**Oficio Número**: CI-HCG/67/2025

**Asunto:** Transparencia Abril Investigación

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Presente:

En respuesta al oficio No. CGMRT/2342/2025 y relación a la información solicitada por transparencia le hago llegar la siguiente información:

Protocolos Comités Unidad Hospitalaria “Fray Antonio Alcalde”

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| --- | --- | --- | --- |
|  | Ética en Investigación | Investigación | Bioseguridad |
| Periodo de registro | No. De protocolos registrados | | |
| Enero | 94 | 1 | 1 |
| Febrero | 18 | 2 | 0 |
| Marzo | 9 | 0 | 0 |
| Abril | 17 | 1 | 0 |

Protocolos Comités Unidad Hospitalaria “Juan I. Menchaca”

|  |  |  |  |
| --- | --- | --- | --- |
|  | Ética en Investigación | Investigación | Bioseguridad |
| Periodo de registro | No. De protocolos registrados | | |
| Enero | 24 | 24 | 0 |
| Febrero | 14 | 14 | 0 |
| Marzo | 15 | 15 | 0 |
| Abril | 6 | 6 | 0 |

Se anexa información al correo [ielopez@hcg.gob.mx](mailto:ielopez@hcg.gob.mx).

Sin otro particular envío a usted un afectuoso saludo.

Atentamente

**"La Salud del Pueblo es la Suprema Ley"**

Guadalajara, Jalisco; a 15 de Mayo del 2025

**Dr. Gerardo León Garnica**

Coordinador de Investigación

OPD Hospital Civil de Guadalajara

Ccp Archivo

GLG/EMGH

Advancing precision medicine in metabolic dysfunction-associated steatotic liver disease

Trends Endocrinol Metab

Bryan A Priego-Parra 1, Rocío Gallego-Durán 2, Berenice M Román-Calleja 3, José Antonio Velarde-Ruiz Velasco 4, Manuel Romero-Gómez 2, Jordi Gracia-Sancho 5

Abstract  
 Metabolic dysfunction-associated steatotic liver disease (MASLD), formerly known as nonalcoholic fatty liver disease (NAFLD), has become a pressing global health concern. The complexity of MASLD and the lack of universally effective treatments expose the limitations of current interventions, which focus mainly on lifestyle modifications. Here, we explore the multilayered nature of MASLD, emphasizing its pathophysiology in shaping future medical and lifestyle interventions from a personalized medicine perspective, based on individual molecular profiles. Additionally, we address the limitations of current animal models in reflecting human metabolic syndrome and sex-specific differences. We argue that a holistic approach, integrating social determinants of health, patient preferences, and adherence patterns, is essential for advancing MASLD management effectively.  
  
 Keywords: MASLD; NAFLD; fibrosis; liver disease; personalized medicine.

DOI: 10.1016/j.tem.2025.03.006

Procalcitonin as a Predictor of Mortality in Patients With Severe Acute Pancreatitis

Gastroenterology Res

Luis Ricardo Ramirez-Gonzalez 1, Leonardo Rafael Ordonez-Forestiery 1, Andrea Garcia 2, Maximiliano Cesar Iniguez-Martin-Del-Campo 2, Francia Damary Llamas-Hernandez 2, Kathia Dayana Morfin-Meza 2, Samantha Emily Gonzalez-Munoz 2, Carlos Enrique Capetillo-Texson 2, Jose Pablo Gomez-Sierra 2, Luis Osvaldo Suarez-Carreon 1 3, Gabino Cervantes-Guevara 4, Enrique Cervantes-Perez 5, Sol Ramirez-Ochoa 5, Andrea Socorro Alvarez-Villasenor 6, Ana Olivia Cortes-Flores 7, Alejandro Gonzalez-Ojeda 8, Clotilde Fuentes-Orozco 2

Abstract  
 Background: Acute pancreatitis (AP) is a severe inflammatory disorder that begins with the inappropriate activation of pancreatic enzymes within acinar cells due to biliary reflux, alcohol abuse, gallstones, and autoimmune disease. Several biomarkers have been studied that may aid in the early detection of pancreatic necrosis. The aim of this project was to evaluate the usefulness of procalcitonin (PCT) in predicting mortality in patients with severe AP in Mexican population.  
  
 Methods: An observational study, including 59 patients diagnosed with AP from 2018 to 2023, was conducted in a tertiary care hospital. Serum PCT levels were assessed on the first and third days of hospitalization (24 and 72 h).  
  
