

Centro de Investigaciones Clínicas

OCTUBRE - DICIEMBRE 2022

Nº 6

Nuestro Ranking 2022



Grupo de Investigación

Investigador Destacado



Dr. Juan E. Gómez M.

"Efficacy of empagliflozin in heart failure with preserved versus mid-range ejection fraction: a pre-specified analysis of EMPEROR-Preserved"

nature medicine

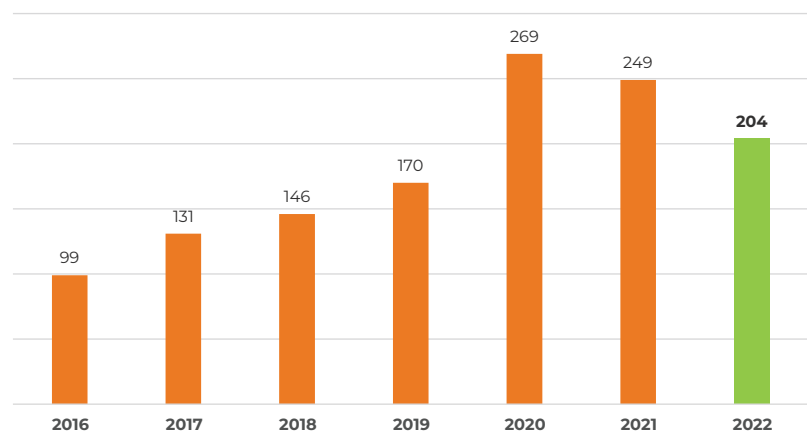
Resultados Trimestre IV de 2022

Mensaje del Subdirector

El año 2022 cerró con excelentes noticias en materia de investigación clínica para la Fundación Valle del Lili. Sumamos 204 publicaciones científicas, un poco menos que en 2021, esto a causa de que el mundo científico vivió un aumento considerable en los tiempos de publicación. El 86% de nuestras publicaciones fueron a revistas indexadas, y de estas, el 42.4% fueron aceptadas en revistas Q1 y el 22% en revistas Q2 de acuerdo a la clasificación Web of Science. Se destaca también la publicación de artículos de investigación en revistas de muy alto impacto como: The Lancet; BMJ; Nature Medicine; Lancet Public Health; Nature; Annals of Internal Medicine; Lancet Global Health. Lo cual elevó nuestro factor de impacto promedio a 11.12 en 2021 en comparación con un valor de 8.37 en 2021. Gracias a todos los investigadores, asistentes de investigación, y personal asistencial y administrativo por este maravilloso logro.



Sergio Prada, PhD.



Comité Editorial

Sergio Prada, PhD.
Subdirector de Investigación e Innovación
D.I. Carlos Andrés Valdés
Diseño

Centro de Investigaciones Clínicas

nature medicine

Q1 91,9
Scopus Impacto



Juan E. Gómez M.
Falla Cardíaca

Efficacy of empagliflozin in heart failure with preserved versus mid-range ejection fraction: a pre-specified analysis of EMPEROR-Preserved

Abstract

The EMPEROR-Preserved trial showed that the sodium–glucose co-transporter 2 inhibitor empagliflozin significantly reduces the risk of cardiovascular death or hospitalization for heart failure (HHF) in heart failure patients with left ventricular ejection fraction (LVEF) > 40%. Here, we report the results of a pre-specified analysis that separately evaluates these patients stratified by LVEF: preserved ($\geq 50\%$) ($n = 4,005$; 66.9%) or mid-range (41–49%). In patients with LVEF $\geq 50\%$, empagliflozin reduced the risk of cardiovascular death or HHF (the primary endpoint) by 17% versus placebo (hazard ratio (HR) 0.83; 95% confidence interval (CI): 0.71–0.98, $P = 0.024$). For the key secondary endpoint, the HR for total HHF was 0.83 (95%CI: 0.66–1.04, $P = 0.11$). For patients with an LVEF of 41–49%, the HR for empagliflozin versus placebo was 0.71 (95%CI: 0.57–0.88, $P = 0.002$) for the primary outcome ($P_{\text{interaction}} = 0.27$), and 0.57 (95%CI: 0.42–0.79, $P < 0.001$) for total HHF ($P_{\text{interaction}} = 0.06$). These results, together with those from the EMPEROR-Reduced trial in patients with LVEF < 40%, support the use of empagliflozin across the full spectrum of LVEF in heart failure.

Nature Medicine | Volume 28 | December 2022 | 2512–2520

Centro de Investigaciones Clínicas

scientific reports

Q1 70,2
Scopus Impacto



Angela M. Marulanda Y.
Cardiología

OPEN **Prospective multicenter study of heart rate variability with ANI monitor as predictor of mortality in critically ill patients with COVID-19**

Abstract

The purpose of this study is to demonstrate that the most critically ill patients with COVID-19 have greater autonomic nervous system dysregulation and assessing the heart rate variability, allows us to predict severity and 30-day mortality. This was a multicentre, prospective, cohort study. Patients were divided into two groups depending on the 30-day mortality. The heart rate variability and more specifically the relative parasympathetic activity (ANIm), and the SDNN (Energy), were measured. To predict severity and mortality multivariate analyses of ANIm, Energy, SOFA score, and RASS scales were conducted. 112 patients were collected, the survival group (n = 55) and the deceased group (n = 57). The ANIm value was higher ($p = 0.013$) and the Energy was lower in the deceased group ($p = 0.001$); Higher Energy was correlated with higher survival days ($p = 0.009$), and a limit value of 0.31 s predicted mortalities with a sensitivity of 71.9% and a specificity of 74.5%. Autonomic nervous system and heart rate variability monitoring in critically ill patients with COVID-19 allows for predicting survival days and 30-day mortality through the Energy value. Those patients with greater severity and mortality showed higher sympathetic depletion with a predominance of relative parasympathetic activity.

Scientific Reports | (2022) 12:21762

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THE LANCET
Global Health

Q1 41,8
Scopus Impacto



Sergio I. Prada R.

Subdirección de Investigación
e Innovación

Assessing performance of the Healthcare Access and Quality Index, overall and by select age groups, for 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019

GBD 2019 Healthcare Access and Quality Collaborators [†] • Show footnotes

Background

Health-care needs change throughout the life course. It is thus crucial to assess whether health systems provide access to quality health care for all ages. Drawing from the Global Burden of Diseases, Injuries, and Risk Factors Study 2019 (GBD 2019), we measured the Healthcare Access and Quality (HAQ) Index overall and for select age groups in 204 locations from 1990 to 2019.

Methods

We distinguished the overall HAQ Index (ages 0–74 years) from scores for select age groups: the young (ages 0–14 years), working (ages 15–64 years), and post-working (ages 65–74 years) groups. For GBD 2019, HAQ Index construction methods were updated to use the arithmetic mean of scaled mortality-to-incidence ratios (MIRs) and risk-standardised death rates (RSDRs) for 32 causes of death that should not occur in the presence of timely, quality health care. Across locations and years, MIRs and RSDRs were scaled from 0 (worst) to 100 (best) separately, putting the HAQ Index on a different relative scale for each age group. We estimated absolute convergence for each group on the basis of whether the HAQ Index grew faster in absolute terms between 1990 and 2019 in countries with lower 1990 HAQ Index scores than countries with higher 1990 HAQ Index scores and by Socio-demographic Index (SDI) quintile. SDI is a summary metric of overall development.

