

SYSTEMATIC REVIEW

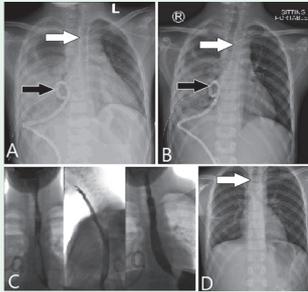
Quality of home healthcare among Arab countries

Al Anazi et al examine the quality of Home healthcare (HHC) services provided and to systematically review publications concerning the quality of home healthcare in Arab countries. They conclude that the scientific literature provides limited information on the quality of HHC in Arab countries. We also noted gaps in the literature and the lack of information. Also, no information is available in most countries. All studies were assessed according to three indicators, namely, safety, efficiency, and effectiveness, out of the 6 Institute of Medicine (IOM) indicators.

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ORIGINAL ARTICLES

Complications of esophageal strictures dilatation in children. A tertiary-center experience



A) X-ray of a patient with esophageal perforation with right pleural effusion, 48-hours post perforation, B) after chest tube insertion. C) CT scan shows right pleural effusion arrow indicate site of perforation and D) esophagogram white arrow shows the site of perforation and leak

Bawazir & Almaimani conclude that esophageal dilatation is effective for the management of children with esophageal stricture; however, repeated dilatation is frequent, especially in patients with corrosive strictures. Complications are not common, and open surgery is not frequently required. The study included 46 patients who underwent esophageal dilatation. All patients underwent a contrast study of the esophagus before endoscopic dilation to determine the location, number, and length of the narrowing. In addition, the type of dilators (balloon versus semi-rigid dilators), the number of dilatation sessions, the interval between them, and the duration of follow-up were also documented. The median age was 2.47 years, and 26 patients were females. Dysphagia was the main presenting symptom, and the leading cause of stricture was esophageal atresia.

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Prevalence of obstructive sleep apnea in female patients with fibromyalgia

Variables	Mean ± SD	Median (min-max)
Age (years)	52.4 ± 8.0	51.5 (40.0-68.0)
ESS	8.9 ± 5.6	7.5 (0.0-24.0)
<i>SF-36 subscales</i>		
Physical functioning	46.4 ± 20.5	45.0 (15.0-90.0)
Physical role limitation	43.0 ± 40.8	25.0 (0.0-100.0)
Pain	40.7 ± 22.7	42.5 (0.0-90.0)
General health	46.7 ± 17.3	50.0 (10.0-90.0)
Energy/vitality	43.1 ± 15.7	45.0 (10.0-75.0)
Social functioning	44.5 ± 26.4	43.8 (12.5-100.0)
Emotional role limitation	57.3 ± 37.1	66.7 (0.0-100.0)
Mental health	49.9 ± 16.9	48.0 (12.0-84.0)
<i>Fibromyalgia criteria</i>		
Pain location score	13.8 ± 4.9	15.0 (3.0-21.0)
SIQR	25.9 ± 12.7	24.0 (0.0-46.5)
Sleep duration (minute)	322.7 ± 39.7	325.0 (222.0-394.0)
Sleep efficiency	81.2 ± 12.2	82.7 (50.8-111.5)
Mean saturation (%)	97.0 ± 1.3	97.0 (94.0-99.0)
Lowest saturation (%)	88.3 ± 6.2	90.0 (72.0-97.0)
Apnea-hypopnea index	19.0 ± 21.5	10.6 (0.2-79.9)

SIQR: symptom impact questionnaire score, ESS: epworth sleepiness scale

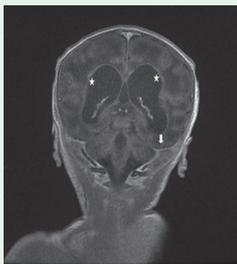
General characteristics of the study group

Mutlu et al determine the prevalence of obstructive sleep apnea in female patients with fibromyalgia (FM) presenting to physical therapy outpatient clinics. The 36-item short form health survey (SF-36) questionnaire, Berlin test, and epworth sleepiness scale were administered, along with a polysomnography to 38 female patients. Of the participants, 65.9% were found to have obstructive sleep apnea (OSA). Patients with OSA were older and had a higher disease activity score for FM. A strong positive correlation was identified between the apnea-hypopnea index (AHI) and the FA disease activity score. A negative correlation was found between AHI and the subscales of SF-36. The authors conclude that a clinical assessment of female patients with FM requires a multidisciplinary approach, and patients with excessive daytime sleepiness in particular are recommended to undergo polysomnography.

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CASE REPORT

Early neonatal sepsis and meningitis caused by *Elizabethkingia meningoseptica* in Saudi Arabia



Magnetic resonance imaging coronal T1 post contrast image showing basal meningeal enhancement (arrow) and ependymal enhancement of the lateral ventricular wall (star)

Barnawi et al presents a female baby born by vaginal delivery at 37 weeks gestation weighing 2,600 grams. The mother was a primigravida with no known risk factors. She presented to the emergency department on the second day of the neonate's life due to tachypnea since birth, and with a fever of 38.7°C (101.6°F) for one day, and a decreased level of consciousness without abnormal movements.

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