

PREVENTIVE MEDICAL SERVICES FOR MOTHERS AND INFANTS: "TIPAT HALAV" (A DROP OF MILK) IN ISRAEL: AN HISTORICAL PERSPECTIVE

Dorit Weiss
Clalit Health Services (retired)

Preventive medical services for mothers and infants or "Tipat Halav" (Mother & Child clinics) – as they have been known since the earliest times in Eretz Yisrael (pre-statehood Israel) – have been based over many years on a tradition of quality service that assures public health in Israel. This paper presents the policy and services over the years and highlights its contribution to the development of preventive medicine in Israel. This is due to the renewed debate concerning the existence of preventive services within the structure of the health system, and also for the sake of historical truth. The material presented here is based on the examination of documents and research studies conducted within the medical services in years that were fateful for public health in Israel. Two medical institutions – Hadassah and Clalit Health Services (known as Kupat Holim Clalit until 1995) – laid the foundations for the health system in Eretz Yisrael at a time when health-promoting measures consisted of no more than

treating illness and preventing infections and the spread of epidemics. In the years before statehood in 1948, mortality rates in Eretz Yisrael were falling. Infant mortality, had declined to 48 deaths per 1,000 live births, was one of the world's lowest rates. It was a significant improvement, since in 1927, for example, infant mortality in Eretz Yisrael had reached 108 per 1,000 live births – one of the world's highest rates at the time. These dramatically improved statistics resulted from the development of Jewish health services in Eretz Yisrael during the British Mandate period. With the declaration of Israel's independence, Hadassah and Kupat Holim Clalit were the chief factors supplying neonatal services in Israel. Following statehood, the Ministry of Health started acting as the state organ that supervised all those entities. In the 1990s, following the recommendations of the Netanyahu Committee that had been appointed to examine the health system, and according to whose recommendations the State Health Law was legislated in 1995, it was decided to transfer preventive personal medical services (Mother & Child) to the various health funds, and to leave the Ministry of Health with a purely supervisory role. In the final decade of the previous century, and in the early years of the present one, that same recommendation was repeated by additional committees and other professional bodies but has still not been implemented. ●

כרוניקה

הדבקה בטפיל בלסטוציסטיס על ידי השתלת צואה



העיכול. נמצא כי עשרים יום לאחר ההשתלה התבסס הטפיל במעי של 8 מתוך 16 מקבלים, וריצוף גני קבע זהות עם הזנים שזוהו בתורמים. דגימות הצואה עם הטפיל הושלתו ב־31 איש בהצלחה של 84%, שיעור שאינו שונה מהצלחה בהשתלות של צואה ללא הטפיל. מקבלי הדגימות שכללו טפילי בלסטוציסטיס לא דיווחו על כל השפעות לוואי במעיים לאורך זמן מעקב של חודשים (Clinical Infectious Diseases, ciz1122, <https://doi.org/10.1093/cid/ciz1122>). איתן ישראל

השתלת צואה מתורמים בריאים נפוצה כיום לטיפול בזיהומי קלוסטרידיוס דיפיציה, שאינם מגיבים לאנטיביוטיקה. הצואה הנתרמת נבדקת לנוכחות פתוגנים, כולל בדיקה מיקרוסקופית לטפילים, אך היא אינה מספקת. טרוויר חב' מהולנד, מדווחים על זיהוי הטפיל בלסטוציסטיס בצואת שני תורמים, שזוהה רק על ידי PCR. בדרך כלל נוכחות טפיל זה פוסלת שימוש בדגימות צואה להשתלות, אך החוקרים בדקו האם בעקבות השתלות אלה התבסס הטפיל במעי המקבלים, והאם התפתחו תסמינים במערכת

כרוניקה

מנגנון דלקת שריר הלב קשור לחיקוי מולקולארי



ידי פפטידים המחקים מולקולארי את חלבון השריר, שמקורם בזני חיידקים מקבוצת בקטרוידס הנמצאים במעיים. כמו כן מצאו החוקרים, כי גם בני אדם מטופלים במיוקרדיטיס הייתה תגובה חיסונית נגד בקטרוידס וגם נגד אנטיגנים של מיוזין. הם מדווחים כי טיפול אנטיביוטי לסילוק החיידקים הפחית את התגובה הדלקתית ואף מנע מחלת לב (Science 2019;366:881). איתן ישראל

