

Excessive daytime sleepiness among patients with metabolic syndrome

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Abstract

Background: Metabolic syndrome is a medical disorder that predisposes to cardiovascular diseases. Excessive daytime sleepiness (EDS) is a common finding in patients with metabolic syndrome. Aim: To assess the presence of EDS among subjects with metabolic syndrome and to find its correlations with apnea hypopnea index (AHI), Hamilton depression rating score (HDRS), body mass index (BMI), age and fasting plasma glucose (FPG).

Method: 76 patients with metabolic syndrome were evaluated for EDS by Epworth sleepiness score (ESS) and for sleep apnea by polysomnography.

Results: 22 subjects (28.9%) had EDS, 37 subjects (48.7%) had sleep apnea and 28 subjects (36.8%) had depression. ESS showed no significant association with AHI while it showed significant associations with each of HDRS, BMI, age and FPG. Conclusions: Other explanations of EDS in subjects with metabolic syndrome can be related to obesity, depression, or diabetes rather than to sleep apnea. Subjects with metabolic syndrome should be screened for EDS regardless of sleep apnea.

The Role of Multi-Slice Computed Tomography In The Evaluation of Superior Mediastinal Lesions

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ABSTRACT: multi-detector computed tomography (MDCT) has more advantages over conventional CT as it improves temporal and spatial resolution, increases concentration of intravascular contrast material, decreases image noise also it provides efficient x-ray tube use, and longer anatomic coverage. MDCT can provide more data for better characterization of the superior mediastinal lesion and demonstrating its extent and its relationship to adjacent structures.

AIM OF THE WORK: The aim of this work was to evaluate the role of multi-slice computed tomography in the evaluation of superior mediastinal lesions

MATERIAL AND METHODS: This study included 50 patients with superior mediastinal abnormalities on plain x-ray chest or clinically suspected superior mediastinal lesions with unremarkable x-ray chest , All the studied patients were subjected to the following: Complete history taking, Clinical and relevant laboratory assessment, Multi-slice CT of the chest.

Results: In this study there were 12 patients (24%) with vascular lesions, 11 patients (20%) with gastro-esophageal lesions, 11 patients (22%) with multiple lymphadenopathy, nine patients (20%) with soft tissue mass, six patients (12%) with tracheobronchial lesions, and another patient (2%) with mediastinitis.

Conclusion: MDCT can provide more data for better characterization of the superior mediastinal lesion and demonstrating its extent and its relationship to adjacent structures.

The Role of Multi-Slice Computed Tomography in Diagnosis of Pulmonary Embolism

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Abstract

BACKGROUND: Pulmonary embolism (**PE**) is a common condition with considerable morbidity and mortality. Prompt and accurate diagnosis is difficult because PE may be clinically silent, the symptoms are vague and non-specific, and in addition there is no definitive, non-invasive diagnostic test to establish its diagnosis. Use of high resolution multi-detector **CT** protocols was shown to improve visualization of pulmonary arteries and the detection of small sub-segmental emboli and such small peripheral clots that might have gone unnoticed in the past are now frequently detected, often in patients with minor symptoms.

OBJECTIVES: of this study was to evaluate the role of multi-slice computed tomography in diagnosis of suspected pulmonary embolism.

METHODS: the study had been carried on forty four (**44**) patients with clinical suspicion of pulmonary embolism for evaluation by Multi-Slice **CT** pulmonary angiography.

RESULTS: After examination by MSCT pulmonary angiography, thirty patients were diagnosed PE, and fourteen (14) patients were found free from PE and these cases had a similar clinical presentation as PE and their diagnosis were as follow; five cases were pneumonia, four cases with pleural effusion, one case with pulmonary metastasis, and four cases were normal.

Conclusions: Multi-Slice **CT** pulmonary angiography has become an attractive imaging modality for a safe, highly accurate, cost-effective diagnosis of acute **PE** and provide alternative diagnoses and explanations for symptoms in the absence of **PE**.

Evaluation of Lung ultrasound for the Diagnosis and Follow-Up of Community Acquired Pneumonia

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Abstract:

BACKGROUND: CAP is one of the most common communicable disease recorded worldwide. In an suitable clinical setting, diagnosis of pneumonia is confirmed by a new infiltrate on chest x-ray. Though, due to the procedural limitation of x-ray, computed tomography (CT) is regarded as "gold standard", permitting a diagnosis of pneumonia earlier and with a higher sensitivity and specificity. Limitations of CT involved higher prices, radiation dose, and reduced accessibility. CAP may be diagnosed and followed up by lung sonography (LUS), a method that shows brilliant sensitivity and specificity that is at least similar with that of chest X-ray in two planes.

The aim: of this work was to assess the accuracy of lung ultrasound (LUS) in diagnosis and follow up of community- acquired pneumonia (CAP) in comparison to chest x-ray.

Methods: The current study was carried on 50 adult patients of both sexes suspected to have CAP. The diagnosis of pneumonia was done using history taking, clinical examination, CXR, lung sonography (LUS), and CT in some cases.

Results: This study showed that CAP was confirmed in 37 cases (74%). 34 patients (91.89%) showed positive lung US (true positive LUS), and 32 (86.49%) positive CXR. Sensitivity was (91.89%) specificity (92.31%) and accuracy (92%) with positive predictive value of (97.14%) and negative predictive value of (80%).

