



Impact of hospital characteristics on implementation of a Pediatric Early Warning System in resource-limited cancer hospitals

N1-ELIMINADO 1

Affiliations expand

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- PMCID: [PMC10189109](#)
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Abstract

Background: Pediatric Early Warning Systems (PEWS) aid in identification of deterioration in hospitalized children with cancer but are underutilized in resource-limited settings. Proyecto EVAT is a multicenter quality improvement (QI) collaborative in Latin America to implement PEWS. This study investigates the relationship between hospital characteristics and time required for PEWS implementation.

Methods: This convergent mixed-methods study included 23 Proyecto EVAT childhood cancer centers; 5 hospitals representing quick and slow implementers were selected for qualitative analysis. Semi-structured interviews were conducted with 71 stakeholders involved in PEWS implementation. Interviews were recorded, transcribed and translated to English, then coded using *a priori* and novel codes. Thematic content analysis explored the impact of *hospital characteristics* and *QI experience* on time required for PEWS implementation and was supplemented by quantitative analysis exploring the relationship between hospital characteristics and implementation time.

Results: In both quantitative and qualitative analysis, material and human resources to support PEWS significantly impacted time to implementation. Lack of resources produced various obstacles that extended time necessary for centers to achieve successful implementation. Hospital characteristics, such as funding structure and type, influenced PEWS implementation time by determining their resource-availability. Prior hospital or implementation leader experience with QI, however, helped facilitate implementation by assisting implementers predict and overcome resource-related challenges.

Conclusions: Hospital characteristics impact time required to implement PEWS in resource-limited childhood cancer centers; however, prior QI experience helps anticipate and adapt to resource challenges and more quickly implement PEWS. QI training should be a component of strategies to scale-up use of evidence-based interventions like PEWS in resource-limited settings.

Keywords: Pediatric Early Warning Systems (PEWS); global health; implementation science; pediatric oncology; quality improvement collaborative (QIC); resource-limited settings.

N2-ELIMINADO 1





Awake prone positioning in acute hypoxaemic respiratory failure

N3-ELIMINADO 1

Affiliations expand

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Abstract

Awake prone positioning (APP) of patients with acute hypoxaemic respiratory failure gained considerable attention during the early phases of the coronavirus disease 2019 (COVID-19) pandemic. Prior to the pandemic, reports of APP were limited to case series in patients with influenza and in immunocompromised patients, with encouraging results in terms of tolerance and oxygenation improvement. Prone positioning of awake patients with acute hypoxaemic respiratory failure appears to result in many of the same physiological changes improving oxygenation seen in invasively ventilated patients with moderate-severe acute respiratory distress syndrome. A number of randomised controlled studies published on patients with varying severity of COVID-19 have reported apparently contrasting outcomes. However, there is consistent evidence that more hypoxaemic patients requiring advanced respiratory support, who are managed in higher care environments and who can be prone for several hours, benefit most from APP use. We review the physiological basis by which prone positioning results in changes in lung mechanics and gas exchange and summarise the latest evidence base for APP primarily in COVID-19. We examine the key factors that influence the success of APP, the optimal target populations for APP and the key unknowns that will shape future research.

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Conflict of interest statement