דלקת שריר הלב (מיוקרדיטיס) היא מצב מתמשך העלול להתפתח גם לקרדיומיופתיה דלקתית, שהוא מצב חמור הקשור לאי ספיקת לב. חוקרים סוברים כי תאי T עוזרים משופעלים המזהים פפטידים של השרשרת הכבדה 6 של חלבן השריר מיוזין, מעורבים בפתוגנזה של מחלה זאת. גיל-קרוז חב' מצאו בניסויים בדגם עכבר של דלקת שריר הלב, כי תאי T המסוגלים להגיב למיוזין, משופעלים תחילה על

radiological definition. The following paper was written by both surgeons and a radiologist, who are engaged in the field of spine surgery. The aim is to provide clear definitions as to the different pathologies involving disc herniation. The secondary goal of this article is to differentiate between the radiological picture and the clinical syndrome which are not necessarily connected. We hope this review will illuminate these issues and simplify the definitions and make it easier for all to use, primary care practitioners, general orthopedics and trauma care providers. ●

THE NEW CONSENSUS TERMINOLOGY OF CHRONIC VULVAR PAIN AND VULVODYNIA

Sandy Bornstein¹, Jacob Bornstein²

¹Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv

²Department of Obstetrics and Gynecology, Galilee Medical Center and the Azrieli Faculty of Medicine of Bar-Ilan University in the Galilee, Nahariya

We review the process of establishing the new terminology of persistent vulvar pain and vulvodynia. Three international scientific societies: the International Society for the Study of Vulvovaginal Disease – ISSVD, the International Society for The Study of Women’s Sexual Health - ISSWSH, and the International Pelvic Pain Society – IPPS, prepared a consensus terminology of vulvar pain and vulvodynia. This terminology includes the definition of vulvodynia, descriptors of the clinical presentation of vulvodynia, and evidence-based data on the possible causes of vulvodynia. The controversy behind the introduction of the possible causes of vulvodynia, a condition which was considered an idiopathic condition, is revealed. The inclusion of these possible causes has changed the paradigm enabling tailoring treatment. ●

BLUNT AND PENETRATING ABDOMINAL INJURIES DURING PREGNANCY

David Rabinerson, Liron Kedar, Adi Borovich

Helen Schneider’s Hospital for Women, Rabin Medical Center, Petach Tikva

Abdominal trauma, especially blunt trauma, is a prevalent complaint during all the stages of pregnancy, which mostly ends without any severe complications to the pregnant mother or the fetus. However, this kind of injury may carry a significant risk to the pregnant mother, to the fetus or to both in case of misdiagnosis regarding the severity of the damage - hence delaying the treatment. Diagnostic modalities are peritoneal lavage, ultrasonography and CT scans. Nevertheless, the high index of suspicion in any case of abdominal trauma during pregnancy remains the responsibility of the attending physician because there is not always a correlation between the complaints of the pregnant woman and the severity of her condition. Today, the main

causes for abdominal trauma during pregnancy are car accidents, falls and assaults of pregnant women.

In the present article the physiologic mechanisms that cause damage in cases of abdominal trauma during pregnancy, as well as the methods of diagnosis and treatment, are reviewed. It should be remembered that abdominal trauma during pregnancy may be a penetrating one - hence the rate, as well as the severity of the risk to both mother and fetus are significantly raised. ●

DIAGNOSIS, TREATMENT AND PREVENTION OF GASTROINTESTINAL DISEASES PRE AND POST BARIATRIC SURGERY PROCEDURES

Nasser Sakran¹, Carmil Azran², Ilanit Mahler³, Doron Boltin⁴, Dror Dicker⁵, David Goitein³, Irit Chermesh⁶, Rita Brun⁶, Uri Kaplan¹, Mati Schnell⁷, Ram Dickman⁴

¹Department of Surgery, Emek Medical Center, Afula and the Ruth and Bruce Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel

