions and of those who did not.

For example, transfused patients with infections stayed in the hospital an average of 24 days, compared with 13 days for transfused patients without infections, 18 days for nontransfused patients with infections, and 2 days for nontransfused patients without infections.

Average GCS scores were 3 for infected patients whether or not they were transfused, and 15 for noninfected patients, again irrespective of transfusion status.

After adjusting for hospital length of stay, ICU length of stay, intubation status, and GCS score, the investigators found a significant association between infections and intubation status. On the other hand, there was no association between infection and

transfusion was not significant.

Among adults, the transfusion of blood products is associated with hemolytic reactions, immunosuppression, proclotting systems, and infections, and human error in transfusions, including misidentification of patients.

These adverse events result in increased risks of morbidity and mortality.

A decrease in cell-mediated immunity is thought to contribute to the immunosuppression seen in adults, but the mechanisms for this are not completely understood.

The investigators said that prospective studies are needed to investigate the relationship between the blood product transfusion and immunosuppression in pediatric trauma patients.

Dr. Leaphart declared that she had no relevant financial relationships associated with her presentation. ■

## Cutaneous Adhesive Effectively Helps Close Wounds on Thin Skin

BAITIMORE — The cutaneous adhesive Dermabond can be applied in the margins of a wound to buttress apposition, then skin enough to allow adequate primary closure with sutures, Dr. Bain said.

Dr. Bain presented at the annual meeting of the American Society of Plastic Surgeons.

Physicians have always had a difficult time suturing lacerations or defects created from the removal of cancer because sutures tear the skin of older patients with steroid-

induced skin atrophy or genetically thin skin, said Dr. Bain, a plastic surgeon in private practice in Newport Beach, Calif.

"There are so many times when there are wounds that need skin grafting when they get a bad laceration," he said in an interview. "You could also use this technique in infants who have very thin skin."

After a standard wound preparation, Dermabond is applied 3 mm from the wound margins and allowed to dry. Simple sutures placed either through or behind the Dermabond close the wound without tearing the skin.

"You have to make certain that you don't get any Dermabond into the incision or into the wound because that will prevent healing," he said.

Dr. Bain has used the technique on about 15-20 patients without any problems. He said that his colleagues, as well as trauma surgeons, also have begun using the technique successfully.

By allowing the closure of wounds in thin skin, the technique may prevent the need for prolonged wound care or secondary surgical procedures, according to Dr. Bain, who presented the method on a poster at the meeting.

The adhesive costs about \$24 per tube. He and his colleagues have no conflicts of interest with regard to Ethicon Inc., the manufacturer of Dermabond.

—Jeff Evans

## Preventive Practices Can Blunt Suture Needle Sticks

BY BRUCE K. DIXON  
Boston Global Medical News

CHICAGO — Most of the estimated 1,000 suture needle sticks endured by surgeons and surgical residents in the United States each day can be prevented by practicing the needle point within the needle driver, according to Dr. Jay Kuntzberg.

"Before the needle and needle driver are either handed off to the assistant or returned to the surgical tray prior to the needle 90 degrees toward the instrument joint," said Dr. Kuntzberg, a dermatology resident at the University of Texas M.D. Anderson Cancer Center in Houston.

"Next, close the needle driver on the body near, but not on, the shank of the needle," said Dr. Kuntzberg. "The needle point should be directed toward and almost touching the driver, thereby disarming the needle point."

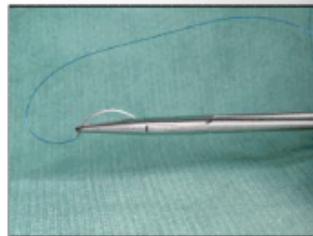
To avoid dulling the needle, do not grasp the point by the needle driver, Dr. Kuntzberg said in a poster presentation at the annual meeting of the American Society for Dermatologic Surgery.

"These precautions are especially important in Mohs surgery because you're using the same tray and the same instruments throughout the procedure," she said in an interview. "If your procedure involves three layers,

you're going to use the instrument three times plus once more for reconstruction, so the sharps is being constantly moved around, potentially exposing several people to the risk of a needle stick."

A simple and inexpensive solution for disarming a needle that is being temporarily put aside is to use a brightly colored piece of foam, such as that available at art and craft stores.

"We keep the foam piece in the upper right hand corner of the field and



The needle should be grasped in the needle driver as shown to avoid exposing the point.

just stick our needle into that," said Dr. Kuntzberg.

The worst mistake a medical professional can make is to leave an exposed needle on a patient's chest where it can fall when the patient moves. "Placing a tray on a patient's chest can be a mine field," she said.

Even when a needle stick does not cause infection, follow-up testing can cost up to \$5,000, she added.

"If you make these little precautions habitual, you'll greatly reduce the risk of needle sticks in your workplace," she concluded. ■



Dermabond is applied 3 mm from the wound margins and left to dry. Sutures are then placed through or behind the Dermabond.



The healing wound is shown 3 weeks after the graft-sparing procedure.

[Click to zoom in](#)

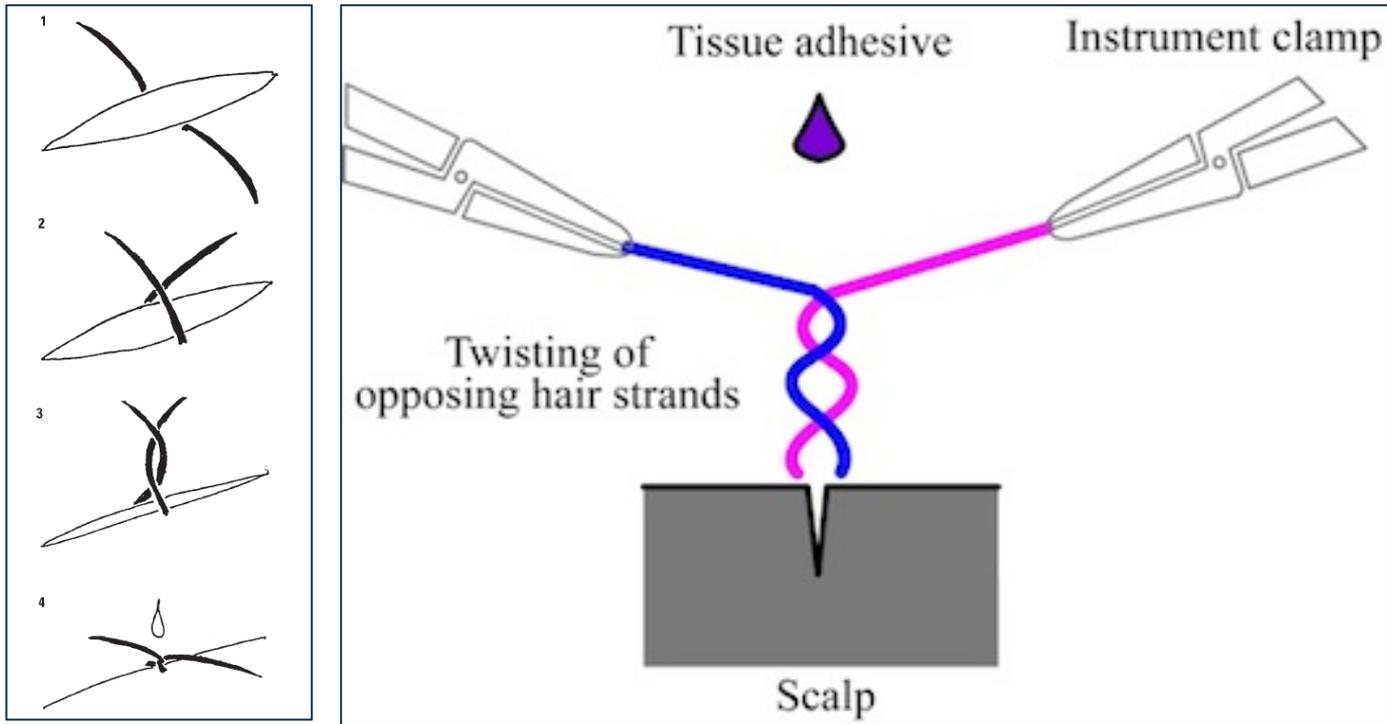
11

**Suturare il cuoio capelluto**



# HAT

## Hair Apposition Technique









Sanguinamento abbondante  
Ferite irregolari o estese

**A** Randomized Controlled Trial Comparing  
the Hair Apposition Technique With Tissue  
Glue to Standard Suturing in Scalp Lacerations  
(HAT Study)

Ong Eng Hock et al, Ann Emerg Med, 2002

Cost-Effectiveness of Hair Apposition Technique Compared  
With Standard Suturing in Scalp Lacerations

Ong Eng Hock et al, Ann Emerg Med, 2005

**Hair apposition technique for scalp laceration repair:  
a randomized controlled trial comparing  
physicians and nurses (HAT 2 study) ☆**