Findings

Between 1990 and 2019, the HAQ Index increased overall (by 19.6 points, 95% uncertainty interval 17.9–21.3), as well as among the young (22.5, 19.9–24.7), working (17.2, 15.2–19.1), and post-working (15.1, 13.2–17.0) age groups. Large differences in HAQ Index scores were present across SDI levels in 2019, with the overall index ranging from 30.7 (28.6–33.0) on average in low-SDI countries to 83.4 (82.4–84.3) on average in high-SDI countries. Similarly large ranges between low-SDI and high-SDI countries, respectively, were estimated in the HAQ Index for the young (40.4–89.0), working (33.8–82.8), and post-working (30.4–79.1) groups. Absolute convergence in HAQ Index was estimated in the young group only. In contrast, divergence was estimated among the working and post-working groups, driven by slow progress in low-SDI countries.

Interpretation

Although major gaps remain across levels of social and economic development, convergence in the young group is an encouraging sign of reduced disparities in health-care access and quality. However, divergence in the working and post-working groups indicates that health-care access and quality is lagging at lower levels of social and economic development. To meet the needs of ageing populations, health systems need to improve health-care access and quality for working-age adults and older populations while continuing to realise gains among the young.

Lancet Glob Health. 2022 Dec;10(12):e1715–e1743.

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Q1
Scopus

20,7
Impacto

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Grupo de Reumatología

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Circulating and skin biopsy-present cytokines related to the pathogenesis of cutaneous lupus erythematosus

Abstract

Cutaneous lupus erythematosus (CLE) is a common disease that may appear as a separate entity from systemic lupus erythematosus (SLE), precede SLE development, or occur as a manifestation of this systemic disease. It has a complex pathophysiology that involves genetic, environmental, and immune-mediated factors creating a self-amplification pro-inflammatory cycle. CLE is characterized by prominent type I interferons (IFNs) inflammation which are considered as the first precursors of the inflammatory cascade generated within the pathophysiology of CLE. TNF- α enhances the production of antibodies through the activation of B cells, and favors the expression of surface nuclear antigens on keratinocytes. UV light exposure favors keratinocyte apoptosis or necroptosis, which results in the release of multiple proinflammatory cytokines, including IL-6, IL-1 α , IL-1 β , TNF- α , IFNs, and CXCL10. Serum levels of IL-17 are elevated in patients with ACLE, SCLE, and DLE. Evidence suggests IL-22 plays a role primarily in tissue repair rather than in inflammation. High expression of BAFF and its receptors have been found in lesioned keratinocytes of patients with CLE, and patients with CLE have lower serum levels of the regulatory cytokines TGF- β and IL-10. The chemokines CXCL9 and CXCL10 (CXCR3 ligands) have an increased expression among these patients, and their expression is correlated with IFNs levels. CXCR3 ligands recruit cytotoxic type I cells through this receptor, further supporting the death of keratinocytes via necroptosis with the subsequent release of eNAs perpetuating the inflammatory cycle. Interface dermatitis is characterized by the presence of CXCR3-positive lymphocytes. This review describes the leading cytokines and chemokines present in the circulation and skin that play a fundamental role in the pathogenesis of CLE.

Autoimmun Rev. 2023 Feb;22(2):103262.

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BMC Part of Springer Nature


Critical Care

Q1
 WoS
 
19,3
 Impacto


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Cuidado Intensivo

A plea for personalization of the hemodynamic management of septic shock

Abstract

Although guidelines provide excellent expert guidance for managing patients with septic shock, they leave room for personalization according to patients' condition. Hemodynamic monitoring depends on the evolution phase: salvage, optimization, stabilization, and de-escalation. Initially during the salvage phase, monitoring to identify shock etiology and severity should include arterial pressure and lactate measurements together with clinical examination, particularly skin mottling and capillary refill time. Low diastolic blood pressure may trigger vasopressor initiation. At this stage, echocardiography may be useful to identify significant cardiac dysfunction. During the optimization phase, echocardiographic monitoring should be pursued and completed by the assessment of tissue perfusion through central or mixed-venous oxygen saturation, lactate, and carbon dioxide veno-arterial gradient. Transpulmonary thermodilution and the pulmonary artery catheter should be considered in the most severe patients. Fluid therapy also depends on shock phases. While administered liberally during the resuscitation phase, fluid responsiveness should be assessed during the optimization phase. During stabilization, fluid infusion should be minimized. In the de-escalation phase, safe fluid withdrawal could be achieved by ensuring tissue perfusion is preserved. Norepinephrine is recommended as first-line vasopressor therapy, while vasopressin may be preferred in some patients. Essential questions remain regarding optimal vasopressor selection, combination therapy, and the most effective and safest escalation. Serum renin and the angiotensin I/II ratio may identify patients who benefit most from angiotensin II. The optimal therapeutic strategy for shock requiring high-dose vasopressors is scant. In all cases, vasopressor therapy should be individualized, based on clinical evaluation and blood flow measurements to avoid excessive vasoconstriction. Inotropes should be considered in patients with decreased cardiac contractility associated with impaired tissue perfusion. Based on pharmacologic properties, we suggest as the first test a limited dose of dobutamine, to add enoximone or milrinone in the second line and substitute or add levosimendan if inefficient. Regarding adjunctive therapies, while hydrocortisone is nowadays advised in patients receiving high doses of vasopressors, patients responding to corticosteroids may be identified in the future by the analysis of selected cytokines or specific transcriptomic endotypes. To conclude, although some general rules apply for shock management, a personalized approach should be considered for hemodynamic monitoring and support.

Crit Care. 2022 Dec 1;26(1):372.

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Q1 Scopus 13,8 Impacto

Damaging variants in *FOXI3* cause microtia and craniofacial microsomia



Harry M. Pachajoa L.
Genética

Purpose

Craniofacial microsomia (CFM) represents a spectrum of craniofacial malformations, ranging from isolated microtia with or without aural atresia to underdevelopment of the mandible, maxilla, orbit, facial soft tissue, and/or facial nerve. The genetic causes of CFM remain largely unknown.

Methods

We performed genome sequencing and linkage analysis in patients and families with microtia and CFM of unknown genetic etiology. The functional consequences of damaging missense variants were evaluated through expression of wild-type and mutant proteins in vitro.

Results

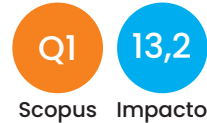
We studied a 5-generation kindred with microtia, identifying a missense variant in *FOXI3* (p.Arg236Trp) as the cause of disease (logarithm of the odds = 3.33). We subsequently identified 6 individuals from 3 additional kindreds with microtia-CFM spectrum phenotypes harboring damaging variants in *FOXI3*, a regulator of ectodermal and neural crest development. Missense variants in the nuclear localization sequence were identified in cases with isolated microtia with aural atresia and found to affect subcellular localization of *FOXI3*. Loss of function variants were found in patients with microtia and mandibular hypoplasia (CFM), suggesting dosage sensitivity of *FOXI3*.

Conclusion

Damaging variants in *FOXI3* are the second most frequent genetic cause of CFM, causing 1% of all cases, including 13% of familial cases in our cohort.

Genet Med. 2023 Jan;25(1):143-150.

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How to perform the one-step conservative surgery for placenta accreta spectrum move by move

Background

There are 3 treatment options for placenta accreta spectrum: cesarean delivery with hysterectomy, expectant management, and uterine-sparing surgical techniques. One-step conservative surgery is the most extensively described conservative surgical technique, and it has extensive evidence supporting its usefulness; however, few groups apply it, most likely because of the misconception that it is a complex procedure that requires extensive training and is applicable to only a few patients.