 Results: A total of 59 patients were included, and the main etiologies were lithiasis (28 patients, 47.5%) and endoscopic retrograde cholangiopancreatography (ERCP) (nine patients, 15.3%). Of the total patients, 16 (27.1%) died during their hospital stay, and the main etiologies were septic shock of abdominal origin (10 patients, 62.5%) followed by extra-abdominal shock (six patients, 37.5%). The average PCT level was 4.54 ± 8.12 on the first day of hospital stay, and 5.20 ± 10.90 at 72 h. The cut-off point was 1.26 ng/mL with the best sensitivity and specificity of PCT as a predictor of mortality at 72 h of 75% and 68%, respectively (area under the curve 0.7, 95% confidence interval (CI): 0.61 - 0.88), and positive and negative predictive values of 0.46 and 0.87, respectively.  
  
 Conclusions: We propose the usefulness of PCT as a biochemical marker to predict mortality in patients with severe AP due to its accessibility in the hospital environment. We propose to carry out studies with more patients and follow-up times. In addition, it is necessary to consider other biomarkers associated with PCT to help us improve the positive predictive value of mortality in this disease.  
  
 Keywords: Mortality; Procalcitonin; Severe acute pancreatitis.

DOI: 10.14740/gr2029

Prenatal and differential diagnosis of fetal thoracolumbar lymphangioma

BMJ Case Rep

Paúl Alberto Sandoval Quiñonez 1, Óscar Osuna Álvarez 1, Francisco Javier Castro Apodaca 2, Giovanni Sisti 3

Abstract  
 We present a case of a woman in her mid-30s at 21 weeks of gestation referred to our tertiary medical center by an outside clinic with an ultrasound finding of a cystic septated lesion on the left side of the fetal chest.The differential diagnosis included, among others, foetal nuchal oedema, cystic hygroma, meningocele, encephalocele, cervical teratoma, haemangioma and subchorionic placental cyst. The sonographic finding of lack of intralesional vascularity on Doppler, seemingly without communication with the spinal canal, pointed us towards a diagnosis of foetal cystic lymphangioma. Our diagnosis was confirmed postnatally.Foetal cystic lymphangiomas are rare benign congenital tumours of the vascular and lymphatic systems. The differential diagnosis is broad, and a timely diagnosis positively affects the prognosis. If a lymphangioma is suspected, we suggest referral to specialists in maternal-foetal medicine with expertise in the field.  
  
 Keywords: Pregnancy; Reproductive medicine.

DOI: 10.1136/bcr-2024-263811

Prognostic Value of the Lactate/Albumin Ratio in Sepsis-Related Mortality: An Exploratory Study in a Tertiary Care Center with Limited Resources in Western Mexico

J Clin Med

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Abstract  
 Background and Objectives: Sepsis is a critical condition with high mortality rates worldwide. The early identification of patients at an elevated risk of mortality remains a significant clinical challenge. The lactate/albumin (L/A) ratio has emerged as a potential prognostic biomarker in critically ill patients. This exploratory study aimed to evaluate the L/A ratio as a predictor of mortality in patients with sepsis or septic shock and to describe the demographic and clinical characteristics of affected patients in a tertiary referral hospital in Western Mexico. Materials and Methods: A retrospective cross-sectional study was conducted including patients diagnosed with sepsis or septic shock between January 2022 and June 2023. Clinical and biochemical data, including serum lactate and albumin levels, were collected from medical records to calculate the L/A ratio. The primary outcome was in-hospital mortality. The statistical analysis included receiver operating characteristic (ROC) curves to evaluate the L/A ratio's discriminative capacity, a bivariate analysis, and a multivariate logistic regression to identify independent risk factors for mortality. Results: A total of 141 patients were included in the study, and the median L/A ratio was significantly higher in non-survivors compared to survivors (0.95 vs. 0.60, p = 0.003). The ROC analysis showed an area under the curve (AUC) of 0.651, with a sensitivity of 36.5% and specificity of 82% at a cutoff value of 1.12. The multivariate analysis identified serum albumin levels and vasopressor use as independent predictors of mortality. Conclusions: The L/A ratio demonstrates potential as a simple and accessible prognostic biomarker for mortality in sepsis, though its utility requires further validation in larger prospective studies.

