PEARLS

Practical Evidence About Real Life Situations

The results for glue (the «quick fix») in the treatment of simple cuts are equivalent to more cumbersome methods like stitches, staples or adhesive tapes. The risk of dehiscence is only little higher. *Bernhard Rindlisbacher*

Glue may be better than stitches, staples or adhesive tape for simple cuts

PEARLS No. 11, August 2007, written by Brian R McAvoy

Clinical question: What is the best way to repair traumatic skin lacerations in children and adults?

Bottom line: Pain scores and procedure time significantly favoured tissue adhesives over standard wound care (stitches, staples or adhesive tape). There was no significant difference in cosmetic appearance between tissue adhesive and standard wound care on either a Cosmetic Visual Analogue Scale or Wound Evaluation Score.

Caveat: There were small but statistically significant risk differences for dehiscence (favouring standard wound care, NNH 25) and erythema (favouring tissue adhesives, NNH10). (NNH = number needed to treat to cause harm in one individual.) Although there are a few different types of glue available (based on butylcyanoacrylate and octylcyanoacrylate), no one glue seems to be superior.

Context: Lacerations need to be closed to ensure proper healing and to prevent infection or unattractive scarring. This is the first systematic review comparing glue with standard wound closure.

Cochrane Systematic Review: Farion K et al. Tissue adhesives for traumatic lacerations in children and adults. Cochrane Database of Systematic Reviews 2001, Issue 4. Article No. CD003326. DOI: 10.1002/14651858.
Note: This review contains 10 studies involving 522 participants.

Ginkgo biloba is still often used in cognitive impairment and dementia. It should be clear that this is not based on good evidence. *Bernhard Rindlisbacher*

Ginkgo biloba is probably not of benefit for cognitive impairment and dementia

PEARLS No. 41, January 2008, written by Brian R McAvoy

Clinical question: Is *Ginkgo biloba* an effective treatment for cognitive impairment and dementia?

Bottom line: There is no convincing evidence that *Ginkgo biloba* is efficacious for cognitive impairment and dementia.

Caveat: Many of the early trials which suggested beneficial effects were small, used unsatisfactory methods, and publication bias cannot be excluded. Two of the most recent trials which were also among the largest trials, found no difference between placebo and *Ginkgo biloba*.

Context: Extracts from the leaves of the maidenhair tree, *Ginkgo biloba*, have long been used in China as a traditional medicine for various conditions. A standardised extract is widely used for the treatment of a range of conditions, including memory and concentration problems, confusion, depression, anxiety, tinnitus and headache.

Cochrane Systematic Review: Birks J et al. *Ginkgo biloba* for cognitive impairment and dementia. Cochrane Database of Systematic Reviews, 2007. Issue 2. Article No. CD003120. DOI:10.1002/14651858.CD003120.pub2.
Note: This review contains 35 studies ranging in size from 14 to 513 participants.

PEARLS

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are developed by the Cochrane Primary Care Field and funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

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