Objective

This study aimed to evaluate the clinical outcomes of patients undergoing one-step conservative surgery in 4 placenta accreta spectrum reference hospitals and provided detailed steps for successfully applying this type of surgery.

Study design

This was a multicenter, descriptive, prospective study that described the outcomes of patients with placenta accreta spectrum treated in 4 reference hospitals for this condition. The patients were divided into those managed with one-step conservative surgery and those managed with cesarean delivery and hysterectomy.

Results

Overall, 75 patients were included. One-step conservative surgery was possible in 85.3% of placenta accreta spectrum cases (64 patients). Intraoperative staging and placenta accreta spectrum topographic classification allowed for the selection of one-step conservative surgery candidates. The clinical outcomes of the 2 groups were similar, except for the frequency of transfusions (81.8% in the cesarean delivery and hysterectomy group vs 67.2% in the one-step conservative surgery group) and vascular interventions (27.3% in the cesarean delivery and hysterectomy group vs 4.7% in the one-step conservative surgery group), which were both higher in patients who underwent hysterectomy. In addition, the operation time was shorter in the one-step conservative surgery group (164.4 minutes vs 216.5 minutes).

Conclusion

One-step conservative surgery is a valid procedure in most patients with placenta accreta spectrum. It is an applicable technique even in scenarios with limited resources. However, its safe application requires knowledge of the topographic classification and the application of intraoperative staging

Am J Obstet Gynecol MFM. 2022 Nov 11;5(2):100802

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Q1 12,4
Scopus Impacto

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SPECIAL REPORT |  Free Access

Indigenous communities in Colombia: A cultural and holistic view of cancer management

Abstract

Cancer is one of the most burdening global health challenges. Indigenous communities are at high risk for worse healthcare outcomes because of inequalities in the incidence, prevalence, and mortality of oncological diseases, that arise from socioeconomic, racial, cultural, religious beliefs, and ethnic factors. Their perception about themselves is closely related to what affects their territory, making them possess a profound rooted feeling with their surroundings, and intense spiritual beliefs. Consequently, the disease process is linked to physical and emotional imbalances and alterations in their territory. Researchers from the United States, Canada, New Zealand, and Australia have worked diligently to learn about barriers to cancer management among these populations. Unfortunately, robust cancer data is lacking for most of the world's Indigenous, leading to obstacles in information systems and consequently, inequities in healthcare with the perpetuation of the problem. Therefore, a better understanding of cancer as a global health problem is required. Our study aims to propose a holistic and culturally adapted framework to improve cancer health services and outcomes among Indigenous peoples in Colombia.

Int J Cancer. 2022 Dec 21

Centro de Investigaciones Clínicas

Neurology®

Q1
WoS

12,3
Impacto

Autores

Grupo de Neurología

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Safety and Outcome of Revascularization Treatment in Patients With Acute Ischemic Stroke and COVID-19: The Global COVID-19 Stroke Registry

Background and objectives

COVID-19 related inflammation, endothelial dysfunction and coagulopathy may increase the bleeding risk and lower efficacy of revascularization treatments in patients with acute ischemic stroke. We aimed to evaluate the safety and outcomes of revascularization treatments in patients with acute ischemic stroke and COVID-19.

Methods

Retrospective multicenter cohort study of consecutive patients with acute ischemic stroke receiving intravenous thrombolysis (IVT) and/or endovascular treatment (EVT) between March 2020 and June 2021, tested for SARS-CoV-2 infection. With a doubly-robust model combining propensity score weighting and multivariate regression, we studied the association of COVID-19 with intracranial bleeding complications and clinical outcomes. Subgroup analyses were performed according to treatment groups (IVT-only and EVT).

Results

Of a total of 15128 included patients from 105 centers, 853 (5.6%) were diagnosed with COVID-19. 5848 (38.7%) patients received IVT-only, and 9280 (61.3%) EVT (with or without IVT). Patients with COVID-19 had a higher rate of symptomatic intracerebral hemorrhage (SICH) (adjusted odds ratio [OR] 1.53; 95% CI 1.16-2.01), symptomatic subarachnoid hemorrhage (SSAH) (OR 1.80; 95% CI 1.20-2.69), SICH and/or SSAH combined (OR 1.56; 95% CI 1.23-1.99), 24-hour (OR 2.47; 95% CI 1.58-3.86) and 3-month mortality (OR 1.88; 95% CI 1.52-2.33). COVID-19 patients also had an unfavorable shift in the distribution of the modified Rankin score at 3 months (OR 1.42; 95% CI 1.26-1.60).

Discussion

Patients with acute ischemic stroke and COVID-19 showed higher rates of intracranial bleeding complications and worse clinical outcomes after revascularization treatments than contemporaneous non-COVID-19 treated patients. Current available data does not allow direct conclusions to be drawn on the effectiveness of revascularization treatments in COVID-19 patients, or to establish different treatment recommendations in this subgroup of patients with ischemic stroke. Our findings can be taken into consideration for treatment decisions, patient monitoring and establishing prognosis.

Neurology. 2022 Nov 9;10.1212/WNL.000000000201537.

Centro de Investigaciones Clínicas



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Ventilatory Parameters in Obstetric Patients With COVID-19 and Impact of Delivery

A Multicenter Prospective Cohort Study

Background

Current evidence on obstetric patients requiring advanced ventilatory support and impact of delivery on ventilatory parameters is retrospective, scarce, and controversial.

Research question

What are the ventilatory parameters for obstetric patients with COVID-19 and how does delivery impact them? What are the risk factors for invasive mechanical ventilation (IMV) and for maternal, fetal, and neonatal mortality?

Study design and methods

Prospective, multicenter, cohort study including pregnant and postpartum patients with COVID-19 requiring advanced ventilatory support in the ICU.

Results

Ninety-one patients were admitted to 21 ICUs at 29.2 ± 4.9 weeks; 63 patients (69%) had delivered. Maximal ventilatory support was as follows: IMV, 69 patients (76%); high-flow nasal cannula, 20 patients (22%); and noninvasive mechanical ventilation, 2 patients (2%). Sequential Organ Failure Assessment during the first 24 h (SOFA24) score was the only risk factor for IMV (OR, 1.97; 95% CI, 1.29-2.99; $P = .001$). Respiratory parameters at IMV onset for pregnant patients were: mean \pm SD plateau pressure (PP), 24.3 ± 4.5 cm H₂O; mean \pm SD driving pressure (DP), 12.5 ± 3.3 cm H₂O; median static compliance (SC), 31 mL/cm H₂O (interquartile range [IQR], 26-40 mL/cm H₂O); and median Pao₂ to Fio₂ ratio, 142 (IQR, 110-176). Respiratory parameters before (< 2 h) and after (≤ 2 h and 24 h) delivery were, respectively: mean \pm SD PP, 25.6 ± 6.6 cm H₂O, 24 ± 6.7 cm H₂O, and 24.6 ± 5.2 cm H₂O ($P = .59$); mean \pm SD DP, 13.6 ± 4.2 cm H₂O, 12.9 ± 3.9 cm H₂O, and 13 ± 4.4 cm H₂O ($P = .69$); median SC, 28 mL/cm H₂O (IQR, 22.5-39 mL/cm H₂O), 30 mL/cm H₂O (IQR, 24.5-44 mL/cm H₂O), and 30 mL/cm H₂O (IQR, 24.5-44 mL/cm H₂O; $P = .058$); and Pao₂ to Fio₂ ratio, 134 (IQR, 100-230), 168 (IQR, 136-185), and 192 (IQR, 132-232.5; $P = .022$). Reasons for induced delivery were as follows: maternal, 43 of 71 patients (60.5%); maternal and fetal, 21 of 71 patients (29.5%); and fetal, 7 of 71 patients (9.9%). Fourteen patients (22.2%) continued pregnancy after ICU discharge. Risk factors for maternal mortality were BMI (OR, 1.10; 95% CI, 1.006-1.204; $P = .037$) and comorbidities (OR, 4.15; 95% CI, 1.212-14.20; $P = .023$). Risk factors for fetal or neonatal mortality were gestational age at delivery (OR, 0.67; 95% CI, 0.52-0.86; $P = .002$) and SOFA24 score (OR, 1.53; 95% CI, 1.13-2.08; $P = .006$).

