1. J Community Health. 2015 Feb;40(1):57-61. doi: 10.1007/s10900-014-9895-x.

Pattern of drug overdose and chemical poisoning among patients attending an emergency department, Western saudi arabia.

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Poisoning is a medical emergency that represent a major health problem all over the world. Studies on drug overdose and chemical poisoning are very limited in Saudi Arabia (SA). We aimed to describe the current pattern and assess risk factors of drug overdose and chemical poisoning in King Khalid National Guard hospital, Jeddah, SA. Medical records of patients attended emergency department in King Khalid National Guard hospital during the period from January 2008 to December 2012 due to drug overdose and chemical poisoning were reviewed. A total of 129 cases were included in the study. The majority of the population was Saudi (97.7 %), and almost half of them were females (54.3 %). Children under 12 years were the most affected age group (44.2 %). Drug overdose was the most common cause of poisoning (92.2 %). Analgesics and non-steroidal anti-inflammatory drugs represented the highest percentage of used medications (20.4 %). The most commonly reported symptoms were symptoms of the central nervous system (57.4 %) followed by GIT symptoms (41.9 %). Intentional poisoning was reported in 34 cases (26.4 %). Female patients were significantly more likely to attempt suicide than male patients (OR = 7.22, 95 % CI = 1.70, 30.62). Children continue to be at high risk for medication and chemical poisoning. Accessibility to medications at homes encountered for most of poisoning cases among children. Implementing methods to raise public awareness and minimize children access to medications would

significantly contribute to reducing burden of this problem on the community.

PMID: 24927975 [PubMed - in process]

2. Urol Ann. 2013 Apr;5(2):61-74. doi: 10.4103/0974-7796.109993.

Antibiotic prophylaxis for transurethral urological surgeries: Systematic review.

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The use of antibiotic prophylaxis to prevent urinary tract infection and bacteremia (sepsis) following endoscopic urologic procedures is a controversial topic. Evidence in the literature revealed that urological instrumentation is associated with increased incidence of urinary tract infection and bacteremia. The aim of this review is to evaluate the effectiveness of antibiotic prophylaxis in reducing the risk of urinary tract infection in patients who had transurethral urological surgeries. We have selected all RCTs of adult population who underwent all different types of transurethral urological surgery, including cystoscopy, transurethral resection of prostate and transurethral resection of bladder tumor, and received prophylactic antibiotics or placebo/no treatment. At first, more than 3000 references were identified and reviewed; of which 42 studies with a

total of 7496 patients were included in the final analysis. All those trials were analyzing antibiotic prophylaxis versus placebo/no treatment, and they were significantly favoring antibiotic use in reducing all outcomes, including bacteriuria (RR 0.36, 95% CI 0.29 to 0.46, P < 0.0001) with moderate heterogeneity detected (I(2) 48%), symptomatic UTI (RR 0.38, 95% CI 0.28 to 0.51, P < 0.0001) with no significant heterogeneity was detected (I(2)= 17%), bacteremia (RR 0.43, 95% CI 0.23 to 0.82, P < 0.0001) with no noted heterogeneity (I(2) = 0%), and fever ≥38.5 Celsius (RR 0.41, 95% CI 0.23 to 0.73, P = 0.003); also, there was no noted heterogeneity (I(2) = 0%). However, using antibiotic prophylaxis did not reduce the incidence of low grade temperature (RR 0.82, 95% CI 0.61 to 1.11, P = 0.20) or in moderate grade temperature (RR 1.03, 95% CI 0.71 to 1.48, P = 0.89). Antibiotic prophylaxis appears to be an effective intervention in preventing urinary tract infections and its sequels following transurethral urological surgeries in patients with preoperative sterile urine.

PMCID: PMC3685747
PMID: 23798859 [PubMed]

3. J Urol. 2011 Jun;185(6 Suppl):2497-500. doi: 10.1016/j.juro.2011.01.020. Epub 2011 Apr 28.

Setting the speed limit: a pilot study of the rate of serum creatinine decrease after endoscopic valve ablation in neonates.

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Comment in

J Urol. 2011 Jun;185(6 Suppl):2501; author reply 2501.

