**Oficio Número**: CI-HCG/55/2025

**Asunto:** Transparencia Marzo Investigación

**LIC. MARISELA MARIA DEL ROSARIO VALLE VEGA**

Coordinadora General de Mejora Regulatoria y Transparencia

O. P. D. Hospital Civil de Guadalajara

Presente:

En respuesta al oficio No. CGMRT/1754/2025 y relación a la información solicitada por transparencia le hago llegar la siguiente información:

Protocolos Comités Unidad Hospitalaria “Fray Antonio Alcalde”

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

Se anexa información al correo 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 09 de Abril del 2025

**Dr. Gerardo León Garnica**

**Coordinador de Investigación**

**OPD Hospital Civil de Guadalajara**

Ccp Archivo

GLG/EMGH

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# Awake Prone Positioning in Adults With COVID-19: An Individual Participant Data Meta-Analysis

[Jian Luo](https://pubmed.ncbi.nlm.nih.gov/?term=Luo+J&cauthor_id=40063016) [1](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-1), [Ivan Pavlov](https://pubmed.ncbi.nlm.nih.gov/?term=Pavlov+I&cauthor_id=40063016) [2](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-2), [Elsa Tavernier](https://pubmed.ncbi.nlm.nih.gov/?term=Tavernier+E&cauthor_id=40063016) [3](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-3), [Yonatan Perez](https://pubmed.ncbi.nlm.nih.gov/?term=Perez+Y&cauthor_id=40063016) [4](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-4), [Aileen Kharat](https://pubmed.ncbi.nlm.nih.gov/?term=Kharat+A&cauthor_id=40063016) [5](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-5), [Bairbre McNicholas](https://pubmed.ncbi.nlm.nih.gov/?term=McNicholas+B&cauthor_id=40063016) [6](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-6) [7](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-7), [Oriol Roca](https://pubmed.ncbi.nlm.nih.gov/?term=Roca+O&cauthor_id=40063016) [8](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-8) [9](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-9) [10](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-10), [David L Vines](https://pubmed.ncbi.nlm.nih.gov/?term=Vines+DL&cauthor_id=40063016) [11](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-11), [Miguel Ibarra-Estrada](https://pubmed.ncbi.nlm.nih.gov/?term=Ibarra-Estrada+M&cauthor_id=40063016) [12](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-12), [Waleed Alhazzani](https://pubmed.ncbi.nlm.nih.gov/?term=Alhazzani+W&cauthor_id=40063016) [13](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-13) [14](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-14), [Kimberley Lewis](https://pubmed.ncbi.nlm.nih.gov/?term=Lewis+K&cauthor_id=40063016) [15](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-15) [16](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-16), [Steven Q Simpson](https://pubmed.ncbi.nlm.nih.gov/?term=Simpson+SQ&cauthor_id=40063016) [17](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-17), [Garrett Rampon](https://pubmed.ncbi.nlm.nih.gov/?term=Rampon+G&cauthor_id=40063016) [18](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-18), [Ling Liu](https://pubmed.ncbi.nlm.nih.gov/?term=Liu+L&cauthor_id=40063016) [19](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-19), [Qin Sun](https://pubmed.ncbi.nlm.nih.gov/?term=Sun+Q&cauthor_id=40063016) [19](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-19), [Haibo Qiu](https://pubmed.ncbi.nlm.nih.gov/?term=Qiu+H&cauthor_id=40063016) [19](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-19), [Yi Yang](https://pubmed.ncbi.nlm.nih.gov/?term=Yang+Y&cauthor_id=40063016) [19](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-19), [Giuseppe Lapadula](https://pubmed.ncbi.nlm.nih.gov/?term=Lapadula+G&cauthor_id=40063016) [20](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-20), [Edward Tang Qian](https://pubmed.ncbi.nlm.nih.gov/?term=Qian+ET&cauthor_id=40063016) [21](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-21), [Cheryl L Gatto](https://pubmed.ncbi.nlm.nih.gov/?term=Gatto+CL&cauthor_id=40063016) [21](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-21), [Todd W Rice](https://pubmed.ncbi.nlm.nih.gov/?term=Rice+TW&cauthor_id=40063016) [21](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-21), [Ken Kuljit S Parhar](https://pubmed.ncbi.nlm.nih.gov/?term=Parhar+KKS&cauthor_id=40063016) [22](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-22), [Jason Weatherald](https://pubmed.ncbi.nlm.nih.gov/?term=Weatherald+J&cauthor_id=40063016) [23](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-23), [Allan J Walkey](https://pubmed.ncbi.nlm.nih.gov/?term=Walkey+AJ&cauthor_id=40063016) [24](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-24), [Nicholas A Bosch](https://pubmed.ncbi.nlm.nih.gov/?term=Bosch+NA&cauthor_id=40063016) [25](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-25), [Mai-Anh Nay](https://pubmed.ncbi.nlm.nih.gov/?term=Nay+MA&cauthor_id=40063016) [26](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-26), [Thierry Boulain](https://pubmed.ncbi.nlm.nih.gov/?term=Boulain+T&cauthor_id=40063016) [26](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-26), [Guillaume Fossat](https://pubmed.ncbi.nlm.nih.gov/?term=Fossat+G&cauthor_id=40063016) [26](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-26), [Tim R E Harris](https://pubmed.ncbi.nlm.nih.gov/?term=Harris+TRE&cauthor_id=40063016) [27](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-27) [28](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-28), [C Louise Thwaites](https://pubmed.ncbi.nlm.nih.gov/?term=Thwaites+CL&cauthor_id=40063016) [29](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-29), [Nguyen Thanh Phong](https://pubmed.ncbi.nlm.nih.gov/?term=Phong+NT&cauthor_id=40063016) [30](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-30), [Paolo Bonfanti](https://pubmed.ncbi.nlm.nih.gov/?term=Bonfanti+P&cauthor_id=40063016) [20](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-20), [Sajad Yarahmadi](https://pubmed.ncbi.nlm.nih.gov/?term=Yarahmadi+S&cauthor_id=40063016) [31](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-31), [Seyed Mohammadreza Hashemian](https://pubmed.ncbi.nlm.nih.gov/?term=Hashemian+SM&cauthor_id=40063016) [32](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-32), [Devachandran Jayakumar](https://pubmed.ncbi.nlm.nih.gov/?term=Jayakumar+D&cauthor_id=40063016) [33](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-33), [Stephanie Parks Taylor](https://pubmed.ncbi.nlm.nih.gov/?term=Taylor+SP&cauthor_id=40063016) [34](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-34), [Stacy A Johnson](https://pubmed.ncbi.nlm.nih.gov/?term=Johnson+SA&cauthor_id=40063016) [35](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-35), [Claude Guerin](https://pubmed.ncbi.nlm.nih.gov/?term=Guerin+C&cauthor_id=40063016) [36](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-36), [John G Laffey](https://pubmed.ncbi.nlm.nih.gov/?term=Laffey+JG&cauthor_id=40063016) [6](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-6) [7](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-7), [Stephan Ehrmann](https://pubmed.ncbi.nlm.nih.gov/?term=Ehrmann+S&cauthor_id=40063016) [37](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-37) [38](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-38), [Jie Li](https://pubmed.ncbi.nlm.nih.gov/?term=Li+J&cauthor_id=40063016) [11](https://pubmed.ncbi.nlm.nih.gov/40063016/#full-view-affiliation-11); [Awake Prone Positioning Meta-Analysis Group](https://pubmed.ncbi.nlm.nih.gov/?term=Awake+Prone+Positioning+Meta-Analysis+Group%5BCorporate+Author%5D)

