30541643\_PD.txt

Title: [Efficacy and safety of selective brain hypothermia therapy on neonatal hypoxic-ischemic encephalopathy].

Publication Type: Randomized Controlled Trial

Journal-Name:Zhonghua wei zhong bing ji jiu yi xue

Journal ID: 101604552

Publication date: 2019/03/09 06:00 [medline]

OBJECTIVE: To evaluate the efficacy and safety of selective brain hypothermia (SBH) in the treatment of neonates with moderate or severe neonatal hypoxic-ischemic encephalopathy (HIE), and the effect of SBH treatment on serum levels of <P 0> neuron-specific enolase (NSE) </> and <P 0> central nervous specific protein S100 </>. METHODS: A prospective randomized controlled trial was conducted. From January 2015 to June 2017, 42 children with moderate to severe HIE in the neonatal intensive care unit (NICU) of the First Affiliated Hospital of Bengbu Medical College were enrolled, and they were randomly divided into SBH treatment group and routine treatment group after obtaining the consent of the guardian of the children. The children in routine treatment group were given the traditional symptomatic supportive treatment, supplemented by drugs to promote nerve cell growth. On the basis of traditional treatment, the children in the SBH treatment group were given SBH treatment within 6 hours after birth. The nasopharyngeal temperature was maintained at 33.0-34.5 centigrade and the rectal temperature was maintained at 34.5-35.0 centigrade. The general clinical data of the two groups including gender, gestational age, birth weight, age, 5-minute neonatal asphyxia score (Apgar score), score for neonatal acute physiology perinatal extension version II (SNAPPE II) were collected. The primary outcomes were <P 1> hospitalized death </>, <P 25> severe disability </> at 15 months of age, [T <P 29> neonatal behavioral neurological </> assessment (NBNA)] score at 28 days of age, and [T Bayley scales of <P 25, 29> infant development </> (BSID)] score (including [T <P 29> mental development </> index (MDI)] score and <P 29> psychomotor development </> index (PDI) score) at 15 months of age at follow-up. The secondary outcomes were serum levels of <P 0> neuron-specific enolase </> and <P 0> S100 protein </>. The occurrences of <P 38> adverse events </> in the two groups were recorded. RESULTS: Among 42 HIE children, 1 child of severe congenital malformation and 1 child of platelet count (PLT) < 50x10(9)/L were excluded, and 40 children were enrolled in the study group. During the follow-up period, 2 children of SBH treatment group and 2 children of routine treatment group were lost or the outcome was unknown. Finally, 18 children of each group were enrolled in the analysis. There was no significant difference in the baseline data of gender, gestational age, birth weight, age, 5-minure Apgar score or SNAPPE II score between the two groups, indicating that the baseline data of the two groups were balanced and comparable. The incidence of <P 25> severe disability </> in the SBH treatment group was significantly lower than that in the routine treatment group [5.6% (1/18) vs. 44.4% (8/18), P < 0.05]. There was 1 child <P 1> death </> in the routine treatment group and no death in the SBH treatment group. Compared with the routine treatment group, the 28-day [T <P 29> neonatal behavioral neurological </> assessment] score of the SBH treatment group was increased by 2.9 [95% confidence interval (95%CI) = 1.0-4.8], [T Bayley scales of <P 25, 29> infant development </> (BSID)] score at 15 months of age was improved significantly, [T <P 29> mental development </> index (MDI)] score was increased by 11.8 (95%CI = 4.3-19.3), and [T <P 29> psychomotor development </> index (PDI)] score was increased by 12.4 (95%CI = 2.5-22.3), with significant differences between the two groups (all P < 0.05). After 3 days of treatment, the serum <P 0> neuron-specific enolase </> and <P 0> S100 protein </> levels in both groups were significantly decreased as compared with those before treatment [NSE (mug/L): 30.15+/-15.18 vs. 31.32+/-14.75, S100 (ng/L): 387.5 (273.3, 573.0) vs. 890.0 (590.5, 1 162.5) in routine treatment group; NSE (mug/L): 29.09+/-16.22 vs. 32.25+/-15.43, S100 (ng/L): 402.5 (302.2, 580.5) vs. 842.0 (462.3, 1 200.5) in SBH treatment group, all P < 0.05]. There was no significant difference in serum <P 0> neuron-specific enolase </> or <P 0> S100 protein </> level between the two groups (all P > 0.05). There was no <P 38> serious adverse event </> such as arrhythmia, large vein thrombosis or irreducible hypotension in both groups, and there was no significant difference in the incidence of general <P 38> adverse events </> such as <P 0> sinus bradycardia </>, <P 0> scleredema </>, <P 0> blood glucose disorder </>, or <P 0> systemic infection </> between the two groups [16.7% (3/18) vs. 11.1% (2/18), 5.6% (1/18) vs. 5.6% (1/18), 22.2% (4/18) vs. 11.1% (2/18), 5.6% (1/18) vs. 5.6% (1/18), all P > 0.05]. CONCLUSIONS: SBH treatment could significantly increase the [T <P 29> neonatal behavioral neurological </> assessment] score at 28 days of birth and [T Bayley scales of <P 25, 29> infant development </>] score at 15 months of age, reduce the incidence of <P 25> severe disability </> in moderate and severe HIE children, but it was not be proved that SBH could reduce the <P 1> mortality </>. Compared with routine treatment, SBH treatment had no significant superiority on improving the levels of serum <P 0> neuron-specific enolase </> and <P 0> S100 protein </>, suggesting that SBH could not protect the brain by inhibiting the apoptosis of nerve cells and promoting the repair of nerve cells.

