

Policy Development Branch

SOP Bulletin No. 244

20th September 2024

THE FOLLOWING RMA SOPS TAKE EFFECT ON 24th September 2024

New conditions	Pathological fracture
Revocations & Replacements	Pinguecula Fracture Osteoporosis Meniere disease and Meniere syndrome Neoplasm of the pituitary gland Ingrown nail
Amendments	Nil

NOTEWORTHY FEATURES

Pinguecula

Revocation – 60 & 61 of 2024

Replaces 118 & 119 of 2015

- Pinguecula is an extremely common and generally benign condition.
- The definition has been modified to include ‘conjunctival degeneration presenting as a fatty nodule’ to the original description of pinguecula so that it now reads as:
 - Pinguecula means:
 - a) A small, raised benign elastoid conjunctival degeneration presenting as a fatty nodule near the temporal or nasal limbus (corneal-scleral junction) of the eye; and
 - b) Exclude pterygium
- The factor relating to welding exposure has been modified from ‘welding light and fumes’ to ‘welding radiation and fumes.’
- There is only one new factor relating to Meibomian gland dysfunction (RH SoP only).

Fracture

Revocation – 62 & 63 of 2024

Replaces 94 & 95 of 2015

- This SoP now only covers fractures resulting from physical trauma. There is now a new ‘Pathological fracture’ SoP created to cover fractures related to diseases.
- The definition has been reformatted to the latest RMA format and style with fracture now described as ‘an acquired break of bone as a result of an applied force that ordinarily would cause bone breakage in a healthy bone.’
- A non-exhaustive list of conditions covered by this SoP has now been provided:
 - acute vascular shock, acute compartment syndrome, or fat embolism resulting from the fractured bone
 - avulsion, crush, comminuted, burst, or blowout fracture
 - closed or compound/open fracture
 - fracture of bone contiguous with an orthopaedic implant
 - growth plate fractures

- periosteal, muscular, fascial, skin, nerve or vascular damage directly caused by the displaced fractured bone
 - stress fracture of the fatigue type
 - torsion or spiral fracture
 - wound infection as a result of penetration of the skin by bony fracture fragments (compound fracture)
- A non-exhaustive list of conditions excluded or not covered by this SoP has been provided:
 - pathological fracture
 - bone stress injury/bone marrow oedema not being a stress fracture
 - stress fracture of the insufficiency type
 - osteonecrosis
 - periostitis
 - fracture of teeth
 - fracture of cartilage
 - fracture of an orthopaedic implant including a screw, nail, fixation plate or prosthesis; and
 - spondylolysis
- Factors related to pathological fracture have been removed from this Fracture SoP:
 - Having Paget's disease of bone
 - Minimal trauma fracture and smoking
 - Minimal trauma fracture and drinking alcohol
 - Having diabetes at the time of clinical worsening
 - Being infected with HIV
 - Being treated with glucocorticoid drug
 - Having rheumatoid arthritis
 - Being treated with an aromatase inhibitor
 - Being treated with a proton pump inhibitor
 - Having chronic infection with the hepatitis C virus
- The factor relating to physical trauma has been changed from 'having physical trauma to the affected bone' to 'having significant physical force applied to or through the affected bone.'
 - The factor relating to stress fracture has had the requirement for 'repetitive loading stress to the affected region of the body' to 'having **significant** repetitive loading stress to **the affected bone**.'
 - A note has been provided to highlight that clinical worsening could include non-union of a fracture. However, a new fracture would require further invocation of the

fracture SoPs (each fracture should be labelled specifically according to anatomical location as well as type of fracture in certain cases).

- There are now new factors relating to clinical worsening (fracture non-union):
 - Prior to the fracture non-union
 - Smoking at least 5 cigarettes per day or the equivalent thereof in other tobacco products during treatment for fracture (RH and BoP SoPs)
 - At the time of the fracture non-union:
 - Having diabetes mellitus (RH and BoP SoPs)
 - Having Osteoporosis (RH SoP only)
 - Having vitamin D deficiency (RH SoP only)
 - Having a BMI of 40 or greater (RH SoP only)

Pathological fracture

New – 64 & 65 of 2024

- This new SoP has been defined as ‘an acquired break of bone as a result of an applied force that ordinarily would not cause bone breakage in a healthy bone.’
- The SoP notes that ‘pathological fractures are also known as secondary fractures, spontaneous fractures, fragility fractures, and minimal trauma fractures.’
- In addition, ‘bone weakness includes decreased bone mineral density (osteoporosis), disarrangement of bone structure, and the presence of additional bone pathology.’
- A non-exhaustive list of conditions covered by this SoP has been provided:
 - acute vascular shock, acute compartment syndrome, or fat embolism resulting from the fractured bone
 - pathological fracture or insufficiency stress fracture due to focal bone weakness
 - pathological fracture or insufficiency stress fracture due to global bone weakness
 - periosteal, muscular, fascial, skin, nerve or vascular damage directly caused by the displaced fractured bone
 - wound infection as a result of penetration of the skin by bony fracture fragments (compound fracture)
- The previous factors in the Fracture SoP relating to pathological fractures has now been condensed into a factor detailing having one of the following medical conditions involving the affected bone at the time of clinical onset:
 - Benign neoplasm
 - Malignant neoplasm