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## Abstract

**Importance:** The impact of awake prone positioning (APP) on clinical outcomes in patients with COVID-19 and acute hypoxemic respiratory failure (AHRF) remains uncertain.

**Objective:** To assess the association of APP with improved clinical outcomes among patients with COVID-19 and AHRF, and to identify potential effect modifiers.

**Data sources:** PubMed, Embase, the Cochrane Library, and ClinicalTrials.gov were searched through August 1, 2024.

**Study selection:** Randomized clinical trials (RCTs) examining APP in adults with COVID-19 and AHRF that reported intubation rate or mortality were included.

**Data extraction and synthesis:** Individual participant data (IPD) were extracted according to PRISMA-IPD guidelines. For binary outcomes, logistic regression was used and odds ratio (OR) and 95% CIs were reported, while for continuous outcomes, linear regression was used and mean difference (MD) and 95% CIs were reported.

**Main outcomes and measures:** The primary outcome was survival without intubation. Secondary outcomes included intubation, mortality, death without intubation, death after intubation, escalation of respiratory support, intensive care unit (ICU) admission, time from enrollment to intubation and death, duration of invasive mechanical ventilation, and hospital and ICU lengths of stay.

**Results:** A total of 14 RCTs involving 3019 patients were included; 1542 patients in the APP group (mean [SD] age, 59.3 [14.1] years; 1048 male [68.0%]) and 1477 in the control group (mean [SD] age, 59.9 [14.1] years; 979 male [66.3%]). APP improved survival without intubation (OR, 1.42; 95% CI, 1.20-1.68), and it reduced the risk of intubation (OR, 0.70; 95% CI, 0.59-0.84) and hospital mortality (OR, 0.77; 95% CI, 0.63-0.95). APP also extended the time from enrollment to intubation (MD, 0.93 days; 95% CI, 0.43 to 1.42 days). In exploratory subgroup analyses, improved survival without intubation was observed in patients younger than age 68 years, as well as in patients with a body mass index of 26 to 30, early implementation of APP (ie, less than 1 day from hospitalization), a pulse saturation to inhaled oxygen fraction ratio of 155 to 232, respiratory rate of 20 to 26 breaths per minute (bpm), and those receiving advanced respiratory support at enrollment. However, none of the subgroups had significant interaction with APP treatment. APP duration 10 or more hours/d within the first 3 days was associated with increased survival without intubation (OR, 1.85; 95% CI, 1.37-2.49).

**Conclusions and relevance:** This IPD meta-analysis found that in adults with COVID-19 and AHRF, APP was associated with increased survival without intubation and with reduced risks of intubation and mortality, including death after intubation. Prolonged APP duration (10 or more hours/d) was associated with better outcomes.

Review Int J Mol Sci. 2025 Mar 1;26(5):2229. doi: 10.3390/ijms26052229.

# The Role of TLRs in Obesity and Its Related Metabolic Disorders

[Tannia Isabel Campos-Bayardo](https://pubmed.ncbi.nlm.nih.gov/?term=Campos-Bayardo+TI&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Daniel Román-Rojas](https://pubmed.ncbi.nlm.nih.gov/?term=Rom%C3%A1n-Rojas+D&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Andrés García-Sánchez](https://pubmed.ncbi.nlm.nih.gov/?term=Garc%C3%ADa-S%C3%A1nchez+A&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Ernesto Germán Cardona-Muñoz](https://pubmed.ncbi.nlm.nih.gov/?term=Cardona-Mu%C3%B1oz+EG&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Daniela Itzel Sánchez-Lozano](https://pubmed.ncbi.nlm.nih.gov/?term=S%C3%A1nchez-Lozano+DI&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Sylvia Totsuka-Sutto](https://pubmed.ncbi.nlm.nih.gov/?term=Totsuka-Sutto+S&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1), [Luis Francisco Gómez-Hermosillo](https://pubmed.ncbi.nlm.nih.gov/?term=G%C3%B3mez-Hermosillo+LF&cauthor_id=40076851) [2](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-2), [Jorge Casillas-Moreno](https://pubmed.ncbi.nlm.nih.gov/?term=Casillas-Moreno+J&cauthor_id=40076851) [2](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-2), [Jorge Andrade-Sierra](https://pubmed.ncbi.nlm.nih.gov/?term=Andrade-Sierra+J&cauthor_id=40076851) [3](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-3), [Leonardo Pazarín-Villaseñor](https://pubmed.ncbi.nlm.nih.gov/?term=Pazar%C3%ADn-Villase%C3%B1or+L&cauthor_id=40076851) [3](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-3), [Wendy Campos-Pérez](https://pubmed.ncbi.nlm.nih.gov/?term=Campos-P%C3%A9rez+W&cauthor_id=40076851) [4](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-4), [Erika Martínez-López](https://pubmed.ncbi.nlm.nih.gov/?term=Mart%C3%ADnez-L%C3%B3pez+E&cauthor_id=40076851) [4](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-4), [Alejandra Guillermina Miranda-Díaz](https://pubmed.ncbi.nlm.nih.gov/?term=Miranda-D%C3%ADaz+AG&cauthor_id=40076851) [1](https://pubmed.ncbi.nlm.nih.gov/40076851/#full-view-affiliation-1)

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## Abstract

Obesity affects the adaptability of adipose tissue (AT), impairing its ability to regulate energy and metabolism. Obesity is associated with many metabolic disorders, including dyslipidemia, hypertension, sleep disorders, non-alcoholic liver disease, and some types of cancer. Toll-like receptors (TLRs) are important in obesity and related metabolic disorders. TLRs are pattern-recognizing receptors (PRRs) involved in the innate immune system and recognize pathogen-associated molecular patterns (PAMPs) and endogenous ligands. TLRs, especially TLR2 and TLR4, are activated by fatty acids, endotoxins, and other ligands. TLR2 and TLR4 activation triggers inflammatory responses. Chronic inflammation driven by TLR activation is a hallmark of obesity and metabolic diseases. The inflammatory response triggered by TLR activation alters insulin signaling, contributing to insulin resistance, a key feature of metabolic syndrome and type 2 diabetes. Modulation of TLR activity through lifestyle changes (diet and exercise), obesity surgery, and pharmacological agents is under study as a possible therapeutic approach to controlling obesity and its complications.