²Clinical Pharmacy, Herzliya Medical Center, Herzliya, Israel

³Bariatric and Metabolic Surgery, Chaim Sheba Medical Center, Ramat Gan and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

⁴Division of Gastroenterology, Beilinson Hospital, Rabin Medical Center and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

⁵Department of Internal Medicine D, Hasharon Hospital, Rabin Medical Center and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

⁶Gastroenterology, Rambam Healthcare Campus, Haifa, Israel

⁷Bariatric Endoscopy Service, Gastroenterology Institute, Tel Aviv Sourasky Medical Center and the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

In the last decade, the number of bariatric surgery procedures increased dramatically in Israel similar to what has occurred worldwide. Bariatric surgery procedures have a proven efficacy in the treatment of morbid obesity. However, post-operative complications that involve the gastrointestinal tract may occur. Beyond the importance of early diagnosis and treatment, it is crucial to understand that we may decrease and prevent some of the complications by selecting the bariatric procedure according to the patient’s medical background.

This review addresses diagnosis, treatment and prevention of gastrointestinal diseases pre- and post-bariatric surgery procedures. Recommended pre-operative diagnostic procedures are listed including the eradication of helicobacter pylori and the protective effect of proton pump inhibitors. We reviewed the effect of specific bariatric procedures on gastroesophageal reflux disease and on intestinal motility. Prevention and treatment of nutritional deficits and metabolic complications are also discussed. Finally, this document was written by a panel of experts representing the attitudes of the Israeli Societies for Metabolic and Bariatric Surgery (ISMBS), Pharmaceutical (PSI), Study of Obesity and the Israeli Gastroenterology and Liver Diseases Association, all endorsed by the Institute for Quality in Medicine of the Israeli Medical Association (IMA). ●

and physicians necessary tools to recognize symptoms which require rheumatological attention. This day, as a joint cooperative venture of pediatric rheumatologists and parent associations, joins the progression towards increased cooperation between pediatric rheumatologist and parent associations. This cooperation, which asserts itself in many fields including research, educational activity and setting criteria for optimal care, is born of the belief that optimal patient care must take into account not only the medical knowledge that doctors have to offer, but also the attitudes and needs of the patients. Care formulated through this type of co-operation can significantly increase both the quality of care and patient compliance to treatment. This article describes the nature of this cooperation with an emphasis both on the structure of the cooperation utilized for the awareness day and its educational goals and tools. ●

THE CONGENITAL TRIGGER THUMB – CLINICAL PRESENTATION AND TREATMENT

Hagay Amster Kahn, Sveta Terletzky, Niv Netser, Yehuda David, Amir Oron
Department of Orthopedic Surgery, Kaplan Medical Center, Rehovot, Israel

Congenital trigger thumb is found in 0.3% of all children. There is an ongoing debate whether the finding of a congenital trigger thumb is truly congenital or is developmental, although the current tendency in the literature is to see it as a developmental finding. When a toddler is found to have a thumb with the interphalangeal joint locked in flexion there are a number of differential diagnoses to be considered. Absence or aberrance of the extensor mechanism, arthrogryposis, spasticity and the clasped thumb deformity all may explain this finding.

The most common diagnosis of a toddler found with his thumb locked in flexion or extension is the congenital trigger thumb. Clinical inspection will reveal, in most cases, a distinct nodule at the base of the thumb named Notta's Node, and a thumb fixed in either flexion or extension at the interphalangeal joint. A trial of conservative treatment extending for at least six months should be made, but once this fails, surgical intervention is the rule of thumb. Surgical intervention consists of ligation of the A1 pulley while preserving structures in its vicinity. ●

INDUCTION OF LABOR AT 39 WEEKS OF GESTATION VERSUS EXPECTANT MANAGEMENT

Inshirah Sgayer, Maya Frank Wolf

Maternal-Fetal Medicine Unit, Galilee Medical Center, affiliated with the Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel