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Title: Hydrogen gas restores exhausted <P 0> CD8+ T cells </> in patients with advanced colorectal cancer to improve prognosis.

Publication Type: Randomized Controlled Trial

Journal-Name:Oncology reports

Journal ID: 9422756

Publication date: 2018/12/14 06:00 [pubmed]

Exhausted cluster of differentiation (CD)8+ T cells lose immunological activity due to mitochondrial dysfunction caused by peroxisome proliferatoractivated receptor gamma coactivator 1alpha (PGC1alpha) inactivation, resulting in a poor prognosis in patients with cancer. As hydrogen gas was recently reported to activate PGC1alpha, the present study investigated whether it restores exhausted <P 0> CD8+ T cells </> to improve prognosis in patients with stage IV colorectal cancer. A total of 55 patients with histologically and clinically diagnosed stage IV colorectal carcinoma were enrolled between July 2014 and July 2017. The patients inhaled hydrogen gas for 3 h/day at their own homes and received chemotherapy at the Tamana Regional Health Medical Center (Tamana, Kumamoto, Japan). The CD8+ T cells were isolated from the peripheral blood and their phenotype was analyzed by flow cytometry. It was found that exhausted terminal programmed cell death 1 (PD1)+ CD8+ T cells in the peripheral blood are independently associated with worse <P 0, 1> progression free survival (PFS) </> and <P 1> overall survival (OS) </>. Notably, hydrogen gas decreased the abundance of exhausted terminal <P 0> PD1+ CD8+ T cells </>, increased that of active terminal <P 0> PD1 CD8+ T cells </>, and improved <P 0, 1> progression free survival (PFS) </> and <P 1> overall survival (OS) </> times, suggesting that the balance between terminal <P 0>(E3) PD1+ and <P 0> PD1 CD8+ cells </> is critical for cancer prognosis. Therefore, a novel system for patient classification (category 14) was developed in the present study based on these two indices to assist in predicting the prognosis and therapeutic response. Collectively, the present results suggested that hydrogen gas reverses imbalances toward <P 0> PD1+ CD8+ T cells </> to provide an improved prognosis.

30543311\_PD.txt

Title: Evaluation of a Single Dose of Azithromycin for Trachoma in Low-Prevalence Communities.