**Keywords:** TLRs; atherosclerotic disease; chronic inflammation; metabolic syndrome; non-alcoholic fatty liver disease; obesity.

Obes Surg. 2025 Mar 18. doi: 10.1007/s11695-025-07805-9. Online ahead of print.

# Historical Perspectives of Obesity Through Art

[Gabriela Zamudio Martínez](https://pubmed.ncbi.nlm.nih.gov/?term=Zamudio+Mart%C3%ADnez+G&cauthor_id=40102323) [1](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-2), [Martha Patricia Sánchez Muñoz](https://pubmed.ncbi.nlm.nih.gov/?term=S%C3%A1nchez+Mu%C3%B1oz+MP&cauthor_id=40102323) [3](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-3) [4](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-4), [Carlos Manuel Moreno Mendoza](https://pubmed.ncbi.nlm.nih.gov/?term=Moreno+Mendoza+CM&cauthor_id=40102323) [3](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-3) [4](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-4), [Manuel Andrey Félix Castro](https://pubmed.ncbi.nlm.nih.gov/?term=F%C3%A9lix+Castro+MA&cauthor_id=40102323) [3](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-3) [4](https://pubmed.ncbi.nlm.nih.gov/40102323/#full-view-affiliation-4)

PMID: 40102323 DOI: [10.1007/s11695-025-07805-9](https://doi.org/10.1007/s11695-025-07805-9)

## Abstract

This review examines the changing interpretation of obesity in art throughout history. From prehistoric times, where weight symbolized fertility and abundance, to modern periods where it was linked to morality, sin, or decadence, art has mirrored evolving societal views on the human body. These representations reflect shifts in cultural, social, and economic values, illustrating how perceptions of health, beauty, and morality have transformed through time. By analyzing art, we gain insight into how different eras defined the human body, highlighting art's crucial role in shaping and reflecting these changing interpretations.

**Keywords:** Art; Art history; Obesity.

Microorganisms. 2025 Mar 19;13(3):684. doi: 10.3390/microorganisms13030684.

# Whole-Genome Sequencing of Linezolid-Resistant and Linezolid-Intermediate-Susceptibility *Enterococcus faecalis* Clinical Isolates in a Mexican Tertiary Care University Hospital

[Pedro Martínez-Ayala](https://pubmed.ncbi.nlm.nih.gov/?term=Mart%C3%ADnez-Ayala+P&cauthor_id=40142576) [1](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-2), [Leonardo Perales-Guerrero](https://pubmed.ncbi.nlm.nih.gov/?term=Perales-Guerrero+L&cauthor_id=40142576) [3](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-3), [Adolfo Gómez-Quiroz](https://pubmed.ncbi.nlm.nih.gov/?term=G%C3%B3mez-Quiroz+A&cauthor_id=40142576) [4](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-4), [Brenda Berenice Avila-Cardenas](https://pubmed.ncbi.nlm.nih.gov/?term=Avila-Cardenas+BB&cauthor_id=40142576) [4](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-4), [Karen Gómez-Portilla](https://pubmed.ncbi.nlm.nih.gov/?term=G%C3%B3mez-Portilla+K&cauthor_id=40142576) [3](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-3), [Edson Alberto Rea-Márquez](https://pubmed.ncbi.nlm.nih.gov/?term=Rea-M%C3%A1rquez+EA&cauthor_id=40142576) [3](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-3), [Violeta Cassandra Vera-Cuevas](https://pubmed.ncbi.nlm.nih.gov/?term=Vera-Cuevas+VC&cauthor_id=40142576) [5](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-5), [Crisoforo Alejandro Gómez-Quiroz](https://pubmed.ncbi.nlm.nih.gov/?term=G%C3%B3mez-Quiroz+CA&cauthor_id=40142576) [4](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-4), [Jaime Briseno-Ramírez](https://pubmed.ncbi.nlm.nih.gov/?term=Briseno-Ram%C3%ADrez+J&cauthor_id=40142576) [2](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-2) [3](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-3), [Judith Carolina De Arcos-Jiménez](https://pubmed.ncbi.nlm.nih.gov/?term=De+Arcos-Jim%C3%A9nez+JC&cauthor_id=40142576) [2](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-2) [6](https://pubmed.ncbi.nlm.nih.gov/40142576/#full-view-affiliation-6)

PMID: 40142576 PMCID: [PMC11944505](https://pmc.ncbi.nlm.nih.gov/articles/PMC11944505/) DOI: [10.3390/microorganisms13030684](https://doi.org/10.3390/microorganisms13030684)

## Abstract

Linezolid-non-susceptible *Enterococcus faecalis* (LNSEf) has emerged as a critical clinical concern worldwide, yet data from Latin American settings remain scarce. This study aimed to investigate the molecular epidemiology and mechanisms underlying LNSEf in a Mexican tertiary care university hospital, focusing on clinical correlates and clonal relationships. A total of 392 non-duplicated *E. faecalis* isolates were collected over 12 months, of which 24 with minimum inhibitory concentrations ≥4 µg/mL underwent whole-genome sequencing to identify specific resistance determinants (*optrA*, *cfrA*, *23S rRNA* mutations) and to perform multilocus sequence typing (MLST) and phylogenetic analyses. Of the 392 isolates, 6.12% showed linezolid non-susceptibility, predominantly linked to plasmid- or chromosomally encoded *optrA*; only two isolates carried *cfrA*. No mutations were detected in 23S rRNA domain V or ribosomal proteins L3/L4. Clinically, LNSEf strains were associated with immunosuppression, previous surgical interventions, and prolonged hospital stays. Although most LNSEf isolates retained susceptibility to ampicillin, vancomycin, and daptomycin, they exhibited high rates of resistance to other antibiotic classes, particularly aminoglycosides and fluoroquinolones. These findings underscore the emergence of LNSEf in this region, highlighting the need for robust genomic surveillance, strict infection control, and judicious antimicrobial stewardship to curb further dissemination.