Marcus Eng Hock Ong MBBS, MPH<sup>a,\*</sup>, Yiong Huak Chan PhD<sup>b</sup>,  
Josephine Teo BSc, MSc<sup>a</sup>, Saroja S EN<sup>a</sup>, Susan Yap RN<sup>a</sup>,  
Pauline Hwee Yen Ang BSc<sup>a</sup>, Swee Han Lim MBBS<sup>a</sup>

Am J Emerg Med, 2008

**Modified hair apposition technique as the primary closure  
method for scalp lacerations ☆**

Sevilay Karaduman MD<sup>a</sup>, Aslıhan Yürüktümen MD<sup>b</sup>, Sedef Melek Güryay MD<sup>a</sup>,  
Fecri Bengi MD<sup>a</sup>, John R. Fowler Jr. MD<sup>a,\*</sup>

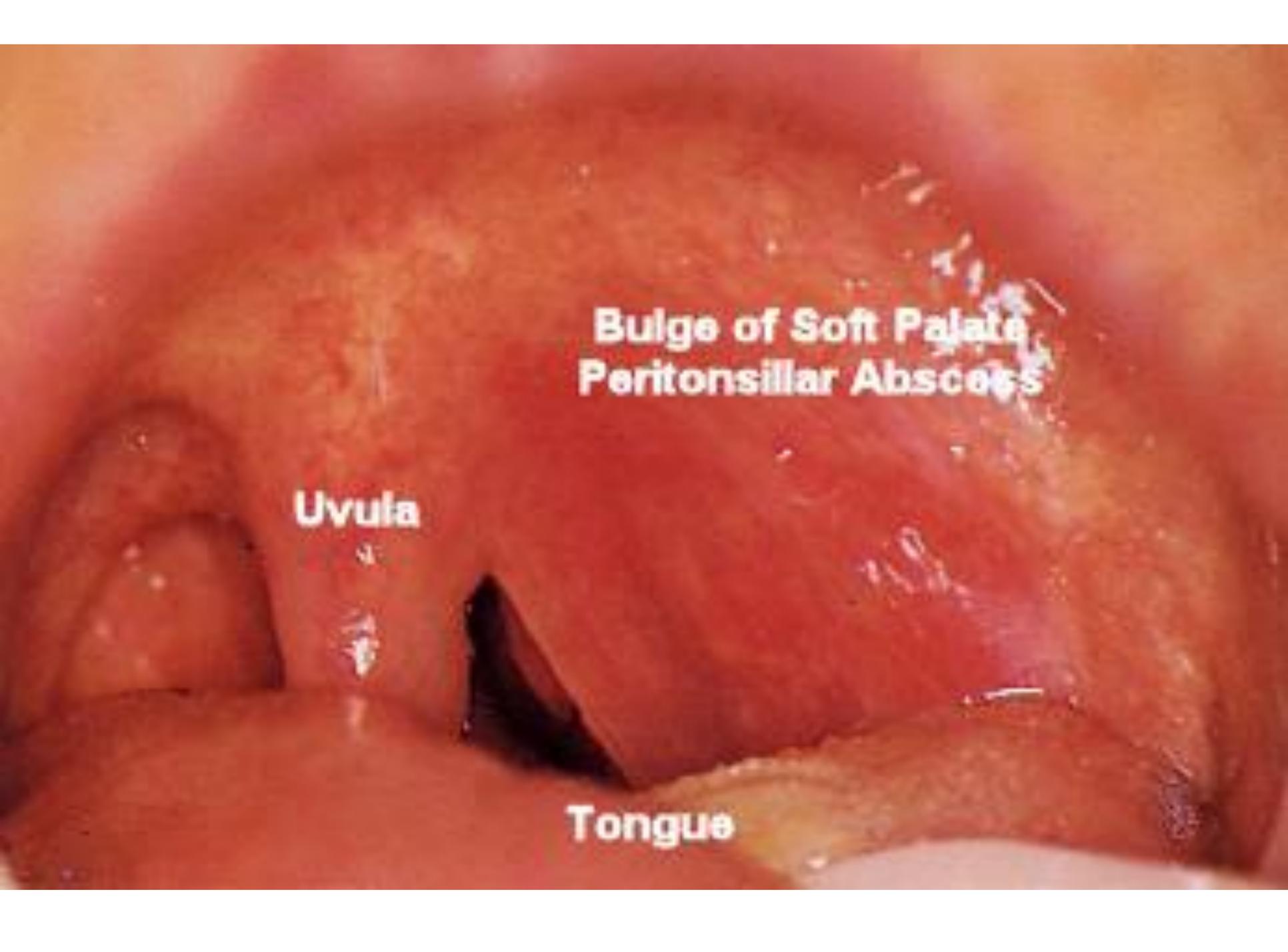
Am J Emerg Med, 2009

12

**Drenare un ascesso peritonsillare**

**SAFETY  
FIRST**

**THE SAFE WAY IS  
THE BEST WAY**

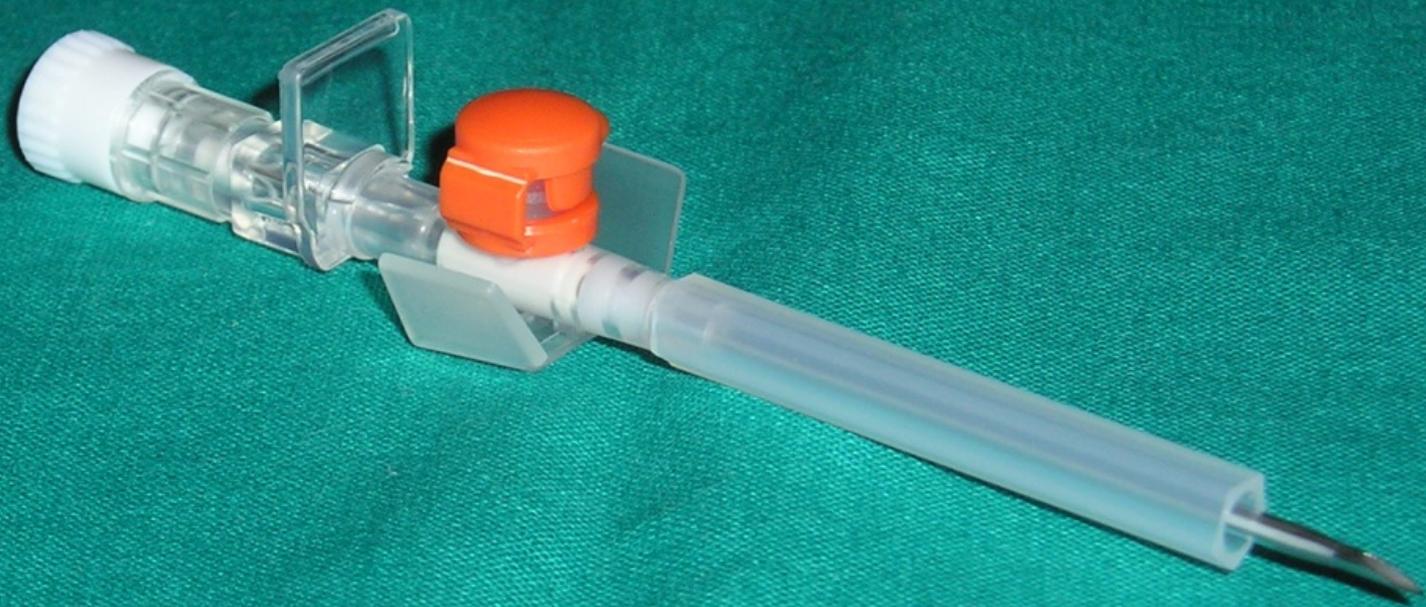