DOI: 10.3390/jcm14082825

Pharmacologic treatment of irritable bowel syndrome. Position statement of the Asociación Mexicana de Gastroenterología, 2024

Rev Gastroenterol Mex (Engl Ed)

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Abstract  
 Introduction: The aim of this position statement is to provide health professionals with an updated and evidence-based guideline for the pharmacologic management of irritable bowel syndrome (IBS) in Mexico.  
  
 Material and methods: A literature review was conducted that included relevant guidelines and studies, up to the date of its publication. The mechanism of action, specific indications in IBS, safety profile, and availability of each therapeutic class were evaluated. The recommendations were developed by 14 experts, considering the clinical reality of IBS patients in Mexico.  
  
 Results: Specific recommendations were issued for each class. Antispasmodics (alone or combined) are used as first-line therapy for pain management, whereas antidiarrheals, such as loperamide, are used for reducing diarrhea in diarrhea-predominant IBS (IBS-D) and laxatives are used for constipation in constipation-predominant IBS (IBS-C). 5-HT4 agonists (prucalopride and mosapride) are recommended in IBS-C and 5-HT3 antagonists (ondansetron) are recommended in IBS-D. Linaclotide is the only secretagogue available in Mexico and is used in IBS-C. Rifaximin-alpha stands out for its efficacy in a subgroup of patients with IBS-D or mixed IBS. Probiotics are conditionally recommended as adjuvant therapy due to heterogeneous evidence. Neuromodulators (tricyclic antidepressants, selective serotonin reuptake inhibitors, etc.) are recommended as second-line treatment for pain management. Mesalazine can be used in IBS-D, but the corresponding evidence is weak.  
  
 Conclusion: Overall, these recommendations provide a solid framework for personalizing treatment, based on the clinical characteristics of the Mexican patient with IBS.  
  
 Keywords: Antiespasmódicos; Antispasmodics; Constipation; Diarrea; Diarrhea; Estreñimiento; Irritable bowel syndrome; Neuromoduladores; Neuromodulators; Rifaximin; Rifaximina; Síndrome de intestino irritable.

DOI: 10.1016/j.rgmxen.2024.10.009

Isolation of Lancefieldella parvula in Secondary Infection from Human Bite: A Rare Occurrence

Diagn Microbiol Infect Dis

Samuel Jiménez Rayas 1, Mercedes Isabel Cervantes Hernández 2, Édgar Samuel Vanegas Rodríguez 3, Claudia Adriana Colin Castro 2, María Guadalupe Martínez Zavaleta 2, Rafael Franco Cendejas 4, Luis Esaú López Jácome 5

Abstract  
 Background: Human bite infections most commonly manifest as skin and soft tissue infections with lower infection rates than animal bites. Lancefieldella parvula is an anaerobe Gram-positive coccus found in human oral mucosa.  
  
 Case presentation: We present the case of a 28-year-old healthy woman who suffered a deep skin and soft tissue infection in the left hand after a human bite. She presented with signs and symptoms of infection unresponsive to antibiotics, requiring admission for surgical debridement. Microbiological cultures were taken from the wound and empirical treatment was initiated with ciprofloxacin and clindamycin. Cultures were positive for Lancefieldella parvula by Matrix Assisted Laser Desorption Ionization-Time of Flight (MALDI-TOF) which was genetically confirmed by 16S sequencing. The patient required two surgical debridements and digit amputation; and was treated with levofloxacin for five days recovered, achieving complete resolution of symptoms.  
  
 Conclusions: Timely surgical management and targeted antimicrobial therapy in severe human bite infections is crucial. The identification of Lancefieldella parvula using advanced tools like MALDI-TOF emphasizes the need to consider uncommon microorganisms in the differential diagnosis.  
  
 Keywords: Human bite; Lancefieldella parvula; amputation; skin and soft tissue infection.

DOI: 10.1016/j.diagmicrobio.2025.116842

The ongoing antibiotic resistance and carbapenemase encoding genotypes surveillance. The first quarter report of the INVIFAR network for 2024

PLoS One

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Abstract  
 Introduction: Antimicrobial resistance surveillance plays an important role in generating information about the prevalence of resistant microorganisms. In this study, we summarize a surveillance of antimicrobial resistance and carbapenemase-encoding genes for selected pathogens in Mexican healthcare centers.  
  