Elective induction of labor is a non-indicated intervention performed in order to induce labor. In contrast, non-elective

induction of labor can be performed because of medical or obstetrical indications such as hypertension, intrauterine growth restriction, oligohydramnios or post-term pregnancy. Labor induction should be avoided before 39 weeks 0 days since it is associated with adverse neonatal outcomes. Fetal mortality rate increases with advanced gestational age beyond 39 weeks. Induction of labor is recommended at 41 weeks of gestation or later in low-risk pregnancy. The risk of stillbirth at this point of pregnancy is 2 to 3 per 1000 deliveries. The benefits of elective induction of labor include reduced risk of stillbirth, Meconium aspiration syndrome and their attendant consequences. Furthermore, elective induction of labor enables women to schedule the time of delivery. On the other hand, elective induction of labor may have some disadvantages, as it may prolong hospital stay and increase cost and resource utilization. Currently, elective induction of labor is not routinely recommended before 41 weeks of gestation since it was widely assumed to increase cesarean section rates especially among nulliparous women with a low Bishop's score. This assumption is based mainly on previous retrospective studies which demonstrated an increased cesarean section rate especially in nulliparous women who underwent elective induction of labor compared to spontaneous labor.

Observational studies from the last decade and recent randomized studies comparing elective induction of labor with expectant management of pregnancy in nulliparous women did not demonstrate elevated cesarean section rate in the induction group. In addition, some of these studies have shown decreased cesarean section rate along with decreased maternal and neonatal complications in women managed with elective induction of labor. The purpose of this review is to present current literature on the subject of elective induction in 39 weeks versus expectant management in nulliparous women and its effect on maternal and neonatal outcomes and cesarean section rates. ●

LUMBAR DISC HERNIATION: PROTRUSION, EXTRUSION OR BULGE? THE PROPER USE OF THE TERMS – HOW AND WHEN WILL IT BE DEFINED AS A DISEASE?

Amir Fenyo¹, Dimitri Shinis¹, Ilan Shelef², Ella Benkowitz², Nahshon Knoller³, Moti Kramer⁴, Nissim Ohana¹

¹The Department of Orthopedic Surgery and the ²Department of Radiology, "Soroka" Medical Center, Faculty of Health Sciences at Ben-Gurion University of the Negev (BGU)

³The Department of Neurosurgery, "Sheba" Medical Center, "Sackler" Faculty of Medicine, Tel-Aviv University

⁴The Department of Orthopedic Surgery, "Assuta" Ashdod Hospital, Faculty of Health Sciences at Ben-Gurion University of the Negev (BGU).

Lumbar disc herniation is a medical condition in which obscurity exists in the relation between the clinical and the

hospitalize their children despite a medical recommendation. Data was collected from medical records and telephone interviews after discharge.

Results: During the study, there were 16,376 visits to the pediatric ER, 3288 recommendations for hospitalization (20.07%) and 200 DAMA (6%).

Reasons for parents refusing hospitalization can be categorized according to: child's health reasons, parents personal reasons and reasons related to the health system's function. A total of 22 of the children returned to the ER for the same complaint and 12 of them were hospitalized (7.9% of the children who completed their participation in the study).

Discussion and conclusions: Refusal of medical care for children is a disturbing phenomenon due to the negative consequences that may result from this. In order to minimize the extent of DAMA and its damage, it is very important to recognize the extent and understand the factors associated with this phenomenon. ●

A CLINICAL DISCUSSION: FEVER OF UNKNOWN ORIGIN IN THE MODERN ERA – MORE QUESTIONS THAN ANSWERS

Amit Druyan¹, Yael Shinar²

¹The Rheumatology Unit, and Internal Medicine Ward F, Sheba Medical Center, Tel-Hashomer, Israel

²Laboratory of FMF, Amyloidosis and Rare Autoinflammatory Diseases, Sheba Medical Center, Tel Hashomer, Israel

In this case report we discuss a patient who suffers from recurrent bouts of fever and as part of the clinical workup for autoinflammatory diseases was genetically tested for mutations in 26 genes related to autoinflammatory disease with a next generation sequencing test. We discuss the benefits and pitfalls of using this test. ●

111 INDIUM LABELED LEUKOCYTE SCINTIGRAPHY IS A LOW SENSITIVITY TEST FOR DIAGNOSING PROSTHETIC JOINT INFECTION IN EQUIVOCAL CASES

Eran Keltz¹, Elad Apt^{1*}, Ora Israel², Zohar Keidar², Yaron Berkovich³

¹Orthopedic Surgery Division, Rambam Health Care Campus, Haifa, Israel

²Nuclear Medicine Department, Rambam Health Care Campus, Haifa, Israel

³Orthopedic Surgery Division, Hillel Yaffe Medical Center, Hadera, Israel

*Dr. Keltz and Dr. Apt contributed equally and are co-first authors for this manuscript.