Conflicts of interest: M. Ibarra-Estrada, A. Kharat, D. Cosgrave and C. Guerin report no conflicts of interest. B.A. McNicholas reports consulting fees received personally from Teleflex. Y. Perez reports grants to institution and personal support for attending medical congress from Fisher & Paykel. J. Li reports grants to institution from Fisher & Paykel, Aerogen, Rice Foundation and American Association for Respiratory Care; personal honoraria for lectures from Fisher & Paykel, Aerogen, Heyer Its, and American Association for Respiratory Care. I. Pavlov reports grants to institution from Open AI inc and Fisher & Paykel. D.L. Vines reports grants to institution from Teleflex Medical and Rice Foundation; personal honoraria from Theravance Biopharma; unpaid role as President, National board for Respiratory Care. O. Roca reports grants to institution from Hamilton Medical AG and Fisher & Paykel; personal consulting fees from Aerogen, and honoraria received from Hamilton Medical AG, Fisher & Paykel, Aerogen and Ambu Ltd; unpaid role as chair of Acute Respiratory Failure group of Spanish Society of Intensive Care Medicine; non-funded research support from Timpel Ltd. S. Ehrmann reports grants to institution from Aerogen Ltd and Fisher & Paykel; personal consulting fees from Aerogen Ltd; personal honoraria and support for attending meetings from Aerogen Ltd and Fisher & Paykel; participation on Data Safety Monitoring Board for Aerogen Ltd; receipt of equipment/materials from Aerogen Ltd and Fisher & Paykel. J.G. Laffey reports funding to institution from Science Foundation Ireland; personal consulting fees from Baxter Healthcare; unpaid participation in Data Safety Monitoring Board (investigator trials); unpaid role as chair of Translational Biology Section of European Society of Intensive Care Medicine.

Online ahead of print. **Mexican perspective on the Mosaico HIV vaccine trial**





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No abstract available

Conflict of interest statement

We declare no competing interests. We deeply thank all the Mexican study participants, the community engagement team members, and the caregivers and research staff at the three study sites in the Mosaico trial.





Congenital mature orbital teratoma: A case report

N5-ELIMINADO 1

Affiliations expand

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Abstract

Teratomas are gonadal or extragonadal neoplasms, derived from the three embryonic tissues, composed of germ cells of the neuroectoderm, mesoderm and ectoderm. Congenital orbital teratoma (OCT) commonly affects the left orbit, primarily affecting women over men at a ratio of 2:1. We present the case of a female patient of 9 days of extrauterine life with a left mature congenital orbital teratoma. The orbit and oculoplastic service performed an orbital exenteration and total resection of the tumor mass.

Keywords: Anomalías orbitarias congénitas; Congenital orbital anomalies; Congenital teratoma; Exenteración orbitaria; Orbital exenteration; Orbital tumour; Teratoma congénito; Tumor orbitario.

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Changes in the national prevalence of asthma and coronavirus disease 2019 fatality: A population-based cross-sectional study

N6-ELIMINADO 1

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Free PMC article

Abstract

Background: The coronavirus disease 2019 (COVID-19) mitigation and containment strategies implemented by each country can influence the prevalence of asthma and its fatality.

Objective: To analyze the trend of asthma prevalence and COVID-19 fatality in children and adults with asthma.

Methods: The prevalence of asthma and fatalities were compared among the peaks of 5 pandemic waves in Mexico.

Results: Among patients with COVID-19, the prevalence rates of asthma among children were as follows: wave I, 3.5%; wave II, 2.6%; wave III, 2.2%; wave IV, 2.4%; and wave V, 1.9% (P for trend < .001); the prevalence rates of asthma among adults were as follows: wave I, 2.5%; wave II, 1.8%; wave III, 1.5%; wave IV, 1.7%; and wave V, 1.6% (P for trend < .001). The rates of fatality because of COVID-19 among individuals with asthma were as follows: wave I, 8.9%; wave II, 7.7%; wave III, 5.0%; wave IV, 0.9%; and wave V, 0.2% (P for trend < .001).

Conclusion: The prevalence rates of asthma and fatalities from COVID-19 suggest a gradual reduction throughout the pandemic in Mexico.





Aeroallergen immunotherapy associated with reduced risk of severe COVID-19 in 1095 allergic patients

N7-ELIMINADO 1

Affiliations expand

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Abstract

Introduction: Allergen immunotherapy (AIT) brings along changes in the immune system, restoring dendritic cell function, reducing T2 inflammation and augmenting the regulatory cell activation. Coronavirus disease (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections, interferes with the immune system causing immune suppression during the first phase and over-activation in more advanced disease. We decided to explore the interaction of both in a real-world observational trial.

