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six to 14 days after commencing heparin therapy but can occur sooner in previously sensitised individuals. The platelet count usually falls below $50 \times 10^9/l$ and the development of the condition is independent of the route of heparin administration and the dose given. Low-molecular-weight heparin preparations have been reported as having a substantially lower risk of developing type II HIT. In the study of Warkentin et al, none of 333 patients treated with low-molecular-weight heparin developed thrombocytopenia.

Due to the severe consequences of type II HIT, we recommended that patients treated with heparin for longer than five days, have frequent platelet counts. Heparin must be stopped if type II HIT develops, especially if accompanied by the presence of new thromboembolic events. Warfarin must be commenced immediately if not already started. Although less antigenic, low-molecular-weight heparin preparations do cross-react with the type II HIT antibodies, hence substitution of these for unfractionated heparin is not recommended. If anticoagulation is essential prior to full warfarinisation, an alternative anticoagu-

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### Learning points

- perform frequent platelet counts on all patients receiving heparin for longer than five days
- it is always important to report serious adverse reactions, even to well-established drugs—reports can act as signals to warn that the risks and benefits of a drug need to be re-assessed

### Box 2

lant, danaparoid sodium (Oregaran) may be used; it has low cross-reactivity with heparin antibodies. In the presence of established arterial thrombosis, embolectomy is indicated. Fibrinolytic therapy may also be considered in life-threatening situations.

Type II HIT is an uncommon but life-threatening paradoxical complication of heparin therapy which, if major sequelae are to be avoided, needs to be recognised early and managed appropriately.

**Keywords:** heparin, adverse reaction, thrombosis

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### Books received

- **Quality of life assessment in medicine.** M Tamburini. Giann Interactive srl Milan, Italy, 1997. CD ROM
International Postgraduate Diary

Royal Free Hospital School of Medicine
Details: DG James, Department of Medicine, Royal Free Hospital, Pond Street, London NW3 2QG, UK. Tel +44 171 830 2108

Royal Postgraduate Medical School, Institute of Obstetrics and Gynaecology
15–17 October 1997: Medical problems facing obstetricians and physicians in pregnancy 7 November 1997: Community child health – recent advances in practice
17 November 1997: Gynaecological oncology
19/20 November 1997: Psychosexual medicine in practice
24–28 November 1997: Neonatal course for senior paediatricians
Details: Symposium Secretary, RPMs Institute of Obstetrics and Gynaecology, Queen Charlotte’s and Chelsea Hospital, Goldhawk Road, London W6 0XG, UK. Tel +44 181 383 3904; fax +44 181 383 8555; email symposia@rpm.ac.uk

Institute of Psychiatry and Bethlem and Maudsley NHS Trust
4 October 1997: Maternal mental illness: infants at risk
17 November 1997: 11th Annual course on eating disorders
Details: Mrs Lee Wilding, Conference Office, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK. Tel +44 171 919 3170; fax +44 171 740 5172

St Bartholomew’s and the Royal London School of Medicine and Dentistry
15–17 October 1997: 3-Day course in helping smokers give up
Details: Course Secretary, Janice Rossabi, London Hospital Medical College, Turner Street, London E1 2AD, UK. Tel +44 171 377 7266

Hammersmith Hospital NHS Trust at Queen Charlotte’s & Chelsea Hospital, London
3 October 1997: Milk banking: counting the cost (symposium)
6 November 1997: Infant nutrition perspectives (study day)
Details: Course Registration Service, PO Box 3219, London SW13 9XR, UK. Tel +44 181 741 1311; fax +44 181 741 0611

Royal Postgraduate Medical School, Institute of Obstetrics and Gynaecology
24/25 November 1997: 188th Meeting of the Society for Endocrinology with the Endocrine Section of the Royal Society of Medicine
24/25 November 1997: 17th Annual meeting of the British Society for Paediatric Endocrinology with the Endocrine Section of the Royal Society of Medicine
Details: Society for Endocrinology, 17/18 The Courtyard, Woodlands, Almondsbury, Bristol BS12 4NQ, UK. Tel +44 1454 619036; fax +44 1454 616071