Introduction: Nuclear medicine techniques are suggested to be used in equivocal cases only. Nuclear medicine procedures, specifically labeled leucocytes however, are widely used in the diagnosis of joint infection across Europe. The aim of our study was to determine if Indium 111 labeled leukocyte scintigraphy has a role in the diagnosis of infected prosthetic joints.

Study design and methods: In this retrospective cohort study, the records of a total of 146 prosthetic hip or knee revision surgeries, in 116 patients, performed in our Institute between the years 2013-2016 were reviewed.

A total of 34 patients with labeled leukocyte scans were analyzed. Ten patients had more than one scan (two to four times). The scintigraphy result reports were correlated with the outcome with respect to intra-/post-operative diagnosis of prosthetic joint infection.

Results: The findings of 42 of 44 scintigraphy tests were negative. One study in a patient who had three prior negative labeled white blood cells (WBC) scintigraphies was equivocal. One study was positive, but a later test in the same patient was negative. Of these 34 patients, nine were demonstrated intra- or post-operatively as positive for infected prosthetic joint, including the two positive cases above. The remaining 25 patients went through revision surgery with no evidence of infection; 30 of 38 bone scans were positive. Of these 30 patients, seven were demonstrated intra- or post-operatively as positive for infected prosthetic joint.

Conclusion: In our study population indium labeled leukocyte scintigraphy was found to be a non-sensitive test for the diagnosis of a prosthetic joint infection and had a poor negative predictive value. It is expected that following the guidelines more strictly and choosing the appropriate modality for assessing prosthetic joint infection will improve the diagnostic accuracy of these techniques. ●

WORLD YOUNG RHEUMATIC DISEASE DAY (WORD DAY): AN EXAMPLE OF CO-OPERATION BETWEEN DOCTORS AND PARENT ASSOCIATIONS FOR THE PURPOSE OF OPTIMAL PATIENT CARE

Yosef Uziel^{1,3}, Tsipi Egert², Liora Harel^{3,4}

¹Pediatric Rheumatology Unit, Department of Pediatrics, Meir Medical Center, Kfar-Saba

²Inbar Parent Association, Israel, ENCA

³Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

⁴Pediatric Rheumatology Unit, Schneider Medical Center, Petah Tikva

Pediatric rheumatic illnesses are not well known nor easily diagnosed, resulting in a long passage of time before diagnoses by a pediatric rheumatologist and the beginning of appropriate treatment. Early detection usually provides a better prognosis, whereas delay, misdiagnosis and subsequent mistreatment can aggravate damage and pain caused by the illness.

To combat this problem, the European Society for Pediatric Rheumatologists, PReS and the European Parent/Patient Association ENCA, have jointly inaugurated **WORD Day**, "WORLD Young Rheumatic Disease Day" annually, on March 18th. The objectives of this day are to raise parental and professional awareness to these illnesses by giving parents

A COMPARISON BETWEEN TWO POTASSIUM CITRATE REGIMENS FOR THE TREATMENT OF NEPHROLITHIASIS

Tomer Drori, Yasmin Abu-Ghanem, Nir Kleinmann, Asaf Shvero, Harry Z. Winkler, Dorit E. Zilberman

Department of Urology, Chaim Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel
Affiliated to Sackler Faculty of Medicine, Tel-Aviv University, Tel Aviv, Israel

Background: UROCIT-K is a potassium-citrate regimen prescribed for the prevention of kidney stone formation. In 2013, K-CITEK was introduced to the local market as a new potassium-citrate regimen that reduces kidney stone formation in a declared rate of 93%.

Objective: We sought to explore the efficacy of K-CITEK versus UROCIT-K.

Methods: A prospective database of patients treated with potassium-citrate regimens for nephrolithiasis has been reviewed.

