



**UFR DE MÉDECINE
ET DES PROFESSIONS PARAMÉDICALES**
Université Clermont Auvergne



ACTUALITÉS SCIENTIFIQUES EN MÉDECINE D'URGENCE

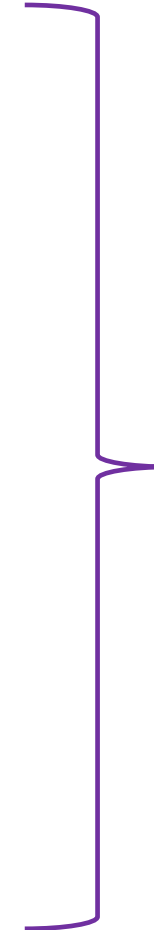


Jean-Baptiste Bouillon-Minois
Médecin Urgentiste

CONFLITS D'INTÉRÊTS



SANOFI AVENTIS FRANCE	avantage	18 mars 2015	Autre	20€
SANOFI AVENTIS FRANCE	avantage	24 mars 2015	Autre	19€
SANOFI AVENTIS FRANCE	avantage	22 avril 2015	Autre	19€
SANOFI AVENTIS FRANCE	avantage	12 octobre 2017	Autre	40€
PFIZER SAS	avantage	12 décembre 2017	Autre	35€
ASTRAZENECA	convention	6 mai 2019	Hospitalité	57€



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emergency medicine

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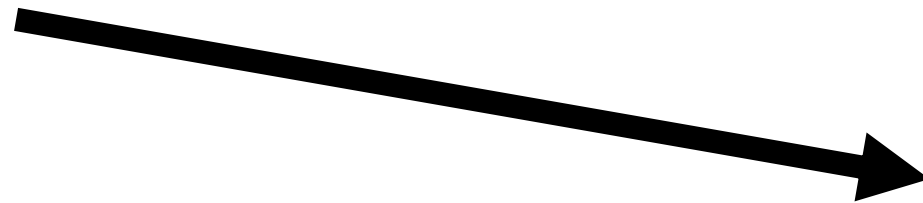
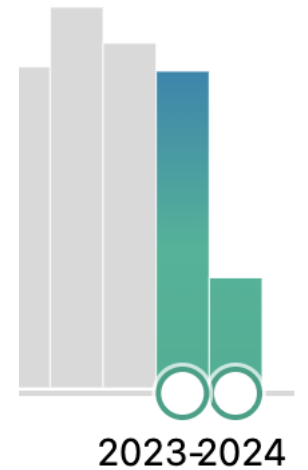
285,584 results

Page 8 of 28,559



MY NCBI FILTERS

- All (285,584)
- clinical trial (10,655)
- Free Full Text (147,028)
- Review (31,664)



- All (42,293)
- clinical trial (986)
- Free Full Text (26,225)
- Review (4,631)



JAMA Internal Medicine | [Original Investigation](#)

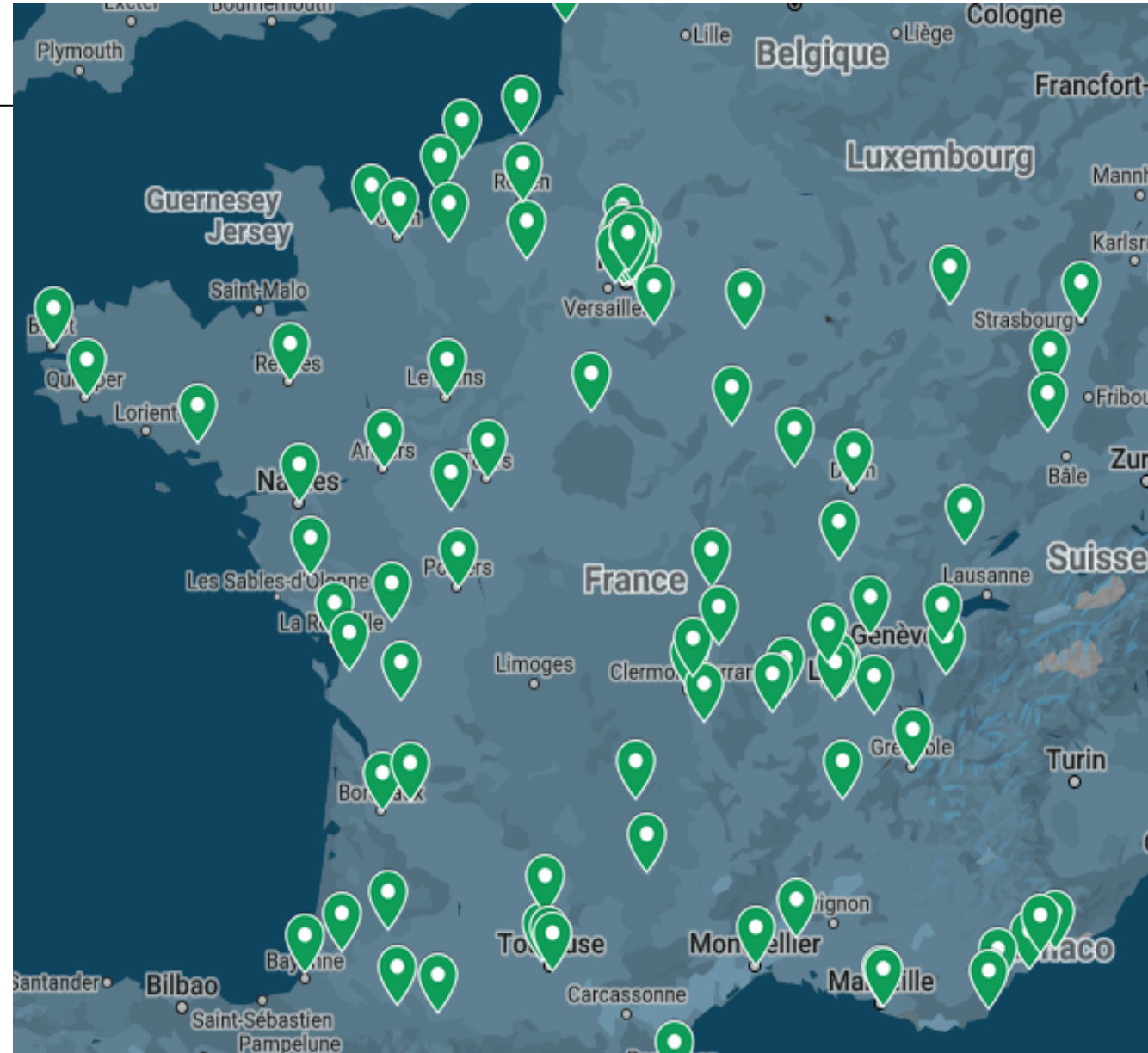
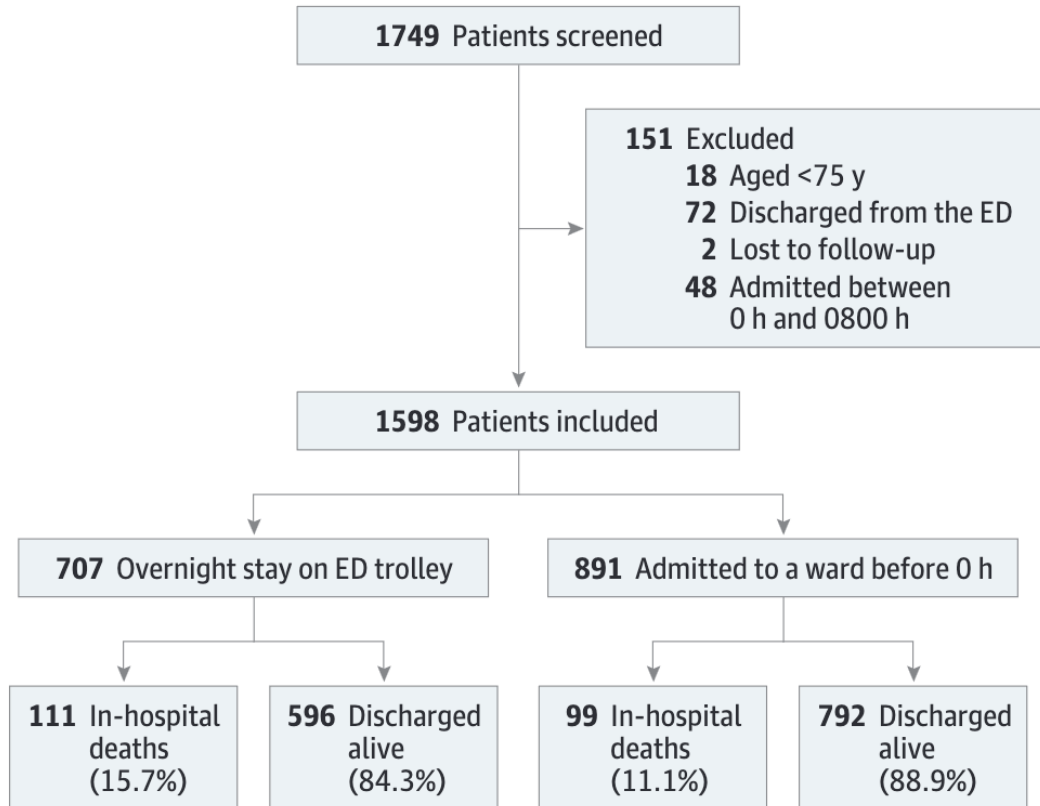
Overnight Stay in the Emergency Department and Mortality in Older Patients