PURPOSE: In neonates with a posterior urethral valve serum creatinine is increased. It decreases after successful relief of obstruction. Clinicians consider urinary diversion if serum creatinine remains increased. However, the optimal rate of decrease of serum creatinine is not defined. We generated useful data on the rate of serum creatinine decrease in neonates with a posterior urethral valve by introducing the idea of a prediction curve.

MATERIALS AND METHODS: We reviewed the medical charts of 15 consecutive children treated for a posterior urethral valve in the neonatal period at our institute between 2002 and 2007. The 11 children with a delayed diagnosis of a posterior urethral valve were excluded from analysis. Serial serum creatinine levels in the cohort of 15 patients were analyzed to estimate 1) the rate of decrease after valve ablation and 2) the time needed to achieve a nadir.

RESULTS: One child died of renal insufficiency on day 10 of life and was excluded from study. Serum creatinine attained a nadir at about age 6 months but 73% of the total decrease occurred within the first 2 months of life, which was also equal to a 45% decrease from the peak values recorded soon after birth. The rate of decrease did not appear to be influenced by the peak values. Children with normal peak creatinine or intercurrent problems did not follow the trend.

CONCLUSIONS: The rate of decrease in serum creatinine in the first few months of life may provide useful information on the adequacy of valve ablation.

PMID: 21555024 [PubMed - indexed for MEDLINE]

4. J Urol. 2010 Oct;184(4 Suppl):1598-603. doi: 10.1016/j.juro.2010.04.021. Epub 2010 Aug 21.

High grade primary vesicoureteral reflux in boys: long-term results of a prospective cohort study.

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Comment in
J Urol. 2010 Oct;184(4 Suppl):1603.

PURPOSE: We evaluated the incidence of new permanent defects in boys with grade 4 or 5 vesicoureteral reflux, identified the risk factors for new permanent defects and reviewed the outcome of different management approaches by assessing the rates of urinary tract infection and new permanent defects.
MATERIALS AND METHODS: This prospective cohort study recruited patients from July 1995 to December 2006. Study inclusion criteria were male gender and grade 4 or 5 primary vesicoureteral reflux. Patients were divided into 2 groups by presentation mode, including group 1-prenatal reflux diagnosis and group 2-reflux diagnosed after investigation for urinary tract infection. All patients underwent initial renal (99m)Tc-dimercapto-succinic acid scan evaluation. Continuous antibiotic prophylaxis was given in all patients until at least age 2 years.

Surgical correction for reflux was done in 28 patients and 76 were circumcised. Followup included renal (99m)Tc-dimercapto-succinic acid scan with renal ultrasound at age 12 months with repeat (99m)Tc-dimercapto-succinic acid scan at ages 2 and 4 years.

RESULTS: Included in our study were 151 patients (206 high grade refluxing renal units) with a median age at diagnosis of 1.9 months (range 1 day to 8.8 years). Median age at first followup was 14 months (range 3 months to 3 years) and at next followup it was 39 months (range 10 months to 11.3 years). There were 52 boys (34%) in group 1 and 99 (66%) in group 2. Baseline perfusion defects on initial renal (99m)Tc-dimercapto-succinic acid scan were identified in 41 of 52 boys (78.8%) in group 1 and in 74 of 99 (74.7%) in group 2. During followup new permanent defects developed in 8 of 52 boys (15%) in group 1 and in 10 of 99 (10%) in group 2. In 18 patients a total of 20 renal units showed new permanent defects, including 13 in kidneys with baseline perfusion defects and 7 in previously normal kidneys ($p > 0.9$). In groups 1 and 2 combined infection developed before and after circumcision in 62 of 137 (45.2%) and 5 of 74 cases (6.7%), respectively ($p < 0.001$). New permanent defects were seen in 4 of 76 circumcised (5.2%) and in 14 of 137 uncircumcised boys (10.2%) ($p > 0.3$).

CONCLUSIONS: Baseline perfusion defects were seen on (99m)Tc-dimercapto-succinic acid scan at presentation in 115 of our 151 patients (76%) independent of presentation mode. New permanent defects developed in abnormal and previously normal kidneys, and were associated with urinary tract infection. Being circumcised was associated with fewer urinary tract infections and a lower incidence of observed new permanent defects (5.2% vs 10.2%).

PMID: 20728178 [PubMed - indexed for MEDLINE]