Patients were divided into two groups: those who were treated with UROCIT-K only (Group 1) and those who were treated with K-CITEK only (Group 2).

The two groups were compared as regards to demographics, length of follow-up, urinary citrate level and stone burden changes, as well as the number of stone events (i.e: colic, surgery) throughout the follow-up period. In a separate analysis another group (Group 3) was checked. This group consisted of patients who were initially treated with UROCIT-K and later on were switched to K-CITEK.

Results: The study group consisted of 104 patients: 54 patients in Group 1, 38 in group 2 and 12 in group 3. The latter was omitted from analysis due to the small size.

Groups 1 and 2 resembled in their demographic data and medical comorbidities. No statistically significant differences were found in terms of change in urinary citrate levels, stone burden or recurrent stone events.

Conclusions: K-CITEK for the treatment of kidney stone prevention was found to be as equally effective as UROCIT-K in terms of increasing urinary citrate levels, reducing stone burden and maintaining the intervals between kidney stone events. ●

IDENTIFICATION OF COMINGLED TISSUE WITHIN A FORMALIN-FIXED PARAFFIN-EMBEDDED SAMPLE USING FORENSIC GENETICS – A TOOL FOR PREVENTION OF MISDIAGNOSIS

Anat Gast, Dania Shachar, Andrei Kotik, Chen Kugel, Nurit Bubli
National Center of Forensic Medicine

Processing of formalin-fixed, paraffin-embedded (FFPE) tissues is routine practice in the preparation of biopsy specimens for pathological evaluation. Avoiding misdiagnosis due to a mix-up of tissues from different patients requires

the utilization of molecular techniques since routine histopathology cannot detect such occurrences, especially if the comingled tissues are of the same type.

The Biology Laboratory of the National Center of Forensic Medicine utilizes dedicated forensic procedures to ensure reliable DNA profiles based on short tandem repeats (STR's) from various sample types. These protocols are designed to evaluate even highly degraded samples such as those expected from FFPE tissues. The highly discriminative power profiles are then matched to a reference DNA sample taken from the patient to allow for inclusion or exclusion of the tissue source in question. The following case represents the effective usage of forensic genetics for detection of tissues' cross contamination in FFPE.

A 52 year-old female patient was diagnosed with High Grade Dysplasia (HGD) from a sample excised during colonoscopy. DNA extractions taken from FFPE tissues matched the patient. A few additional alleles found in one of the profiles suggested the presence of a residual minor contributor. Out of six embedded tissue fragments, one was found to be a HGD and was marked as such on the slide. The HGD speck was then scraped from the microscopic slide and processed for DNA extraction. The results showed a single DNA profile of a male. Molecular analysis detected a cross contamination of colon tissues. In this case, collaboration between the medical examiner and the forensic laboratory permitted this important discovery that prevented misdiagnosis and possible severe consequences of inappropriate treatment. ●

A CHILD IS LOST: THE PHENOMENON OF REFUSING TO BE HOSPITALIZED IN FAMILIES OF CHILDREN REFERRED TO THE DEPARTMENT OF EMERGENCY MEDICINE

Aishaa Ali Salah Nafafa¹, Dorit Dagilaiske², Ronen Shpigel¹, Smadar Saadon¹, Osnat Naor³, Mery Azriel⁴, Bruria Mannor⁴, Judith Hayat⁴, Marina Leonenko⁵, Limor Yariv⁵

¹Department of Pediatric B, Haemek Medical Center

²Delivery Rooms, Haemek Medical Center

³Department of Emergency Pediatric, Haemek Medical Center

⁴Nursing Administration, Haemek Medical Center

⁵Department of Education and Research in Nursing, Clalit Health Services

Background: Discharge against medical advice (DAMA) in pediatrics may endanger the child, increase the rate of complications, morbidity or mortality. Despite the prevalence of this phenomenon in the world, we found only one study that examined the DAMA phenomenon in Israel. The study examined the phenomenon in one ER in general and did not distinguish between adults and children.

Objective: To describe the characteristics of children and parents who left the ER against medical advice for hospitalization and to examine the reasons given by the parents, and factors associated with this phenomenon.

Methods: A prospective study involving parents who refused to