Methods: We registered COVID-19 outcomes in patients with allergic disorders in Latin America, treated with and without AIT. The registry was conducted during the first 1.3 years of the pandemic, with most of the data collected before COVID-19 vaccination was concluded in most countries. Data collection was anonymous via a web-based instrument. Ten countries participated.

Results: 630/1095 (57.6%) of the included patients received AIT. Compared to patients without AIT, those treated with AIT had a reduced risk ratio (RR) for COVID-19 lower respiratory symptoms (RR 0.78, 95% CI: 0.6703-0.9024; $p = 0.001662$) and need for oxygen therapy (RR 0.65, 95% CI: 0.4217-0.9992; $p = 0.048$). In adherent patients on maintenance sublingual immunotherapy/subcutaneous immunotherapy (SLIT/SCIT) the RR reduction was larger [RR = 0.6136 (95% CI 0.4623-0.8143; $p < 0.001$) and RR: 0.3495 (95% CI 0.1822-0.6701; $p < 0.005$), respectively]. SLIT was slightly more effective (NS). We excluded age, comorbidities, level of health care attendance, and type of allergic disorder as confounders, although asthma was related to a higher frequency of severe disease. When analyzing patients with allergic asthma ($n = 503$) the RR reduction favoring AIT was more pronounced with 30% for lower respiratory symptoms or worse (RR 0.6914, 95% CI 0.5264 to 0.9081, $p = 0.0087$) and 51% for need of oxygen therapy or worse (RR 0.4868, 95% CI 0.2829-0.8376, $p = 0.0082$). Among severe allergic patients treated with biologics ($n = 24$) only 2/24 needed oxygen therapy. There were no critical cases among them.

Conclusion: In our registry AIT was associated with reduced COVID-19 severity.

Keywords: Allergen immunotherapy; Allergic asthma; COVID-19; Oxygen therapy; Registry; Severe COVID-19.

"Minimally invasive video-assisted submuscular gluteal augmentation with implants. An





innovative technique"

N8-ELIMINADO 1

Affiliations expand

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Abstract

Gluteal augmentation is one of the most requested cosmetic procedures. This article describes the surgical technique and early results of an innovative minimally invasive video-assisted submuscular gluteal augmentation with implants. The authors aimed to perform a technique that would reduce complications and surgical time. Fourteen healthy non-obese women with no relevant pathologic background who requested gluteal augmentation with implants as a single procedure were included. The procedure was performed through bilateral parasacral 5 cm incisions at cutaneous and subcutaneous planes as far as the gluteus maximus muscle fascia. Through a 1 cm incision in the fascia and muscle, the index finger was introduced under the gluteus maximus and a submuscular space was created by blunt dissection towards the greater trochanter to avoid a sciatic nerve injury, until the middle gluteus level was reached. Next, the balloon shaft of a Herloon trocar (Aesculap® - B. Brawn®) was introduced in the dissected space. Balloon dilatation in this submuscular space was performed as required. The balloon shaft was replaced by the trocar, through which a 30° 10-mm laparoscope was introduced. Submuscular pocket anatomic structures were observed, and while the laparoscope was being retrieved, hemostasis was verified. The submuscular plane collapsed, leaving the pocket for the implant to be placed. There were no intraoperative complications. The only complication was a self-limited seroma in one patient (7.1 percent). This innovative technique has shown ease and safety, allowing direct visualization and hemostasis, with a short surgical time, low complication rate and an excellent degree of satisfaction. Copyright © 2023 by the American Society of Plastic Surgeons.





