Case Reports

Int J Ment Health Addict. 2023;21(1):383-394. doi: 10.1007/s11469-021-00600-4. Epub 2021 Jul 30.

# Comparison of Fear of COVID-19 in Medical and Nonmedical Personnel in a Public Hospital in Mexico: a Brief Report

## Abstract

The world is social distancing, and compulsory confinement has caused stress, psychological instability, stigmatization, fear, and discrimination in the general population. In this cross-sectional survey study, we administered the Fear of COVID-19 Scale (FCV-19S) to hospital medical and nonmedical personnel. A total of 1216 participants were surveyed from May 25 to May 29 of 2020. We asked all the staff for their participation in the study, and physical copies of the survey were distributed to the staff willing to participate. All surveys were answered anonymously. We found that the global FCV-19S mean score was 16.4 ± 6.1, with a significant difference between women and men's scores. Medical students presented higher scores than experienced medical personnel. Additionally, the medical and nursing personnel presented a higher level of fear than hospital staff who did not work directly with COVID-19 patients. Our findings suggest that greater knowledge of medicine or infectious diseases could decrease the overall psychological impact of the pandemic disease.

Review

Front Cardiovasc Med. 2023 Jan 4;9:1098553. doi:10.3389/fcvm.2022.1098553. eCollection 2022.

# How to interpret serum creatinine increases during decongestion

## Abstract

During decongestion in acute decompensated heart failure (ADHF), it is common to observe elevations in serum creatinine (sCr) values due to vascular congestion, a mechanism that involves increased central venous pressure that has a negative impact on the nephron, promoting greater absorption of water and sodium, increased interstitial pressure in an encapsulated organ developing "renal tamponade" which is one of main physiopathological mechanism associated with impaired kidney function. For the treatment of this syndrome, it is recommended to use diuretics that generate a high urinary output and natriuresis to decongest the venous system, during this process the sCr values can rise, a phenomenon that may bother some cardiologist and nephrologist, since raise the suspicion of kidney damage that could worsen the prognosis of these patients. It is recommended that increases of up to 0.5 mg/dL from baseline are acceptable, but some patients have higher increases, and we believe that an arbitrary number would be impractical for everyone. These increases in sCr may be related to changes in glomerular hemodynamics and true hypovolemia associated with decongestion, but it is unlikely that they are due to structural injury or truly hypoperfusion and may even have a positive connotation if accompanied by an effective decongestion and be associated with a better prognosis in the medium to long term with fewer major cardiovascular and renal events. In this review, we give a comprehensive point of view on the interpretation of creatinine elevation during decongestion in patients with ADHF.

Editorial

Ann Hepatol. 2023 Jan-Feb;28(1):100875. doi: 10.1016/j.aohep.2022.100875. Epub 2022 Nov 9.

# Genomic medicine in hepatology: Towards personalized medicine in obesity and chronic liver disease

**Free article**

No abstract available

Ann Dermatol Venereol. 2023 Jan 4;S0151-9638(22)00096-5. doi: 10.1016/j.annder.2022.10.003. Online ahead of print.

# Acquired spiny keratoderma not associated with malignancy

No abstract available

**Keywords:**Hyperkeratotic papules; Malignancy; Spiny keratoderma.

Review

J Rheumatol. 2023 Jan;50(1):119-130. doi: 10.3899/jrheum.220315. Epub 2022 Oct 15.

# Management of Peripheral Arthritis in Patients With Psoriatic Arthritis: An Updated Literature Review Informing the 2021 GRAPPA Treatment Recommendations

Lancet. 2023 Jan 25;S0140-6736(22)02469-2. doi: 10.1016/S0140-6736(22)02469-2. Online ahead of print.

# The effect of higher protein dosing in critically ill patients with high nutritional risk (EFFORT Protein): an international, multicentre, pragmatic, registry-based randomised trial

## Abstract

**Background:**On the basis of low-quality evidence, international critical care nutrition guidelines recommend a wide range of protein doses. The effect of delivering high-dose protein during critical illness is unknown. We aimed to test the hypothesis that a higher dose of protein provided to critically ill patients would improve their clinical outcomes.

**Methods:**This international, investigator-initiated, pragmatic, registry-based, single-blinded, randomised trial was undertaken in 85 intensive care units (ICUs) across 16 countries. We enrolled nutritionally high-risk adults (≥18 years) undergoing mechanical ventilation to compare prescribing high-dose protein (≥2·2 g/kg per day) with usual dose protein (≤1·2 g/kg per day) started within 96 h of ICU admission and continued for up to 28 days or death or transition to oral feeding. Participants were randomly allocated (1:1) to high-dose protein or usual dose protein, stratified by site. As site personnel were involved in both prescribing and delivering protein dose, it was not possible to blind clinicians, but patients were not made aware of the treatment assignment. The primary efficacy outcome was time-to-discharge-alive from hospital up to 60 days after ICU admission and the secondary outcome was 60-day morality. Patients were analysed in the group to which they were randomly assigned regardless of study compliance, although patients who dropped out of the study before receiving the study intervention were excluded. This study is registered with ClinicalTrials.gov.