Melanie Roussel, MD; Dorian Teissandier, MD; Youri Yordanov, MD, PhD; Frederic Balen, MD; Marc Noizet, MD; Karim Tazarourte, MD, PhD; Ben Bloom, MD, PhD; Pierre Catoire, MD; Laurence Berard, MD; Marine Cachanado, MSc; Tabassome Simon, MD, PhD; Said Laribi, MD, PhD; Yonathan Freund, MD, PhD; for the FHU IMPEC-IRU SFMU Collaborators

97 Services d'Urgences

1 598 Patients

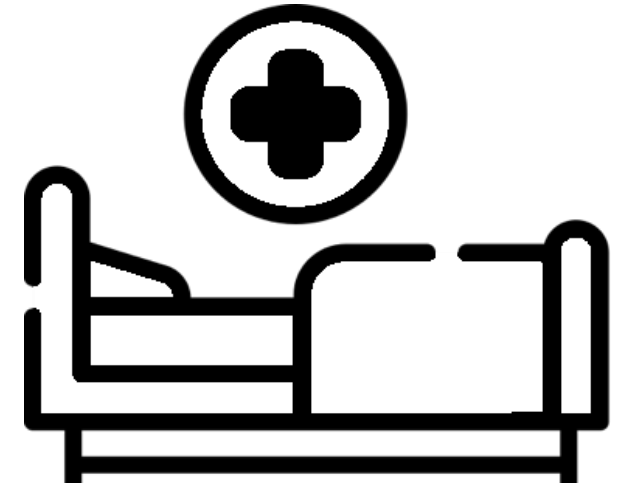
Figure. Flow Diagram of Study Patients



Mortalité à 30 jours



15.7%



11.1%

Adjusted Risk Ratio* : About 1.4

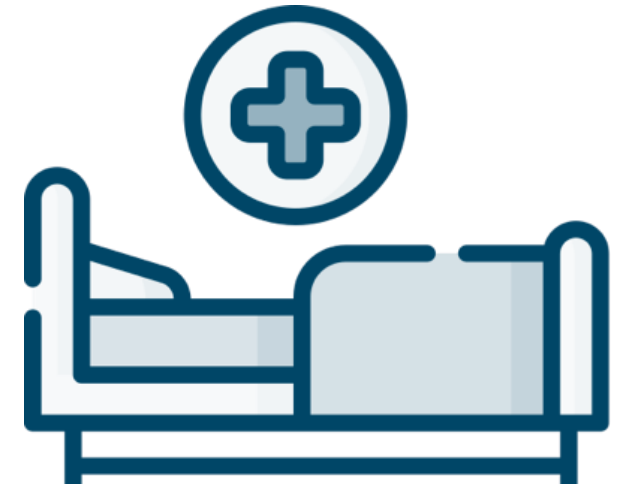
* Ajustement sur l'âge, Charlson, GIR, ... + d'autres modèles

Mortalité à 30 jours

GIR ≤ 4



26.6%



14.7%

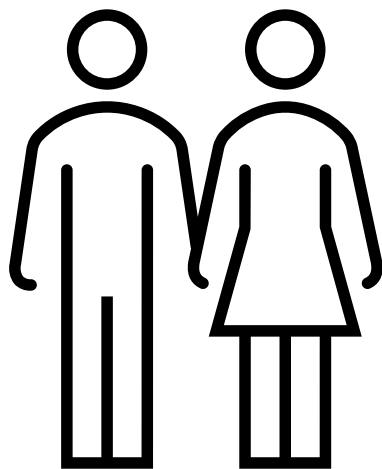
a-RR about 2

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

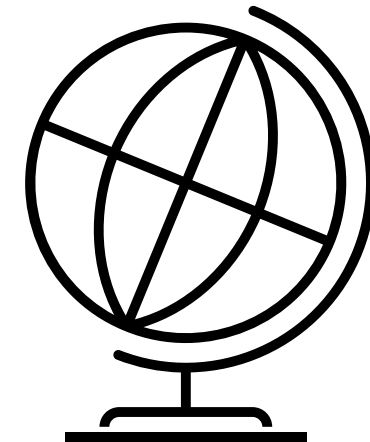
Prehospital Tranexamic Acid for Severe Trauma

The PATCH-Trauma Investigators and the ANZICS Clinical Trials Group DOI: 10.1056/NEJMoa2215457



Traumatisé sévère défini par le score COAST > 2

- Incarcération
- PAS < 100 mmHg (2 points si < 90 mmHg)
- T°C < 35°C (2 points si < 32°C)
- Suspicion de pneumothorax
- Suspicion de lésion intra-abdominale ou pelvienne