Clinical and Biochemical Profile Associated with Renal Recovery after Acute Kidney Injury in A Mexican Population: Retrospective Cohort Study

N9-ELIMINADO 1

Affiliations expand

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- PMCID: [PMC10223615](#)
- DOI: [10.3390/medicina59050889](#)

Free PMC article

Abstract

Background and Objectives: Our primary objective was to study the clinical and biochemical characteristics associated with acute kidney injury (AKI) remission in a group of Mexican patients. *Materials and methods:* We retrospectively enrolled 75 patients who were diagnosed with AKI and separated the sample into two groups: nonremitting patients ($n = 27$, 36%) vs. remitting patients ($n = 48$, 64%). *Results:* We found significant relationships between nonremitting AKI and previous diagnosis of chronic kidney disease ($p = 0.009$), higher serum creatinine (Cr) at admission ($p < 0.0001$), lower estimated glomerular filtration rate (eGFR) ($p < 0.0001$), maximum serum creatinine during hospitalization ($p < 0.0001$), higher fractional excretion of sodium (FENa) ($p < 0.0003$) and 24-h urine protein ($p = 0.005$), higher serum potassium on admission ($p = 0.025$), abnormal levels of procalcitonin ($p = 0.006$), and increased risk of death ($p = 0.015$). *Conclusion:* Chronic kidney disease (CKD), lower eGFR, higher levels of serum creatinine during hospitalization, higher FENa and 24-h urine protein, abnormal levels of procalcitonin, and higher serum potassium on admission were associated with nonremitting AKI. These findings may facilitate the rapid identification of patients at risk for nonremitting AKI based on clinical and biochemical characteristics. Furthermore, these findings may inform the design of timely strategies for the vigilance, prevention, and treatment of AKI.

Keywords: AKI; AKI remission; acute kidney injury; chronic kidney disease.





Association of Non-Invasive Respiratory Support with Extubation Outcomes in Brain-Injured Patients Receiving Mechanical Ventilation: A Secondary Analysis of ENIO

N10-ELIMINADO 1

Affiliations expand

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Abstract

Rationale: Non-invasive respiratory support using high flow nasal cannula (HFNC) or non-invasive positive pressure ventilation (NIPPV) can decrease the risk of reintubation in patients being liberated from mechanical ventilation, but effects in patients with acute brain injury are unknown.

Objectives: To evaluate the association between post-extubation non-invasive respiratory support and reintubation in patients with acute brain injury being liberated from mechanical ventilation.

Methods: This was a secondary analysis of a prospective, observational study of mechanically ventilated patients with acute brain injury ([NCT03400904](https://clinicaltrials.gov/ct2/show/study/NCT03400904)). The primary endpoint was reintubation during ICU admission. We used mixed effects logistic regression models with patient-level covariates and random intercepts for hospital and country to evaluate the association between prophylactic (i.e, planned) HFNC or NIPPV and reintubation.

Measurements and main results: 1,115 patients were included from 62 hospitals and 19 countries, of whom 267 received HFNC or NIPPV following extubation (23.9%). Compared to conventional oxygen therapy, neither prophylactic HFNC nor NIPPV was associated with decreased risk of reintubation (respectively, odds ratio (OR), 0.97; 95% confidence interval (CI), 0.54-1.73; OR, 0.63; 95%CI, 0.30-1.32). Findings remained consistent in sensitivity analyses accounting for alternate adjustment procedures, missing data, shorter timeframes of extubation failure, and competing risks precluding reintubation. In a Bayesian analysis using skeptical and data-driven priors, the probability of reduced reintubation ranged from 17-34% for HFNC and 46-74% for NIPPV.

Conclusions: In a large cohort of brain-injured patients undergoing liberation from mechanical ventilation, prophylactic use of HFNC and NIPPV were not associated with reintubation. Prospective trials are needed to explore treatment effects in this population.

Keywords: brain injury; high flow nasal cannula; intensive care medicine; non-invasive positive pressure ventilation; ventilator liberation.



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* "LTAIPEJM: Ley de Transparencia y Acceso a la Información Pública del Estado de Jalisco y sus Municipios.

LPDPPSOEJM: Ley de Protección de Datos Personales en Posesión de Sujetos Obligados en el Estado de Jalisco y sus Municipios.

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