**Training in Hepatology: From medical school to a Ph.D. and clinical specialty program**

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**Keywords:**Academic medicine; Chronic liver disease; Hepatology; Personalized medicine; Training.

# Factors associated with the severity of road traffic injuries from emergency department based surveillance system in two Mexican cities

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## Abstract

**Background:**Limited data from low- and middle-income countries (LMICs) on the severity of road traffic injuries (RTIs) and their relation to different variables of interest are routinely obtained. Knowledge on this subject relies on evidence from high-income countries, which might not be the same as in LMICs. This information is greatly needed to advance and inform local and regional efforts towards the United Nations' Decade of Action and the Sustainable Development Goals.

**Methods:**From May 2012 to November 2014, a RTI surveillance system was implemented in two referral hospitals in two Mexican cities, León and Guadalajara, with the objective of exploring the relationship between Injury Severity Score (ISS) and different sociodemographic characteristics of the injured as well as different variables related to the event and the environment. All individuals suffering RTIs who visited the Emergency Rooms (ER) were included after granting informed consent. A Zero-Truncated Negative Binomial Model was employed to explore the statistical association between ISS and variables of interest.

**Results:**3024 individuals participated in the study: 2185 (72.3%) patients from León and 839 patients (27.7%) from Guadalajara. Being male, in the 20-59 age-group, having less schooling, events occurring in Guadalajara, on Sundays, at night, and arriving at ER via public/private ambulance were all associated with an increased log count of ISS. Found a significant interaction effect (p-value< 0.05) between type of road user and alcohol intake six hours before the accident on severity of the injury (ISS). The use of illicit drugs, cellphones and safety devices during the event showed no association to ISS.

**Conclusions:**Our study contributes to the statistical analysis of ISS obtained through RTI hospital surveillance systems. Findings might facilitate the development and evaluation of focused interventions to reduce RTIs in vulnerable users, to enhance ER services and prehospital care, and to reduce drink driving.

**Keywords:**Injury severity score; Mexico; Road traffic injuries; Surveillance system.

# Therapeutic response to leflunomide in combo therapy and monotherapy is associated to serum teriflunomide (A77 1726) levels

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## Abstract

There is a significant rate of therapeutic failure in rheumatoid arthritis (RA) patients treated with leflunomide (LEF). This study investigates the utility values of teriflunomide levels (A77 1726) in identifying RA patients who remained with moderate or severe disease activity after the treatment with LEF. In this cross-sectional study, we compared: (a) RA patients who achieved a DAS28-ESR ≤ 3.2, and (b) RA patients who maintained a DAS28-ESR > 3.2 after treatment. ROC curves determined the cut-off of A77 1726 with the better performance to identify patients achieving a DAS28-ESR ≤ 3.2. Of the 115 patients treated with LEF, 69 (60%) remained with moderate/severe disease activity and 46 (40%) achieved low disease activity/remission. Higher A77 1726 levels showed a negative correlation with DAS28-ESR (r = - 0.42, p < 0.001) and other parameters of disease activity. We obtained the following utility values with the cut-off of A77 1726 > 10 µg/mL to identify RA patients who achieved a DAS28-ESR ≤ 3.2: sensitivity of 91.31%; specificity of 73.91%; positive predictive value of 70.00%; and negative predictive value of 92.73%. Serum A77 1726 discriminated between RA patients who remained with moderate/severe disease activity despite the treatment with LEF both as monotherapy and LEF as combo therapy.

# Global Differences in Risk Factors, Etiology, and Outcome of Ischemic Stroke in Young Adults-A Worldwide Meta-analysis: The GOAL Initiative

## Abstract

**Background and objectives:**There is a worldwide increase in the incidence of stroke in young adults, with major regional and ethnic differences. Advancing knowledge of ethnic and regional variation in causes and outcomes will be beneficial in implementation of regional health care services. We studied the global distribution of risk factors, causes, and 3-month mortality of young patients with ischemic stroke, by performing a patient data meta-analysis from different cohorts worldwide.

**Methods:**We performed a pooled analysis of individual patient data from cohort studies that included consecutive patients with ischemic stroke aged 18-50 years. We studied differences in prevalence of risk factors and causes of ischemic stroke between different ethnic and racial groups, geographic regions, and countries with different income levels. We investigated differences in 3-month mortality by mixed-effects multivariable logistic regression.

**Results:**We included 17,663 patients from 32 cohorts in 29 countries. Hypertension and diabetes were most prevalent in Black (hypertension, 52.1%; diabetes, 20.7%) and Asian patients (hypertension 46.1%, diabetes, 20.9%). Large vessel atherosclerosis and small vessel disease were more often the cause of stroke in high-income countries (HICs; both *p* < 0.001), whereas "other determined stroke" and "undetermined stroke" were higher in low and middle-income countries (LMICs; both *p* < 0.001). Patients in LMICs were younger, had less vascular risk factors, and despite this, more often died within 3 months than those from HICs (odds ratio 2.49; 95% confidence interval 1.42-4.36).

**Discussion:**Ethnoracial and regional differences in risk factors and causes of stroke at young age provide an understanding of ethnic and racial and regional differences in incidence of ischemic stroke. Our results also highlight the dissimilarities in outcome after stroke in young adults that exist between LMICs and HICs, which should serve as call to action to improve health care facilities in LMICs.

# Differences in Postoperative Pain, Nausea, and Vomiting After Elective Laparoscopic Cholecystectomy in Premenopausal and Postmenopausal Mexican Women

## Abstract

**Background:**Postoperative symptoms and pain after laparoscopic cholecystectomy (LC) are common in women. However, there is no evidence of differences in incidence and severity among different age groups. We evaluated whether adverse postoperative symptoms were more common in younger than in older women after LC.

**Methods:**One hundred and fifty premenopausal (mean age 37.6 ± 3.6 y) and 145 postmenopausal women (59 ± 5.2 y) were included in this retrospective cohort study. Clinical and anthropometric parameters were analyzed. Study endpoints were the incidences of postoperative nausea and vomiting (PONV) and pain, and the additional analgesics and antiemetics needed after surgery.

**Results:**Body mass index was normal in 42.7% of patients in the younger group and 64.8% in the older group (P < 0.001). Reported pain was more frequent and intense in the younger group throughout the study period (P < 0.01). Additional narcotics were required in 18% of premenopausal versus 7.6% of postmenopausal women (P = 0.001), and the doses used to reduce pain were higher for premenopausal women (P = 0.02). PONV was more frequent in the younger group at 1 and 6 h after surgery (P < 0.005). Rescue antiemetics were required in 29 premenopausal and 13 postmenopausal women (P = 0.01). Hospital stay was shorter for the older patients (P = 0.01). Minor morbidity was observed in both groups (0.7% and 2.1%). There was no mortality.

**Conclusions:**Early PONV and pain after LC were more frequent in premenopausal women, who also required more rescue analgesic and antiemetic medication.

# High-Flow Nasal Cannula Failure Odds is Largely Independent of Duration of Use in COVID-19

No abstract available

**Keywords:**COVID-19; acute hypoxemic respiratory failure; high-flow nasal cannula; invasive mechanical ventilation.