Adultes

Etude internationale

Double aveugle, contrôlée, randomisée

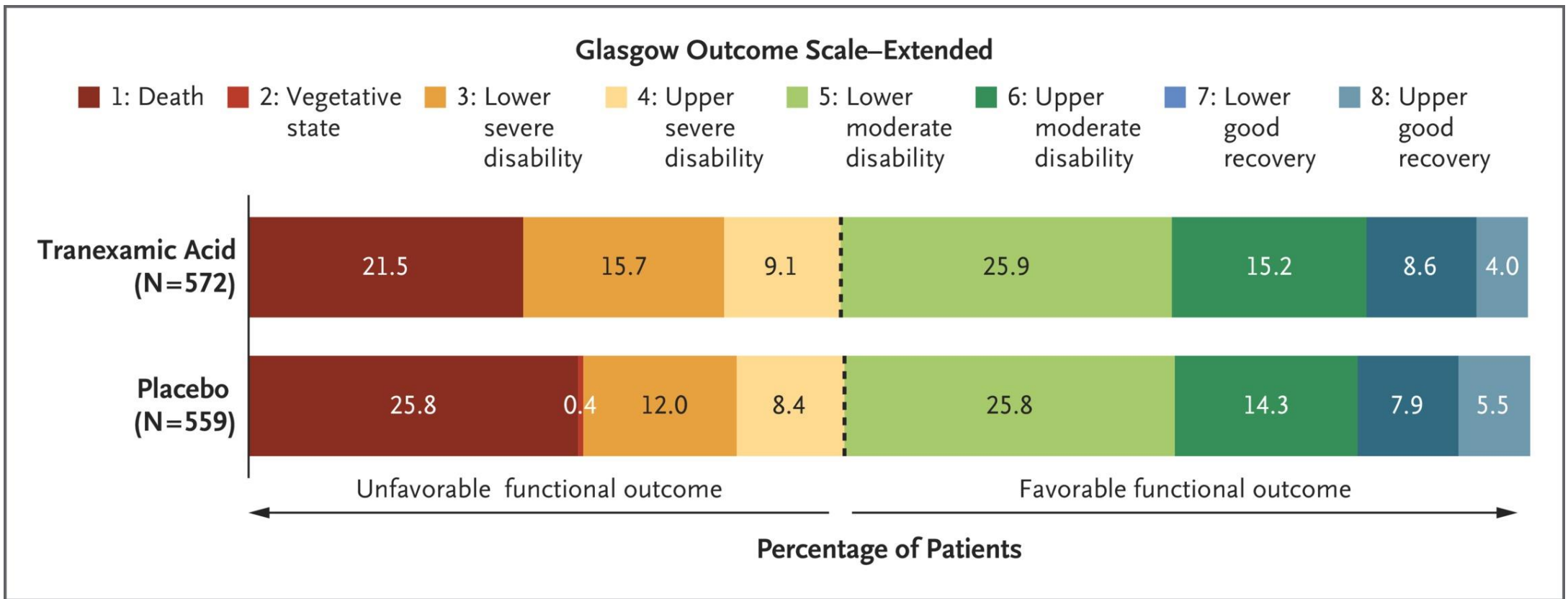
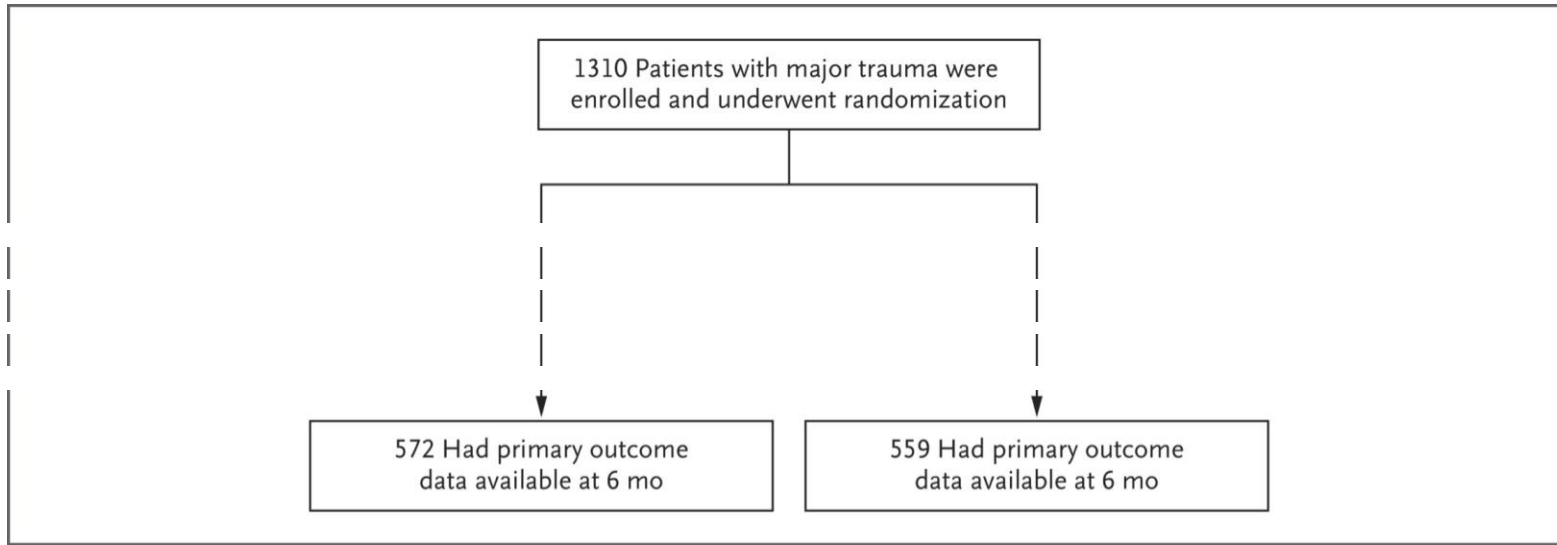
Tranexamic acid (N=657)



Placebo (N=643)



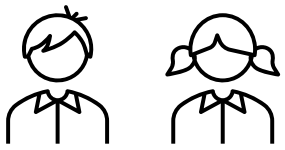
Before admission: 1-g intravenous bolus dose within 3 hr after injury
After admission: 1-g infusion over 8 hr



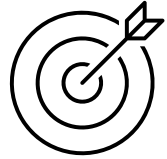
JAMA Pediatrics | [Original Investigation](#)

Novel Peripheral Intravenous Catheter Securement for Children and Catheter Failure Reduction A Randomized Clinical Trial

Brooke Charters, BN; Kelly Foster, MN; Benjamin Lawton, MBBS; Leonard Lee, MN; Joshua Byrnes, PhD;
Gabor Mihala, PhD; Corey Cassidy, MBBS (Hons); Jessica Schults, PhD; Tricia M. Kleidon, MNSci (Nurs. Prac.);
Ruth McCaffery, BN; Kristy Van, MN; Vanessa Funk, BN; Amanda Ullman, PhD



Enfants de 6 mois à 8 ans
Nécessitant une perfusion pour au moins 24h



« La perf ne passe plus »