**Keywords:** Enterococcus faecalis; cfr; genomic surveillance; linezolid resistance; multidrug-resistant bacteria; optrA.

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# Development of a Weighted-Incidence Syndromic Combination Antibiogram (WISCA) to guide empiric antibiotic treatment for ventilator-associated pneumonia in a Mexican tertiary care university hospital

[Jaime Briseno-Ramírez](https://pubmed.ncbi.nlm.nih.gov/?term=Briseno-Ram%C3%ADrez+J&cauthor_id=40038606) [1](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-2) [3](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-3), [Adolfo Gómez-Quiroz](https://pubmed.ncbi.nlm.nih.gov/?term=G%C3%B3mez-Quiroz+A&cauthor_id=40038606) [4](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-4), [Brenda Berenice Avila-Cardenas](https://pubmed.ncbi.nlm.nih.gov/?term=Avila-Cardenas+BB&cauthor_id=40038606) [4](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-4), [Judith Carolina De Arcos-Jiménez](https://pubmed.ncbi.nlm.nih.gov/?term=De+Arcos-Jim%C3%A9nez+JC&cauthor_id=40038606) [2](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-2) [3](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-3), [Leonardo Perales-Guerrero](https://pubmed.ncbi.nlm.nih.gov/?term=Perales-Guerrero+L&cauthor_id=40038606) [1](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-1), [Jaime F Andrade-Villanueva](https://pubmed.ncbi.nlm.nih.gov/?term=Andrade-Villanueva+JF&cauthor_id=40038606) [5](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-5), [Pedro Martínez-Ayala](https://pubmed.ncbi.nlm.nih.gov/?term=Mart%C3%ADnez-Ayala+P&cauthor_id=40038606) [6](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-6) [7](https://pubmed.ncbi.nlm.nih.gov/40038606/#full-view-affiliation-7)

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## Abstract

**Background:** Ventilator-associated pneumonia (VAP) is a significant nosocomial infection in critically ill patients, leading to high morbidity, mortality, and increased healthcare costs. The diversity of local microbiology and resistance patterns complicates the empirical treatment selection. The Weighted-Incidence Syndromic Combination Antibiogram (WISCA) offers an innovative tool to optimize empirical antibiotic therapy by integrating local microbiological data and resistance profiles.

**Objective:** To develop a WISCA tailored for VAP in a Mexican tertiary care university hospital, aiming to enhance empirical antibiotic coverage by addressing the unique pathogen distribution and resistance patterns within the institution.

**Methods:** This retrospective study included 197 VAP episodes from 129 patients admitted to a critical care unit between June 2021 and June 2024. Clinical and microbiological data, including pathogen susceptibility profiles, were analyzed using a Bayesian hierarchical model to evaluate the coverage of multiple antibiotic regimens. We also assessed the current impact of inappropriate empiric or directed treatment on in-hospital mortality using Cox regression models to support the development of a WISCA model.

**Results:** The median age of the patients was 44 years (IQR 35-56), with Acinetobacter baumannii (n = 71), Enterobacterales (n = 53) and Pseudomonas aeruginosa (n = 36) identified as the most frequently isolated pathogens. The developed WISCA models showed variable coverage based on antibiotic regimens and the duration of invasive mechanical ventilation (IMV). Inappropriate directed therapy during the VAP episode was associated with increased mortality, as were the diagnosis of Acute Respiratory Distress Syndrome (ARDS) and a high Sequential Organ Failure Assessment (SOFA) score (p < 0.01).

**Conclusions:** The tailored WISCA with Bayesian hierarchical modeling provided more adaptive, subgroup-specific estimates and managed uncertainty better compared to fixed models. The implementation of this WISCA model demonstrated potential to optimize antibiotic strategies and improve clinical outcomes in critically ill patients in our hospital.

**Topic:** Optimizing Empirical Antibiotic Therapy for Ventilator-Associated Pneumonia Using a Weighted-Incidence Syndromic Combination Antibiogram in a Mexican Tertiary Care Hospital.

**Keywords:** Acinetobacter baumannii; Antibiotic resistance; Bayesian hierarchical model; Empirical therapy; Ventilator-associated pneumonia; Weighted incidence syndromic combination antibiogram.

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# Pain and Suffering: The Experience of Patients With Terminal Cancer

[Gerardo Rodríguez Aceves](https://pubmed.ncbi.nlm.nih.gov/?term=Aceves+GR&cauthor_id=40074639) [1](https://pubmed.ncbi.nlm.nih.gov/40074639/#full-view-affiliation-1), [Ana Leticia Salcedo Rocha](https://pubmed.ncbi.nlm.nih.gov/?term=Rocha+ALS&cauthor_id=40074639) [2](https://pubmed.ncbi.nlm.nih.gov/40074639/#full-view-affiliation-2), [Elizabeth Sevilla](https://pubmed.ncbi.nlm.nih.gov/?term=Sevilla+E&cauthor_id=40074639) [3](https://pubmed.ncbi.nlm.nih.gov/40074639/#full-view-affiliation-3)

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## Abstract

**Purpose/objectives:** Analyze the meaning of pain and suffering experienced by patients with end-stage cancer from a systemic perspective.

**Design:** Qualitative study based on General Systems Theory.

**Sample/participants:** Ten patients with terminal stage cancer were interviewed.

**Methods:** Semi-structured interviews were conducted to understand the reasons for pain and suffering. From a systemic perspective, relationships and interrelationships between different categories, systems, and subsystems were established.

**Findings:** More than a third of the patients identified the spiritual factor as the primary cause of their pain and suffering, above other factors (psychological, economic). They emphasized the importance of faith, religion, and beliefs during their illness.

**Implications for providers:** Including training on aspects of spiritual care in the academic curricula of health professionals would enhance the quality of care for patients at the end of their lives.

**Keywords:** Cancer; Death; Pain; Palliative care; Suffering.

J Pain Symptom Manage. 2025 Mar 6:S0885-3924(25)00534-2. doi: 10.1016/j.jpainsymman.2025.02.474. Online ahead of print.