**Bulge of Soft Palate  
Peritonsillar Abscess**

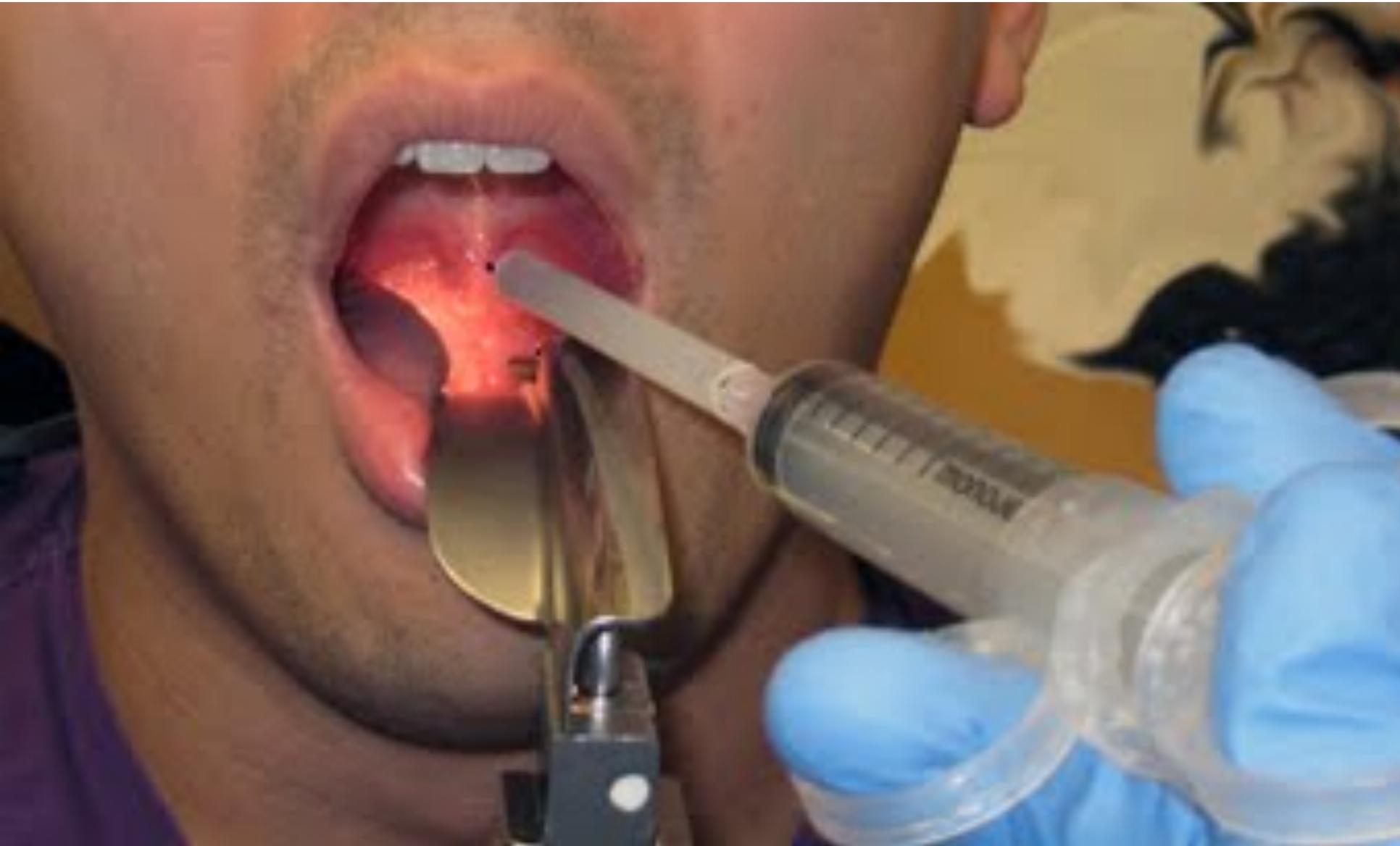
This clinical photograph shows the interior of the mouth. The uvula is visible on the left side. On the right side, there is a prominent, rounded bulge of the soft palate, which is a sign of a peritonsillar abscess. The tongue is visible at the bottom of the frame.

**Uvula**

**Tongue**







Grazie a Michelle Lin

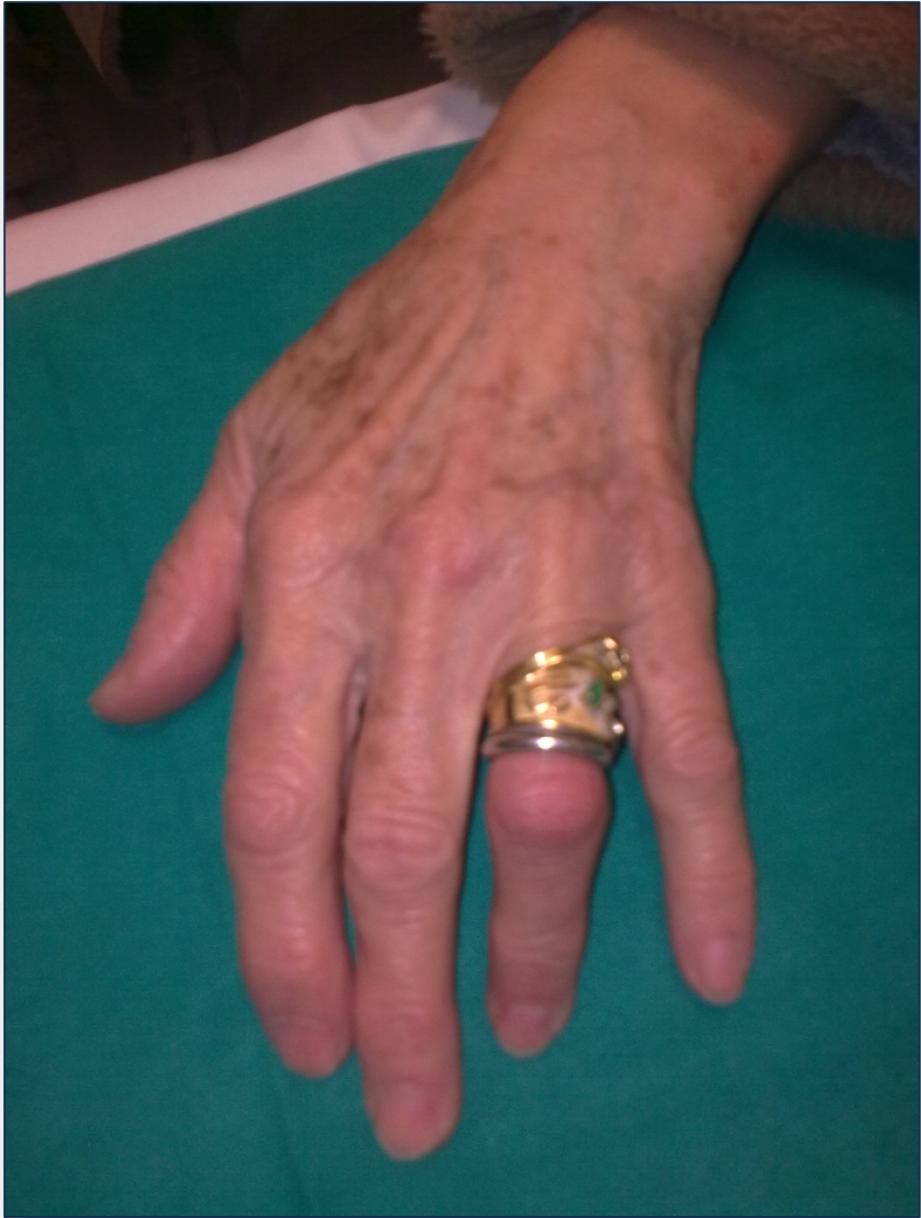
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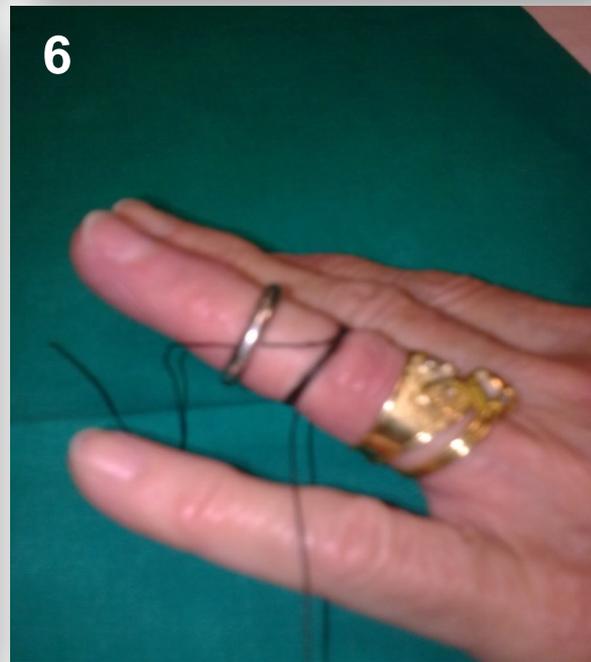
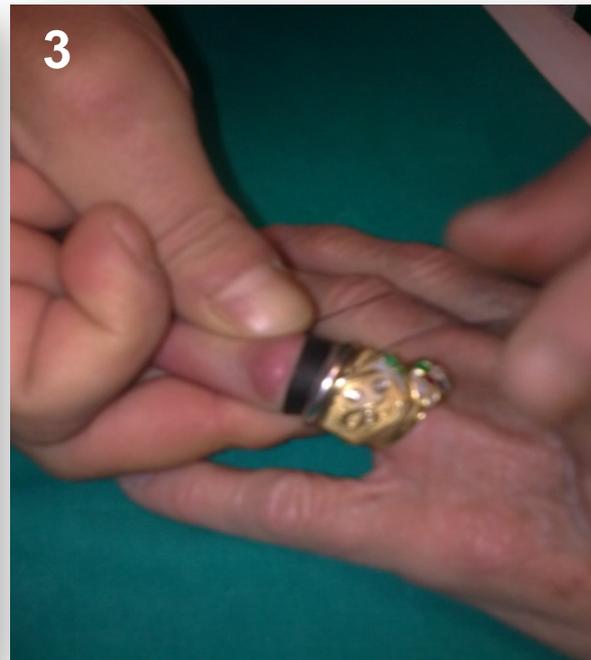
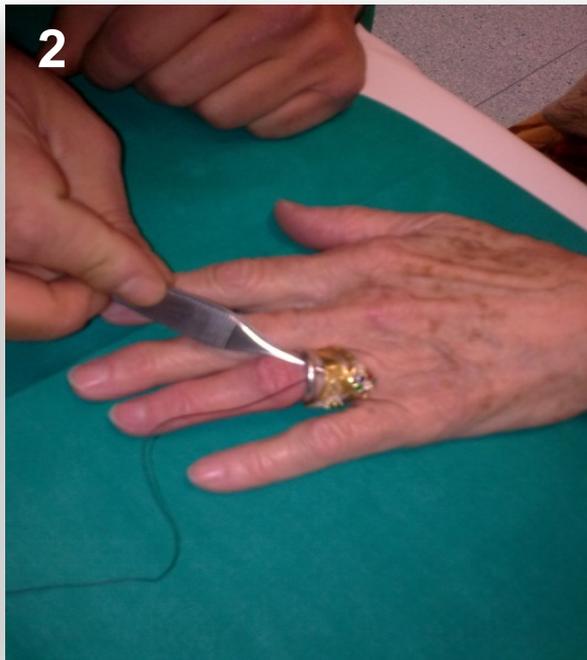
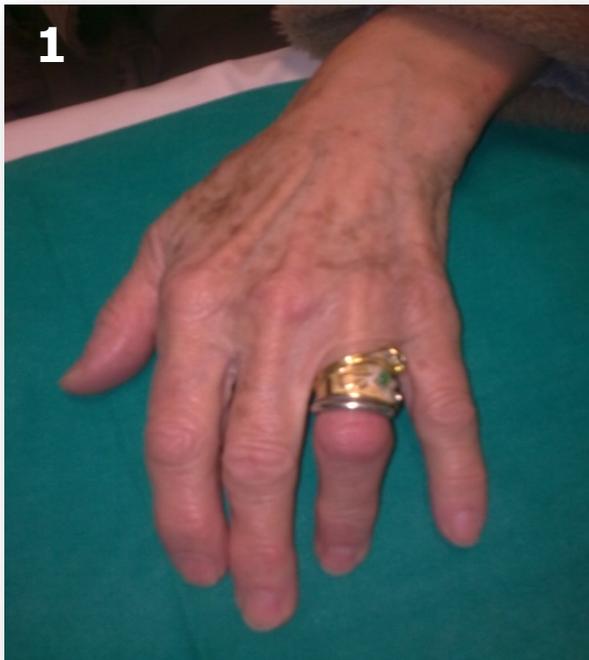
# Il laccio digitale



