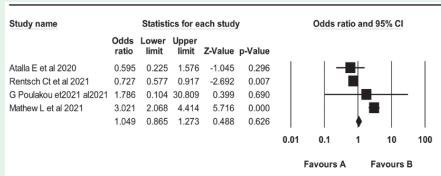


## SYSTEMATIC REVIEW

### Role of anticoagulation in lowering the mortality in hospitalized covid-19 patients. *Meta-analysis of available literature*



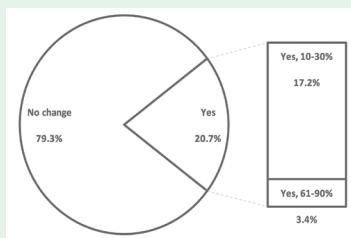
*Mortality in patients using prophylactic anticoagulants versus therapeutic anticoagulants.*

Waheed et al compare a total of 7120 patients recruited in 11 studies the mortality associated with the intensity of anticoagulation in patients admitted with covid-19. Using prophylactic anticoagulants was associated with a 42% reduction in mortality compared to therapeutic anticoagulants. A total of 6069 patients were recruited in 4 studies in which 2 studies significantly favored prophylactic anticoagulants in terms of reducing mortality. Cumulatively, the meta-analysis showed that using prophylactic anticoagulants was associated with a 5% reduction in mortality but without any statistical significance. Meta-analysis favors using prophylactic anticoagulation in covid-19 patients reduces all-cause mortality in comparison to therapeutic anticoagulation however the impact on mortality when compared with no anticoagulation was not significant.

*see page 541*

## ORIGINAL ARTICLES

### Efficacy of bupivacaine injection after pulsed radiofrequency ablation in the management of trigeminal facial pain. *A prospective, randomized, and double-blind study*

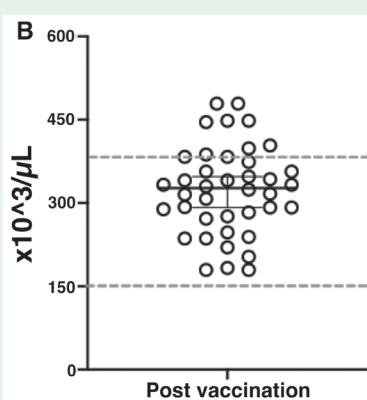


*The alteration in the dose of medications post-procedure according to the study subjects.*

Hilal et al assess the effect of bupivacaine application following pulsed radiofrequency (PRF) ablation on trigeminal facial pain of 73 patients with trigeminal facial pain refractory to conservative therapy. Group I subjects underwent PRF ablation procedure, followed by the injection of 1 ml of bupivacaine. Whereas, Group II underwent the same procedure followed by the injection of 1 ml of normal saline. The duration of pain relief in the 2 groups was comparable (5 months in group I vs. 6 months). The onset of pain relief in the patients of Group I was shorter than group II (0 days vs. 4.5 days). In situations involving patients who require rapid pain relief, bupivacaine injection following PRF ablation can be employed to provide immediate relief without subjecting the patients to the risks associated with major complications.

*see page 551*

### Evaluation of hematological parameters and thrombocytopenia following Pfizer-BioNTech (BNT162b2) SARS-CoV-2 vaccination



*Pfizer-BioNTech vaccine did not affect platelet counts. Platelets were quantified at day 0 (pre vaccine) and 14-22 days post-vaccination.*

Algaissi et al evaluate the hematological parameters and thrombotic profiles of healthy individuals who received Pfizer-BioNTech (BNT162b2) vaccines in Saudi Arabia. A total of 40 patients 40 participants who were eligible for COVID-19 vaccination in Saudi Arabia (above 18 years old) at Jazan University Hospital. There were 38 men and 12 were women, with a mean age of 27 years. A total of 15% of the participants reported previous infection with SARS-CoV-2 and 3 patients had a history of diabetes mellitus and hypertension. Hematological parameters results in those vaccines showed no significant changes between the 2 timepoints, such as, day 0 (just before receiving vaccination) and 14 to 21 days post vaccination. Further, anti/PF4 antibodies were negative for all participants following vaccination. Data showed that the incidence of hematological abnormalities or induction of anti/PF4 antibodies following Pfizer-BioNTech (BNT162b2) vaccination is not common, which is consistent with several previous reports. However, larger studies with more participants evaluated at different timepoints following vaccination are warranted to exclude potential transient hematological abnormalities.

*see page 567*