Publication Type: Multicenter Study

Journal-Name:Ophthalmic epidemiology

Journal ID: 9435674

Publication date: 2018/12/14 06:00 [entrez]

PURPOSE: Trachoma, caused by repeated ocular infection with Chlamydia trachomatis, is the leading infectious cause of blindness worldwide and is targeted for elimination as a public health problem. We sought to determine whether a one-time azithromycin mass treatment would reduce <P 0> trachomatous inflammation-follicular (TF) </> levels below the elimination threshold of 5% in communities with disease prevalence between 5 and 9.9%. METHODS: The study was conducted in 96 sub-village units (balozis) in the Kongwa district of Tanzania which were predicted from prior prevalence surveys to have TF between 5 and 9.9%. Balozis were randomly assigned to the intervention and control arms. The intervention arm received a single mass drug administration of azithromycin. At baseline and 12-month follow-up, ocular exams for <P 0> trachoma </>, ocular swabs for detection of <P 0> chlamydial DNA </>, and finger prick blood for analysis of <P 0> anti-chlamydial antibody </> were taken. RESULTS: Comparison of baseline and 12-month follow-up showed no significant difference in the overall <P 0> TF1-9 </> prevalence by balozi between control and treatment arms. In the treatment arm there was a significant reduction of <P 0> ocular infection </> 12 months after treatment (p = 0.004) but no change in the control arm. No change in <P 0> Pgp3-specific antibody responses </> were observed after treatment in the control or treatment arms. <P 0> Anti-CT694 responses </> increased in both study arms (p = 0.009 for control arm and p = 0.04 for treatment arm). CONCLUSION: These data suggest that a single round of MDA may not be sufficient to decrease <P 0> trachomatous inflammation-follicular </> levels below 5% when TF1-9 is between 5 and 9.9% at baseline.

30544376\_PD.txt

Title: The use of ETView endotracheal tube for surveillance after tube positioning in patients undergoing lobectomy, randomized trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2018/12/28 06:00 [medline]

The ETView tracheoscopic ventilation tube (TVT) is a tracheal tube (TT) incorporating a video camera and a light source in its tip. The view from the tip appears continuously on a portable monitor in the anesthesia area. We evaluated the effectiveness and usefulness of the single/double ETView TVT in monitoring the tracheal tube position during general anesthesia undergoing video-assisted thoracoscopic lobectomy.Eighty-three patients with pulmonary bullae (American Society of Anesthesiologists (ASA) I-III) undergoing lobectomy, with general anaesthesia, were included. Patients were randomly assigned to 3 groups, based on the tube ETView double-lumen tube (VDT), ETView single-lumen tube (VST), or traditional double lumen tube (DT).All 83 patients' intubations were successful to <P 32> achieve 1-lung ventilation </>: 74 patients at the first attempt (22/26 in VDT, 26/28 in VST, 26/29 in DT group) and 9 patients at the second attempt. The <P 32> time to achieve 1-lung ventilation </> with the VDT was 58.5 +/- 21.5 (mean +/- SD) seconds, the VST was 38.2 +/- 10.1 (mean +/- SD) seconds, and the DT group was 195.5 +/- 40.3 (mean +/- SD) seconds. During operations, the ETView tubes provided <P 32> continuous airway visualization </> in all patients; a good <P 32> view </> was obtained in 24/25 patients in VDT/VST, moderate in 4/12 patients in VDT/VST, and poor in 1/1 patients in VDT/VST. When the patient left the postanesthesia care unit, all had <P 0> sore throat </> and 26/15/25 patients in VDT/VST/DT group had <P 0> hoarseness </>. All had good <P 32> outcomes of the surgical operations </>.We found the ETView tube to be <P 32> helpful </> in the endotracheal intubation and continuous surveillance of tube position in patients with video-assisted thoracoscopic lobectomy. The ETView single lumen endotracheal tube had fewer associated <P 38> complications </> and is superior to the 2 double-lumen tubes.

