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Research Article

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[Clinico-epidemiological characteristics and survival outcome of patients with hypertensive crisis at Kassala Hospital, Eastern Sudan](#)

Introduction: Hypertensive crisis (HC) is recognized consequence of inadequate blood pressure (BP) control. A hypertensive crisis is further divided into hypertensive emergency (HT-E) and hypertensive urgency (HT-U).

Method: Using a cross-sectional hospital-based study design, patients who had been diagnosed as having HC between January and October 2017 were consecutively recruited in the study. The criteria proposed by the Seventh Joint National Committee were used for the definition of HC.

Result: A total of 81 (.81%) patients newly diagnosed as having HC were enrolled in the study. Of these patients, 50 (61.7 %) patients met criteria for HT-E, while 31 (38.3%) patients had HT-U. Renal impairment (16%), stroke (30.8%), acute coronary syndrome (13.6%) and heart failure (22.2%) were predominant complications associated with HT-E. Out of 81 study subjects, 13 (16%) patients died. Although there was no significant difference in residence, history of smoking, Diabetes mellitus and history of alcohol consumption between groups, old age ($P=.022$), male gender(.046), history of hypertension(.007), history of non-governmental employee(.003), poor compliance ($p=.002$) and high case fatality rate ($p=.041$) were significantly associated with hypertensive emergency (HT-E).

Conclusion: This study showed that HT-E has high case fatality rate among patients admitted with hypertensive crisis at kassala teaching Hospital. Therefore early detection of hypertension and appropriate management are the main stay for reducing morbidity and mortality among patients with hypertensive crisis.

Short Communication

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[Ontario wait time strategy to solve long waiting problem](#)

The Ontario government has been battling with the issue of extensive wait times in hospitals for several years. Although there are many complex reasons that stem off of the issues of wait times, such as available in patient beds and bed blockers (patients who stay in the hospitals for long periods of time after sustaining a massive injury), the primary cause is concentrated as a system wide problem in access to care [1]. Through numerous reforming and restructuring plans, the Ontario government devised a Wait Time Strategy plan to monitor, manage and improve access to health care services including surgeries and time spent in the ER. The strategy was also devised to enhance the efficiency and effectiveness of healthcare provision. The information derived from the results of the Ontario Wait Time Strategy (OWTS) was to be made public to citizens and providers to ensure that everyone is well aware of the results. Yet, it is quite difficult to implement such a strategy if the leadership challenges within the hospital are not addressed [2].

Case Report

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[Challenges in the diagnosis and management of severe Pneumocystis jirovecii pneumonia in a non-HIV-infected patient - A case report](#)

A 64-year-old woman was referred to our hospital due to progressive dyspnoea for the past week, combined with fever and type 1 respiratory failure. White blood cell count and procalcitonin level were normal. The Chest X-ray showed bilateral disseminated pulmonary infiltrates. Within the next 24 hours the patient developed a severe ARDS. A first diagnostic work-up for typical and atypical pathogens as well as serological tests for CMV, RSV, HIV and HSV were negative. Analysis of a second bronchoalveolar lavage fluid revealed *Pneumocystis jirovecii* DNA. The patient was successfully treated with trimethoprim-sulfamethoxazole and off label use with caspofungin. The cause of the infection was a six week treatment with dexamethasone. The patient developed a toxic epidermal necrolysis during further course, but completely recovered.

Pneumonia with *Pneumocystis jirovecii* must also be taken into account in non-HIV patients, whenever there are any indications that cellular immunity may be depressed.

Case Report **Published Date:-2018-10-15 00:00:00**

[Novel Complication of Nusinersen Treatment: Hyponatremia](#)

There are variations in therapeutic regimens of different liver diseases. The accurate diagnosis ensures Nusinersen treatment is a novel therapy for spinal muscular atrophy (SMA) type 1; consequently, the adverse reactions of the therapy, have not been well known, yet. The present study is a case report that declares a hyponatremia development after the nusinersen therapy. Since the therapy is quite new one and has limited practice, we hope that this rare complication will contribute to the scientific literature.

Research Article **Published Date:-2018-09-11 00:00:00**

[Evaluation of unexplained clinical features of hepatic diseases through biopsies among hospitalized children: A cross-sectional study in Lahore, Pakistan](#)

Objectives: There are variations in therapeutic regimens of different liver diseases. The accurate diagnosis ensures prompt recovery from these diseases. The present study aimed to evaluate the underlying causes of unexplained signs and symptoms associated with liver diseases through biopsies.