# Evolving Models of Community-Based Pediatric Palliative Care in Eight Countries across Latin America

[Zulema Garcia Ulloa](https://pubmed.ncbi.nlm.nih.gov/?term=Ulloa+ZG&cauthor_id=40057248) [1](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-1), [Ximena García-Quintero](https://pubmed.ncbi.nlm.nih.gov/?term=Garc%C3%ADa-Quintero+X&cauthor_id=40057248) [2](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-2), [Yuriko Nakashima-Paniagua](https://pubmed.ncbi.nlm.nih.gov/?term=Nakashima-Paniagua+Y&cauthor_id=40057248) [3](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-3), [Silvia Rivas](https://pubmed.ncbi.nlm.nih.gov/?term=Rivas+S&cauthor_id=40057248) [4](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-4), [Monica A Gana](https://pubmed.ncbi.nlm.nih.gov/?term=Gana+MA&cauthor_id=40057248) [5](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-5), [Antonella E Torelli](https://pubmed.ncbi.nlm.nih.gov/?term=Torelli+AE&cauthor_id=40057248) [6](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-6), [Hazel M Gutiérrez](https://pubmed.ncbi.nlm.nih.gov/?term=Guti%C3%A9rrez+HM&cauthor_id=40057248) [7](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-7), [Juliana Lopera](https://pubmed.ncbi.nlm.nih.gov/?term=Lopera+J&cauthor_id=40057248) [8](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-8), [Wendy Cristhyna Gómez García](https://pubmed.ncbi.nlm.nih.gov/?term=Garc%C3%ADa+WCG&cauthor_id=40057248) [9](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-9), [Sandra Chacón](https://pubmed.ncbi.nlm.nih.gov/?term=Chac%C3%B3n+S&cauthor_id=40057248) [10](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-10), [Mercedes Bernadá](https://pubmed.ncbi.nlm.nih.gov/?term=Bernad%C3%A1+M&cauthor_id=40057248) [11](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-11), [Michael J McNeil](https://pubmed.ncbi.nlm.nih.gov/?term=McNeil+MJ&cauthor_id=40057248) [12](https://pubmed.ncbi.nlm.nih.gov/40057248/#full-view-affiliation-12)

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## Abstract

**Context:** High-quality pediatric palliative care is best achieved through a comprehensive interdisciplinary effort that actively involves the family and engages resources within the community. Community-based palliative care specifically strives to incorporate palliative care into local healthcare systems, adapting the most suitable model of care to each unique context.

**Objectives:** In Latin America (LATAM), there is a paucity of palliative care teams, especially pediatric palliative care teams, working outside the hospital setting and immersed in the community. Thus, it is essential to learn more about the different community-based pediatric palliative care programs in Latin America and understand their successes in providing high quality community palliative care for children in resource-constrained settings METHODS: Eight LATAM leaders from outpatient Pediatric Palliative Care (PPC) programs, invited by St. Jude Global PPC network, participated in the study based on program alignment, operational status, and willingness. While not a systematic assessment, this sample includes benchmark Community-Based Pediatric Palliative Care (CBPPC) programs. Participants completed an online survey covering program characteristics, services, team composition, funding, implementation strategies, barriers and facilitators for success. A descriptive analysis summarized the findings, highlighting the diversity of these programs.

**Results:** We found that the programs offer a range of services provided by an interdisciplinary team, including home-based care, telemedicine, and outpatient care. Additionally, we highlight two hospice facilities dedicated to providing pediatric palliative care. Community-based palliative care programs in Latin America are advancing patient care through community networks and alliances and are offering individualized, high-quality care tailored to the needs of patients and their families.

**Conclusion:** This information is essential to understand how to develop successful community-based palliative care programs for children in other resource-constrained settings around the globe.

**Keywords:** community-based palliative care; home-based palliative care; palliative care delivery programs; pediatric hospice care; pediatric palliative care.

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# Unveiling a pathogenic *FANCA* gene variant in a Mexican family with Fanconi anemia through next‑generation sequencing

[Idalid Cuero-Quezada](https://pubmed.ncbi.nlm.nih.gov/?term=Cuero-Quezada+I&cauthor_id=39885916) [1](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-2), [Sinhue Alejandro Brukman-Jiménez](https://pubmed.ncbi.nlm.nih.gov/?term=Brukman-Jim%C3%A9nez+SA&cauthor_id=39885916) [3](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-3), [Alfredo Corona-Rivera](https://pubmed.ncbi.nlm.nih.gov/?term=Corona-Rivera+A&cauthor_id=39885916) [2](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-2) [3](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-3), [Jorge Román Corona-Rivera](https://pubmed.ncbi.nlm.nih.gov/?term=Corona-Rivera+JR&cauthor_id=39885916) [4](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-4), [María Magdalena Ortiz-Sandoval](https://pubmed.ncbi.nlm.nih.gov/?term=Ortiz-Sandoval+MM&cauthor_id=39885916) [5](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-5), [Leonardo Juárez-Zucco](https://pubmed.ncbi.nlm.nih.gov/?term=Ju%C3%A1rez-Zucco+L&cauthor_id=39885916) [6](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-6), [Fernando Alexis Flores-Leura](https://pubmed.ncbi.nlm.nih.gov/?term=Flores-Leura+FA&cauthor_id=39885916) [1](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-2), [Felipe De Jesús Bustos-Rodríguez](https://pubmed.ncbi.nlm.nih.gov/?term=De+Jes%C3%BAs+Bustos-Rodr%C3%ADguez+F&cauthor_id=39885916) [7](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-7), [Lucina Bobadilla-Morales](https://pubmed.ncbi.nlm.nih.gov/?term=Bobadilla-Morales+L&cauthor_id=39885916) [2](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-2) [3](https://pubmed.ncbi.nlm.nih.gov/39885916/#full-view-affiliation-3)

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## Abstract

Fanconi anemia (FA) is the most common hereditary bone marrow failure syndrome, with an incidence of 1 in 5,000,000. This disease is caused by an alteration in one of the 23 genes associated with the FA/BRCA DNA repair pathway, which is responsible for repairing interstrand bridges generated during homologous recombination. FA has been associated with a predisposition to other types of neoplasm. The current study aimed to present a pathogenic variant in *FANCA* observed in three Mexican siblings, as detected by next-generation sequencing (NGS). The results of an induced chromosomal breakage test showed chromosomal breaks and radial figures, which were compatible with FA, and a normal karyotype. NGS TruSight Hereditary Cancer Panel analysis resulted in the *FANCA:*c.3931\_3932delAG variant being classified as pathogenic according to bioinformatics analysis. The present study reports a pathogenic variant in *FANCA* that was found in a Mexican family with FA, in which one of the siblings exhibited a suggestive mucosa-assisted lymphoid tissue lymphoma, which is an atypical presentation of neoplasia associated with FA.