14

# La rimozione di anelli







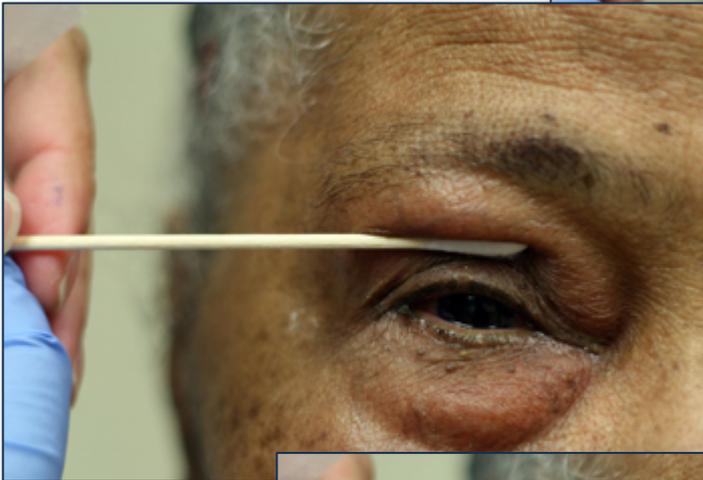
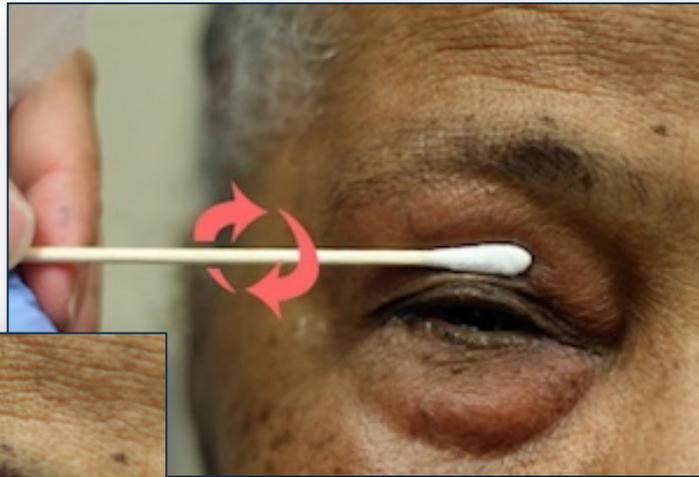
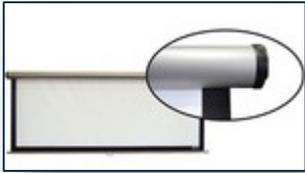
15