Interpretation

Contrary to expectations, pregnant patient lung mechanics were similar to those of the general population with COVID-19 in the ICU. Delivery was induced mainly for maternal reasons, but did not change ventilatory parameters other than Pao₂ to Fio₂ ratio. SOFA24 score was the only risk factor for IMV. Maternal mortality was associated independently with BMI and comorbidities. Risk factors for fetal and neonatal mortality were SOFA24 score and gestational age at delivery.

Chest. 2022 Oct 17;S0012-3692(22)03999-X.

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Q1
Scopus

6,40
Impacto



Rubén E. Lasso P.

Cuidado Intensivo Pediátrico

ONLINE REVIEW ARTICLES

Defining Pediatric Chronic Critical Illness: A Scoping Review*

OBJECTIVES

Children with chronic critical illness (CCI) are hypothesized to be a high-risk patient population with persistent multiple organ dysfunction and functional morbidities resulting in recurrent or prolonged critical care; however, it is unclear how CCI should be defined. The aim of this scoping review was to evaluate the existing literature for case definitions of pediatric CCI and case definitions of prolonged PICU admission and to explore the methodologies used to derive these definitions.

DATA SOURCES

Four electronic databases (Ovid Medline, Embase, CINAHL, and Web of Science) from inception to March 3, 2021.

STUDY SELECTION

We included studies that provided a specific case definition for CCI or prolonged PICU admission. Crowdsourcing was used to screen citations independently and in duplicate. A machine-learning algorithm was developed and validated using 6,284 citations assessed in duplicate by trained crowd reviewers. A hybrid of crowdsourcing and machine-learning methods was used to complete the remaining citation screening.

DATA EXTRACTION

We extracted details of case definitions, study demographics, participant characteristics, and outcomes assessed.

DATA SYNTHESIS


Sixty-seven studies were included. Twelve studies (18%) provided a definition for CCI that included concepts of PICU length of stay ($n = 12$), medical complexity or chronic conditions ($n = 9$), recurrent admissions ($n = 9$), technology dependence ($n = 5$), and uncertain prognosis ($n = 1$). Definitions were commonly referenced from another source ($n = 6$) or opinion-based ($n = 5$). The remaining 55 studies (82%) provided a definition for prolonged PICU admission, most frequently greater than or equal to 14 ($n = 11$) or greater than or equal to 28 days ($n = 10$). Most of these definitions were derived by investigator opinion ($n = 24$) or statistical method ($n = 18$).

CONCLUSIONS

Pediatric CCI has been variably defined with regard to the concepts of patient complexity and chronicity of critical illness. A consensus definition is needed to advance this emerging and important area of pediatric critical care research.

Pediatric Critical Care Medicine 24(2):p e91-e103, February 2023.

Centro de Investigaciones Clínicas

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B-cell activating factor (BAFF) and its receptors' expression in pediatric nephrotic syndrome is associated with worse prognosis

Aim

Immune pathogenesis of nephrotic syndrome (NS) is not completely understood. We aimed to evaluate the expression of B-cell activating factor (BAFF) and its receptors in renal samples from pediatric NS patients and its relationship with renal function survival.

Materials and methods

We conducted an ambispective study on 33 patients with pediatric NS. Immunohistochemistry for BAFF, TACI, BCMA and BR3 was performed. Markers were evaluated on podocytes and interstitial inflammatory infiltrates (III). We performed Kaplan-Meier curves to describe renal function survival according to markers' expression.

Results

Thirty-three NS patients were included. Minimal change disease was seen in 21 (63.6%) patients, and focal segmental glomerulosclerosis in 12 (36.4%). BAFF was found in podocytes (18.2% of samples) and III (36.4% of samples), BAFF-R in one sample, TACI in 4 (podocytes and III), and BCMA in 5 samples of podocytes and 7 of III. BAFF on podocytes and III was associated with worst renal function at follow-up; those patients had 25% probability of having GFR >90 mL/min/1.73m², versus 84.9% when absent ($p = 0.0067$). Patients with BAFF in III had 42.9% probability of having GFR >90 mL/min/1.73 m², versus 94.1% when absent ($p = 0.0063$).

Conclusion

BAFF expression in renal biopsies could be a prognostic factor for renal function. DRS III), and it depends on the clinician's experience. This study aims to propose a machine .

PLoS One. 2022 Nov 18;17(11):e0277800.

Centro de Investigaciones Clínicas



Q1

WoS

4,69

Impacto

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Effect of a model based on education and teleassistance for the management of obstetric emergencies in 10 rural populations from Colombia

Introduction

Pregnant women and health providers in rural areas of low-income and middle-income countries face multiple problems concerning high-quality obstetric care. This study was performed to identify changes in maternal and perinatal indicators after implementing a model based on education and telecare between a high-complexity hospital in 10 low-complexity hospitals in a southwestern region of Colombia.

Methods

A quasiexperimental study with a historic control group and without a pretest was conducted between 2017 and 2019 to make comparisons before and after obstetric emergency care through the use of teleassistance from 10 primary care centers to the referral center (Fundación Valle del Lili, FVL).

Results

A total of 470 patients were treated before teleassistance implementation and 154 patients were treated after teleassistance implementation. After program implementation, the maternal clinical indicators showed a 65% reduction in the number of obstetric patients who were referred with obstetric emergencies. The severity of maternal disease that was measured at the time of admission to level IV through the Modified Early Obstetric Warning System score was observed to decrease.

Conclusion

The implementation of a model based on education and teleassistance between low-complexity hospitals and tertiary care centers generated changes in indicators that reflect greater access to rural areas, lower morbidity at the time of admission, and a decrease in the total number of emergency events.

Digit Health. 2022 Oct 2;8:20552076221129077.

Centro de Investigaciones Clínicas



Autores

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Psychometric properties and construct validity of the Parkinson's Disease-Cognitive Rating Scale (PD-CRS) in Colombia

Background

Cognitive impairment is frequent among people living with Parkinson's disease: up to 40% of patients exhibit symptoms of mild cognitive impairment and 25% meet the criteria for dementia. Parkinson's Disease Cognitive Rating Scale (PD-CRS) is one of the recommended scales by the Movement Disorders Society Task Force for level 1 screening of dementia. However, its psychometric properties have not been studied in the Colombian population.

