



Rugby injuries

The state of the collective psyche of South Africans is much dependent on the performance of our national sporting teams. Our soccer side, Bafana Bafana, has yet to deliver on its earlier promise. Cricket has provided a roller-coaster ride with a brief claim to the world's number one spot after beating Australia in test matches on their home ground, only to convincingly lose the return series in South Africa. The national rugby team is the present holder of the world championship trophy.

Rugby is a gladiatorial sport where deliberate physical contact, preferably to eliminate the opponent from the game, distinguishes it from other major team sports. Injuries as a result of rugby are therefore frequent and often serious. Fuller and colleagues report on the impact of the International Rugby Board's experimental law variations on the incidence and nature of match injuries in southern hemisphere professional rugby union.¹

Rugby union is popular, attracting widespread spectator support, due to the physical nature of the game and its ability to offer roles for athletes of all shapes and sizes. Because of the high incidence of injuries it is important to monitor the effect of law changes.

Compared with other major rugby competitions the authors found that the incidence, nature and causes of injuries were similar. The highest proportions of injuries were lower limb muscle/tendon and joint (non-bone)/ligament injuries. The tackle was the most common cause of injury, which is consistent with previous reports in English professional rugby.

This detailed study will provide a useful reference for further work in this field.

Paediatric ventilator-associated pneumonia

Ventilator-associated pneumonia appears to be a rather specialised topic for the *SAMJ*. However, the working group that drew up the guideline² have provided a model addressing far more than that related to ventilator support.

While supporting evidence-based interventions, the authors clearly identify the paucity of evidence on which much treatment is based. Much treatment of paediatric ventilator pneumonia is derived from the experience in adults, which often is not applicable to children. The authors provide useful measures upon which their recommendations are based. These include evidence grades and levels and a clinical pulmonary infection score. Expert opinion and case series rank poorly in this regard.

In developed countries, the main reasons for childhood mortality are related to prematurity, congenital heart disease, malignancy and trauma, whereas in South Africa, children die predominantly as a result of HIV/AIDS, diarrhoeal disease and lower respiratory tract infections.

Crisp recommendations are provided concerning the value of clinical pulmonary infection score, sequential chest radiographs, fever, infectious markers, sputum production, work of breathing and auscultation, and clinical versus microbiological diagnosis. Prevention and treatment are comprehensively covered.

Infantile rotavirus diarrhoea

A collaborative study between the University of Limpopo and colleagues in Freetown, Sierra Leone,³ investigated the incidence and clinical presentation of infantile rotavirus diarrhoea in Sierra Leone.

Rotaviruses are the major cause of paediatric diarrhoeal disease morbidity and mortality. The incidence of rotavirus disease in children is similar in developed and developing countries, but mortality from diarrhoeal disease is higher in the latter. Public health measures to provide clean water and improved sanitation may affect the incidence of diarrhoea caused by bacterial infection, but not that of rotavirus. Vaccines have been shown to be the only means of reducing the morbidity and mortality due to rotavirus.

The authors found the prevalence of rotavirus-positive stools to be similar to that in other countries in the region and with a definite seasonal occurrence. Their findings may help other countries in the region to apply to the Global Alliance for Vaccines and Immunization for funding for rotavirus vaccines.

Vasectomy – complications and results

Vasectomy is a reliable family planning method but accounts for only 5 - 10% of contraceptive methods, and in most African countries this figure is much lower. Trollip and colleagues⁴ investigated the complications and results of vasectomy under local anaesthesia performed free of charge by junior doctors as part of a family planning service.

Complications, which occurred in 12.9% of cases, included pain (7.3%), swelling (5.4%), haematoma (1.3%) and sepsis (1%). The complication and vasectomy failure rates compared favourably with other series. The authors conclude that vasectomy can be performed safely and effectively by junior doctors as an outpatient procedure under local anaesthesia, and should be actively promoted in South Africa as a safe and effective form of male contraception.

1. Fuller CW, Rafferty M, Readhead C, Targett SGR, Molly MG. Impact of the International Rugby Board's experimental law variations on the incidence and nature of Match injuries in southern hemisphere professional rugby union. *S Afr Med J* 2009; 99: 232-237.
2. Morrow BM, Argent AC, Jeena PM, Green RJ. Guideline for the diagnosis, prevention and treatment of paediatric ventilator-associated pneumonia. *S Afr Med J* 2009; 99: 253-268.
3. De Villiers FPR, Sawyerr TN, de Villiers GK. The incidence and clinical presentation of infantile rotavirus diarrhoea in Sierra Leone. *S Afr Med J* 2009; 99: 249-252.
4. Trollip GS, Fiosher M, Naidoo A, Theron PD, Heyns CF. Vasectomy under local anaesthesia performed free of charge as a family planning service: Complications and results. *S Afr Med J* 2009; 99: 238-242.