Methods: A retrospective study was conducted in a public child care specialty of Lahore, Pakistan. The data was collected from medical records of the patients who were index hospitalized with unexplained clinical presentation of liver disease between 1st July, 2017 and 31st December, 2017. Data were analyzed by using Statistical Packages for Social Sciences (IBM SPSS Statistics for Windows, Version 21.0. Armonk, NY: IBM Corp.), and Microsoft Excel (MS Office 2010).

Results: Overall, the records of 53 patients were selected for the study. Most of them were 11 to 15 years of age. The patients were presented with unexplained hepatomegaly (60.4%) and jaundice (40.7%) during index hospitalization which made them eligible for liver biopsy (LB). The findings of LB revealed that the underlying causes of liver diseases in most of the cases were metabolic (33.9%) and inflammatory disorders (22.6%). Majority of the patients were <4 years of age, however cryptogenic cirrhosis (39.1%) was commonly found in >10 years of age. Although most of the patients were suffering from metabolic disorders (p-value=0.07) and liver cirrhosis (p-value=0.08) but these were not statistically significant.

Conclusions: LB was beneficial in evaluating the etiologies of unexplained signs and symptoms of liver diseases. It was found that glycogen storage diseases and liver cirrhosis were the most common etiologies of liver diseases among pediatric patients. But etiologies like metabolic and inflammatory diseases were insignificantly associated with gender.

Letter to Editor **Published Date:-2018-03-16 00:00:00**

[Dependence of the results of treatment of acute pneumonia on the doctrine of the disease](#)

Treatment of various inflammatory processes, including acute pneumonia(?P), over the past decades is identical and does not reflect the specifics of a particular disease. The basis of such treatment is «antibiotics alone». The need for additional therapeutic efforts is realized by the use of General therapeutic techniques, regardless of the diagnosis. This does not take into account the important fact that the localization of inflammation not only determines its clinical picture, but, above all, the mechanisms of influence on other organs and systems of the body.

Research Article

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[Evaluation of Desmin, ?-SMA and hTERT expression in pulmonary fibrosis and lung cancer](#)

Background: Pulmonary fibrosis is a clinical problem with an enigmatic etiology with no effective therapy. Current therapies for lung fibrosis are ineffective for progression of lung fibrosis and preventing respiratory failure.

Objectives: The aim of this study is to explore the expression of Desmin, ?-smooth muscle actin (?-SMA) and the telomerase subunit: human telomerase reverse transcriptase (h-TERT) in a spectrum of lung tissue samples consist of lung fibrosis, lung cancer, and healthy controls.

Materials and Methods: The expression of Desmin, ?-SMA and hTERT were studied in samples of 15 pulmonary fibrosis samples, 16 samples of lung cancer and 14 healthy controls investigated. We evaluated Desmin, ?-SMA as well as the expression of components of telomerase (TERT), by methods: RNA Extraction and cDNA synthesis, Real-Time quantitative PCR, Immunohistochemistry, all prepared from lung tissue paraffin blocked.

Results: ?-SMA marker detected 1(8.3%) of healthy control and 11(91.7%) of lung fibrosis samples. The difference between groups was significant ($p < 0.001$). Also the difference between healthy control 1(6.7%) and lung cancer 14 (93.3%) for ?-SMA marker was a significant ($P < 0.001$). It was a significant difference between healthy control and lung cancer for TERT expression ($P = .005$). TERT was not positive in any sample of neither healthy control nor lung fibrosis. For TERT, it was a significant difference between lung fibrosis and lung cancer by Fisher's Exact Test ($P = .004$). Expression of TERT and ?-SMA between small cell lung cancer (SCLC) and non-small cell lung cancer (NSCLC) was not statistically significant ($P = .700$, $P = 0.758$), respectively.

Conclusions: We recommend more investigation to regard ?-SMA, Desmin in patients with lung fibrosis and follow them for possible cancer risk. Also, more study is needed to regard TERT as a marker in lung cancer. Assessment of these markers may have future implication to explain the same way of pathogenesis and carcinogenesis of fibrosis and cancer and for prevention or treatment
