Cisapride decreases gastric content aspiration in mechanically ventilated patients

ABSTRACT
Our study demonstrates that patients who are kept in a semirecumbent position still experience aspiration of gastric contents. Furthermore, cisapride decreases the amount of air in their abdomen during intubation and mechanical ventilation, potentially preventing ventilator-associated pneumonia. Gastric content aspiration was not completely prevented by cipsapride, even with the patient in the semirecumbent position.

INTRODUCTION
The complication of thrombocytopenia in ICU patients is widely recognized and has been linked to various risk factors, with sepsis being the most frequently observed. The frequency of thrombocytopenia in ICU patients is reported to be between 23 and 41%, with counts falling below 50 109 platelets/l. Moreover, mortality rates are reported as high as 3854%, which is linked to the nadir of the platelet count. Thrombocytopenia has not been clearly linked to higher mortality or transfusion demands in studies conducted over the past decade. This is an important and seemingly uncomplicated issue that remains obscured, partly because of two distinct factors. Firstly, high mortality rates are evident in such patients for various reasons. Thrombocytopenia is frequently observed in critically ill individuals in the ICU, but its impact on mortality is difficult to assess due to the prevalence of severe underlying illness and the fact that it may increase mortality. Thrombocytopenia is a potential cause of mild, moderate, or severe haemorrhagic disorder, which may increase the risk of morbidity and mortality in critically ill surgical patients. The negative impact of anaemia on such patients has also been discussed recently. Thrombocytopenia not only causes a haemostatic effect but also raises the likelihood and severity of specific infections. Despite numerous studies indicating a connection between thrombocytopenia and mortality risk, especially in septic patients, it is uncommon to find independent predictive data for death with the use of multiple logistic regression. The results of previous studies were inconclusive. It remains unclear whether the poorer prognosis is due to thrombocytopenia or the higher mortality caused by this condition, and it is unclear what threshold value for severe ThromboCYP may be. We have suggested that a platelet transfusion outcome is negatively impacted by having an average platelets count of less than 50 109/l. To assess excess mortality, a case-control study is frequently employed, which involves closely matching confounding variables (such as the nature of the underlying disease, reason for hospitalization, etc.). No case-control studies that closely resemble these important variables have been published on morbidity and mortality associated with thrombocytopenia in ICU patients. A case-control study was designed to assess the impact of severe thrombocytopenia (50 109 platelets/l) on mortality and blood product requirements in surgical ICU patients.

CONCLUSION
Findings These studies suggest that PP5 plays a role in regulating GR nucleocytoplasmic shuttling and that the nuclear accumulation of GG is caused by suppressing DP5 expression without any hormone-mediated response. Hence, the previously reported increase in GR-induced transcriptional activity following ISIS 15534 induced suppression of PP5 expression may be due to the nuclear accumulation of highly bound gre (a

type of genetic material) that is capable of binding DNA, but still requires agonist interaction to induce maximum transcriptionally active synthesis. The specific manner in which PP5 hinders the nuclear accumulation of GRs is still unknown, as it remains unclear whether it acts to prevent the nucleus from being expelled.