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کتابخانه

اخبار uptodate در یک نگاه



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در پایگاه uptodate بخشی به نام What's new وجود دارد که ارائه دهنده آخرین اخبار حوزه پزشکی به تفکیک موضوعی است. این بخش شامل 26 مقوله پزشکی است که هر کدام در برگیرنده مهم ترین اطلاعات جدید اضافه شده به پایگاه در هفته های اخیر می باشند. در ادامه همه مقوله هایی که دارای اخبار و اطلاعات جدید در ماه سپتامبر (تا کنون 17 سپتامبر) هستند به ترتیب الفبای عنوان موضوع ارائه شده است.

What's new in cardiovascular medicine September 2020

LIPID DISORDERS

New investigative therapy for patients with homozygous familial hypercholesterolemia (September 2020)

Patients with homozygous familial hypercholesterolemia (HoFH) have markedly elevated low density lipoprotein cholesterol (LDL-C) levels and rarely meet their target LDL-C, even with multidrug therapy that includes a statin, [ezetimibe](#), and a PCSK9 inhibitor. The efficacy and safety of evinacumab, a monoclonal antibody to angiopeptin-like 3 (ANGPTL3), was evaluated in a phase 3 trial of 65 patients with HoFH on stable lipid-lowering therapy who were randomly assigned to an intravenous infusion of this agent or placebo every four weeks [24]. At week 24, patients in the evinacumab group had a greater reduction in LDL-C from baseline compared with those in the placebo group; adverse effects were similar in the two groups. Evinacumab is not yet commercially available, and longer term trials are needed to assess its effects on cardiovascular outcomes

MYOPERICARDIAL DISEASE

Risk of cardiac complications in patients with sarcoidosis (September 2020)

Clinically manifest cardiac sarcoidosis occurs in approximately 5 percent of patients with sarcoidosis, although autopsy and imaging studies suggest that the prevalence of cardiac involvement is higher. In a Danish nationwide registry study, the risk of adverse cardiac outcomes was assessed in nearly 12,000 patients with sarcoidosis and over 47,000 matched control subjects [28]. Compared with control patients, patients with sarcoidosis had a higher 10-year risk of developing heart failure as well as arrhythmic complications. Given the risk of cardiac complications, patients with sarcoidosis with or without cardiac symptoms should be evaluated for cardiac involvement.

What's new in **emergency medicine**

September 2020

ADULT RESUSCITATION

FDA alert against the use of passive protective barriers for intubation in patients with COVID-19 (September 2020)

Multiple prototype devices have been created to protect health care workers from droplet or aerosol contamination during intubation and extubation of patients with COVID-19. However, some of these devices may increase exposure of health care workers and patients to airborne particles and may make intubation more difficult. In August 2020 the US Food and Drug Administration (FDA) issued an [alert](#) recommending against the use of passive protective barriers (ie, those that do not use fans, air filters, or other features that generate negative pressure) when caring for patients with known or suspected COVID-19. We use personal protective equipment for contact, aerosol, and droplet precautions, but do not use protective barriers during airway management for patients with COVID-19

What's new in **family medicine**

September 2020

ADULT GENERAL INTERNAL MEDICINE

Causes of splenic infarction (September 2020)

Infarction of the spleen is rare, and the causes have not been thoroughly documented. A retrospective review has characterized the underlying conditions and presented findings in over 200 individuals [1]. In addition to expected risk factors such as cardioembolic sources and hypercoagulable states, some individuals had abdominal inflammatory and infectious processes such as pancreatitis, sepsis, or peritonitis; celiac or splenic artery atherosclerosis; and malignancy. Only one-third had left upper quadrant pain; the remainder lacked pain or had abdominal pain in other locations. Splenic infarction (and splenic abscess) belong in the differential diagnosis in individuals with these underlying conditions who present with abdominal pain

GYNECOLOGY

New on-demand vaginal contraceptive gel (September 2020)

Individuals desiring vaginal on-demand contraception generally have been limited to products containing [nonoxynol-9](#), which can result in local irritation. Now, a new vaginal pH regulator gel

containing [lactic acid-citric acid-potassium bitartrate](#) (commercial name Phexxi) has been approved by the US Food and Drug Administration for contraceptive use [[108,109](#)]. In a phase 3 study of this gel, the estimated pregnancy rate was approximately 20 to 30 per 100 women years, less than 2 percent of women discontinued use due to an adverse event, and less than 1 percent discontinued due to genitourinary symptoms [[110](#)]. While the estimated pregnancy rate is similar to that of nonoxynol-9 products, findings from this and previous studies suggest that vulvovaginal or partner penile irritation is less common with the new gel

What's new in **hematology**

September 2020

ANEMIA AND OTHER RED CELL DISORDERS

Preoperative IV iron to treat anemia (September 2020)