Pout pourri sugli occhi

Irrigare e colorare



**Sollevare una palpebra edematosa**

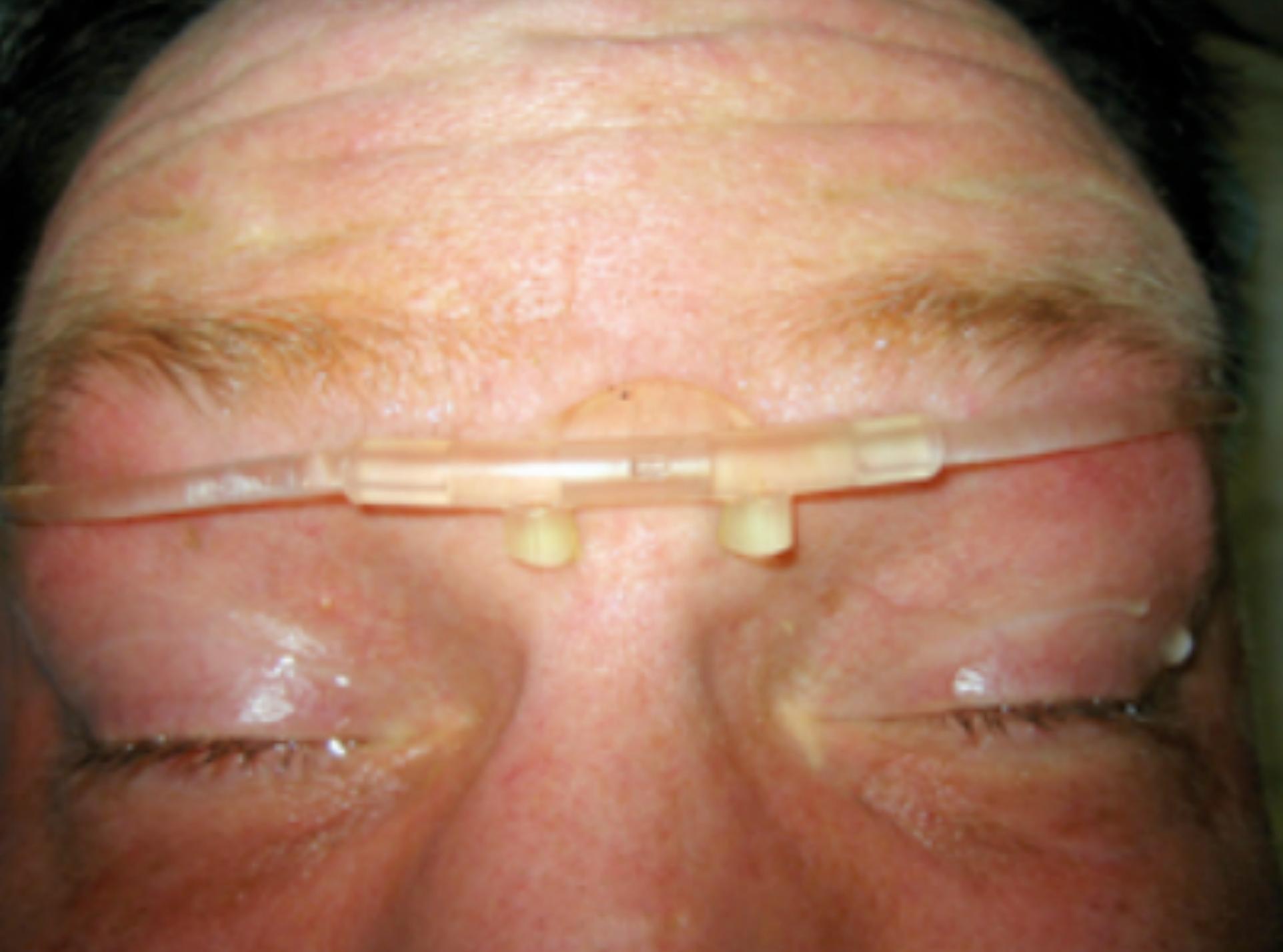


**Applicazione indolore**



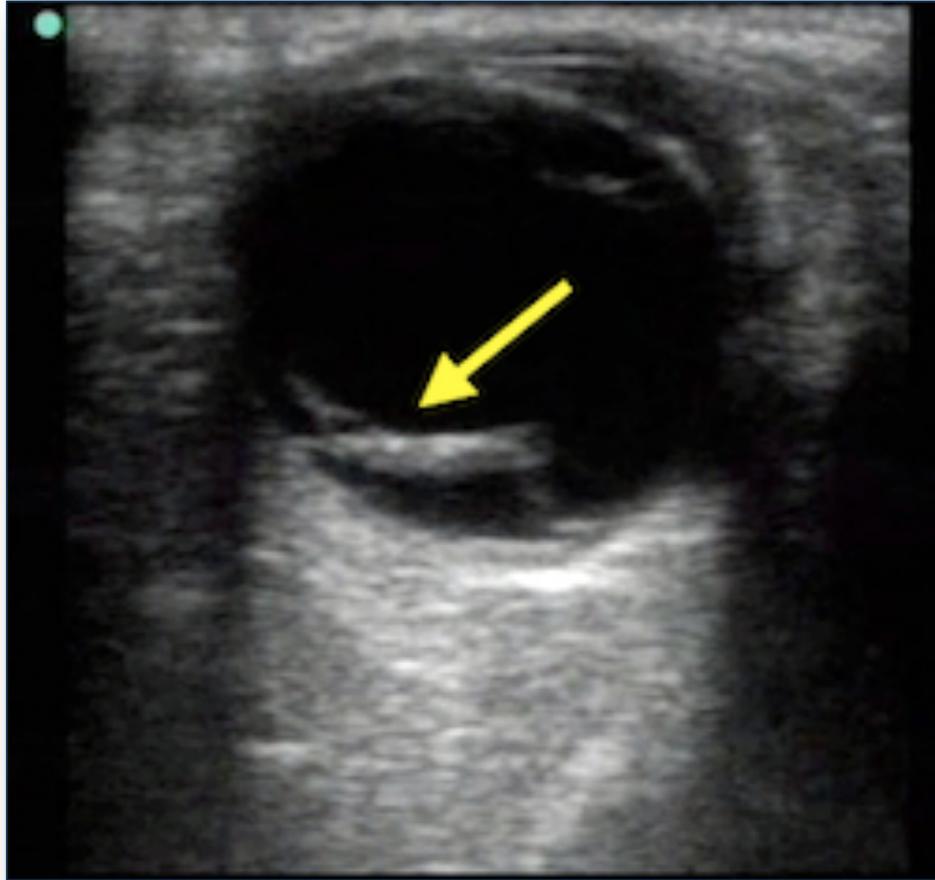
**Irrigazione continua**





# Il distacco di retina

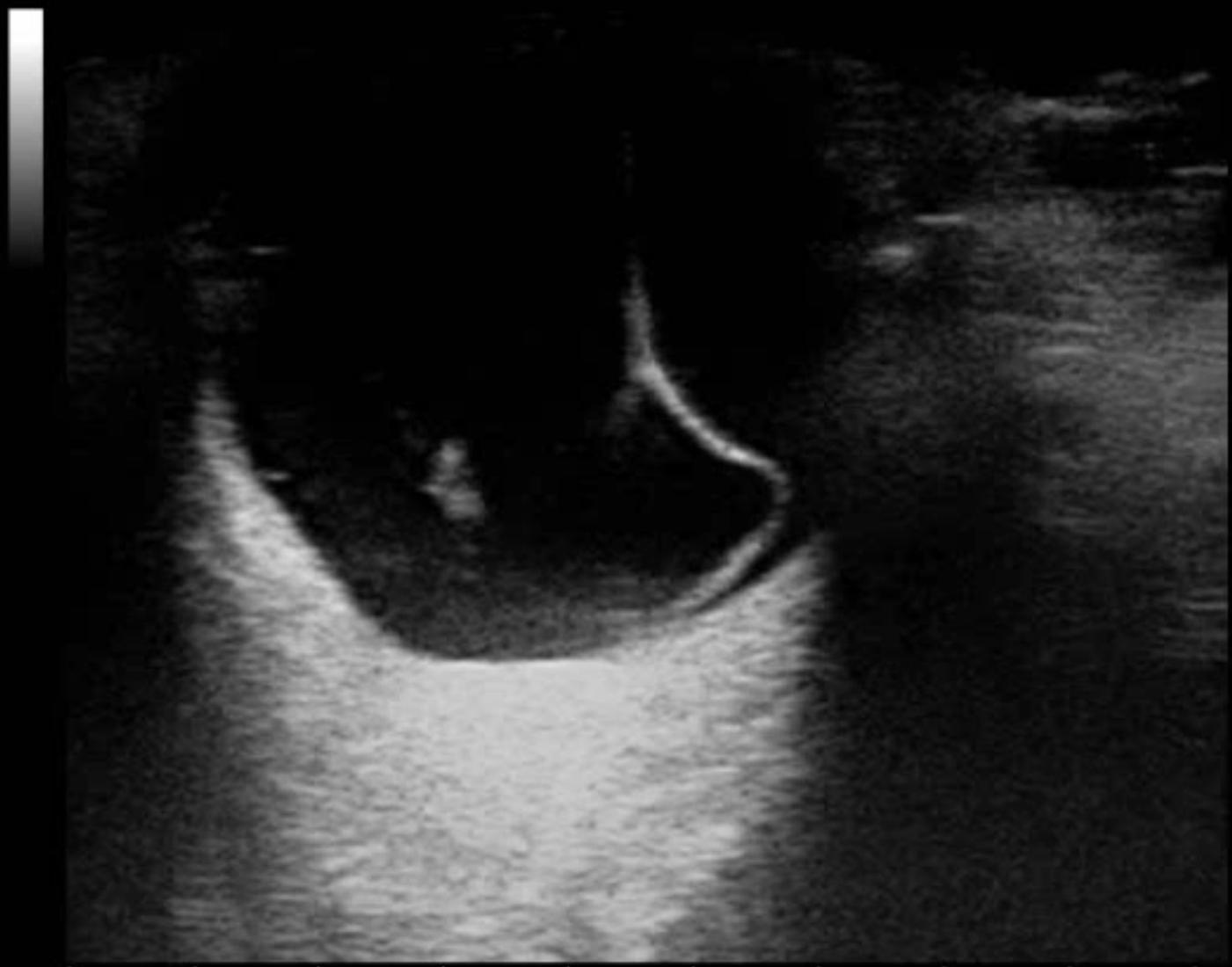