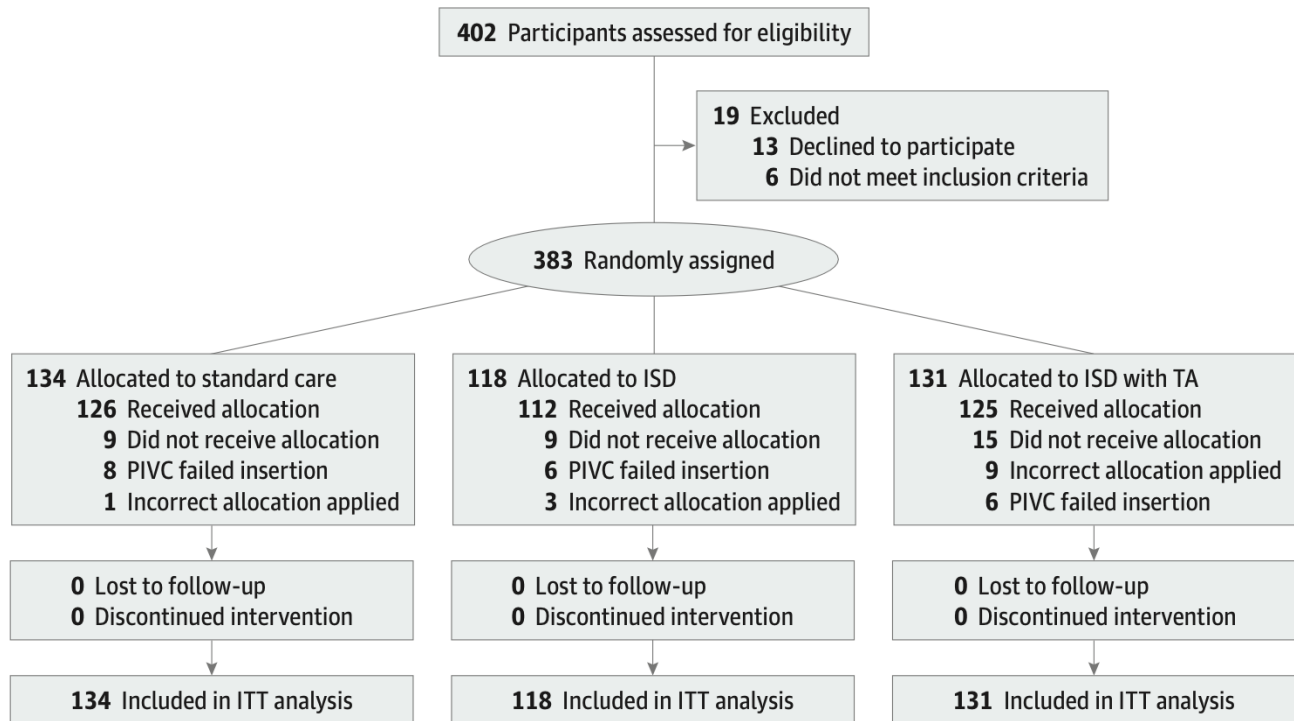
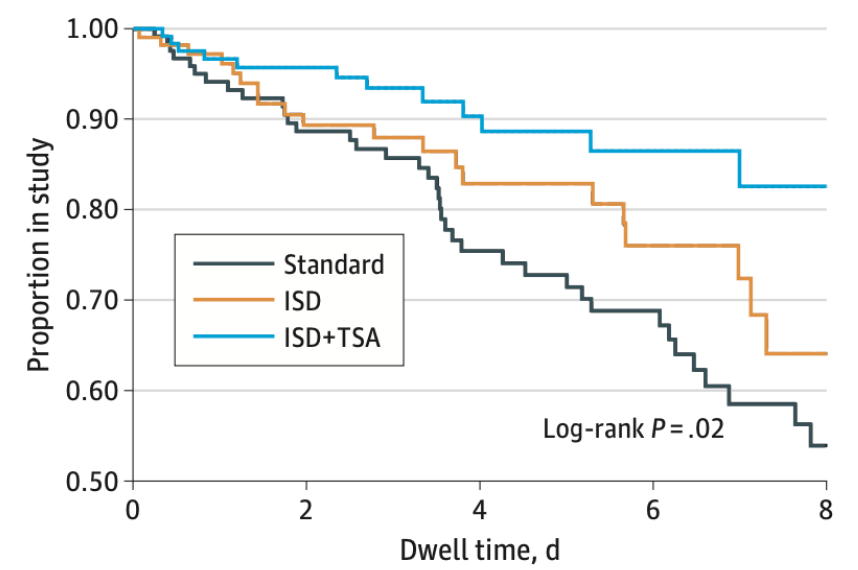


Figure 2. Kaplan-Meier Curve of the Primary Outcome by Study Groups



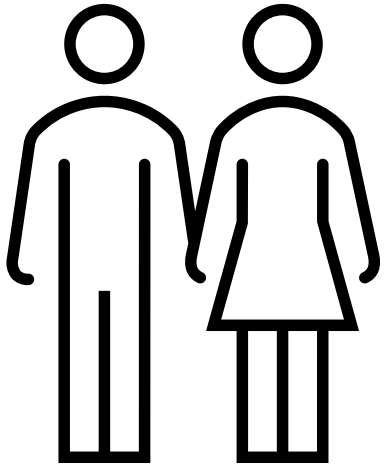
No. in study (number failed)	0	1	2	3	4	5	6	7	8
Standard care	126	(13)	97	(12)	59	(5)	46	(8)	23
ISD	112	(10)	75	(4)	44	(3)	31	(3)	15
ISD+TA	125	(5)	90	(4)	54	(2)	32	(1)	15

The NEW ENGLAND JOURNAL *of* MEDICINE

RESEARCH SUMMARY

**Tenecteplase for Stroke at 4.5 to 24 Hours
with Perfusion-Imaging Selection**

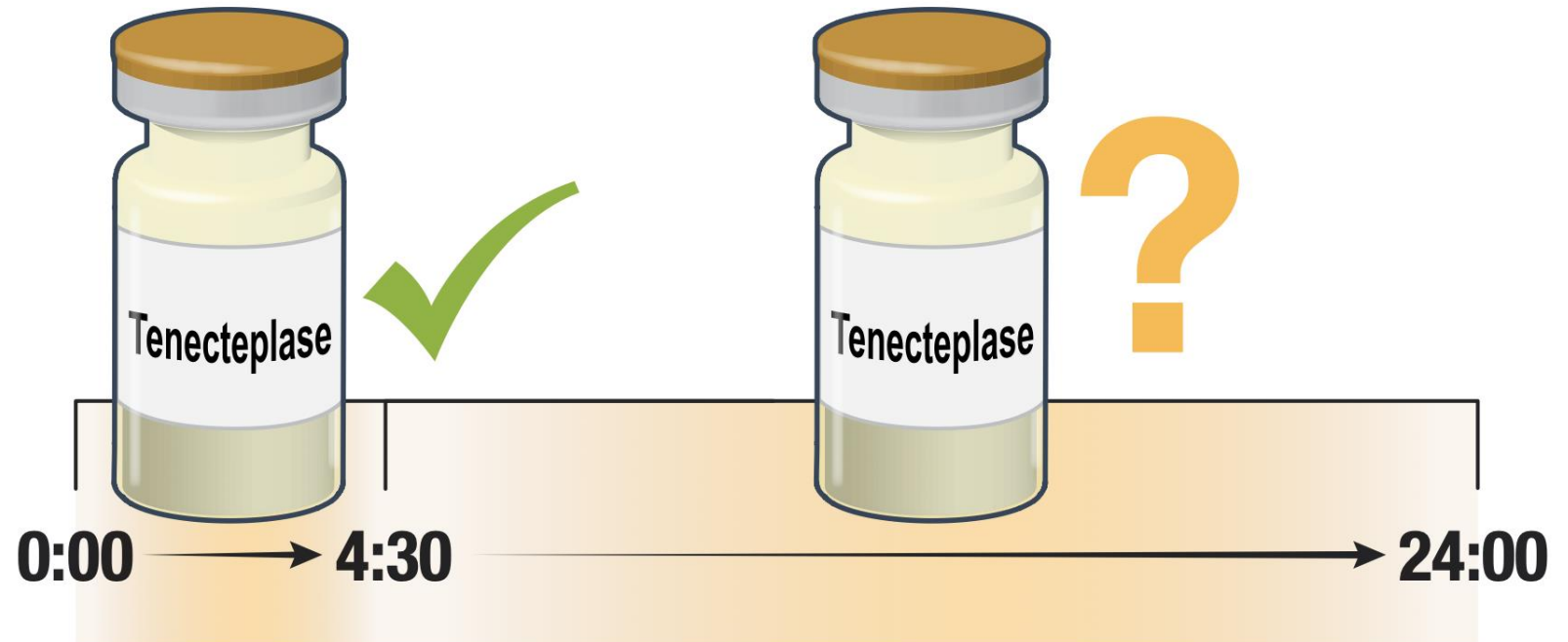
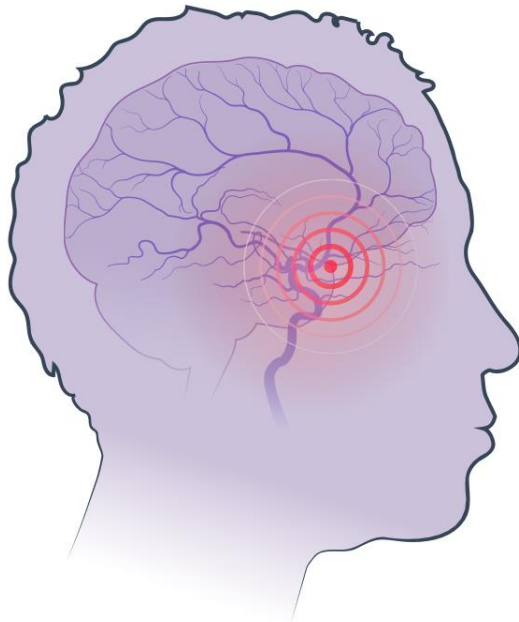
Albers GW et al. DOI: 10.1056/NEJMoa2310392