**Keywords:** FANCA; Fanconi anemia; Mexican family; pathogenic variant.

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# Empty Stomach Sensation and Bothersome Hunger Sensation: Two Relevant Clinical Manifestations in Patients with Dyspepsia

[Francisco Alejandro Félix Téllez](https://pubmed.ncbi.nlm.nih.gov/?term=T%C3%A9llez+FAF&cauthor_id=40067548) [1](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-1), [José María Remes Troche](https://pubmed.ncbi.nlm.nih.gov/?term=Troche+JMR&cauthor_id=40067548) [1](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-1), [Ana Luisa Mateos Viramontes](https://pubmed.ncbi.nlm.nih.gov/?term=Viramontes+ALM&cauthor_id=40067548) [2](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-2), [Alex René Sandoval Avilés](https://pubmed.ncbi.nlm.nih.gov/?term=Avil%C3%A9s+ARS&cauthor_id=40067548) [2](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-2), [Héctor Ricardo Ordaz Álvarez](https://pubmed.ncbi.nlm.nih.gov/?term=%C3%81lvarez+HRO&cauthor_id=40067548) [1](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-1), [José Antonio Velarde Ruiz Velasco](https://pubmed.ncbi.nlm.nih.gov/?term=Velasco+JAVR&cauthor_id=40067548) [3](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-3), [Ángel Ricardo Flores Rendon](https://pubmed.ncbi.nlm.nih.gov/?term=Rendon+%C3%81RF&cauthor_id=40067548) [4](https://pubmed.ncbi.nlm.nih.gov/40067548/#full-view-affiliation-4)

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## Abstract

**Background:** Dyspepsia, characterized by symptoms in the gastroduodenal region, poses diagnostic challenges despite Rome IV criteria.

**Aim:** This study aimed to investigate the prevalence of two underreported symptoms, Empty Stomach Sensation and Bothersome Hunger Sensation, in dyspeptic patients, and their association with the disorder of gut-brain interaction.

**Methods:** A cross-sectional study surveyed 1,211 individuals in northwest Mexico, assessing dyspeptic symptoms with pictograms and a 7-point Likert scale. Logistic regression analyzed associations between dyspepsia, Empty Stomach Sensation, and Bothersome Hunger Sensation.

**Results:** Dyspepsia prevalence was 39.1%, being overlap syndrome the most common (42.7%) phenotypic presentation. Empty Stomach Sensation prevalence in dyspeptic patients was 43.8% versus 12.6% in non-dyspeptics (p < 0.001). Bothersome Hunger Sensation prevalence in dyspeptics was 25.4% compared to 5.6% in non-dyspeptics (p < 0.001). Both symptoms were associated with epigastric pain syndrome, postprandial distress syndrome, overlap syndrome, anxiety disorders and other gastroduodenal symptoms.

**Conclusions:** Empty Stomach Sensation and Bothersome Hunger Sensation, though prevalent in dyspeptic patients, are often overlooked. Strengths of this study include its large sample size and comprehensive assessment of symptoms. Limitations include the lack of diagnostic endoscopy and long-term follow-up. Future research should explore the underlying mechanisms of these symptoms and their implications for clinical management.

**Keywords:** Anxiety; Disorders of gut-brain interaction; Functional dyspepsia; Hunger; Postprandial distress syndrome; Satiety.

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# Abdominoplasty With Progressive Tension Sutures Versus Conventional Abdominoplasty: A Comparative Study at a Third-level Institution

[Víctor C Ledezma Rodríguez](https://pubmed.ncbi.nlm.nih.gov/?term=Ledezma+Rodr%C3%ADguez+VC&cauthor_id=40134716) [1](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-1), [Sandra A López](https://pubmed.ncbi.nlm.nih.gov/?term=L%C3%B3pez+SA&cauthor_id=40134716) [1](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-1), [Alejandro González Ojeda](https://pubmed.ncbi.nlm.nih.gov/?term=Gonz%C3%A1lez+Ojeda+A&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2), [María F Pérez Gómez](https://pubmed.ncbi.nlm.nih.gov/?term=P%C3%A9rez+G%C3%B3mez+MF&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2), [Samantha E González Muñoz](https://pubmed.ncbi.nlm.nih.gov/?term=Gonz%C3%A1lez+Mu%C3%B1oz+SE&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2), [Sergio J Vázquez Sánchez](https://pubmed.ncbi.nlm.nih.gov/?term=V%C3%A1zquez+S%C3%A1nchez+SJ&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2), [Gonzalo Delgado Hernández](https://pubmed.ncbi.nlm.nih.gov/?term=Delgado+Hern%C3%A1ndez+G&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2), [Gabino Cervantes Guevara](https://pubmed.ncbi.nlm.nih.gov/?term=Cervantes+Guevara+G&cauthor_id=40134716) [3](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-3), [Enrique Cervantes Pérez](https://pubmed.ncbi.nlm.nih.gov/?term=Cervantes+P%C3%A9rez+E&cauthor_id=40134716) [4](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-4) [5](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-5), [Clotilde Fuentes Orozco](https://pubmed.ncbi.nlm.nih.gov/?term=Fuentes+Orozco+C&cauthor_id=40134716) [2](https://pubmed.ncbi.nlm.nih.gov/40134716/#full-view-affiliation-2)

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## Abstract

**Background:** Abdominoplasty is a cosmetic surgery that improves the appearance of the abdominal contour. Among the techniques used to reduce complications are progressive tension sutures (PTSs), which involve the use of sutures that fix a flap at several points to the underlying tissue.

**Methods:** A nonrandomized clinical trial was performed from April 1 to November 30, 2023. Patients older than 18 years who underwent abdominoplasty were included. The variables studied were age, body mass index, comorbidities, surgical time, and postoperative complications.

**Results:** Twenty-eight patients were included, 14 with conventional closure and 14 with PTSs closure, with a mean age of 37.6 (SD 9.1) years and 39.9 (SD 6.8) years, respectively. In the conventional closure group, 3 (21.3%) patients presented complications, 2 (14.3 %) presented seromas, and 1 (7.1%) presented wound dehiscence, whereas the PTS group did not present any complications (*P* = 0.067). A mean operative time of 137.8 (SD 16.6) minutes was found for conventional closure and 167 (SD 12.0) minutes for PTS closure (*P* ≤ 0.001).

**Conclusions:** Our study showed that the technique with PTS did not present complications compared with the conventional closure. Our results are comparable with the literature.

Vaccine. 2025 Mar 27:55:127031. doi: 10.1016/j.vaccine.2025.127031. Online ahead of print.