**Findings:**Between Jan 17, 2018, and Dec 3, 2021, 1329 patients were randomised and 1301 (97·9%) were included in the analysis (645 in the high-dose protein group and 656 in usual dose group). By 60 days after randomisation, the cumulative incidence of alive hospital discharge was 46·1% (95 CI 42·0%-50·1%) in the high-dose compared with 50·2% (46·0%-54·3%) in the usual dose protein group (hazard ratio 0·91, 95% CI 0·77-1·07; p=0·27). The 60-day mortality rate was 34·6% (222 of 642) in the high dose protein group compared with 32·1% (208 of 648) in the usual dose protein group (relative risk 1·08, 95% CI 0·92-1·26). There appeared to be a subgroup effect with higher protein provision being particularly harmful in patients with acute kidney injury and higher organ failure scores at baseline.

**Interpretation:**Delivery of higher doses of protein to mechanically ventilated critically ill patients did not improve the time-to-discharge-alive from hospital and might have worsened outcomes for patients with acute kidney injury and high organ failure scores.

**Funding:**None.

Antimicrob Steward Healthc Epidemiol. 2023 Jan 9;3(1):e6. doi: 10.1017/ash.2022.339. eCollection 2023.

# Multinational prospective cohort study of rates and risk factors for ventilator-associated pneumonia over 24 years in 42 countries of Asia, Africa, Eastern Europe, Latin America, and the Middle East: Findings of the International Nosocomial Infection Control Consortium (INICC)

## Abstract

**Objective:**Rates of ventilator-associated pneumonia (VAP) in low- and middle-income countries (LMIC) are several times above those of high-income countries. The objective of this study was to identify risk factors (RFs) for VAP cases in ICUs of LMICs.

**Design:**Prospective cohort study.

**Setting:**This study was conducted across 743 ICUs of 282 hospitals in 144 cities in 42 Asian, African, European, Latin American, and Middle Eastern countries.

**Participants:**The study included patients admitted to ICUs across 24 years.

**Results:**In total, 289,643 patients were followed during 1,951,405 patient days and acquired 8,236 VAPs. We analyzed 10 independent variables. Multiple logistic regression identified the following independent VAP RFs: male sex (adjusted odds ratio [aOR], 1.22; 95% confidence interval [CI], 1.16-1.28; *P* < .0001); longer length of stay (LOS), which increased the risk 7% per day (aOR, 1.07; 95% CI, 1.07-1.08; *P* < .0001); mechanical ventilation (MV) utilization ratio (aOR, 1.27; 95% CI, 1.23-1.31; *P* < .0001); continuous positive airway pressure (CPAP), which was associated with the highest risk (aOR, 13.38; 95% CI, 11.57-15.48; *P* < .0001); tracheostomy connected to a MV, which was associated with the next-highest risk (aOR, 8.31; 95% CI, 7.21-9.58; *P* < .0001); endotracheal tube connected to a MV (aOR, 6.76; 95% CI, 6.34-7.21; *P* < .0001); surgical hospitalization (aOR, 1.23; 95% CI, 1.17-1.29; *P* < .0001); admission to a public hospital (aOR, 1.59; 95% CI, 1.35-1.86; *P* < .0001); middle-income country (aOR, 1.22; 95% CI, 15-1.29; *P* < .0001); admission to an adult-oncology ICU, which was associated with the highest risk (aOR, 4.05; 95% CI, 3.22-5.09; *P* < .0001), admission to a neurologic ICU, which was associated with the next-highest risk (aOR, 2.48; 95% CI, 1.78-3.45; *P* < .0001); and admission to a respiratory ICU (aOR, 2.35; 95% CI, 1.79-3.07; *P* < .0001). Admission to a coronary ICU showed the lowest risk (aOR, 0.63; 95% CI, 0.51-0.77; *P* < .0001).

**Conclusions:**Some identified VAP RFs are unlikely to change: sex, hospitalization type, ICU type, facility ownership, and country income level. Based on our results, we recommend focusing on strategies to reduce LOS, to reduce the MV utilization ratio, to limit CPAP use and implementing a set of evidence-based VAP prevention recommendations.

Antibiotics (Basel). 2023 Jan 6;12(1):96. doi: 10.3390/antibiotics12010096.