Conclusions: This study shows that LUS can help identify adult CAP. The diagnostic accuracy of LUS is similar to CXR in patients with clinically suspected CAP. About 8% of pneumonic lesions are not visible by LUS; thus, LUS does not exclude pneumonia.

Study of ventricular dysfunction in chronic obstructive pulmonary disease patients

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Abstract:

BACKGROUND: COPD affects pulmonary blood vessels, right ventricle, as well as left ventricle leading to the development of pulmonary hypertension, cor-pulmonale, right and left ventricular dysfunction. Echocardiography provides an accurate method to evaluate cardiac functions. Early diagnoses of cardiac comorbidities in COPD would reduce mortalities.

OBJECTIVE: to study ventricular dysfunction in COPD patients.

METHODS: Arterial blood gases, spirometry and echocardiography were done for 100 COPD patients and 10 volunteers and some echocardiographic parameters were correlated with hypoxia and degree of airflow limitation.

RESULTS: The most common finding on echocardiography was had right ventricular diastolic dysfunction (RtVDD) in 39/100, next to which was had left ventricular diastolic dysfunction (LVDD), in 35/100, next to which was right ventricular wall thickness (Rv WT) 34/100, followed by pulmonary hypertension (PH) in 27/100, and left ventricular systolic dysfunction (LVSD) in 2/100.

There is negative correlation between FEV1% predicted and SPAP, and negative correlation between PaO₂ and SPAP.

CONCLUSIONS: Ventricular diastolic dysfunction may start early in the progress of COPD and remain sub-clinical for a long period. Echocardiography should be done for all COPD patients regardless of disease severity.

High-intensity versus low intensity Noninvasive Ventilation in COPD patients with acute hypercapnic respiratory failure

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ABSTRACT: Noninvasive positive pressure ventilation (NPPV) is increasingly utilized in the management of acute hypercapnic respiratory failure with COPD through reduction in work of respiratory muscle, augments alveolar ventilation, and allow oxygenation and resetting of respiratory center. High intensity NPPV using high inspiratory positive air way pressure (IPAP), while low intensity NPPV using low IPAP.

AIM OF THE WORK: was to assess high-intensity NPPV versus low intensity NPPV in management of COPD with acute hypercapnic respiratory failure.

MATERIAL AND METHODS: 40 patients of COPD with acute hypercapnic respiratory failure were classified in to two groups. Group I: 20 patients received high- intensity NPPV (IPAP 20 -40 cm H₂O). Group II: 20 patients received low- intensity NPPV (IPAP less than 18 cm H₂O). Respiratory center drive, inspiratory muscle strength, and Pulmonary functions test were measured before and after setting BiPAP for both groups, arterial blood gases were measured before using BiPAP and at 2 hours,12 hours, 24 hours and 48 hours of using BiPAP.

Results: Respiratory pump functions (P_{0.1}, P_{0.1}/P_{0.1}max% and P_Imax), Pulmonary functions parameters (FVC% of predicted,FEV₁%of predicted and FEV₁/FVC%) and arterial blood gases, were significantly improved after using BiPAP compared to before in both studied groups and were significantly higher in group I compared to group II.

Conclusion: HI-NPPV was more effective in management of acute hypercapnic respiratory failure due to COPD compared to LI- NPPV.

A study of the role of rivaroxaban in management of venous thromboembolism

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Abstract

Background: Over 50 years the research work all over the world was concerning to find out a novel oral heparin to avoid the side effects of conventional anticoagulants as warfarin which requires changes in diet and lifestyle, regular check up, and has a risk of severe hemorrhage , rivaroxaban offers such advantages as oral mode of administration, more predictable anticoagulant response, greater specificity with no need for routine check up and patient monitoring and have a uniform dose .When switching patients from warfarin to Rivaroxaban, warfarin is discontinued and rivaroxaban is started as soon as INR is below 3.0 to avoid periods of inadequate anticoagulation.

Aim of the work: To study the role and suitability of oral rivaroxaban therapy in management of venous thromboembolism in Egyptian patients

Patient and methods: This work was done over 120 mild or minor pulmonary embolism patients, divided into 2 groups, group I included 100 patients received oral rivaroxaban for 1 week, continued with warfarin for 6 months guided with INR measurement, group II included 20 patients who are financially supported and can continue with rivaroxaban for 6 months. The following was done for all patients. Clotting time (CT), D Dimer, INR, APTT, platelet count, complete liver and kidney functions, digital X ray Chest, multi-slice CT angiogram in some cases, ECG, CK MB and troponin when needed.

Results: Our patients were divided into 2 groups, group I included 100 patients 54 males and 46 females with a mean age of 48.3 ± 15.43 and a mean body weight of 84.7 ± 16.4 group II included 20 patients 11 males and 9 females with a mean age of 45.6 ± 12.21 and a mean body weight of 85.2 ± 12 , the recorded side effects were minor bleeding in 11% of the cases of group I and 10% of the cases of group II, headache in 6% of the cases of group I and 5% of the cases of group II, GIT upset in 5% of the cases in both groups, dizziness in 4% of the cases of group I and 5% of the cases of group II and with no statistical significant differences between the 2 arms of the study

Conclusion and recommendation: Rivaroxaban is a rapid onset of anticoagulant, that can be given in fixed doses without routine monitoring. It can replace injectable anticoagulants as an initial treatment in management of patients with mild venous thromboembolism as it is suitable as regard the economic and the health status for the Egyptian patients