Age > 18 ans
AVC ischémique
NIHSS > 5
Thrombus carotide interne ou artère sylvienne (M1 ou M2)
Diagnostic par angioTDM ou angioIRM
Délais entre dernier contact et randomisation entre 4h30 et 24h



Ischemic Stroke



Randomized (n=458)

Allocated to tenecteplase (n=228)
- Received allocated intervention (n=217)
- Did not receive allocated intervention (n=11)
• Thrombectomy performed before drug was administered (n=4)
• Groin puncture performed before drug was administered (n=2)
• Drug not administered before clot retrieval (n=1)
• Type of occlusion incorrectly identified (n=1)
• Patient improved before drug administration (n=1)
• Patient received heparin (n=1)
• Randomized to study inadvertently (n=1)

Allocated to intervention (n=230)
- Received allocated intervention (n=215)
- Did not receive allocated intervention (n=15)
• Drug not administered before clot retrieval/manipulation (n=4)
• Thrombectomy performed before drug was administered (n=2)
• Groin puncture performed before drug could be administered (n=2)
• Stenting was to be performed with administration of integrilin (n=1)
• Patient was taken to interventional radiology before drug could be administered (n=1)
• Incidental findings of an aneurysm on imaging (n=1)
• Patient transferred to another hospital before drug administration (n=1)
• Consent not obtained (n=1)
• Drug administration refused by treating provider (n=1)
• Unable to administer drug within 90 minutes of imaging (n=1)

Lost to follow-up (n=4)
Discontinued study
- Death (n=44)
- Withdrawal by patient (n=5)

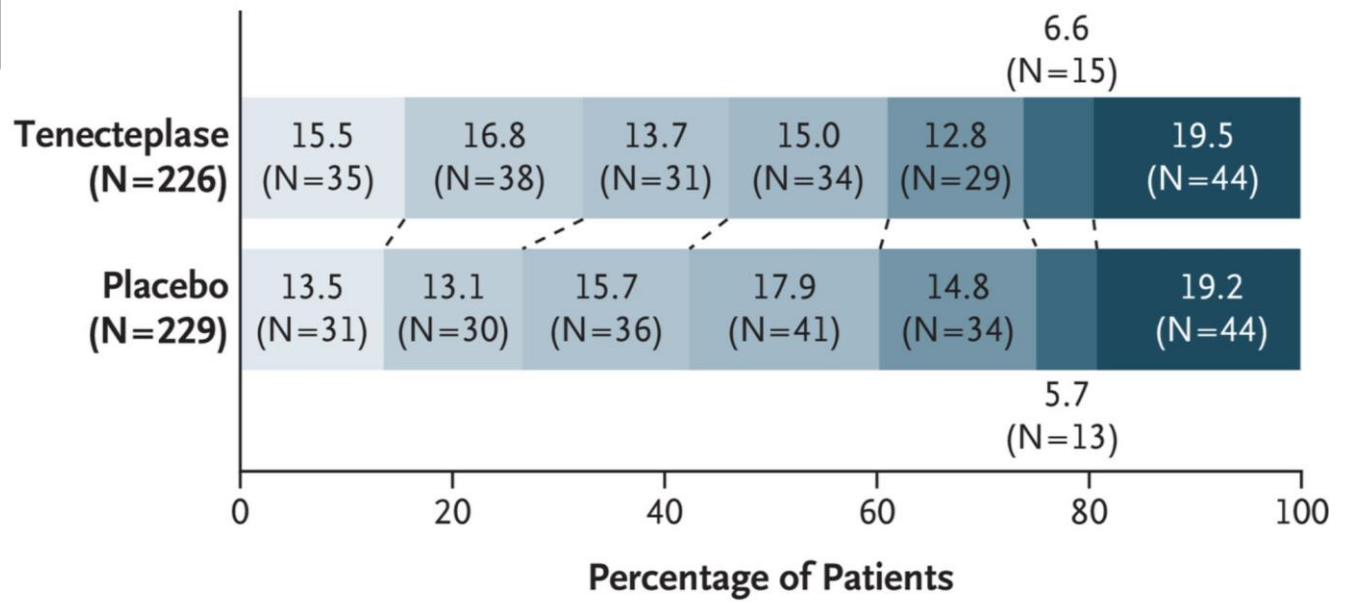
Lost to follow-up (n=2)
Discontinued study
- Death (n=42)
- Withdrawal by patient (n=3)

Analyzed (n=228)*
Safety population (218)†

Analyzed (n=230)*
Safety population (214)†

Score on the Modified Rankin Scale at 90 Days

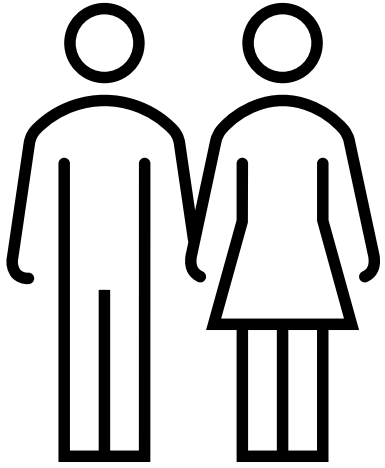
0 1 2 3 4 5 6



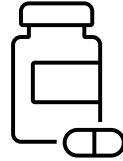
ORIGINAL RESEARCH ARTICLE

STREAM-2: Half-Dose Tenecteplase or Primary Percutaneous Coronary Intervention in Older Patients With ST-Segment–Elevation Myocardial Infarction: A Randomized, Open-Label Trial

Frans Van de Werf, MD, PhD , Arsen D. Ristić, MD, PhD, Oleg V. Averkov, MD, PhD , Alexandra Arias-Mendoza, MD , Yves Lambert, MD, José F. Kerr Saraiva, MD, PhD , Pablo Sepulveda, MD , Fernando Rosell-Ortiz, MD, PhD , John K. French, MBChB, PhD , Ljilja B. Musić, MD, Katleen Vandenberghe, PhD, Kris Bogaerts, PhD, Cynthia M. Westerhout, PhD , Alain Pagès, MD, Thierry Danays, MD , Kevin R. Baine, MD , Peter Sinnaeve, MD, PhD, Patrick Goldstein, MD, Robert C. Welsh, MD , and Paul W. Armstrong, MD  on behalf of the STREAM-2 Investigators