Surgical blood loss and pre-existing iron deficiency can contribute to perioperative anemia, and a previous trial suggested that intravenous (IV) iron could reduce perioperative transfusion rates. In a larger trial involving nearly 500 individuals undergoing major abdominal surgery who were randomly assigned to receive or not receive IV iron preoperatively, the mean hemoglobin level increased in the IV iron arm, but the transfusion rate was similar between the arms [[4](#)]. The trial was not powered to determine whether transfusion rates would differ in iron-deficient individuals, and approximately one-fifth of participants were already taking oral iron; however, the results suggest that administration of IV iron to all anemic individuals does not reduce transfusions. As with nonsurgical patients, determining the underlying cause of anemia and/or iron deficiency is essential to management

HEMOSTASIS AND THROMBOSIS

Investigational longer half-life factor VIII for hemophilia A (September 2020)

People with severe hemophilia require regular factor infusions for bleeding prophylaxis. Significant efforts have been made to create longer half-life products that reduce the frequency of infusions, but factor VIII products are limited by the half-life of von Willebrand factor (VWF), which stabilizes factor VIII in the circulation. A new product has been designed that bypasses this limitation, using recombinant fusion of factor VIII to VWF and other polypeptides that further extend half-life. In a preliminary study in 16 adults with severe hemophilia A, the half-life of this new factor was three- to four-fold longer than standard recombinant factor VIII [[19](#)]. This new factor could potentially extend the dosing interval from three or four times a week to once-weekly

LYMPHOMAS: HODGKIN AND NON-HODGKIN

Single agent rituximab as effective as obinutuzumab in relapsed follicular lymphoma (September 2020)

[Rituximab](#) has a low toxicity profile and has been shown to delay disease progression in certain populations of patients with relapsed follicular lymphoma (FL). In a randomized phase 3 trial (HOMER) that compared rituximab versus the next generation antibody [obinutuzumab](#) in over 400 patients with relapsed rituximab-sensitive indolent non-Hodgkin lymphoma (98 percent FL), rituximab was at least as effective in terms of overall response rate and progression-free survival, and resulted in a similar incidence of grade 3 or greater adverse events [26]. We continue to suggest single agent rituximab rather than obinutuzumab for patients with relapsed FL who have comorbid conditions that make them poor candidates for chemoimmunotherapy, and those with a low tumor burden and/or disease progressing slowly over years

What's new in infectious diseases September 2020

MYCOBACTERIAL INFECTIONS

Importance of ART and prioritized antituberculous agents in MDR-TB and HIV coinfection (September 2020)

Among patients with multidrug-resistant tuberculosis (MDR-TB), coinfection with HIV has been associated with increased mortality. In a meta-analysis including more than 11,000 adults with MDR-TB, there was more than two-fold greater odds of death among the 33 percent who also had HIV infection [64]. Among those with HIV, the mortality rate was lower in those on antiretroviral therapy (ART). Among those on ART, treatment with [bedaquiline](#) and [linezolid](#), which guidelines prioritize for MDR-TB, was associated with further mortality rate reductions. Based on these findings, important components of MDR-TB and HIV management in adults include ART and access to prioritized antituberculous agents

What's new in nephrology and hypertension September 2020

TRANSPLANTATION

Severity of COVID-19 among solid organ transplant recipients (September 2020)

Solid-organ transplant (SOT) recipients are chronically immunosuppressed and may be at higher risk for severe coronavirus disease 2019 (COVID-19) when compared with the general population. In two large observational studies of SOT recipients with COVID-19, approximately 80 to 90 percent of patients required hospitalization; of those, nearly 40 percent required intensive care and 30 percent required mechanical ventilation [31,32]. At one month, mortality

was higher than 20 percent. While these findings suggest that SOT recipients are at increased risk for poor outcomes, multivariate analyses in both studies found that age and chronic comorbidities were the primary drivers of mortality rather than immunosuppression.

What's new in **oncology** September 2020

MELANOMA AND OTHER SKIN CANCER

Adjuvant targeted therapy for stage III BRAF-mutant melanoma (September 2020)

For patients with *BRAF* V600-positive stage III melanoma, the optimal adjuvant strategy is unknown. In a phase III trial (COMBI-AD) in patients with completely resected, *BRAF* V600-positive stage III melanoma, the combination of the targeted agents [dabrafenib](#) and [trametinib](#) improved both five-year relapse-free survival (52 versus 36 percent) and distant metastasis-free survival (65 versus 54 percent) at five years, relative to placebo [47]. Overall survival data is immature. Although these results are promising, we continue to suggest adjuvant anti-PD-1 therapy rather than targeted therapy for most patients with resected *BRAF*-mutant stage III melanoma, pending further data

What's new in **surgery** September 2020

OTHER GENERAL SURGERY

SARS-CoV-2 detected in peritoneal fluid (September 2020)

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been identified by reverse transcriptase-polymerase chain reaction for the first time in peritoneal fluid [28]. The patient, who had SARS-CoV-2 pneumonia, underwent emergency surgery for small bowel volvulus; no bowel perforation or ischemia was present. The viral load in the peritoneal fluid was higher than that in an upper respiratory sample. When operating on patients with COVID-19, we suggest minimizing smoke plume generated by electrosurgery, using devices to filter aerosolized particles in carbon dioxide, and using N95 masks and face shields, among other personal protective equipment.