30544411\_PD.txt

Title: Comparison of <P 36> analgesic </> efficacy of oxycodone and fentanyl after total hip replacement surgery: A randomized controlled trial.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/01 06:00 [medline]

BACKGROUND: Total hip replacement (THR) is often accompanied by severe postoperative pain. We aimed to study whether oxycodone can be an effective alternative for fentanyl in the management of early postoperative <P 0> pain </> after total hip replacement. METHODS: We conducted a randomized controlled trial on 46 patients scheduled to undergo THR. We followed a standard general anesthetic technique, with endotracheal intubation. Twenty minutes before the end of surgery, single bolus injection of fentanyl, 50 mug (fentanyl group [group F], n = 23) or oxycodone, 4 mg (oxycodone group [group O], n = 23) was administered intravenously. [T Numeric rating scale (NRS)] was used to assess <P 0> pain </> in the post-anesthesia care unit (PACU). All patients had intravenous patient-controlled analgesia (PCA) with 10 mug/kg of fentanyl for 48 hours. Intravenous boluses of 50 mug were administered for breakthrough pain. The cumulative <P 36> opioid dose </> administered at 6, 12, 24, and 48 h after surgery were recorded. A P value of less than .05 was considered statistically significant. RESULTS: The [T Numeric rating scale] of group O in the PACU was significantly lower (P <.05); fewer patients in group O required additional <P 36> fentanyl boluses </> in the PACU (P <.05). The cumulative <P 36> opioid requirement </> was significantly less in group O at 6, 12, 24, and 48 hours after surgery. (P <.05) CONCLUSIONS:: A single bolus injection of oxycodone is more effective than that of fentanyl in the acute phase of postoperative <P 0> pain </> after THR. It may be used as an alternative drug for fentanyl in pain control after orthopedic surgery.

30544421\_PD.txt

Title: Comparison of oncological benefits of deep neuromuscular block in obese patients with gastric cancer (DEBLOQS\_GC study): A study protocol for a double-blind, randomized controlled trial.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/01 06:00 [medline]

PURPOSE: Many studies have demonstrated the advantage of maintaining intraoperative deep neuromuscular block (NMB) with sugammadex. This trial is designed to evaluate the impact of muscle relaxation during laparoscopic subtotal gastrectomy on the oncological benefits, particularly in obese patients with gastric cancer. MATERIALS AND METHODS: This is a double-blind, randomized controlled multicenter prospective trial. Patients with clinical stage I-II gastric cancer with a body mass index of 25 and over, who undergo laparoscopic subtotal gastrectomy will be eligible for trial inclusion. The patients will be randomized into a deep NMB group or a moderate NMB group with a 1:1 ratio. A total of 196 patients (98 per group) are required. The primary endpoint is the number of <P 0> harvested lymph nodes </>, which is a critical index of the quality of surgery in gastric cancer treatment. The secondary endpoints are surgeon's <P 0> surgical condition </> score, patient's <P 0> sedation </> score, and surgical outcomes including <P 0> peak inspiratory pressure </>, <P 32> operation time </>, postoperative <P 0> pain </>, and <P 0> morbidity </>. DISCUSSION: This is the first study that compares deep NMB with moderate NMB during laparoscopic gastrectomy in obese patients with gastric cancer. We hope to show the oncologic benefits of deep NMB compared with moderate NMB during subtotal gastrectomy. TRIAL REGISTRATION NUMBER: ClinicalTrials.gov (NCT03196791), date of registration: October 10, 2017.

30544449\_PD.txt

Title: Comparison the efficacy of hemorrhage control of Surgiflo Haemostatic Matrix and absorbable gelatin sponge in posterior lumbar surgery: A randomized controlled study.