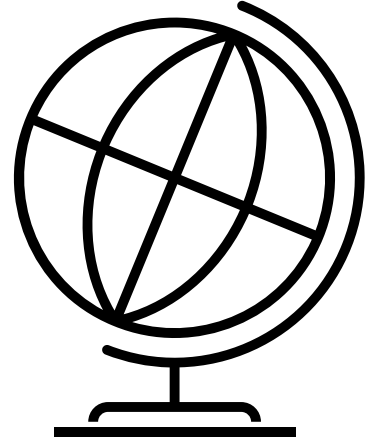
Age > 60 ans
Douleur < 3 heures
ECG qualifiant 12 dérivations avec ST +
Délai pour une coronarographie > 1h mais < 3h



Bolus de Tenecteplase
Aspirine 150 à 325 mg
Clopidogrel 300 mg
Enoxaparine 0.75 mg/kg SC



Double anti-agrégation
Anticoagulation



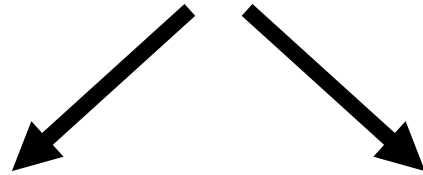
Succès
-Diminution ST+ de 50%
-Stabilité clinique

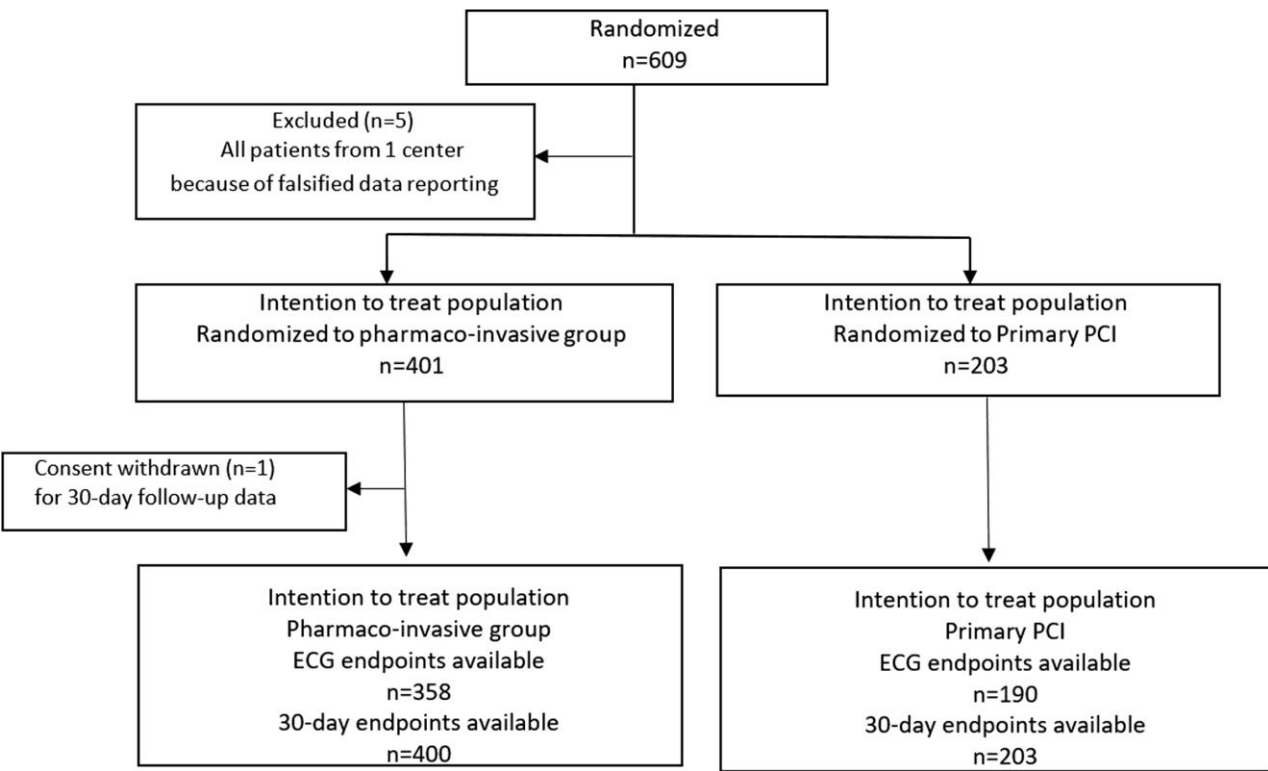
Echec

Coronarographie en urgence



Coronarographie dans les 6 à 24h





End points	Relative risk (95% CI)
Clinical efficacy end points	
Composite clinical efficacy end point: death, heart failure, shock, reinfarction at 30 days	0.96 (0.62–1.48)
Death from any cause	1.04 (0.61–1.79)
Cardiogenic shock	0.83 (0.40–1.72)
Heart failure	0.79 (0.35–1.79)
Reinfarction	1.02 (0.35–2.93)
Death from cardiac causes	0.87 (0.49–1.54)
Rehospitalization for cardiac causes	3.04 (0.37–25.12)
Safety end points	
Total stroke	4.57 (0.58–35.80)
Intracranial hemorrhage*	6.61 (0.81–53.89)
Ischemic stroke	1.52 (0.16–14.54)
Major nonintracranial bleeding	1.27 (0.25–6.48)
Blood transfusion	1.01 (0.09–11.13)

Targeted prophylactic anticoagulation based on the TRiP(cast) score in patients with lower limb immobilisation: a multicentre, stepped wedge, randomised implementation trial

Delphine Douillet, Andrea Penaloza, Damien Viglino, Jean-Jacques Banihachemi, Anmar Abboodi, Mathilde Helderlé, Emmanuel Montassier, Frédéric Balen, Christian Brice, Saïd Laribi, Thibault Duchenois, Philippe Vives, Louis Soulat, Nicolas Marjanovic, Thomas Moumneh, Dominique Savary, Jérémie Riou, Pierre-Marie Roy

TRiP(cast) Score

Trauma †	Points	Patient characteristics ††	Points
High-risk trauma	3	Age ≥ 35 and <55 years	1
<i>Fibula and/or tibia shaft fracture</i>		Age ≥ 55 and <75 years	2
<i>Tibial plateau fracture</i>		Age ≥ 75 years	3
<i>Achilles tendon rupture</i>		Male sex	1
Intermediate risk trauma	2	Body Mass Index BMI ≥25 and <35 kg/m ²	1
<i>Bi or tri-malleolar ankle fracture</i>		Body Mass Index BMI ≥35kg/m ²	2
<i>Patellar fracture</i>		Family history of VTE (first-degree relative)	2
<i>Ankle dislocation, lisfranc injury</i>		Personal history of VTE or known major thrombophilia	4
<i>Severe knee sprain (with oedema / haemarthrosis)</i>		Current use of oral contraceptives or Estrogenic hormone therapy	4
<i>Severe ankle sprain (grade 3)</i>	1	Cancer within the past 5 years or active cancer	3
Low-risk trauma		Pregnancy or puerperium	3
<i>Single malleolar ankle fracture</i>		Immobilization (other) §	
<i>Patellar dislocation</i>		<i>Hospital admission, bedridden or flight > 6 hours within 3 months</i>	2
<i>(Meta)Tarsal bone(s) or forefoot fracture</i>		<i>Lower limb paralysis</i>	
<i>Non-severe knee sprain or ankle sprain (grade 1 or 2)</i>		Surgery within the past 3 months	2
<i>Significant muscle injury</i>			
Immobilization ‡			
Upper-leg cast	3		
Lower-leg cast	2		
Foot cast (ankle free) <i>or any semi-rigid without plantar support</i>	1		