 Methods: Databases of identification and susceptibility results collected from January 1 to March 31, 2024, from forty-one centers were gathered and analyzed using the WHONET software. Some relevant gram-negatives and gram-positives, which were isolated from relevant clinical specimens were included. Isolates were stratified by patient´s age, clinical specimens, and site of attention, and were classified as multidrug-resistant (MDR). Clinical isolates were collected from January 1 to June 30 and were genotyped for carbapenemase-encoding genes by a polymerase chain reaction test.  
  
 Results: In total, 8 708 strains were included. Escherichia coli had a higher resistance to carbapenems (p < 0.05) in the 0-17 years group and Klebsiella pneumoniae (p = 0.017), Pseudomonas aeruginosa, and Acinetobacter baumannii (p < 0.05) in the 18-59 years group. P. aeruginosa had higher resistance to ceftazidime-avibactam, ceftolozane-tazobactam, cefepime, and imipenem (p < 0.05) in the 18-59 years group. K. pneumoniae had the highest resistance to carbapenems (p < 0.05) and cefepime (p < 0.001) in clinical isolates recovered from blood. For P. aeruginosa, the highest resistance to cefepime (p = 0.012) and ceftazidime (p < 0.018) was seen in isolates from urine. For Staphylococcus aureus, a higher resistance was observed for cefoxitin in lower respiratory tract specimens (p < 0.05). E. coli had the highest resistance to carbapenems (p < 0.01), and P. aeruginosa for ceftazidime (p = 0.005), cefepime (p = 0.003), piperacillin-tazobactam (p = <0.01), IPM (p = 0.006), and meropenem (p = <0.01) in clinical isolates recovered from patients in the intensive care unit (ICU). For K. pneumoniae, the highest resistance to ertapenem was observed in clinical isolates from the ICU area (p < 0.035). Finally, 67.9% of A. baumannii and 53.8% of E. coli strains were Multidrug-resistant. Candida albicans isolated from blood had susceptibility to caspofungin 100% and 90.2% for voriconazole. Regarding E. coli non-susceptible to meropenem, 16 (59.2%) were carriers of blaNDM, and the blaKPC gene was detected in 2 (40%) strains of K. pneumoniae. In conclusion, carbapenem resistance was higher for E. coli in the 0-17 years group and for K. pneumoniae, P. aeruginosa, and A. baumannii in the 18-59 years group. K. pneumoniae has the highest resistance to carbapenems in blood isolates and the ICU area. E. coli and P. aeruginosa had the highest carbapenem resistance in the intensive care unit. A high multidrug resistance was observed for A. baumannii and E. coli strains. A high susceptibility to caspofungin and voriconazole was observed for Candida albicans collected from blood.

DOI: 10.1371/journal.pone.0319441

Good clinical practice recommendations for proton pump inhibitor prescription and deprescription. A review by experts from the AMG

Rev Gastroenterol Mex (Engl Ed)

L R Valdovinos-García 1, A S Villar-Chávez 2, F M Huerta-Iga 3, M Amieva-Balmori 4, J S Arenas-Martínez 5, R Bernal-Reyes 6, E Coss-Adame 5, O Gómez-Escudero 7, P C Gómez-Castaños 8, M González-Martínez 9, E C Morel-Cerda 10, J M Remes-Troche 4, M C Rodríguez-Leal 11, D Ruiz-Romero 2, M A Valdovinos-Diaz 12, G Vázquez-Elizondo 13, J A Velarde-Ruiz Velasco 10, M R Zavala-Solares 14

Abstract  
 Introduction and aim: Proton pump inhibitors (PPIs) are widely known drugs that are used quite frequently and indicated in both the short and long terms, in numerous acid-related diseases. Our aim was to produce an expert review that establishes recommendations for the adequate prescription and deprescription of PPIs.  
  
 Methods: A group of experts in PPI use that are members of the Asociación Mexicana de Gastroenterología (AMG), after extensively reviewing the published literature and discussing each recommendation at a face-to-face meeting, prepared the present document of good clinical practice recommendations. This document is not intended to be a clinical practice guideline or utilize the methodology said format requires.  
  
 Results: Eighteen experts on PPI use developed 22 good clinical practice recommendations for prescribing short-term, long-term, and on-demand PPIs, recognizing adverse events, and lastly, deprescribing PPIs, in acid-related diseases.  
  