# Distribution of pneumococcal serotypes causing invasive and non-invasive diseases in children in Mexico after introduction of PCV13 (2012-2023). Results from the GIVEBPVac group

[Araceli Soto-Noguerón](https://pubmed.ncbi.nlm.nih.gov/?term=Soto-Noguer%C3%B3n+A&cauthor_id=40154239) [1](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-1), [María Noemí Carnalla-Barajas](https://pubmed.ncbi.nlm.nih.gov/?term=Carnalla-Barajas+MN&cauthor_id=40154239) [1](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-1), [Gilberto Sánchez-González](https://pubmed.ncbi.nlm.nih.gov/?term=S%C3%A1nchez-Gonz%C3%A1lez+G&cauthor_id=40154239) [1](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-1), [Fortino Solórzano-Santos](https://pubmed.ncbi.nlm.nih.gov/?term=Sol%C3%B3rzano-Santos+F&cauthor_id=40154239) [2](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-2), [Mercedes Macías-Parra](https://pubmed.ncbi.nlm.nih.gov/?term=Mac%C3%ADas-Parra+M&cauthor_id=40154239) [3](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-3), [Virginia Díaz-Jiménez](https://pubmed.ncbi.nlm.nih.gov/?term=D%C3%ADaz-Jim%C3%A9nez+V&cauthor_id=40154239) [3](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-3), [Damaris Manzano-Arredonda](https://pubmed.ncbi.nlm.nih.gov/?term=Manzano-Arredonda+D&cauthor_id=40154239) [3](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-3), [Antonino Lara-Barbosa](https://pubmed.ncbi.nlm.nih.gov/?term=Lara-Barbosa+A&cauthor_id=40154239) [3](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-3), [Lilia Pichardo-Villalón](https://pubmed.ncbi.nlm.nih.gov/?term=Pichardo-Villal%C3%B3n+L&cauthor_id=40154239) [4](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-4), [Sarbelio Moreno-Espinoza](https://pubmed.ncbi.nlm.nih.gov/?term=Moreno-Espinoza+S&cauthor_id=40154239) [4](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-4), [Martha Josefina Avilés-Robles](https://pubmed.ncbi.nlm.nih.gov/?term=Avil%C3%A9s-Robles+MJ&cauthor_id=40154239) [4](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-4), [Rayo Morfín-Otero](https://pubmed.ncbi.nlm.nih.gov/?term=Morf%C3%ADn-Otero+R&cauthor_id=40154239) [5](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-5), [Antonio Luévanos-Velázquez](https://pubmed.ncbi.nlm.nih.gov/?term=Lu%C3%A9vanos-Vel%C3%A1zquez+A&cauthor_id=40154239) [5](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-5), [Rosario Vázquez-Larios](https://pubmed.ncbi.nlm.nih.gov/?term=V%C3%A1zquez-Larios+R&cauthor_id=40154239) [6](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-6), [Eduardo Rivera-Martínez](https://pubmed.ncbi.nlm.nih.gov/?term=Rivera-Mart%C3%ADnez+E&cauthor_id=40154239) [6](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-6), [Mariana Gil-Veloz](https://pubmed.ncbi.nlm.nih.gov/?term=Gil-Veloz+M&cauthor_id=40154239) [7](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-7), [Elvira Garza-González](https://pubmed.ncbi.nlm.nih.gov/?term=Garza-Gonz%C3%A1lez+E&cauthor_id=40154239) [8](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-8), [Víctor Antonio Monroy-Colín](https://pubmed.ncbi.nlm.nih.gov/?term=Monroy-Col%C3%ADn+VA&cauthor_id=40154239) [9](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-9), [José Manuel Feliciano-Guzmán](https://pubmed.ncbi.nlm.nih.gov/?term=Feliciano-Guzm%C3%A1n+JM&cauthor_id=40154239) [10](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-10), [Juan Carlos Tinoco-Favila](https://pubmed.ncbi.nlm.nih.gov/?term=Tinoco-Favila+JC&cauthor_id=40154239) [11](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-11), [Leova Pacheco-Gil](https://pubmed.ncbi.nlm.nih.gov/?term=Pacheco-Gil+L&cauthor_id=40154239) [12](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-12), [Alma Rosa González-Hernández](https://pubmed.ncbi.nlm.nih.gov/?term=Gonz%C3%A1lez-Hern%C3%A1ndez+AR&cauthor_id=40154239) [12](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-12), [Domingo Sánchez-Francia](https://pubmed.ncbi.nlm.nih.gov/?term=S%C3%A1nchez-Francia+D&cauthor_id=40154239) [13](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-13), [Joaquín Rincón-Zuno](https://pubmed.ncbi.nlm.nih.gov/?term=Rinc%C3%B3n-Zuno+J&cauthor_id=40154239) [14](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-14), [Andrés Flores-Santos](https://pubmed.ncbi.nlm.nih.gov/?term=Flores-Santos+A&cauthor_id=40154239) [15](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-15), [Jorge Vázquez-Narváez](https://pubmed.ncbi.nlm.nih.gov/?term=V%C3%A1zquez-Narv%C3%A1ez+J&cauthor_id=40154239) [16](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-16), [Leith Soledad León-Maldonado](https://pubmed.ncbi.nlm.nih.gov/?term=Le%C3%B3n-Maldonado+LS&cauthor_id=40154239) [17](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-17), [Gabriela Echaniz-Aviles](https://pubmed.ncbi.nlm.nih.gov/?term=Echaniz-Aviles+G&cauthor_id=40154239) [18](https://pubmed.ncbi.nlm.nih.gov/40154239/#full-view-affiliation-18)

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## Abstract

**Background:** The introduction of pneumococcal conjugate vaccines (PCVs) since 2000 has altered the epidemiology of invasive (IPD) and non-invasive pneumococcal diseases (NIPD). This study aims to analyze trends in pneumococcal serotype distribution among children in Mexico, focusing on the period following the introduction of PCV13, and assess the potential impact of future vaccines.

**Material and methods:** Pneumococcal isolates were collected from hospitalized children in participating hospitals from January 2012 to December 2023. Serotype distribution was analyzed in children under <5 years and those aged ≥5 to 17.9 years. The average annual change (AAC) in serotype proportions was calculated, and trends were analyzed using the Cochran-Armitage test.

**Results:** Serotype 19A was the most frequent PCV13 serotype, followed by serotypes 3 and 19F, in both age groups. Serotype 33F, included in PCV15 and PCV20, was absent in children aged ≥5-17.9 years. Among PCV20 serotypes, serotype 15B was the most common, and serotype 17F, covered by PCV24, showed a significant increase in the older age group (p = 0.037). No significant trends in the increase or decrease of individual serotypes were found, except for serotypes 17F and serotype 34, which increased in both age groups. A decrease in serotypes covered by PCV13 (excluding serotypes 3, 19A, and 19F) was observed in both age groups (p = 0.04, 0.002). A significant increase in non-PCV13 serotypes occurred in children aged ≥5-17.9 years (p = 0.023).