Confermato da Roberto Copetti

B F 12 MHz G 64%  
P 4 cm XV 1  
PRC 15-4-B PRS 3  
PST 4

FACTORY LA523



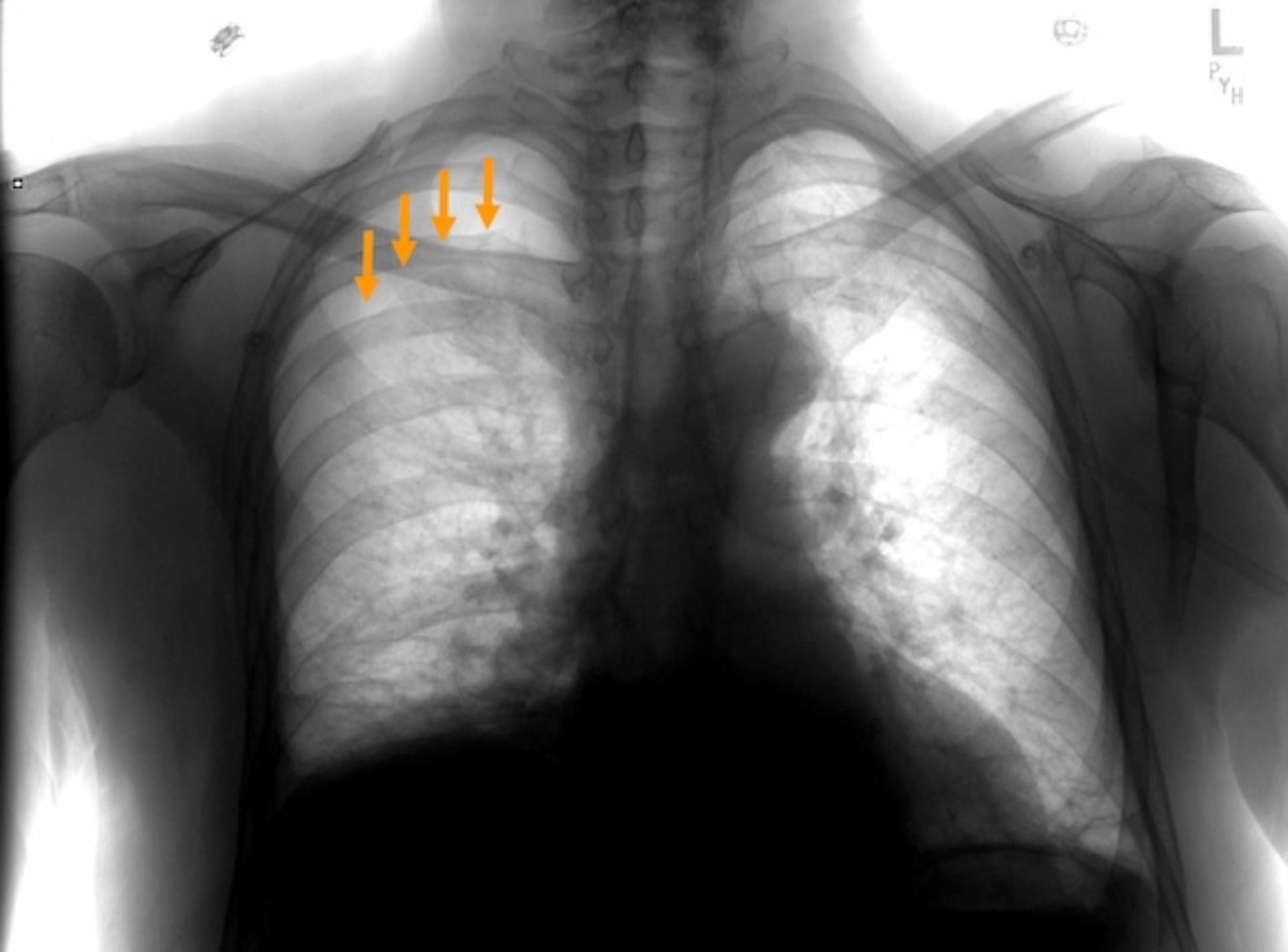
Grazie ad Alessandro Riccardi

16

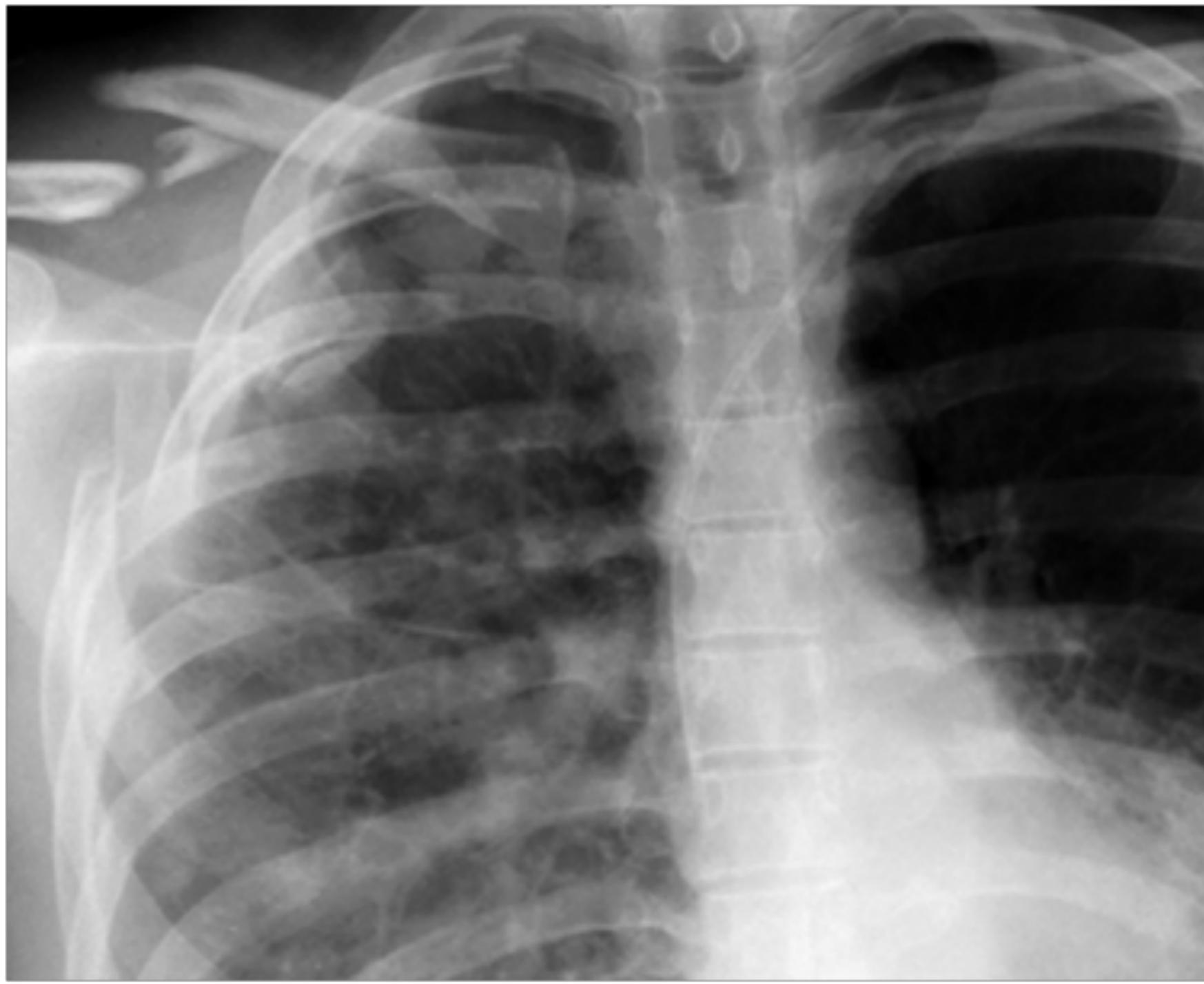
**Ottimizzare l'identificazione di una lesione**