# Comparison of Lateral Flow Immunochromatography and Phenotypic Assays to PCR for the Detection of Carbapenemase-Producing Gram-Negative Bacteria, a Multicenter Experience in Mexico

**Free PMC article**

## Abstract

The identification of carbapenemase-producing Enterobacterales and *Pseudomonas aeruginosa* is important for treating and controlling hospital infections. The recommended methods for their identification require a long waiting time, technical training, and expertise. Lateral flow immunoassays such as NG-Test CARBA 5® overcome these needs. We analyzed 84 clinical isolates of carbapenem-resistant Enterobacterales and *P. aeruginosa* from four different hospitals in a two-year period. Antimicrobial resistance patterns were confirmed with the broth dilution method. Evaluation of KPC, VIM, NDM, IMP, and OXA-48-like enzymes was performed and compared to NG-Test CARBA 5 and phenotypic assays. Enterobacterales represented 69% of isolates and *P. aeruginosa* represented 31%. Carbapenemase-producing strains were 51 (88%) of Enterobacterales and 23 (88.4%) of *P. aeruginosa*; 20 (34%) and 23 (88%) were Class B ß-lactamases, respectively. The NG-Test CARBA 5® assay for Enterobacterales showed high sensitivity (98%), specificity (100%), and PPV (100%); however, it did not for *P. aeruginosa*. The Kappa concordance coefficient was 0.92 for Enterobacterales and 0.52 for *P. aeruginosa*. NG-Test CARBA 5® is a fast and easy-to-use assay. In Enterobacterales, we found excellent agreement in our comparison with molecular tests. Despite the low agreement in *P. aeruginosa*, we suggest that this test could be used as a complementary tool.

**Keywords:**Enterobacterales; NG-Test CARBA 5®; Pseudomonas aeruginosa; antimicrobial resistance; metallo ß-lactamase.

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**Keywords:**Enterobacterales; NG-Test CARBA 5®; Pseudomonas aeruginosa; antimicrobial resistance; metallo ß-lactamase

NeuroRehabilitation. 2023;52(1):71-81. doi: 10.3233/NRE-210105.

# Psychometric investigation of the affiliate stigma scale in Mexican Parkinson's disease caregivers: Development of a short form

## Abstract

**Background:**Parkinson's disease (PD) caregivers, particularly in Latin America, may experience high levels of affiliate stigma due to their association with a person having a disability. The most common measure used of this construct in the literature, the Affiliate Stigma Scale, was validated using non-standard and questionable methods.

**Objective:**The purpose of this study was to investigate the factor structure and psychometric properties of the Spanish version of the Affiliate Stigma Scale with PD caregivers in Mexico using more widely accepted psychometric approaches including confirmatory and exploratory factor analyses (CFAs, EFAs).

**Methods:**A sample of 148 PD caregivers from Mexico completed this measure, as well as indices of caregiver burden and anxiety.

**Results:**Initial CFAs revealed that the data did not fit either the originally proposed one-factor or three-factor structures. An EFA was then conducted which was unable to discern any factor structure. Upon instituting a stepwise removal alpha-if-item-deleted process, a 5-item Affiliate Stigma Scale Spanish Short Form was retained with an adequate Cronbach's alpha, good convergent validity, and a Short Form CFA generally indicating adequate fit.

**Conclusions:**The new Spanish Affiliate Stigma Scale Short Form holds promise for more appropriately measuring affiliate stigma likely in general but particularly in Spanish and among PD caregivers. The Short Form can assist not only in assessing levels of caregiver affiliate stigma, but in creating novel interventions to help support caregivers and decrease stigma.

**Keywords:**Mexico; Parkinson’s disease; affiliate stigma; caregi

J Viral Hepat. 2023 Jan;30(1):56-63. doi: 10.1111/jvh.13758. Epub 2022 Oct 17.

# Implementation of a re-linkage to care strategy in patients with chronic hepatitis C who were lost to follow-up in Latin America

## Abstract

To achieve WHO's goal of eliminating hepatitis C virus (HCV), innovative strategies must be designed to diagnose and treat more patients. Therefore, we aimed to describe an implementation strategy to identify patients with HCV who were lost to follow-up (LTFU) and offer them re-linkage to HCV care. We conducted an implementation study utilizing a strategy to contact patients with HCV who were not under regular follow-up in 13 countries from Latin America. Patients with HCV were identified by the international classification of diseases (ICD-9/10) or equivalent. Medical records were then reviewed to confirm the diagnosis of chronic HCV infection defined by anti-HCV+ and detectable HCV-RNA. Identified patients who were not under follow-up by a liver specialist were contacted by telephone or email, and offered a medical reevaluation. A total of 10,364 patients were classified to have HCV. After reviewing their medical charts, 1349 (13%) had undetectable HCV-RNA or were wrongly coded. Overall, 9015 (86.9%) individuals were identified with chronic HCV infection. A total of 5096 (56.5%) patients were under routine HCV care and 3919 (43.5%) had been LTFU. We were able to contact 1617 (41.3%) of the 3919 patients who were LTFU at the primary medical institution, of which 427 (26.4%) were cured at a different institutions or were dead. Of the remaining patients, 906 (76.1%) were candidates for retrieval. In our cohort, about one out of four patients with chronic HCV who were LTFU were candidates to receive treatment. This strategy has the potential to be effective, accessible and significantly impacts on the HCV care cascade.