Publication Type: Journal Article

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/01 06:00 [medline]

OBJECTIVE: To compare the <P 0> hemostatic </> effect of hematostatic agent Surgiflo and absorbable gelatin sponge (AGS) in posterior lumbar surgery. METHODS: A total of 60 cases were recruited during August 2016 and June 2017 according to the inclusion and exclusion criteria. Patients were randomly allocated to the Surgiflo Haemostatic Matrix (SHM) group or the AGS group (AGS) by computer-generated randomization codes. The success rates of <P 0> hemostasis </> for 3 minutes and 5 minutes, the <P 32> time of operation </> , the amount of intraoperative <P 0> bleeding </>, the volume of autogenously <P 36> blood transfusion </>, the amount of <P 0> blood </> during hemostasis, the amount of <P 36> blood transfusion </>, and <P 0> BP </>, <P 0> red blood cell count (RBC) </>, <P 0> haematocrit (HCT) </>, <P 0> haemoglobin (HB) </> of preoperative, 2 to 3 days, and 5 to 7 days following operation were recorded to compare. Daily <P 36> drainage </> and all <P 38> adverse events </> after operation were also compared. RESULTS: All the patients were followed up for at least 1 month. The <P 0> red blood cell count </> and <P 0> haematocrit </> of the AGS group before operation were lower than those in the control group (P = .039, P = .029), but there was no difference after operation (P >.05). In the control group, 19 cases were successfully <P 0> hemostatic </> in 3 minutes, 4 cases were successful in 5 minutes, and 7 cases were combined with hemostasis. In the SHM group, it was 22, 3, and 5 cases respectively. There was significant difference in <P 0> blood loss </> during hemostatic process between the 2 groups (P <.001). There was no difference in the amount of <P 0> blood loss </> and autologous <P 36> blood transfusion </> between the 2 groups, and there was no difference in the <P 32> operation time </> between the 2 groups. In the AGS group, <P 36> allogeneic blood </> was infused in 1 case during operation, and no <P 36> allogeneic blood </> was infused in the other patients. The <P 0> drainage volume </> on the 1st day and the 2nd to 4th day after operation in the AGS group was less than that in the control group (P = .015, P = .010). CONCLUSION: Compared with AGS, SHM could decrease the <P 0> blood loss </> during hemostatic process and the postoperative <P 0> drainage volume </> in posterior operation of lumbar degenerative disease. SHM is a safe and effective <P 0> hemostatic </> agent in lumbar posterior surgery.

30544491\_PD.txt

Title: The Effects of Tai Chi on <P 0> Heart Rate Variability </> in Older Chinese Individuals with Depression.

Publication Type: Randomized Controlled Trial

Journal-Name:International journal of environmental research and public health

Journal ID: 101238455

Publication date: 2018/12/04 00:00 [accepted]

Background Very little research has been done to simultaneously investigate the effects of Tai Chi (TC) on depression and heart rate variability (HRV). This study, therefore, attempted to explore the effects of TC on <P 0, 28> depression </> and on <P 0> heart rate variability (HRV) </> parameters. Methods Sixty older individuals with depression score of 10 or above (the [T Geriatric Depression Scale, GDS]) were randomly assigned into two groups: TC (n = 30) and control group (n = 30). Participants in the experimental group participated in a 24-week TC training program (three 60-min sessions per week), whereas individuals in the control group maintained their unaltered lifestyle. <P 0, 28> Depression </> and <P 0> heart rate variability </> were measured using the GDS and digital electrocardiogram at baseline and after the 24-week intervention. Results The TC had produced significant positive chances in <P 0, 28> depression </> and some <P 0> heart rate variability </> parameters (mean <P 0> heart rate </>, <P 0> RMSSD </>, <P 0> HF </>, <P 0> LFnorm </>, and <P 0> HFnorm </>) (p < 0.05), whereas these positive results were not observed in the control group. Conclusions The results of this study indicated that TC may alleviate <P 0, 28> depression </> of the elderly through modulating autonomous nervous system or <P 0> heart rate variability </> parameters. This study adds to a growing body of research showing that TC may be effective in treating depression of the elderly. Tai Chi as a mild to moderate mind-body exercise is suitable for older individuals who suffer from depression.