Borne ≥ 7 anti-coagulation

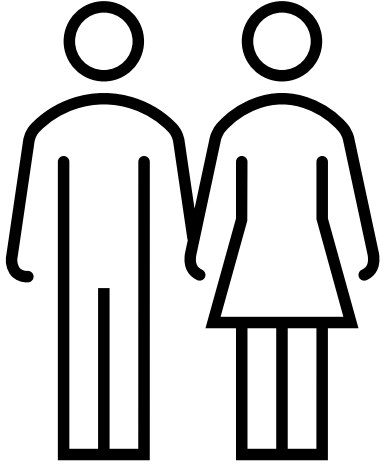


TRiP(cast) Score

Trauma †	Points	Patient characteristics ¶	Points
High-risk trauma			
<i>Fibula and/or tibia shaft fracture</i>	3	Age ≥ 35 and <55 years	1
<i>Tibial plateau fracture</i>		Age ≥ 55 and <75 years	2
<i>Achilles tendon rupture</i>		Age ≥ 75 years	3
Intermediate risk trauma		Male sex	1
<i>Bi or tri-malleolar ankle fracture</i>	2	Body Mass Index BMI ≥25 and <35 kg/m ²	1
<i>Patellar fracture</i>		Body Mass Index BMI ≥35kg/m ²	2
<i>Ankle dislocation, lisfranc injury</i>		Family history of VTE (first-degree relative)	2
<i>Severe knee sprain (with oedema / haemarthrosis)</i>		Personal history of VTE or known major thrombophilia	4
Low-risk trauma		Current use of oral contraceptives or Estrogenic hormone therapy	4
<i>Single malleolar ankle fracture</i>	1	Cancer within the past 5 years or active cancer	3
<i>Patellar dislocation</i>		Pregnancy or puerperium	3
<i>(Meta)Tarsal bone(s) or forefoot fracture</i>		Immobilization (other) §	
<i>Non-severe knee sprain or ankle sprain (grade 1 or 2)</i>		<i>Hospital admission, bedridden or flight > 6 hours within 3 months</i>	2
<i>Significant muscle injury</i>		<i>Lower limb paralysis</i>	
		Surgery within the past 3 months	2
Immobilization ‡			
Upper-leg cast	3		
Lower-leg cast	2		
Foot cast (ankle free)	1		
<i>or any semi-rigid without plantar support</i>			

= score à 5

15 services d'urgence



Traumatisme d'un membre inférieur
Immobilisation prévue > 7 jours.
Adulte



Groupe contrôle

Selon le choix du médecin



Interventional group

Selon le score TRiP(cast)

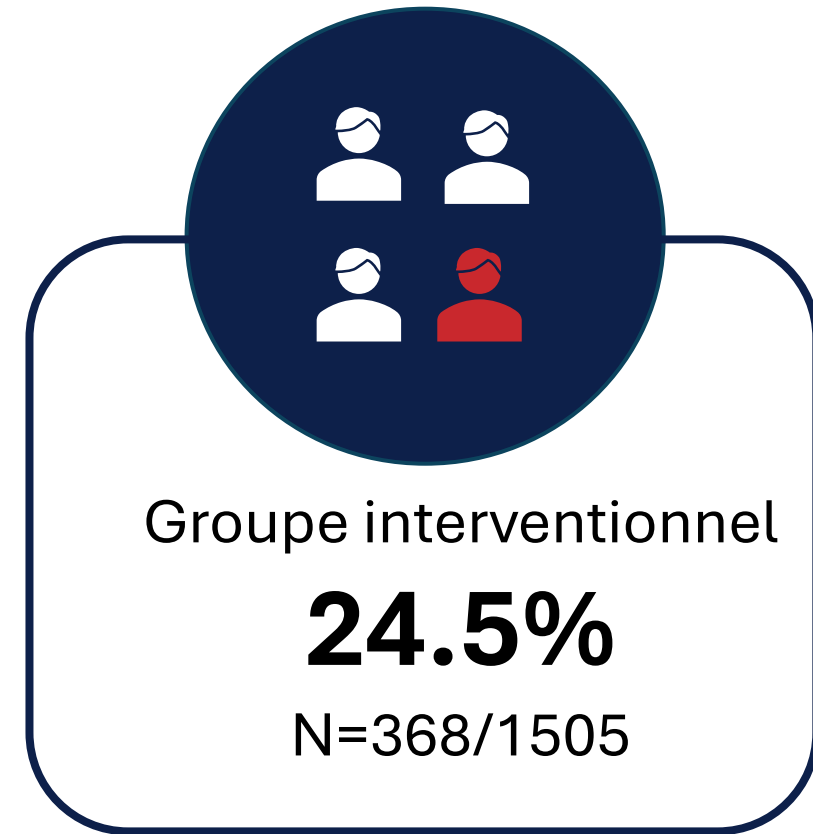
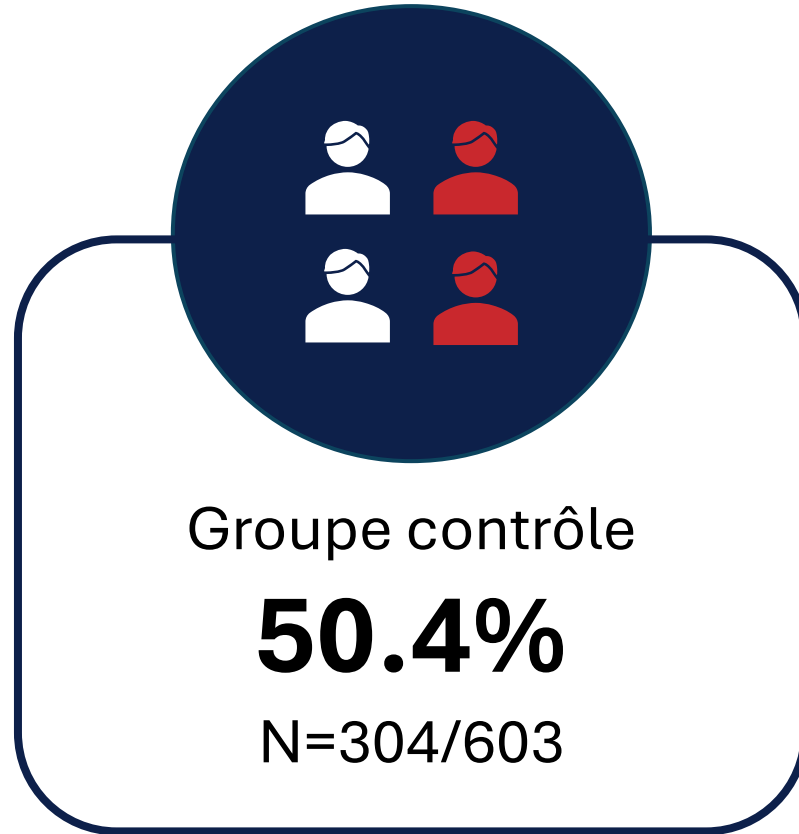