Methods

A cross-sectional study was conducted on 100 patients with Parkinson's disease diagnosed by a movement disorders neurologist. Patients were evaluated with PD-CRS and MoCA. Principal component analysis was conducted, and then confirmatory factor analysis was implemented through the maximum-likelihood method. Internal consistency was evaluated using Cronbach α . Convergent and divergent validity were also calculated and concurrent validity with the MoCA was assessed.

Results

62% were males. Their median age was 68 years (IQR 57–74) and the median disease duration was 4 years (IQR 2–9). 77% were classified in early stages (Hoehn and Yahr stage ≤ 2), while the MDS-UPDRS part III score was 25 (IQR 15.5–38). In the principal component factor analysis, the pattern matrix unveiled a mnemonic and a non-mnemonic domain. Confirmatory factor analysis showed similar explanatory capacity ($\lambda \geq 0.50$) for items other than naming ($\lambda = 0.34$). Cronbach's α for the full 9-items instrument was 0.74. MoCA and PD-CRS total scores were correlated ($\rho = 0.71$, $p = 0.000$). Assuming a cut-off score of 62 points, there is an agreement of 89% with the definition of dementia by MoCA for Colombia ($\kappa = 0.59$; $p = 0.000$).

Conclusion

PD-CRS has acceptable psychometric properties for the Colombian population and has significant correlation and agreement with a validated scale (MoCA).

Front. Psychol., 01 December 2022

Centro de Investigaciones Clínicas



Q1 4,00
Scopus Impacto



Albaro J. Nieto C.
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Comprehensive surgical staging for placenta accreta spectrum

Objective

To analyze how precise the surgical staging is after prenatal diagnosis of patients with placenta accreta spectrum (PAS).

Material and methods

This was a retrospective cohort study that included 622 women diagnosed with placenta accreta spectrum who underwent surgery between 1 January 2000, and 1 January 2020, in public, private, and university hospitals in Buenos Aires, Argentina. Prenatal diagnosis included abdominal and transvaginal ultrasounds and T2-weighted MRI scans. Comprehensive surgical staging (CSS) was performed by dissecting the coalescence spaces of the pelvic fasciae, including the broad ligament and the colpouterine and retrouterine spaces. Once the compromised uterine wall (lateral, anterior or posterior) was identified, the characteristics of the lesion were evaluated. The lateral invasion was classified as type A when there was no placental tissue in the parametrial zone; type B when the placental tissue protruded laterally and was covered by serosa, and type C when the placental tissue included neofomed vessels. Involvement of the retrovesical space (anterior uterine wall) was classified as type A when no neofomed vessels and no firm adherence between nearby organs were present, type B when the retrovesical area partially adhered but the planes could be dissected, and type C when the lower dissection of the vesicouterine space was extremely adhered or impossible. The posterior uterine aspect was classified after exteriorizing the organ, with the placenta still inside. It was determined as type A when there was no evidence of placental invasion, type B when there was organ adherence or it showed a heterogeneous appearance of the posterior uterine wall above the peritoneal reflection, and type C when there was adherence to other organs or when the invasion or neovascularization was below the peritoneal reflection.

Results


CSS increases the efficacy of prenatal studies, including ultrasound and MRI, by up to 50%. The diagnosis of type 2 (parametrial) PAS or low retrovesical invasion implied an immediate modification of the surgical tactics, vascular control, or a specific type of surgery. Additionally, deep interfacial dissection allowed the identification of healthy uterine tissue, modifying the initial indication of hysterectomy for a conservative reconstructive procedure.

Conclusions

Comprehensive surgical staging of PAS proved to be an excellent tool for determining the extent and specific topography of placental invasion.

J Matern Fetal Neonatal Med. 2022 Dec;35(26):10660-10666.

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 **BMC** Part of Springer Nature

European Journal of Medical Research

Q1 **3,50**
 Scopus Impacto

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Resuscitative endovascular balloon occlusion of the aorta in civilian pre-hospital care: a systematic review of the literature

Background

Resuscitative endovascular balloon occlusion of the aorta (REBOA) is a damage control tool with a potential role in the hemodynamic resuscitation of severely ill patients in the civilian pre-hospital setting. REBOA ensures blood flow to vital organs by early proximal control of the source of bleeding. However, there is no consensus on the use of REBOA in the pre-hospital setting. This article aims to perform a systematic review of the literature about the feasibility, survival, indications, complications, and potential candidates for civilian pre-hospital REBOA.

Methods

A literature search was conducted using Medline, EMBASE, LILACS and Web of Science databases. Primary outcome variables included overall survival and feasibility. Secondary outcome variables included complications and potential candidates for endovascular occlusion.

Results

The search identified 8 articles. Five studies described the use of REBOA in pre-hospital settings, reporting a total of 47 patients in whom the procedure was attempted. Pre-hospital REBOA was feasible in 68–100% of trauma patients and 100% of non-traumatic patients with cardiac arrest. Survival rates and complications varied widely. Pre-hospital REBOA requires a coordinated and integrated emergency health care system with a well-trained and equipped team. The remaining three studies performed a retrospective analysis identifying 784 potential REBOA candidates.

Conclusions

Pre-hospital REBOA could be a feasible intervention for a significant portion of severely ill patients in the civilian setting. However, the evidence is limited. The impact of pre-hospital REBOA should be assessed in future studies.

European Journal of Medical Research volume 27, Article number: 202 (2022)

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Phytotherapy
Research

Q1 9,30
Scopus Impacto



Ana B. Pizarro N.

Asistente de Investigación

REVIEW

The effect of almond intake on cardiometabolic risk factors, inflammatory markers, and liver enzymes: A systematic review and meta-analysis

Abstract

Almond intake may be correlated with improvements in several cardiometabolic parameters, but its effects are controversial in the published literature, and it needs to be comprehensively summarized. We conducted a systematic search in several international electronic databases, including MEDLINE, EMBASE, Scopus, Web of Science, Cochrane Central Register of Controlled Trials, and ClinicalTrials.gov until April 2021 to identify randomized controlled trials that examined the effects of almond consumption on cardiometabolic risk factors, inflammatory markers, and liver enzymes. Data were pooled using the random-effects model method and presented as standardized mean differences (SMDs) with 95% confidence intervals (CIs). Twenty-six eligible trials were analyzed (n = 1750 participants). Almond intake significantly decreased diastolic blood pressure, total cholesterol, triglyceride, low-density lipoprotein (LDL), non-high-density lipoprotein (HDL), and very LDL ($p < 0.05$). The effects of almond intake on systolic blood pressure, fasting blood glucose, insulin, hemoglobin A1c, homeostatic model assessment of insulin resistance, C-peptide, alanine aminotransferase, aspartate aminotransferase, gamma-glutamyl transferase, C-reactive protein (CRP), hs-CRP (high sensitivity C-reactive protein), interleukin 6, tumor necrosis factor- α , ICAM (Intercellular Adhesion Molecule), VCAM (Vascular Cell Adhesion Molecule), homocysteine, HDL, ox-LDL, ApoA1, ApoB, and lipoprotein-a were not statistically significant ($p > .05$). The current body of evidence supports the ingestion of almonds for their beneficial lipid-lowering and antihypertensive effects. However, the effects of almonds on antiinflammatory markers, glycemic control, and hepatic enzymes should be further evaluated via performing more extensive randomized trials.

Phytother Res. 2022 Dec;36(12):4325-4344.