30544518\_PD.txt

Title: Determinants of Plasma Docosahexaenoic Acid Levels and Their Relationship to <P 29>(E1) Neurological and <P 29> Cognitive Functions </> in PKU Patients: A Double Blind Randomized Supplementation Study.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/11/30 00:00 [accepted]

Children with phenylketonuria (PKU) follow a protein restricted diet with negligible amounts of docosahexaenoic acid (DHA). Low DHA intakes might explain subtle <P 0> neurological deficits </> in PKU. We studied whether a DHA supply modified plasma <P 0> docosahexaenoic acid (DHA) </> and <P 29>(E1) neurological and <P 29> intellectual functioning </> in PKU. In a double-blind multicentric trial, 109 PKU patients were randomized to DHA doses from 0 to 7 mg/kg&amp;day for six months. Before and after supplementation, we determined plasma <P 0> fatty acid </> concentrations, latencies of <P 0> visually evoked potentials </>, <P 25>(E2) fine and <P 25> gross motor behaviour </>, and <P 29> IQ </>. Fatty acid desaturase genotypes were also determined. DHA supplementation increased plasma <P 0> glycerophospholipid DHA </> proportional to dose by 0.4% DHA per 1 mg intake/kg bodyweight. <P 29> Functional </> outcomes were not associated with DHA status before and after intervention and remained unchanged by supplementation. Genotypes were associated with plasma <P 0> arachidonic acid </> levels and, if considered together with the levels of the precursor alpha-linolenic acid, also with <P 0> DHA </>. <P 29> Functional </> outcomes and supplementation effects were not significantly associated with genotype. <P 0> DHA </> intakes up to 7 mg/kg did not improve <P 29> neurological functions </> in PKU children. Nervous tissues may be less prone to low <P 0> DHA </> levels after infancy, or higher doses might be required to impact <P 29> neurological functions </>. In situations of minimal dietary DHA, endogenous synthesis of DHA from alpha-linolenic acid could relevantly contribute to <P 0> DHA </> status.

30544716\_PD.txt

Title: <P 0> Cardiometabolic Health </> in Relation to Lifestyle and Body Weight Changes 3(-)8 Years Earlier.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/11/26 00:00 [accepted]

The degree to which individuals change their <P 25, 33> lifestyle </> in response to interventions differs and this variation could affect <P 0> cardiometabolic health </>. We examined if changes in <P 25> dietary intake </>, <P 25> physical activity </> and <P 0> weight </> of obese infertile women during the first six months of the LIFEstyle trial were associated with <P 0> cardiometabolic health </> 3(-)8 years later (N = 50(-)78). <P 25, 33> Lifestyle </> was assessed using questionnaires and <P 0> weight </> was measured at baseline, 3 and 6 months after randomization. <P 0> BMI </>, <P 0> blood pressure </>, <P 0> body composition </>, <P 0> pulse wave velocity </>, <P 0> glycemic </> parameters and <P 0> lipid </> profile were assessed 3(-)8 years after randomization. Decreases in <P 25> savory and sweet snack intake </> were associated with lower <P 0> HOMA-IR </> 3(-)8 years later, but these associations disappeared after adjustment for current lifestyle. No other associations between changes in <P 25, 33> lifestyle </> or <P 0> body weight </> during the first six months after randomization with <P 0> cardiovascular health </> 3(-)8 years later were observed. In conclusion, reductions in <P 25> snack intake </> were associated with reduced <P 0> insulin resistance </> 3(-)8 years later, but adjustment for current <P 25, 33> lifestyle </> reduced these associations. This indicates that changing <P 25, 33> lifestyle </> is an important first step, but maintaining this change is needed for improving <P 0> cardiometabolic health </> in the long-term.