Image of the month: Blue toe in a male with cholesterol embolisation syndrome

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A 77-year-old man presented with peripheral oedema and was found to have impaired renal function. He had a background of hypertension, ischaemic heart disease and diabetes. Since a coronary artery bypass operation 3 years ago he had been treated with warfarin.

He was found to have an elevated serum creatinine (424.3 mmol/l) and eosinophilia (33% of white blood cell count of 4,900/mm³).

During his inpatient stay, he developed a characteristic blue toe sign in his toes (Fig 1a). Cholesterol embolisation was suspected and warfarin was stopped but the patient’s renal function continued to deteriorate. Low-density lipoprotein

Fig 1. (a) In the course of admission (approximately 3 weeks), characteristic blue toe sign occurred at the toes. (b) Macroscopic autopsy revealed fulminant renal infarction at the lower part of the left kidney. (c) Microscopic histology revealed typical cholesterol crystals in the aorta and (d) in the renal arcuate artery.
In Section 2, Cabrera and Ayala then examine the potential of litigation to advance health rights and the potential for courts to undermine as well as to promote these rights. Nygren-Krug emphasises the need to enhance accountability at international, national and local levels. A provocative chapter by Pablos-Mendez and Stone highlights the ‘moral imperatives’ towards health and equity and the potential synergy between promoting health and strengthening nations. Examples cited include responses to conflict (as in Timor-Leste) and to specific health challenges (such as HIV in Botswana). Friedman and Gostin then make the case for adopting a ‘Framework Convention on Global Health’ with the aim of setting a global health agenda and reducing health inequalities.

The third section provides summaries of current health and human rights legislation in Haiti, Ghana, India, South Africa, the Philippines, China, Brazil, Peru, Mexico, the UK, Japan and the US. These are useful sources of reference but make somewhat turgid reading. It would have been helpful to have more information on the extent to which newer legislation is (or is not) being translated into better and more equitable standards of healthcare.

To my mind, Section 2 is the most useful section of the book. Baer et al examine human health rights through the lenses of HIV, tuberculosis and malaria and emphasise the potential health benefits to HIV care of tackling discrimination, to malaria prevention of promoting the right to food, water, sanitation and housing and that attempts to control TB through involuntary hospitalisation and isolation breach individual