

RESÚMENES DE PUBLICACIONES

TRYPANOCIDAL THERAPY AMONG CHILDREN INFECTED WITH CHRONIC INFECTION BY TRYPANOSOMA CRUZI. SEROLOGICAL AND ELECTROCARDIOGRAPHIC CHANGES OVER A MEAN TWENTY-FIVE-YEARS FOLLOW-UP PERIOD

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This study compared the serological and electrocardiographic evolution among patients with chronic T. cruzi infection treated during childhood or left untreated. A retrospective cohort study was conducted during a mean follow-up period of 25 years in 82 patients: half of them underwent treatment (nifurtimox 8, benznidazole 33) before being 15 years old, whereas the other half remained untreated. During the follow-up, negative seroconversion occurred in 92.7% of the treated children, while all the untreated ones remained positive for conventional serology. At baseline, 2 patients from each group had electrocardiographic abnormalities. During the study period, 4/41 (9.75%) and 9/41 (21.95%) of treated and untreated patients displayed an altered electrocardiogram, respectively. In multivariate analyses, the probability of developing electrocardiographic abnormalities was significantly reduced among treated

patients (OR = 0.18, 95% CI = 0.04-0.79; p = 0.023). Electrocardiographic abnormalities attributable to Chagas cardiomyopathy were seen in 3 patients from the untreated group (complete right bundle branch block + left anterior fascicular block, frequent ventricular+ extrasystole, and left anterior fascicular block). The remarkable seronegativization seen in Benznidazole and Nifurtimox recipients underlines the parasitocidal effect of both compounds. Such demonstration along with the fact that CCC-related alterations were only present in the untreated group, reinforces the view of trypanocidal treatment in chronically T. cruzi-infected children as decreasing the risk for cardiomyopathy development.

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ABORTION-RELATED MORBIDITY IN SIX LATIN AMERICAN AND CARIBBEAN COUNTRIES: FINDINGS OF THE WHO/HRP MULTI-COUNTRY SURVEY ON ABORTION (MCS-A).

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Introduction

Abortion-related complications are a significant cause of morbidity and mortality among women in many Latin American and Caribbean (LAC) countries. The objective of this study was to characterise abortion-related complication severity, describe the management of these complications and report women's experiences with abortion care in selected

countries of the Americas region. Methods This is a cross-sectional study of 70 health facilities across six countries in the region. We collected data on women's characteristics including socio-demographics, obstetric history, clinical information, management procedures and using Audio Computer-Assisted Self-Interviewing (ACASI) survey the experience of abortion care. Descriptive bivariate analysis

was performed for women's characteristics, management of complications and reported experiences of abortion care by severity of complications, organised in five hierarchical mutually exclusive categories based on indicators present at assessment. Generalised linear estimation models were used to assess the association between women's characteristics and severity of complications.

Results

We collected data on 7983 women with abortion-related complications. Complications were classified as mild (46.3%), moderate (49.5%), potentially life-threatening (3.1%), near-miss cases (1.1%) and deaths (0.2%). Being single, having a gestational age of ≥ 13 weeks and having expelled products of conception before arrival at the facility were significantly associated with

experiencing severe maternal outcomes compared with mild complications. Management of abortion-related complications included both uterotonics and uterine evacuation for two-thirds of the women while one-third received uterine evacuation only. Surgical uterine evacuation was performed in 93.2% (7437/7983) of women, being vacuum aspiration the most common one (5007/7437, 67.4%). Of the 327 women who completed the ACASI survey, 16.5% reported having an induced abortion, 12.5% of abortion care in LAC. Results aim to inform policies and Programmes addressing sexual and reproductive rights and health in the region.

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No os fiéis de quienes dicen que no creen en nada.

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