Obstetric Anaesthetists Association
1–3 December 1997: 3-Day course on obstetric anaesthesia and analgesia
Details: OAA Secretariat, PO Box 3219, London SW13 9XR, UK. Tel +44 181 741 1311; fax +44 181 741 0611

Falk Symposium
1–6 October 1997: Liver week (Freiburg, Germany)
29/30 January 1998: Normal and malignant liver cell growth workshop (Halle, Germany)
Details: Falk Foundation eV, Congress Division, PO Box 6529, D-79041 Freiburg, Germany. Tel +49 761 130340; fax +49 761 1303459

University of California, San Francisco
16/17 October 1997: The design and method of clinical trials (symposium)
14–16 November 1997: 43rd Annual group therapy symposium
6/7 December 1997: Stabilization and management of the critically ill child
Details: University of California, Office of Continuing Medical Education, 1855 Folsom St, MCB Room 630, San Francisco, CA 94143-0742, USA. Tel +1 415 476 4521; fax +1 415 476 0318

University of California, San Diego
16/17 October 1997: Neuroradiology update
18/19 October 1997: 17th Annual review of vascular and interventional radiology
20–24 October 1997: 22nd Annual San Diego postgraduate radiology course
22–26 October 1997: Musculoskeletal MR (Hilton Head, SC)
Details: Ryals & Associates, PO Box 1925, Rowed, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

American Association of Physician Specialists/International Institute for Continuing Medical Education
30 October–2 November 1997: Breast imaging today and tomorrow (Palm Beach, Florida)
3–6 November 1997: Breast imaging and interventions (Naples, Florida)
Details: Ryals & Associates, PO Box 1925, Rowed, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

British Holistic Medical Association Conference
11 October 1997: Spiritual dimensions of health care (London)
Details: British Holistic Medical Association, RT House, Royal Shrewsbury Hospital South, Shrewsbury, Shropshire SY3 8XK, UK. Tel +44 1743 261155; fax +44 1743 353637

Barcelona Imaging Symposium
8–11 October 1997: Hotel Arts, Barcelona, Spain
Details: Ryals & Associates, PO Box 1925, Rowed, GA 30077-1925, USA. Tel +1 770 641 9773; fax +1 770 552 9859

Egyptian Society of Cardiology, 25th Anniversary meeting
22–27 February 1998: Cairo, Egypt
Details: 98 Mohamed Farid Street, Cairo, Egypt. Tel +20 2 337 5632; fax +20 2 360 2800
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Original articles are usually up to 3000 words long with up to six tables/illustrations and 30 references. They should be divided into: Title page, Summary, Introduction, Materials and Methods, Results, Discussion, Acknowledgements, References, Tables, Figures and captions. The summary should not exceed 250 words and should state concisely what was done, the main findings and how the work was interpreted. Numbered paragraphs should be avoided. The use of boxes with learning/summary 'bullet' points is encouraged.

References
References should follow the Vancouver style. In the text, they should appear as superscript numbers starting at 1. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation. All authors should be quoted for papers with up to six authors, for papers with more than six authors, the first three only should be quoted, followed by et al. Titles of medical periodicals should be given in full or abbreviated in line with the latest edition of Index Medicus. The first and last page numbers for each reference should be provided. Abstracts and letters must be identified as such. For example,


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Photographs, photomicrographs, line diagrams and graphs should be prepared to professional standards and submitted as originals or as unmounted glossy photographic prints. The identity of all patients should be masked (using a bar over the eyes) and written permission from the patient included with the submission. When preparing illustrations which include lettering or symbols, remember they may be reduced in size. All histology slides should contain a scale bar. Three copies of each illustration should be submitted, each bearing a label on the back marked in pencil with the boxed figure numbers. The number of the figure. Figure legends and tables should be typed on separate sheets. Figures and tables should be numbered in arabic numerals.

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Short papers or case reports should not exceed 1000 words, inclusive of summary, introduction, report and discussion. Up to 10 references and two illustrations or tables will be accepted. Each report must include (on a separate sheet) a list of learning or summary points.

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