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Listado de Publicaciones Trimestre IV de 2022

ARTICULOS				
Titulo	Autores	Journal	Wos	Scopus
Efficacy of empagliflozin in heart failure with preserved versus mid-range ejection fraction: a pre-specified analysis of EMPEROR-Preserved	Gomez Mesa Juan Esteban	Nature Medicine	Q1	Q1
Prospective multicenter study of heart rate variability with ANI monitor as predictor of mortality in critically ill patients with COVID-19	Marulanda Yanten Angela Maria	Nature	Q1	Q1
Assessing performance of the Healthcare Access and Quality Index, overall and by select age groups, for 204 countries and territories, 1990-2019: a systematic analysis from the Global Burden of Disease Study 2019	Prada Rios Sergio Ivan	Lancet Global Health	Q1	Q1
How to perform one-step conservative surgery for placenta accreta spectrum move by move	Benavides Calvache Juan Pablo; Burgos Luna Juan Manuel; Campos Garcia Clara Ivette ; Lopez Tenorio Jaime Octavio; Messa Bryon Adriana; Nieto Calvache Albaro Jose; Valencia Arcila Luisa Fernanda	American Journal of Obstetrics and Gynecology	Q1	Q1
Indigenous communities in Colombia: A cultural and holistic view of cancer management	Hidalgo Cardona Alejandra; Zambrano Harvey Angela Regina	International journal of cancer	Q1	Q1
Safety and Outcome of Revascularization Treatment in Patients With Acute Ischemic Stroke and COVID-19: The Global COVID-19 Stroke Registry	Amaya Gonzalez Pablo Felipe Ricardo; Arango Sakamoto Akemi; Llanos Leyton Natalia	Neurology	Q1	Q1
Ventilatory Parameters in Obstetric Patients with COVID-19 and Impact of Delivery: A Multicenter Prospective Cohort Study	Escobar Vidarte Maria Fernanda; Nasner Tacan Daniela	Chest	Q1	Q1
B-cell activating factor (BAFF) and its receptors' expression in pediatric nephrotic syndrome is associated with worse prognosis	Jimenez Guerrero Carlos Andres; Nieto Aristizabal Ivana; Restrepo Restrepo Jaime Manuel; Ruiz Ordoñez Ingrid; Tobon Garcia Gabriel Jaime; Torres Canchala Laura Alejandra; Sanchez Tirado Aura Yineth	Plos One	Q2	Q1
Effect of a model based on education and teleassistance for the management of obstetric emergencies in 10 rural populations from Colombia	Carvajal Valencia Javier Andres; Echavarría David María Paula; Escobar Vidarte Maria Fernanda; Gallego Palacio Juan Carlos; Nasner Tacan Daniela ; Riascos Caipe Natalia Catalina; Vasquez Vasquez Hilda Fernanda; Pabon Lozano Stephanie; Martínez Ruiz Diana Marcela; Castro Escobar Zindy Alexandra; Cardona Villalobos Didier Augusto; Castro Valencia Ana Milena	Digital Health	Q1	Q2
Psychometric properties and construct validity of the Parkinson's Disease-Cognitive Rating Scale (PD-CRS) in Colombia	Alvarez Garcia Daniela; Orozco Velez Jorge Luis; Muñoz Ospina Beatriz Elena; Clavijo Moran Hugo Juan Camilo	Frontiers in Psychology	Q1	Q2
Comprehensive surgical staging for placenta accreta spectrum	Nieto Calvache Albaro Jose	Journal of Maternal-Fetal and Neonatal Medicine		Q1

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Association of genetic ancestry with her2 grb7 and estrogen receptor expression among colombian women with breast cancer	Sua Villegas Luz Fernanda	Frontiers in Oncology	Q2	Q2
Performance evaluation of a precision dosing service for vancomycin in a tertiary level pediatric hospital	Echeverry Martinez John Jairo	Revista de la Facultad de Ciencias Medicas de Cordoba		Q3
Effect of biological therapies on TB treatment outcomes	Garcia Goetz Jose Fernando; Tello Cajiao Maria Elena	International Journal of Tuberculosis and Lung Disease	Q3	Q2
Effect of synbiotic bread containing lactic acid on blood lipids and apolipoproteins in patients with type 2 diabetes: A randomized controlled trial	Pizarro Nule Ana Beatriz	Food Science and Nutrition	Q2	Q2
Tofacitinib in the treatment of moderate to severe ulcerative colitis in Colombia: Real world experience	Rojas Rodriguez Carlos Arturo; Rojas Rojas Nelson Enrique	Gastroenterologia y Hepatologia	Q2	Q3
Exploring the relationship between capillary refill time, skin blood flow and microcirculatory reactivity during early resuscitation of patients with septic shock: a pilot study	Ospina Tascon Gustavo Adolfo	Journal of Clinical Monitoring and Computing	Q4	Q2
Dropout risk and effectiveness of retention strategies in the memory advancement by intranasal insulin in type 2 diabetes memaid clinical trial	Isaza Pierotti Daniel Francisco	Contemporary Clinical Trials	Q4	Q2
Cultivating Gratitude in Bereaved Families: Understanding the Impact of the Bereavement Workshop on the Families of Deceased Patients in the Pediatric Palliative Care Program	Alvarez Saa Tatiana; Cuervo Suarez Maria Isabel; Molina Gomez Karen; Duque Nieto Natalia; Devia Zapata Angela Maria; Correa Cardona Isabel Cristina	Illness Crisis and Loss		Q2
Vascular Neonatal Thymus Transplantation in Rabbits	Candelo Gomez Estephania; Tintinago Londoño Luis Fernando; Isaza Pierotti Daniel Francisco	Transplantation Proceedings	Q4	Q3
20 years of experience with the Fontan procedure: characteristics and clinical outcomes of children in a tertiary referral hospital	Gutierrez Gil Jaiber Alberto; Mejia Quiñones Valentina; Mosquera Castillo Walter Fernando ; Torres Canchala Laura Alejandra; Velez Moreno Juan Fernando	Cardiology in the Young	Q4	Q3
Lung ultrasound as a screening tool for SARS-CoV-2 infection in surgical patients	Angel Isaza Ana Maria; Carvajal Gomez Sandra Milena; Chica Yanten Julian; Garcia Marin Alberto Federico; Morell Paz Tatiana ; Revelo Noguera Jorge Armando ; Rodriguez Holguin Fernando ; Serna Arbelaez Jose Julian; Umaña Perea Mauricio; Vargas Morales Carlos Andres	Journal of Clinical Ultrasound	Q4	Q3
Relationship between the Prenatal Diagnosis of Placenta Acreta Spectrum and Lower Use of Blood Components	Nieto Calvache Alvaro Jose; Sinisterra Diaz Stiven Ernesto	Revista Brasileira de Ginecologia e Obstetricia		Q3
Abdominal venous thrombosis in an adult population followed in an anticoagulation clinic	Galindo Coral Stefhanía; Gomez Mesa Juan Esteban; Florez Elvira Liliána Janeth	Revista Colombiana de Cardiologia		Q4
Characteristics and clinical outcomes of patients under 18 years of age treated with extracorporeal membrane oxygenation after surgery for the repair or palliation of congenital heart disease	Burbano Galvis Daniela; Cruz Suarez Gustavo Adolfo; Mejia Quiñones Valentina; Mosquera Alvarez Walter	Revista Colombiana de Cardiologia		Q4