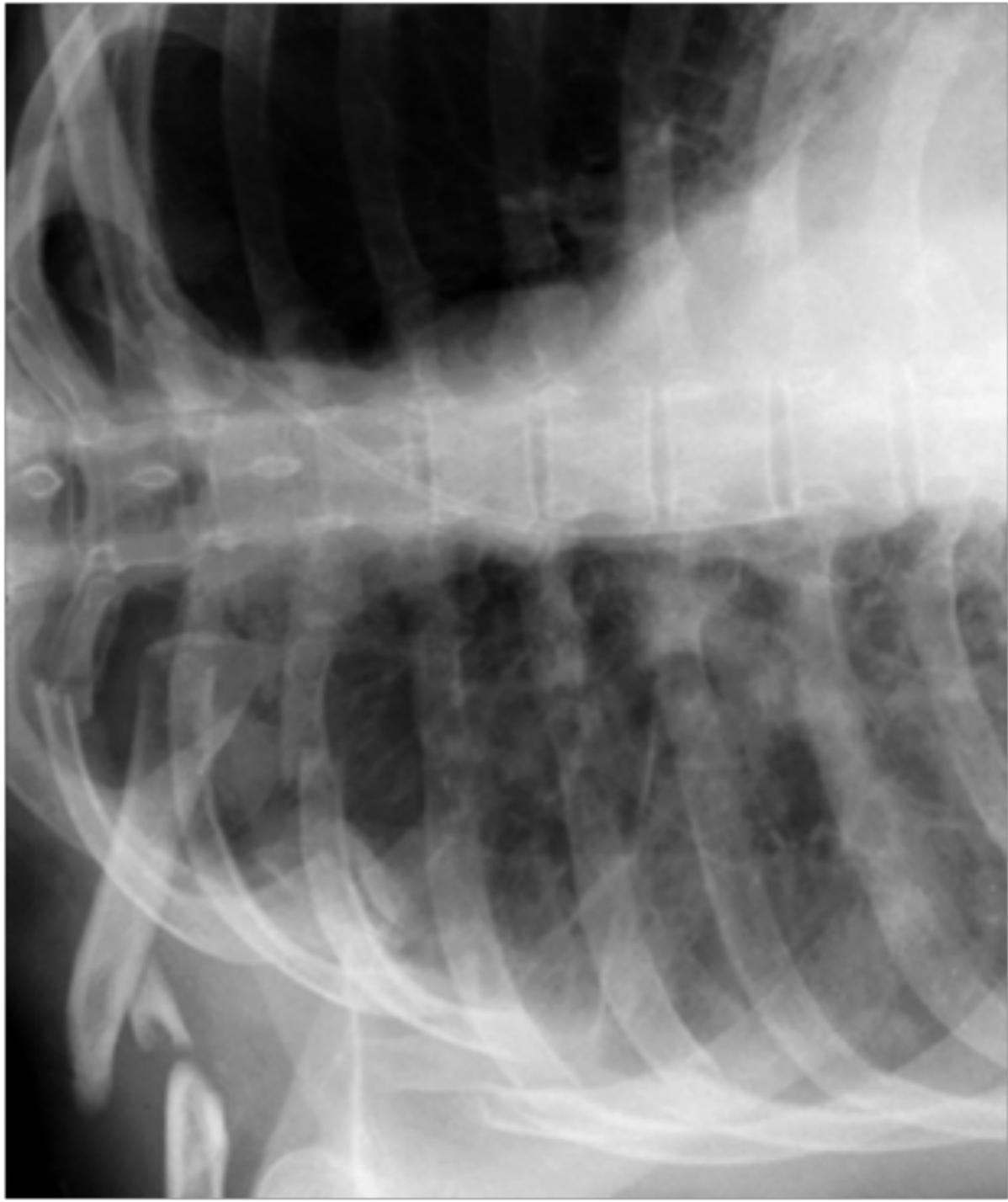


L  
PYH









**Lo pneumotorace nel paziente supino**

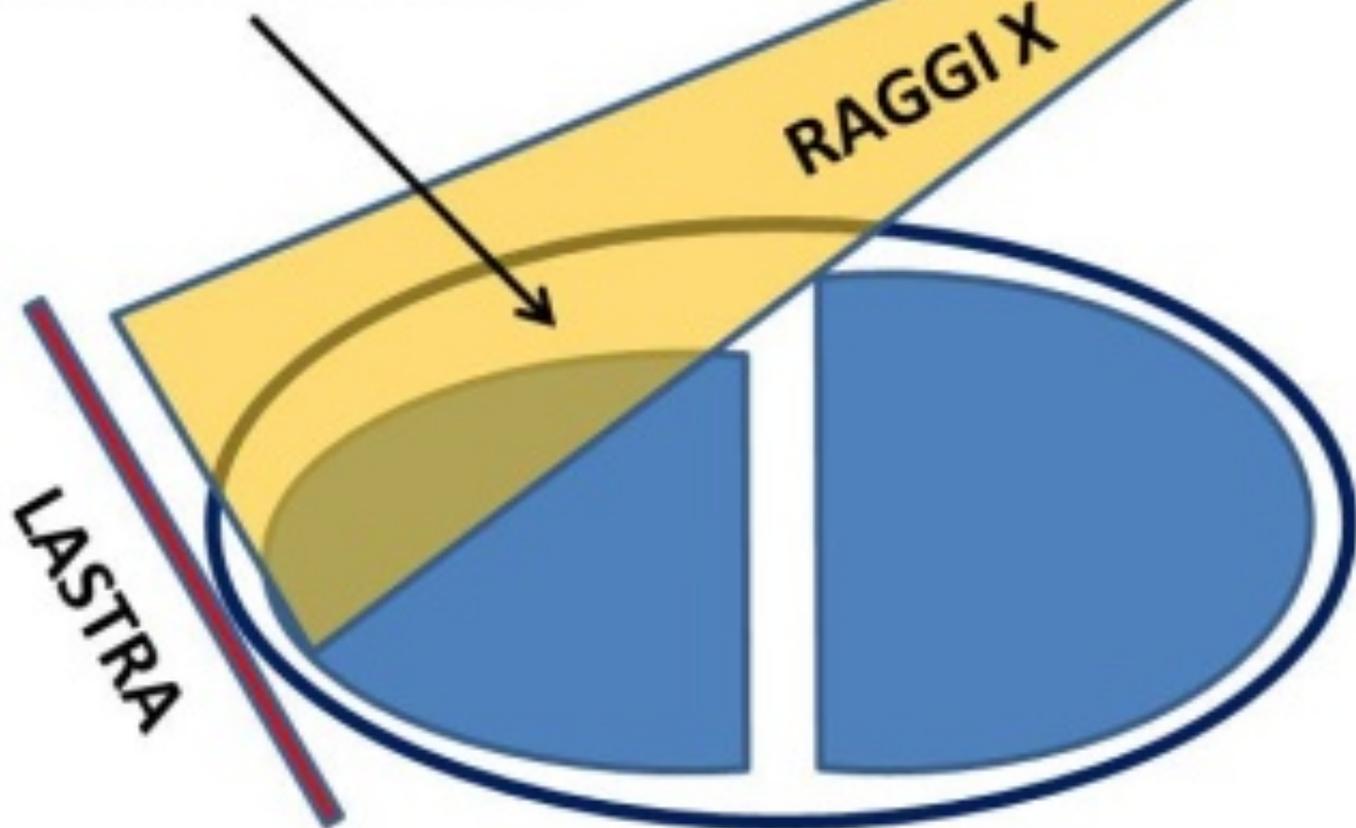
**Naturalmente se il vostro ecografo è rotto!**

PNEUMOTORACE

RAGGI X

LASTRA

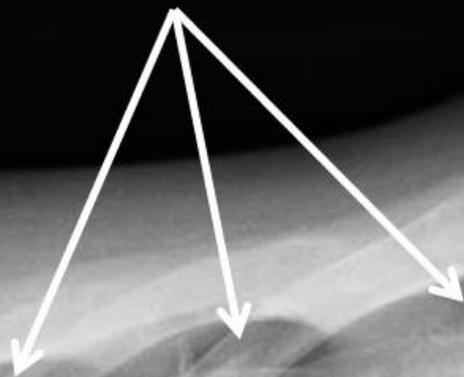
TORACE SUPINO



S

SUPINO  
OBLIQUE

ARIA LIBERA

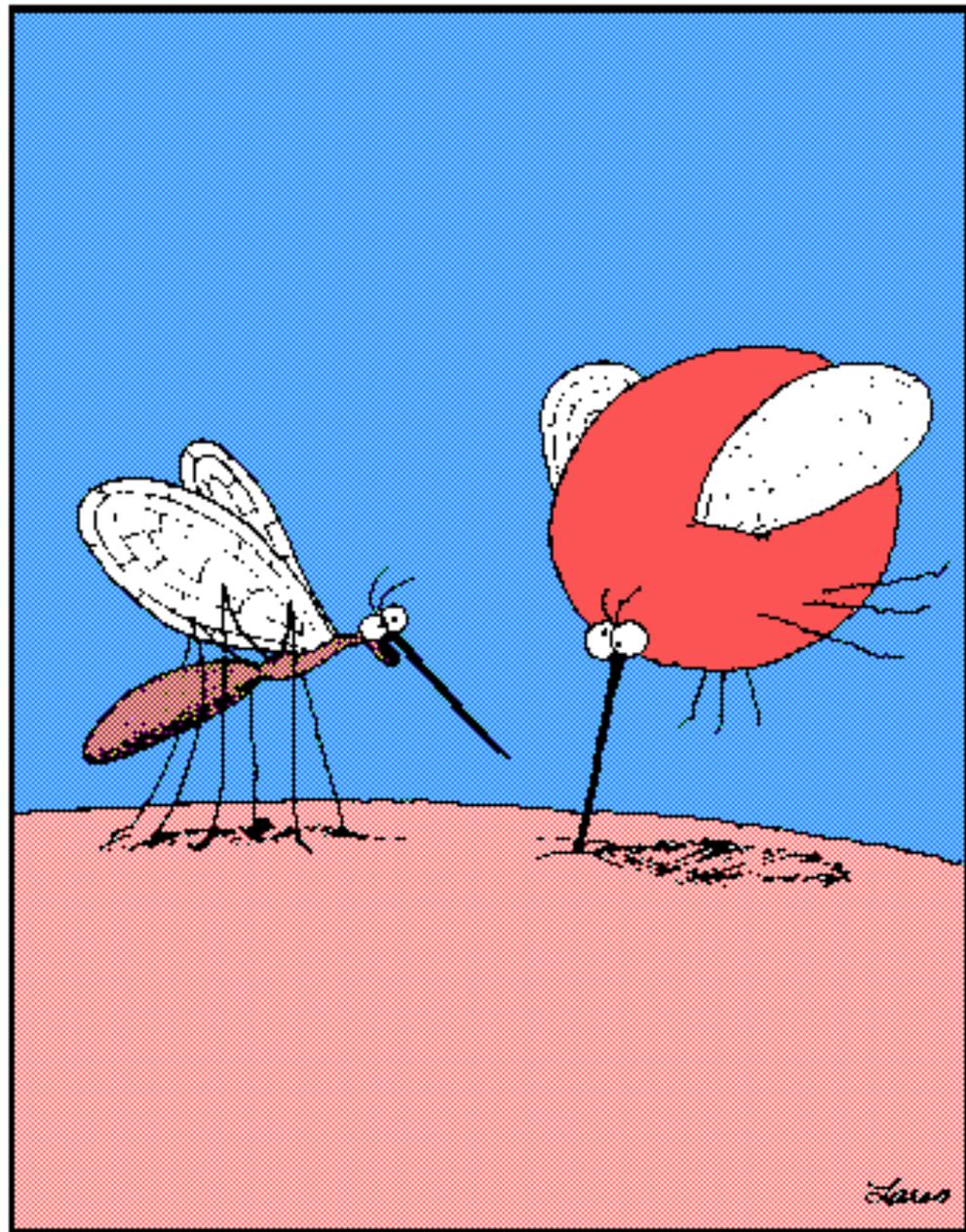


LINEA PLEURICA



18

**Identificare con certezza  
una emogasanalisi venosa**



"Pull out, Betty! Pull out! . . . You've hit an artery!"