 Conclusions: At present, there is scientific evidence on PPI use in numerous diseases, some in the short term (4-8 weeks), others on-demand (for short periods until symptoms improve), or in the long term (without suspending). Numerous adverse effects have been attributed to PPIs, but the majority have no well-established causal association. Nevertheless, PPIs should be suspended when there is no clear indication for their use. These recommendations aim to aid general physicians and specialists, with respect to PPI prescription and deprescription.  
  
 Keywords: Adverse effects; Deprescripción; Deprescription; Efectos adversos; Inhibidor de bomba de protones; Prescripción; Prescription; Proton pump inhibitor.

DOI: 10.1016/j.rgmxen.2024.11.002

Response to Porres-Aguilar et al., on "Periprocedural and perioperative anticoagulation management strategies in liver cirrhosis"

Rev Gastroenterol Mex (Engl Ed)

J A Velarde-Ruiz Velasco 1, F Higuera-de-la-Tijera 2

No abstract available

DOI: 10.1016/j.rgmxen.2024.11.003

Multilevel mortality risk factors among pediatric hematology-oncology patients with deterioration

Cancer

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Abstract  
 Background: Hospitalized pediatric hematology-oncology patients have frequent clinical deterioration events (CDEs) requiring intensive care unit (ICU) interventions and resulting in high mortality, particularly in resource-limited settings. This study identifies independent risk factors for CDE mortality in hospitals providing childhood cancer care in Latin America and Spain.  
  
 Methods: Centers implemented a prospective CDE registry, defined as unplanned transfer to a higher level of care, use of ICU-level interventions on the ward, or nonpalliative ward death. The authors analyzed registry data from April 2017 to December 2022. The primary outcome was CDEs mortality, defined as death occurring during ICU admission, <24 hours of ICU discharge, or end of ward-based ICU interventions. Multilevel modeling identified event-, patient-, and hospital-level independent risk factors for CDE mortality.  
  
 Results: Among 69 participating hospitals in 18 countries, 4134 CDEs were reported in 3319 pediatric hematology-oncology patients with an event mortality of 26.8% (1108 events). Of all CDEs, 33.7% used ICU interventions on the ward and 87.5% were transferred to a higher level of care. In multilevel modeling, significant independent risk factors for event mortality present at the start of deterioration included patient (disease relapse) and event (e.g., reason for hospital admission, use of ICU intervention on wards, abnormal lactate, platelets, or C-reactive protein, reason for deterioration, and number of organs with dysfunction); hospital factors were not significant predictors of mortality.  
  
 Conclusions: Hospitalized pediatric hematology-oncology patients with CDE have high mortality with significant variability across centers. Mortality, however, is largely driven by modifiable event-level factors, demonstrating the need for targeted interventions to improve survival.  
  
 Keywords: Latin America; clinical deterioration; intensive care; pediatric oncology; resource‐limited settings.

DOI: 10.1002/cncr.35818

Prevalence and Associated Factors of Oral Allergy Syndrome among Mexican Adults: A Survey-Based Study: Oral Allergy Syndrome

Indian J Otolaryngol Head Neck Surg

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Abstract  
 Aims: To determine the prevalence of OAS in Mexican adults and identify the main foods and factors associated with this condition.  
  
 Methods: A survey was conducted on a sample of adults aged 18 to 50 years using stratified probabilistic sampling based on the participants' age and sex. Multivariate analyses were performed to identify factors associated with OAS, and adjusted odds ratios (aOR) were calculated.  
  
 Results: The study included 1,091 adults (46.7% women; mean age 27.6 years). Of these, 196 (18.0%) had food hypersensitivity and 64 out of 1,091 had OAS (prevalence: 5.9%; 95% CI: 4.5 - 7.4%). The food groups most associated with OAS were fruits (28/64, 43.8%), seafood (21/64, 32.8%), and nuts (12/64, 18.8%). Individually, the most frequent foods were shrimp (31.3%), pecans (14.1%), peach (10.9%), kiwi (10.9%), and strawberry (7.8%). There was a significant association of OAS with allergic rhinitis (aOR: 2.85, p = 0.001), urticaria (aOR: 18.48, p < 0.001), and a family history of atopy (aOR: 2.29, p = 0.006).  
  
 Conclusions: This study suggests that the prevalence of OAS in adults as a manifestation of food hypersensitivity is a common event (64/196, 32.6%). Foods such as fruits, seafood, and nuts are strongly related to its occurrence.  
  
 Keywords: Adults; Cross-sectional study; Food; Food hypersensitivity; Prevalence.

DOI: 10.1007/s12070-025-05397-5