- < 7 pas de traitement
- ≥ 7 traitement

OBJECTIF

2%

Taux d'anticoagulation prescrite



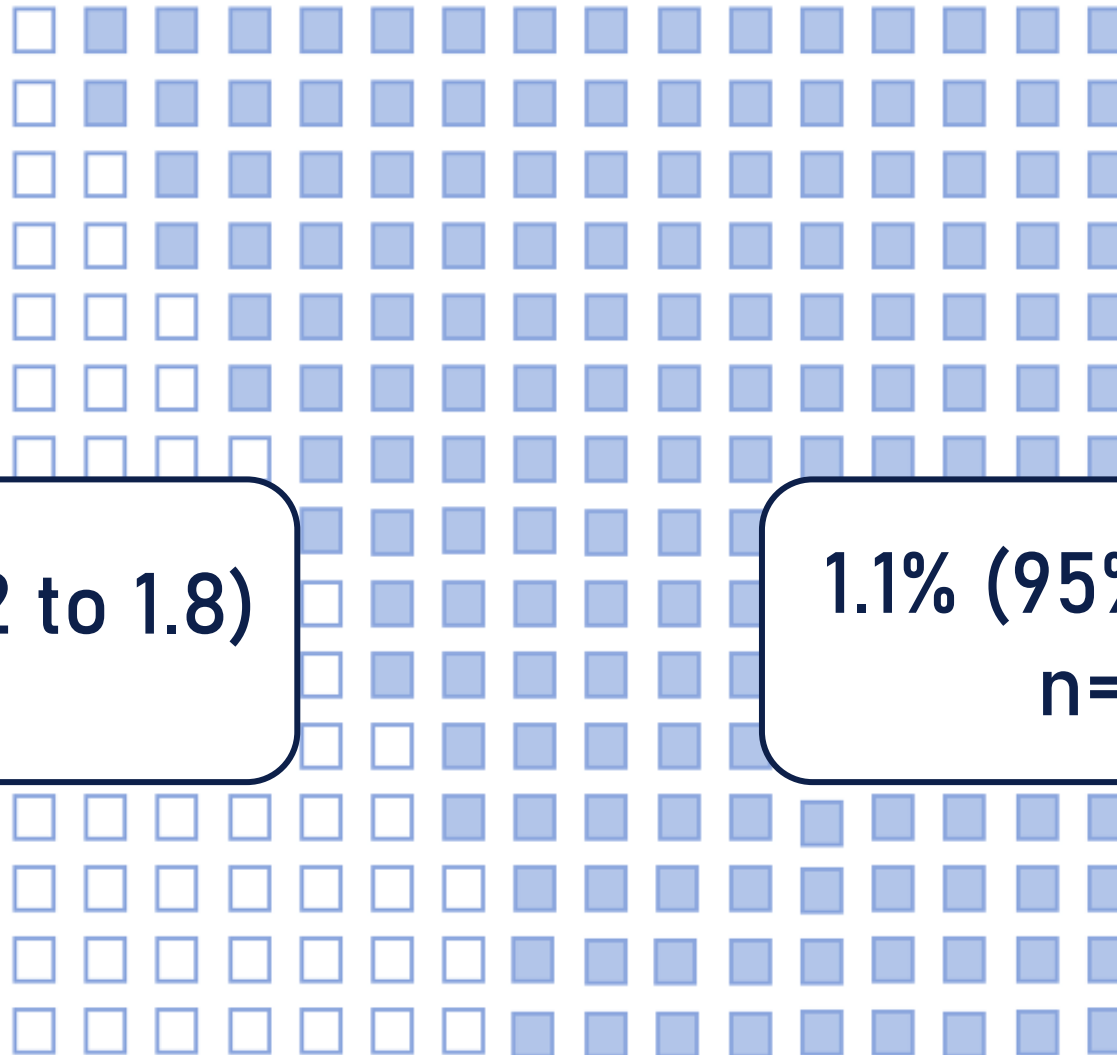
Différence absolue

- 26% (95%CI -30.2 to -21.7) (p<0.001)

Taux d'évènement thrombo-embolique

Control

Intervention



1.0% (95%CI 0.2 to 1.8)
n=6/603

1.1% (95%CI 0.6 to 1.7)
n=17/1505

< 7

Low Risk < 1%

- Sécurité de ne pas traiter les patients sur la base du score TRiP(cast).

≥ 7

High Risk

- TRiP(cast) ≥ 7
- Taux d'ETEVEV = 2,7 % malgré l'anticoagulation
- HBPM - Fondaparinux : assez efficace?

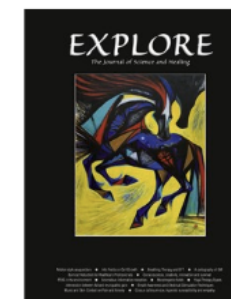


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Effect of stachys lavandulifolia on occupational stress in emergency medical technicians

Ali Jadidi ^{a,c}, Behrooz Irannejad ^b, Mehdi Salehi ^{c,d}, Mehdi Safarabadi ^{a,e,*}

^a School of Nursing, Arak University of Medical Sciences, Arak, Iran

^b Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran

^c Traditional and Complementary Medicine Research Center (TCMRC), Arak University of Medical Sciences, Arak, Iran

^d Department of Traditional medicine, School of Medicine, Arak University of Medical Sciences, Arak, Iran

^e Department of Medical Surgical Nursing, Khomein University of Medical Sciences, Khomein, Iran





Table 2
Intragroup and Intergroup comparisons of HSS scores.

Group	Pre-intervention	Post-intervention	P-Value ^α
	Mean±SD		
Control group	117.83(18.2)	116.03(17.15)	0.64
Study group	119.3(20.87)	105.73(24.21)	0.001*
P-Value ^β	0.79	0.027*	

^α Paired samples *t*-test.

^β Independent samples *t*-test.


* significant difference.


Efficacy of cola ingestion for oesophageal food bolus impaction: open label, multicentre, randomised controlled trial

E G Tiebie,^{1,2} E P Baerends,³ T Boeije,⁴ P G Frankenmolen,⁵ H Lameijer,⁶ W van den Berg,⁷
K J van Stralen,⁸ M L Ridderikhof,⁹ A J Bredenoord¹

Patient presents to emergency department 

Patient enrolled

Cola treatment 

No cola treatment 

Complete resolution

Partial resolution

No resolution

Elective endoscopy 

Urgent endoscopy <24 h

Emergent endoscopy <6 h

Table 2 | Primary study outcome—patient reported improvement of food bolus impaction. Data are presented as number (%) of participants unless stated otherwise

Primary outcome	Intervention group (n=28)	Control group (n=23)	Odds ratio (95% CI)	RRR (95% CI)	Fisher exact P value
Complete or partial passage v no passage					
Complete or partial passage of food bolus as reported by patient	17 (61)	14 (61)	1.0 (0.33 to 3.1)	0.00 (−0.55 to 0.36)	>0.99
No passage of food bolus as reported by patient	11 (39)	9 (39)	1 (reference)	1 (reference)	—
Complete passage v partial or no passage					
Complete passage of food bolus as reported by patient	12 (43)	8 (35)	1.4 (0.45 to 4.4)	−0.23 (−1.5 to 0.39)	0.58
Partial or no passage of food bolus as reported by patient	16 (57)	15 (65)	—	—	—

CI=confidence interval.

Conclusion

Ne laissez pas les personnes âgées sur des brancards

N'attendez pas trop d'une perfusion unique d'Acide Tranexamique

Sécurisez vos voies veineuses avec des nouveaux systèmes

Ne thrombolysiez pas vos AVC tardifs ... pour l'instant

Pas de retour de thrombolysé des STEMI... pour l'instant

N'anticoagulez pas vos patients qui ont un faible risque de MTEV

Buvez des tisanes

Ne donnez pas de Coca aux patients qui ont des corps étrangers intra œsophagiens





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Jean-Baptiste Bouillon-Minois
Médecin Urgentiste