- Osteomalacia
 - Osteomyelitis
 - Osteonecrosis
 - Osteoporosis
 - Paget disease of bone
- The factor relating to osteogenesis imperfecta has been removed as this is a genetic condition which cannot be casually related to service.
 - There are new factors relating to pathological fractures:
 - Having ankylosing spondylitis at the time of clinical onset of vertebral pathological fracture
 - A note has been provided to highlight that clinical worsening could include non-union of a fracture. However, a new fracture would require further invocation of the fracture SoPs as with the fracture SoP.
 - The factors relating to clinical worsening (fracture non-union) are the same as the ones for the Fracture SoP:
 - Prior to the fracture non-union
 - Smoking at least 5 cigarettes per day or the equivalent thereof in other tobacco products during treatment for fracture (RH and BoP SoPs)
 - At the time of the fracture non-union:
 - Having diabetes mellitus (RH and BoP SoPs)
 - Having Osteoporosis (RH SoP only)
 - Having vitamin D deficiency (RH SoP only)
 - Having a BMI of 40 or greater (RH SoP only)

Osteoporosis	Revocation – 66 & 67 of 2024 Replaces 98 & 99 of 2014
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- The definition has been updated and reformatted to the latest RMA format and style with wording also altered so that osteoporosis now means ‘a systemic bone disease characterised by low bone density resulting in a greater susceptibility to fracture (fragility fracture) where-
 - low bone mineral density is 2.5 standard deviations or more below the mean bone mineral density of young adult sex-matched controls (T score); or
 - radiologically confirmed fragility fracture or loss of $\geq 20\%$ of vertebral height due to fragility fractures (**new detail not within previous definition**); and

- the fragility fracture is not better explained by other types of bone pathology than osteoporosis (**new detail not within previous definition**); or
 - anyone over 70 years with a low bone mineral density (**new detail not within previous definition**); or
 - people with low bone density taking glucocorticoids for at least 3 months (**new detail not within previous definition**)
- A non-exhaustive list of conditions excluded or not covered by this SoP has now been provided:
 - Localised osteoporosis
 - Paget disease of bone
 - Osteomalacia
 - Osteonecrosis
 - Osteomyelitis
 - Malignant or benign neoplasm of bone
 - Osteogenesis imperfecta
- The factor relating to specified autoimmune disorders has now had pernicious anaemia factor and Sjogren syndrome factor removed from the list of conditions.
 - The factor relating to specified medical conditions has now been changed so that having HIV infection is a stand-alone factor. Multiple sclerosis or Parkinson disease have been combined into their own factor whilst the medical evidence no longer supports COPD having a possible relationship.
 - The factor relating to chronic renal impairment has now been modified to describe the impairment as involving a GFR of $< 45\text{ml/min}/1.73\text{ m}^2$ for at least 3 months clinical onset or worsening (rather than ‘less than $60\text{mL}/\text{min}/1.73\text{ m}^2$ for a period of at least 3 months or the presence of irreversible kidney damage’ as previously described).
 - The factor relating to having myeloma or systemic mastocytosis has now been added to the BoP SoP.
 - The factor relating to a specified endocrine abnormality has now had ‘goitre’ removed from the list but hyperthyroidism (often related to goitres) remains.
 - The factor relating to having a specified gastrointestinal disease has been modified so that the timing is now specified to be at the time of clinical onset or worsening (rather than these chronic conditions needing to be present for a continuous period of at least one year within the ten years before clinical onset or worsening as previously dictated). Additionally, ‘bacterial overgrowth syndrome’ has now been removed from this list of conditions.
 - There is a new factor relating to having a total or partial gastrectomy or Roux-en-Y gastric bypass.

- The factor relating to being treated with a drug from a specified list has now been updated to ‘taking one of the following glucocorticoids orally, intravenously or intramuscularly’ with an associated list of medications rather than the table of drugs previously available.
- The factor relating to having iron overload has now been changed to ‘having haemochromatosis.’
- The factor relating to ‘being immobile’ has now been modified to ‘having gross diminution or near complete absence of movement of the body, such as would occur as a result of paralysis or strict bed rest.’
- The factor relating to having depressive disorder or schizophrenia has been removed.