**Ripetere il prelievo:  
questa volta sicuramente venoso**

Grazie a Fernando Schiraldi

19

**L' artrite settica**





## EVIDENCE-BASED DIAGNOSTICS



# Evidence-based Diagnostics: Adult Septic Arthritis

Christopher R. Carpenter, MD, MS, Jeremiah D. Schuur, MD, MHS, Worth W. Everett, MD, and Jesse M. Pines, MD, MBA, MSCE

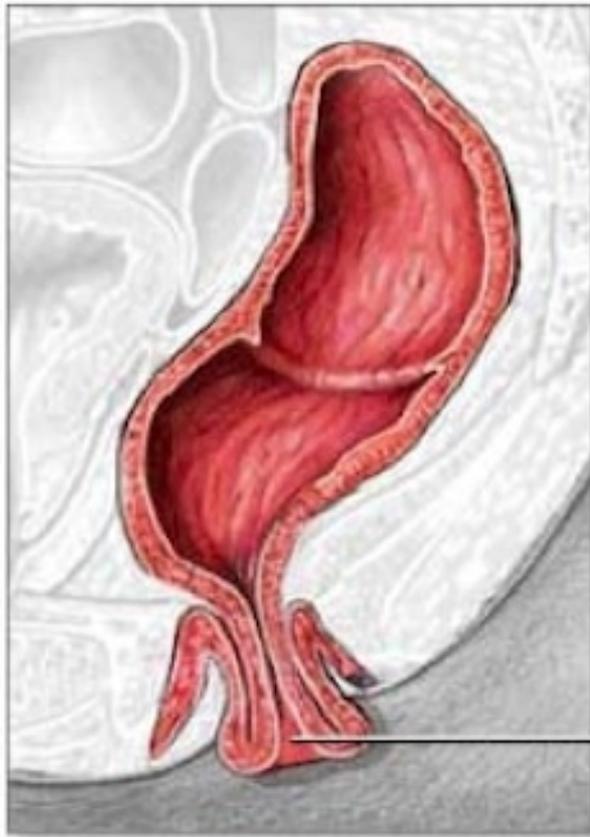
Acad Emerg Med, 2011

Synovial Marker	Sensitivity, %	Specificity, %	+LR	-LR
Synovial PMNs > 90%				
Schmerling 1990 <sup>25</sup>	59	83	3.4	0.49
Kortekangas 1992 <sup>45</sup>	54	60	1.4	0.76
Gratacós 1995 <sup>46</sup>	70	73	2.6	0.41
<i>Summary estimate</i>	60 (51–68)	78 (75–80)	2.7 (2.1–3.5)	0.51 (0.39–0.65)
Synovial glucose				
Schmerling 1990 <sup>25</sup>	56	85	3.7	0.52
Söderquist 1998 <sup>9</sup>	64	85	4.2	0.43
Synovial protein > 30 g/L				
Schmerling 1990 <sup>25</sup>	50	47	0.94	1.1
Synovial LDH > 250 U/L				
Schmerling 1990 <sup>25</sup>	100	51	2.0	0
Synovial LDH > 600 U/L				
Schmerling 1990 <sup>25</sup>	60	68	1.9	0.59
Synovial lactate				
Brook 1978 <sup>37</sup>				
>5.6 mmol/L	67	72	2.4	0.46
>11 mmol/L	55	100	Infinity	0.45
Mossman 1981 <sup>39</sup>				
>10 mmol/L	86	100	Infinity	0.14 (0.14–0.31)
Riordan 1982 <sup>41</sup>				
>12 mmol/L	100	95	19	0 (0–0.16)
Gratacós 1995 <sup>46</sup>				
>0.05 mmol/L	85	96	21	0.16

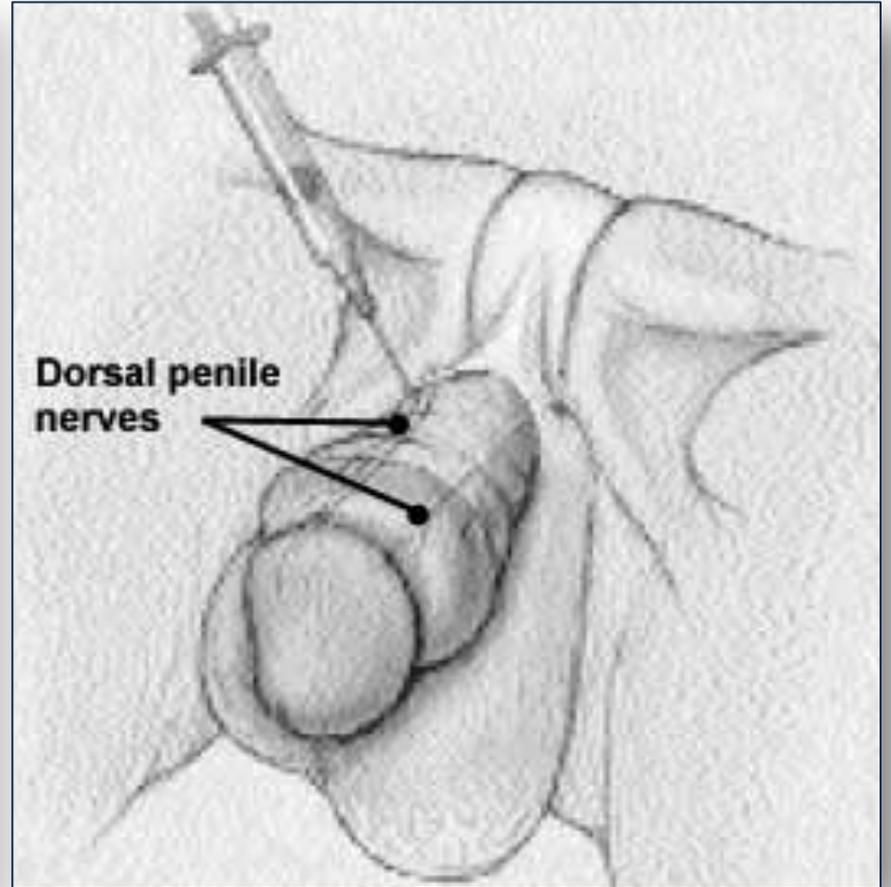
LDH = lactate dehydrogenase; +LR = positive likelihood ratio; -LR = negative likelihood ratio; PMN = polymorphonuclear leukocytes.

20

**Facilitare la riduzione di parafimosi  
e prolapsi rettali**



Prolapsed  
rectum





Grazie a Rodolfo Sbrojavacca



## Treatment of Paraphimosis: Tricks to Reduce glans edema

- **Pretreatment** improves success of manual reduction
  - **“Penis Torture”**
    - Elastic bandage wrap
    - Ice glove
    - **Puncture method**
      - 26 gauge needle punctures through foreskin (up to 20!)
    - **Aspiration method**
      - 20 gauge needle parallel to urethra: aspirate ~10cc of blood
  - **“Penis Cake”**
    - Osmotic method
      - Granulated sugar spread over glans for 2 hours
      - Swab soaked in 50cc of 50% dextrose



## Sucrose as an Aid to Manual Reduction of Incarcerated Rectal Prolapse

**William M Coburn III, DO\***

**Marie A Russell, MD\***

**Wayne L Hofstetter, MD†**

Incarcerated rectal prolapse is a potential surgical emergency. We report a case in which a simple but effective technique involving the desiccating effect of granulated sugar (sucrose) was used to

Ann Emerg Med, 1997

Ramanujam PS, Venkatesh KS. Management of acute incarcerated rectal prolapse. Dis Colon Rectum. Dec 1992;35(12):1154-6.

**Anche nelle emorroidi!**

21

L'overdose da oppiacei



# NEBULIZED NALOXONE GENTLY AND EFFECTIVELY REVERSES METHADONE INTOXICATION

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<sup>\*</sup>Toxikon Consortium/Cook County Hospital, Chicago, Illinois, †University of Illinois Hospital and Clinics, Chicago, Illinois, ‡Northwestern University Medical School, Chicago, Illinois, and §Mercy Hospital Medical Center, Chicago, Illinois  
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J Emerg Med, 2003



22

L' autoprotezione

# Come trattare la Toxic Sock Syndrome?



L'origine dell'odore  
sta nell'acido isovalerico...  
... ed un acido si combatte  
per tamponamento



23

Continuare a scoprire trucchi...

...e magari aggiungerne qualcuno,  
partecipare a discussioni,  
ricevere gli highlights dai congressi più  
importanti, conoscere esperienze e risultati  
prima della pubblicazione, restare in  
contatto con veri esperti, ecc...





**Fabio De Iaco**

@fabiodeiaco

Another great day for #SAU (Sedazione Analgesia Urgenza) #SIMEU course in Gallipoli (also a dog among learners!)  
[pic.twitter.com/GoJZGl5FIj](https://pic.twitter.com/GoJZGl5FIj)

24/mag/13 11:32 p.





@fabiodeiaco



**Caffè pagato  
a chi me ne passa uno nuovo**

*Arrivederci...*

