# SYSTEMATIC REVIEW

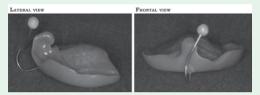
#### The role of non-invasive ventilation used immediately after planned extubation for adults with chronic respiratory disorders

Ou et al non-invasive ventilation used immediately after planned extubation seems to be advantageous for decreasing the reintubation rate, VAP incidence, and ICU death rate in patients with chronic respiratory disease. Eight studies enrolling 736 patients were included in the meta-analysis. Compared with general oxygen therapy, NIV used immediately after planned extubation in patients with chronic respiratory disease reduced the reintubation rate (p=0.02), ventilator-associated pneumonia (VAP) incidence rate (p=0.000), and ICU mortality (p=0.002) and increased the level of PO, (p=0.03).

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### **ORIGINAL ARTICLES**

## Effectiveness of presurgical nasoalveolar molding therapy on unilateral cleft lip nasal deformity



Palatal plate with nasal stent. Palatal plate with a nasal stent wire with 0.8 mm-diameter extended from the labial flange of the plate

### Asthma prevalence among adults in Saudi Arabia

Characteristics	Male	Female	Total
		n (%)	
Range (age)	20-44	20-44	20-44
Mean (age)	29	26	27.7
Gender	1261 (52.4)	1144 (47.6)	2405
Education level			
Uneducated	10 (0.8)	9 (0.7)	19 (0.8)
Secondary and below	356 (28.2)	298 (26)	654 (27.2)
Tertiary	895 (71)	837 (73.2)	1732 (72)
Residency			
North	424 (33.6)	359 (31.4)	783 (32.6)
South	95 (7.5)	116 (10.1)	211 (8.8)
East	507 (40.2)	438 (38.3)	945 (39.3)
West	235 (18.6)	231 (20.2)	466 (19.4)

Baseline characteristics of the study population (total 2,405 participants)

#### **CASE REPORT**

Recurrent venous thrombosis in a patient with Ebstein's anomaly



Transesophageal echocardiogram (TEE) (4-chamber view, apex down) Ebstein's anomaly of the tricuspid valve is present. The septal leaflet is displaced apically, while the anterior tricuspid leaflet is elongated and tethered. (arrow) Absent posterior leaflet. ARV - atrialized right ventricle, RA - right atrium, LA - left atrium, LV - left ventricle

Kinouchi et al the use of pre-surgical nasoalveolar molding (PNAM) is indispensable for pre-surgical orthodontic treatment at the early postnatal age. At T1, there were no significant intergroup differences in the first 4 asymmetry parameters. At T2, the PNAM group showed a significant improvement in all values compared to the control group. At T3, the PNAM group showed significant improvement in nasal asymmetry and columellar shifting. Model analysis showed significantly greater changes in the inter-alveolar gap and the sagittal difference of the alveolar cleft gap from T1 to T2 in the PNAM group.

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Al Ghobain et al investigate asthma prevalence and to measure asthma symptoms among Saudi adults in Riyadh, Kingdom of Saudi Arabia. A total of 2,405 participants completed the survey. The prevalence of wheezing in the last 12 months when not having a cold was 18.2% with no significant difference between males and females (p=0.107). The prevalence of physician-diagnosed asthma was 11.3% with no significant difference between males and females (p=0.239). The prevalence of taking medicine for asthma was 10.6%. However, significant differences found between asthmatic and non-asthmatic in relation to nasal allergies (p<0.001).

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Gashgarey presents a case of a 27-year-old man with Ebstein's anomaly and a history of unexplained recurrent venous thrombosis despite adequate anticoagulation. After surgical correction of the Ebstein's anomaly, the venous thromboembolic events did not recur. This case demonstrates the possible etiopathogenesis of Ebstein's anomaly in causing recurrent venous thromboembolism, which is likely caused through impedance of venous blood flow. The objective in presenting this particular case is to highlight the possible association between Ebstein's anomaly and venous thrombosis. The author conclude that Ebstein's anomaly is a rare disorder that can result in paradoxical embolisms when associated with right-toleft shunts. Venous stasis in patients with Ebstein's anomaly with tricuspid regurgitation may be a predisposing factor for VTE.

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