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Oral isotretinoin for treatment of acne vulgaris in a hospital in Latin America	Arias Valderrama Oriana; Sandoval Pereira Fabian	Dermatologia Revista Mexicana		Q4
Incidence of primary patellar dislocation in Colombia	Chica Yanten Julian; Martinez Arboleda Juan Jose; Martinez Cano Juan Pablo; Londoño Uzuriaga Juan Francisco	Revista Colombiana de Ortopedia y Traumatologia		
Covid 19 in kidney transplant recipients a experience in colombia	Duran Rebolledo Carlos Eduardo; Espinosa Cardenas Daniela; Estacio Benavides Mayra Alejandra ; Mesa Ramirez Liliana; Posada Chaves Juan Guillermo; Schweineberg Lopez Johanna; Castro Llanos Andres Mauricio; Manzi Tarapues Eliana	Revista Colombiana de Nefrologia		Q4
Safe and effective re-use policy for high-efficiency filtering facepiece respirators (FFRS): Experience of one hospital during the Covid-19 pandemic in 2020	García García María Paula; Prada Ríos Sergio Ivan; García Diosa Leonardo Fabio; Vivas Salinas Alvaro Jose; Rosero Martinez Erik Orlando; Orrego Florez Marly Suleydi; Candelo Arce Juan Sebastian; España Ortegón Jhon Edinson; Soto Naranjo German Dario; Martinez Guzman Diego Andres	IPeM-Translation		
From a Trauma Center to a Trauma System in Southwest Colombia	Serna Arbelaez Carlos Andres; Serna Arbelaez Jose Julian; Caicedo Ochoa Edgar Yaset; Leib Gil Philip Eduard	Revista Colombiana de Cirugia		Q4
Endoscopic Transsphenoidal Surgery: Factors Associated with Tumor Progression in Pituitary Adenomas	Gempeler Rojas Andres; Lobato Polo Javier Mauricio	SN Comprehensive Clinical Medicine		
REPORTES DE CASO				
Titulo	Autores	Journal	Wos	Scopus
2q37 deletion syndrome in a Colombian patient with macrocephaly: a case report	Pachajoa Londoño Harry Mauricio	BMC Pediatrics	Q3	Q2
Mowat-Wilson Syndrome as a Differential Diagnosis in Patients with Congenital Heart Defects and Dysmorphic Facies	Pachajoa Londoño Harry Mauricio	Pharmacogenomics and Personalized Medicine	Q3	Q3
Neurofibromatosis Type 1 and Hypospadias in a Male 46, XY with a Mutation in the NF1 Gene and a Mutation in NR5A1	Pachajoa Londoño Harry Mauricio; Perafan Valdes Lina María	Pharmacogenomics and Personalized Medicine	Q3	Q3
Acquired butterfly vertebra as a sequela of eosinophilic granuloma	Marquez Garcia Juan Camilo; Moreno Arango Isabella	Skeletal Radiology	Q3	Q2
A Patient with Bone Fragility, Multiple Fractures, Osteosarcoma, and the Variant c.143A>G in the IFITM5 Gene: A Case Report	Pachajoa Londoño Harry Mauricio	Orthopedic Research and Reviews		Q2
Improvement of the autoimmune phenomenon after treatment of primary hyperparathyroidism: Possible role of dynamics of parathyroid hormone-1-receptor in B-lymphocytes	Cañas Davila Carlos Alberto	Journal of Translational Autoimmunity		Q3
Acute appendicitis after closed abdominal trauma: A case report	Mejia Quiñones Valentina; Zuñiga Londoño Natalia Yeritza	Radiology Case Reports		Q4
Foreign accent syndrome secondary to glioblastoma resection; case report and literature review	Shinchi Tanaka Alberto Masaru	Neurologia Argentina		Q4
Unusual presentation of Lutembacher's syndrome	Aristizabal Bolaños Ana Maria; Mosquera Alvarez Walter	Revista Colombiana de Cardiologia		Q4
Forearm alopecia: A diagnostic challenge	Castillo Loaiza Silvana Marcela ; Muñoz Garcia Liliana Eugenia	Piel		Q4

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Colombian consensus on vaccination in patients with chronic kidney disease pacientes con enfermedad renal crónica	Forero Delgadillo Jessica Maria	Revista Colombiana de Nefrologia		Q4
REVISIONES				
Título	Autores	Journal	Wos	Scopus
Circulating and skin biopsy-present cytokines related to the pathogenesis of cutaneous lupus erythematosus	Cañas Davila Carlos Alberto; Erazo Martinez Valeria	Autoimmunity Reviews	Q1	Q1
A plea for personalization of the hemodynamic management of septic shock	Ospina Tascon Gustavo Adolfo	Critical Care	Q1	Q1
The effect of almond intake on cardiometabolic risk factors, inflammatory markers, and liver enzymes: A systematic review and meta-analysis	Pizarro Nule Ana Beatriz	Phytotherapy Research	Q1	Q1
Defining Pediatric Chronic Critical Illness: A Scoping Review	Lasso Palomino Ruben Eduardo	Pediatric Critical Care Medicine	Q2	Q1
Resuscitative endovascular balloon occlusion of the aorta in civilian pre-hospital care: a systematic review of the literature	Garcia Marin Alberto Federico; Ordoñez Delgado Carlos Alberto; Padilla Londoño Natalia ; Rodríguez Holguin Fernando ; Salcedo Cadavid Alexander Ernesto; Caicedo Holguin Isabella; Caicedo Ochoa Edgar Yaset; Clavijo Moran Hugo Juan Camilo	European Journal of Medical Research	Q2	Q1
Biological and Medical Aspects Related to South American Rattlesnake <i>Crotalus durissus</i> (Linnaeus, 1758): A View from Colombia	Cañas Davila Carlos Alberto	Toxins	Q2	Q1
Innovative Methodology for Strengthening a Multidisciplinary Team Approach in Cities in Low- and Middle-Income Countries	Zambrano Harvey Angela Regina	JCO Global Oncology		Q2
Inter-American Society of Cardiology (CIFACAH-ELECTROSIAC) and Latin-American Heart Rhythm Society (LAHRS): multidisciplinary review on the appropriate use of implantable cardioverter-defibrillator in heart failure with reduced ejection fraction	Galindo Coral Stefhanía; Gomez Mesa Juan Esteban; Montes Romero María Claudia; Pava Molano Luis Fernando	Journal of Interventional Cardiac Electrophysiology	Q4	Q2
Association between tampons and toxic shock syndrome in menstruating women: A systematic review and meta-analysis	Ortiz Rojas Helen Johana	Sexologies		Q3
Time-restricted eating: Cardiometabolic effects in overweight adults	Carrera Gil Frank Jesus	Revista chilena de Nutricion		Q4
Systemic Bevacizumab for Recurrent Respiratory Papillomatosis: A Scoping Review from 2009 to 2022	Arias Valderrama Oriana; Candelo Gomez Estefhanía; Olaya Hernandez Manuela; Pachajoa Londoño Harry Mauricio; Torres Canchala Laura Alejandra; Guerra Soto María Angelica	Children	Q2	Q3
REPORTES CORTOS				
Título	Autores	Journal	Wos	Scopus
Damaging variants in FOXI3 cause microtia and craniofacial microsomia	Pachajoa Londoño Harry Mauricio	Genetics in Medicine	Q1	Q1

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Premios y Reconocimientos



Carlos A. Ordóñez D.
Cirugía de Trauma



Felicitaciones al doctor **Carlos Alberto Ordóñez Delgado** en el **Congreso de la Sociedad Panamericana de Trauma** por su contribución al desarrollo de la cirugía de trauma donde recibió el premio **Rao Ivatury Lifetime Award**

Centro de Investigaciones Clínicas

Premios y Reconocimientos



Edgar Y. Caicedo O.