Meniere disease and Meniere syndrome	Revocation – 68 & 69 of 2024 Replaces 108 & 109 of 2015
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- Meniere disease is uncommon and usually not life-threatening. However, it can be quite disabling.
- The existing SoP for Meniere’s disease has now been extended in terms of its name to include the secondary Meniere syndrome and there has been a slight modification to Meniere disease (without the ‘s).
- The definition of Meniere disease has been updated quite significantly (**no longer** stating that it is characterised by recurrent attacks of episodic vertigo associated with nausea, vomiting, fluctuating sensorineural hearing loss and a sense of fullness of the involved ear). This condition is now described as a:
 - a) primary (idiopathic) pathology affecting both the cochlea and the vestibular apparatus of the labyrinth on the same side with clinical manifestations of episodic attacks of:
 - i. vertigo
 - ii. sensorineural hearing loss; and/or
 - iii. tinnitus
 occurring all on the same side; and
 - (b) includes primary endolymphatic hydrops (**not previously specified**); and
 - (c) excludes vestibular migraine (**previously highlighted labyrinthitis, vertigo of central origin and other unspecified syndromes as being excluded**)

- Given the change to the SoP name, the SoP now also clearly defines Meniere syndrome as being:
 - (a) A secondary pathology permanently affecting both the cochlea, and the vestibular apparatus or the vestibulocochlear nerve on the same side with clinical manifestations of:
 - (i) vertigo
 - (ii) sensorineural hearing loss; and/or
 - (iii) tinnitus
 - (iv) occurring all on the same side; and
 - (b) includes secondary endolymphatic hydrops; and
 - (c) excludes vestibular migraine.

- The factor involving moderate to severe traumatic brain injury has now had the time period changed to require the injury to occur ‘within the 6 months before clinical onset or clinical worsening’ rather than ‘within the 1 year for the RH SoP and 6 months for the BoP SoP’ as previously stipulated.
- The factor relating to having otosyphilis of the affected ear has now been updated to be ‘at the time of clinical onset’ rather than before the clinical onset as previously stated.
- The factor relating to having a disease from the specified list of autoimmune diseases has now had Cogan syndrome, Susac syndrome, Vogt-Koyanagi-Harada syndrome, and psoriatic arthritis added to the list.
- There are now new factors relating to Meniere syndrome:
 - Having middle ear or inner ear surgery
 - Hydroxychloroquine use
 - Aminoglycoside use (amikacin, gentamicin or tobramycin)

Neoplasm of the pituitary gland

Revocation – 70 & 71 of 2024

Replaces 53 & 54 of 2015 and amendments of 58 of 2017

- This SoP is unusual as it covers both benign and malignant neoplasms of the pituitary gland.
- Most pituitary neoplasms are benign (> 99%) and not life-threatening.
- The definition has been reformatted to the latest RMA format and style but wording and coverage remains the same.
- However, a non-exhaustive list of conditions covered by this SoP has now been provided:
 - (i) tumours of the anterior pituitary (adenohypophysis)
 - (ii) tumours of the posterior pituitary (neurohypophysis)
 - (iii) tumours of the pituitary stalk (infundibulum)
- A non-exhaustive list of conditions excluded or **not covered** by this SoP has now had the following added:
 - tumours of the hypothalamus
 - tumours of the sella turcica of the sphenoid bone
 - tumours of the diaphragma sellae
- The factor relating to bilateral adrenalectomy (removal of both adrenal glands) has been updated to ‘having undergone bilateral adrenalectomy for the treatment of Cushing syndrome due to a corticotroph pituitary adenoma before the clinical worsening of corticotroph pituitary adenoma.’
- The ionising radiation factor has now been removed.
- There are now new factors relating to:
 - Gonadotropin-releasing hormone (GnRH) agonists (goserelin, leuprorelin/leuprolide, nafarelin or triptorelin)
 - Dynamic endocrine testing and taking one of the following hormones:
 - gonadotropin-releasing hormone (GnRH), growth hormone-releasing hormone (GHRH), thyrotropin-releasing hormone (TRH), or corticotropin-releasing hormone (CRH)
 - Obesity

Ingrown nail

Revocation – 72 & 73 of 2024

Replaces 106 & 107 of 2015

- This SoP definition of ingrown nail now includes retronychia.
 - The factor relating to medications has been modified in terms of wording and format to:
 - Being treated with:
 - (a) an oral retinoid
 - (b) indinavir
 - (c) an epidermal growth factor inhibitor
 - (d) cyclosporine (cyclosporin)
- within the 6 months before clinical onset or clinical worsening

Previously, this factor read as ‘being treated with an epidermal growth factor receptor inhibitor or receiving antiviral treatment with indinavir, at the time of the clinical onset/worsening of ingrowing nail.’

- There are no new SoP factors relating to ingrown nail.

Contact for this bulletin:

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