**Keywords:**Latin America; care cascade; elimination; hepatitis C virus; retrieval.

Case Reports

Otolaryngol Case Rep. 2023 Mar;26:100510. doi: 10.1016/j.xocr.2023.100510. Epub 2023 Jan 19.

# Late onset and persistent parosmia and dysgeusia as neurosensorial complication by the SARS virus COV 2

**Free PMC article**

PeerJ.  2023 Jan 17;11:e14411. doi: 10.7717/peerj.14411. eCollection 2023.

# Bacterial incidence and drug resistance from pathogens recovered from blood, cerebrospinal and pleural fluids in 2019-2020. Results of the Invifar network

## Abstract

**Background:**Antimicrobial resistance is a global concern. Analysis of sterile fluids is essential because microorganisms are defined as significant in most cases. Blood, cerebrospinal, and pleural fluids are frequently received in the microbiology lab because they are associated with considerable rates of morbi-mortality. Knowledge of epidemiology in these samples is needed to choose proper empirical treatments due to the importance of reducing selection pressure.

**Methods:**We used retrospective laboratory data of blood, CSF, and pleural fluid collected from patients in Mexico between 2019 and 2020. Each laboratory identified the strains and tested susceptibility using its routine methods. For *Streptococcus pneumoniae*, a comparative analysis was performed with data from the broth microdilution method.

**Results:**Forty-five centers participated in the study, with 30,746 clinical isolates from blood, 2,429 from pleural fluid, and 2,275 from CSF. For blood and CSF, *Staphylococcus epidermidis* was the most frequent. For blood, among gram negatives, the most frequent was *Escherichia coli*. Among *Enterobacterales*, 9.8% of *K. pneumoniae* were carbapenem-resistant*.* For *S. pneumoniae*, similar resistance percentages were observed for levofloxacin, cefotaxime, and vancomycin. For CSF, the most frequent gram-negative was *E. coli.* In *Acinetobacter baumannii*, carbapenem resistance was 71.4%. The most frequent species detected for pleural fluid was *E. coli*; in *A. baumannii*, carbapenem resistance was 96.3%.

**Conclusion:**Gram-negative bacteria, with *E. coli* most prevalent, are frequently recovered from CSF, blood, and pleural fluid. In *S. pneumoniae*, the routine, conventional methods showed good agreement in detecting resistance percentages for erythromycin, levofloxacin, and vancomycin.

**Keywords:**Blood stream infection; Cerebrospinal infection; Drug resistance; Escherichia coli; INVIFAR.

Case Reports

# MASSIVE BILATERAL SEROUS RETINAL DETACHMENT IN A YOUNG PATIENT WITH HYPERTENSIVE CHORIORETINOPATHY AND CHRONIC KIDNEY DISEASE

Affiliations expand

## Abstract

**Purpose:**Report a case of hypertensive chorioretinopathy with massive bilateral serous retinal detachment in a young patient with chronic kidney disease.

**Methods:**Observational case report.

**Results:**An 18-year-old man with Grade 5 chronic kidney disease, systemic high blood pressure, secondary acute pulmonary edema, and acute uremic syndrome was referred to our service complaining of bilateral decreased vision starting one week ago. The patient was treated at that moment with hemodialysis and losartan. At initial examination, the patient's blood pressure was 170/120 mmHg; dilated fundus examination evidenced optic disk edema, hypertensive chorioretinopathy, and massive serous retinal detachment with best-corrected visual acuity of hand motion in both eyes. The case was diagnosed as undertreated hypertension and was referred to the nephrologist for treatment adjustments. At 1-month follow-up, blood pressure was 160/90 mmHg; there was clinical improvement in both eyes but with ischemic sequelae. At the final follow-up 6 months later, blood pressure was 100/60 mmHg, best-corrected visual acuity was 20/80 in the right eye and count fingers at 2 min the left eye, and there was a complete resolution of the retinal serous detachment in both eyes.

**Conclusion:**Patients with massive serous detachments due to systemic hypertension are atypical so it is of immense importance for the ophthalmologists to recognize the ocular manifestations of systemic diseases that put the patient's life at risk as in this case