Centro de Investigaciones Clínicas



Reconocimiento al doctor **Edgar Yaset Caicedo** en el **XII Congreso Colombiano de Bancos de Sangre y Medicina Transfusional** por el trabajo *“Análisis de las propiedades celulares, factores de coagulación, y viscoelastometría de la sangre total tratada con leucorreducción y filtro ahorrador de plaquetas conservadas por 21 días”* el cual obtuvo la **Mejor Presentación Oral - Categoría Terapia Transfusional**

Centro de Investigaciones Clínicas

Premios y Reconocimientos



María F. Escobar V.
Ginecología y Obstetricia



Dejamos constancia que el trabajo "PARÁMETROS RESPIRATORIOS E IMPACTO DE LA FINALIZACIÓN DEL EMBARAZO SOBRE LA MECÁNICA PULMONAR Y EVOLUCIÓN MATERNO-FETAL-NEONATAL EN PACIENTES OBSTÉTRICAS CON COVID-19: ESTUDIO DE COHORTE PROSPECTIVO MULTICÉNTRICO" cuyos autores son: D Vasquez, R Giannoni, A Salvatierra, K Cisneros, D Lafosse, F Escobar, M Montenegro, P Juárez, L Visani, V Mandich, E Barrozo, M Kirschbaum, A Das Neves, MF Valenti, MC Canseco, I Romero, P Macharé, A Marquez, E Rodríguez, C Palacio, L Rapela, J Amillategui Scenna, R Nuñez, S Torres, G Plotnikow, MA Gonzalez, L Franconieri, D Nasner, P Okurzaty, AD Intile, ha obtenido el Premio al Mejor Trabajo Clínico, otorgado durante el 32º Congreso Argentino e Internacional de Terapia Intensiva llevado a cabo del 9 al 11 de noviembre en el NH Provincial de la ciudad de Mar del Plata.

Mar del Plata, 11 de noviembre de 2022.


Dra. Rosa Reina
Presidenta 32º Congreso SATI


Dr. Guillermo Chiappero
Presidente SATI

Felicitaciones a las doctoras **María Fernanda Escobar Vidarte** y **Daniela Nasner Tacan** en el **32º Congreso Argentino e Internacional de Terapia Intensiva** por el trabajo "*Parametros respiratorios de la finalización del embarazo sobre la mecanica pulmonar y evolución materna-fetal-neonatal en pacientes obstétricas con COVID-19: Estudio de cohorte prospectivo multicéntrico*" el cual obtuvo el **Mejor Trabajo Clínico**

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Premios y Reconocimientos



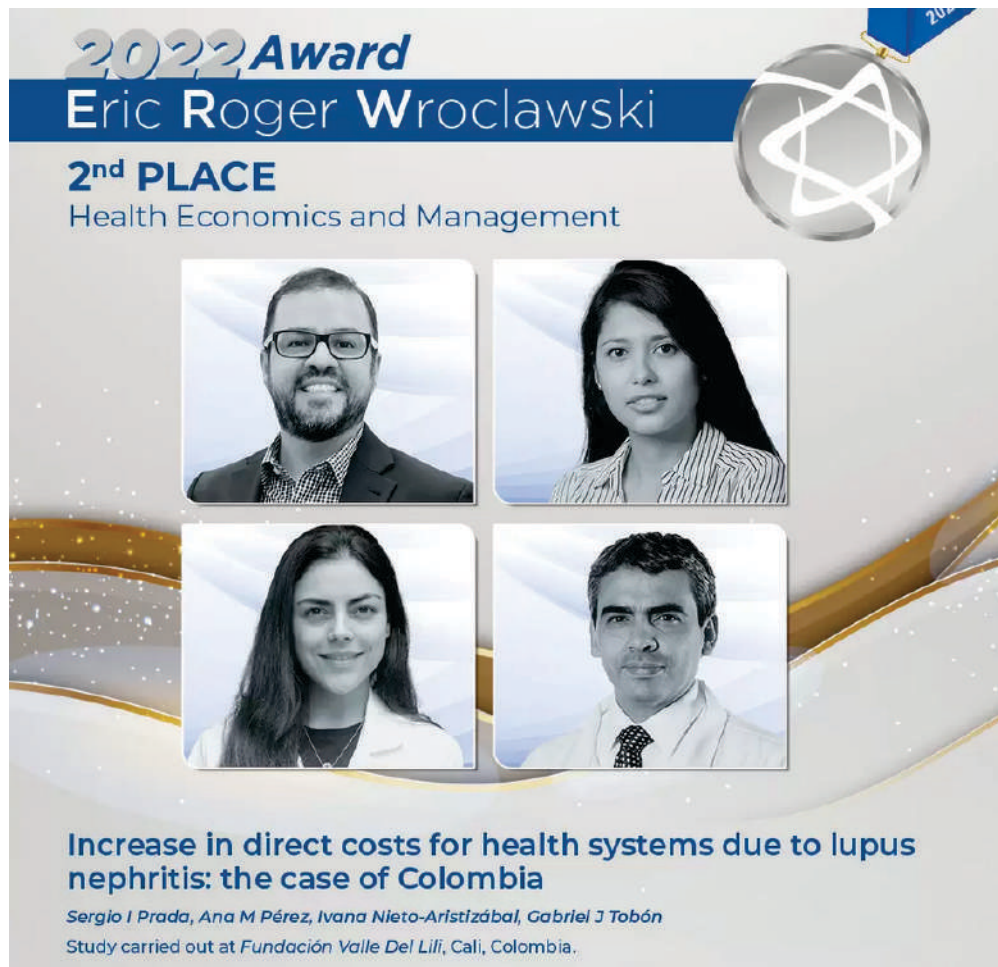
Pablo F. Amaya G.
Neurología



Reconocimiento a los doctores **Pablo Felipe Ricardo Amaya Gonzalez** y **Eder Alejandro Moreno Vargas** en el **XIX Congreso Colombiano de Neurología** al **Primer premio categoría trabajo terminado** por el trabajo: *“Factores Asociados a Caídas en pacientes adultos mayores cons antecedentes de Ataque CerebroVascular en la población colombiana según encuestas SABE (FACACV-SABE)”*.

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Premios y Reconocimientos



Felicitaciones a los doctores **Sergio Iván Prada Ríos, Gabriel Jaime Tobón García e Ivana Nieto Aristizabal** en el **2022 Award - Eric Roger Wroclawski al 2do Puesto - Categoría HEALTH ECONOMICS AND MANAGEMENT** por el trabajo: *“Increase in direct costs for health systems due to lupus nephritis: the case of Colombia”*.

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Premios y Reconocimientos



Fabián E. Ahumada C.
Hematología



Juan C. Bravo O.
Patología



Reconocimiento a los doctores **Fabián Emiliano Ahumada Córdoba, Santiago Quintero Castaño, Andrés Felipe Arbeláez Olivar y Juan Carlos Bravo Ocaña** en el **5to Congreso Nacional de Investigación en Hematología y Oncología ACHO - 5to Concurso de Investigación Hernando Sarasti** al **2do puesto - Hematología - Reporte de caso** por el trabajo: *“Neoplasia Mieloide/Linfoide con Eosinofilia y Rearreglo BCR/FGFR1 con Transformación a Linfoma Linfoblástico T Cortical y precursores Eritroides: Reporte de caso”*.