**Conclusions:** After a decade of the introduction of PCV13 in Mexico, 10 of the 13 vaccine serotypes have not been detected in the past six years. However, serotypes 3, 19A, and 19F persist at high frequencies as causes of IPD and NIPD in children. Ongoing robust surveillance is critical for identifying emerging pneumococcal serotypes, selecting appropriate vaccines for each country, and developing next-generation vaccine formulations.

**Keywords:** PCV; Pneumococcal serotypes; Pneumococcal vaccination; Streptococcus pneumoniae.

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# Situs Inversus in an Infant With Hypomandibular Faciocranial Syndrome: Clinical Overlap With the Agnathia-Otocephaly Complex

[Jorge Román Corona-Rivera](https://pubmed.ncbi.nlm.nih.gov/?term=Corona-Rivera+JR&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-2), [Rocio Carolina Cortés-Pastrana](https://pubmed.ncbi.nlm.nih.gov/?term=Cort%C3%A9s-Pastrana+RC&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1), [Natalia Navia-Espinoza](https://pubmed.ncbi.nlm.nih.gov/?term=Navia-Espinoza+N&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1), [Alexandra María Claro-Marín](https://pubmed.ncbi.nlm.nih.gov/?term=Claro-Mar%C3%ADn+AM&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1), [Ana Fátima Martínez-Torres](https://pubmed.ncbi.nlm.nih.gov/?term=Mart%C3%ADnez-Torres+AF&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1), [Christian Peña-Padilla](https://pubmed.ncbi.nlm.nih.gov/?term=Pe%C3%B1a-Padilla+C&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1), [Lucina Bobadilla-Morales](https://pubmed.ncbi.nlm.nih.gov/?term=Bobadilla-Morales+L&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-2), [Alfredo Corona-Rivera](https://pubmed.ncbi.nlm.nih.gov/?term=Corona-Rivera+A&cauthor_id=40079387) [1](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-2), [Seung Woo Ryu](https://pubmed.ncbi.nlm.nih.gov/?term=Ryu+SW&cauthor_id=40079387) [3](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-3), [Go Hun Seo](https://pubmed.ncbi.nlm.nih.gov/?term=Seo+GH&cauthor_id=40079387) [3](https://pubmed.ncbi.nlm.nih.gov/40079387/#full-view-affiliation-3)

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## Abstract

There have been three previously reported cases of hypomandibular faciocranial syndrome (HFS), which is characterized by dysgnathia (an absent or hypoplastic mandible), a protruding lower face, microstomia, normally positioned ears, and craniosynostosis. The dysgnathia and oro-pharyngo-laryngeal abnormalities in HFS are virtually identical to those found in the agnathia-otocephaly complex (AOC), of which severe forms can include holoprosencephaly (HPE), synotia-melotia, and situs abnormalities, but not craniosynostosis. We report an infant with HFS who also presented with situs inversus totalis, which supports its pathogenic overlap with the AOC. The infant showed severe craniofacial asymmetry due to a complex craniosynostosis, microstomia, a hypoplastic tongue, and severe micrognathia, as well as situs inversus totalis. Exome sequencing did not identify any potentially causal variants. It has been noted that dysgnathia is most commonly associated with four distinctive anomalies: synotia-melotia, HPE, situs abnormalities, or craniosynostosis. Through a four-way Venn diagram, we identified eight predictable subsets of patients with dysgnathia that cover all possible phenotypic overlaps that may occur among patients with AOC. Using this approach, we identified that HFS should be conceptualized as a form of dysgnathia (or AOC) that is distinguishable by a distinctive presence of craniosynostosis and an absence of anomalies in the brain and ears, along with the situs abnormalities observed in this case.

**Keywords:** Craniosynostosis; agnathia; holoprosencephaly; microstomia; otocephaly; situs inversus totalis; synotia.

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# Effect of a Supervised Aerobic Exercise Training Program and Ginkgo Biloba Extract on Metabolic Parameters and Functional Capacity in HIV-Infected Subjects

[Raúl Soria-Rodríguez](https://pubmed.ncbi.nlm.nih.gov/?term=Soria-Rodr%C3%ADguez+R&cauthor_id=40150513) [1](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-1) [2](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-2), [Javier Méndez-Magaña](https://pubmed.ncbi.nlm.nih.gov/?term=M%C3%A9ndez-Maga%C3%B1a+J&cauthor_id=40150513) [1](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-1), [Nathaly Torres-Castillo](https://pubmed.ncbi.nlm.nih.gov/?term=Torres-Castillo+N&cauthor_id=40150513) [2](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-2), [Erika Martínez-López](https://pubmed.ncbi.nlm.nih.gov/?term=Mart%C3%ADnez-L%C3%B3pez+E&cauthor_id=40150513) [2](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-2), [Edtna Jauregui-Ulloa](https://pubmed.ncbi.nlm.nih.gov/?term=Jauregui-Ulloa+E&cauthor_id=40150513) [1](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-1), [Juan López-Taylor](https://pubmed.ncbi.nlm.nih.gov/?term=L%C3%B3pez-Taylor+J&cauthor_id=40150513) [1](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-1), [Cesar O de Loera-Rodríguez](https://pubmed.ncbi.nlm.nih.gov/?term=Loera-Rodr%C3%ADguez+CO&cauthor_id=40150513) [3](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-3), [Ramón Sigala-Arellano](https://pubmed.ncbi.nlm.nih.gov/?term=Sigala-Arellano+R&cauthor_id=40150513) [4](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-4), [Fernando Amador-Lara](https://pubmed.ncbi.nlm.nih.gov/?term=Amador-Lara+F&cauthor_id=40150513) [5](https://pubmed.ncbi.nlm.nih.gov/40150513/#full-view-affiliation-5)

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## Abstract

**Background**: A remarkable increase in metabolic comorbidities occur in people living with HIV infection (PLWH). Supervised physical activity provides significant health benefits. Ginkgo biloba (GKB) extract has been reported to have a wide range of metabolic advantages. This study aimed to examine the effects of an exercise training (ET) program and a GKB extract on PLWH. **Methods**: This was a randomized placebo-controlled double-blind study. Twenty-eight PLWH were assigned to receive a placebo (*n* = 10), GKB extract (*n* = 10), or statins (*n* = 8). All patients underwent a supervised ET program 3-5 times per week. Anthropometric measurements, functional capacities, and metabolic parameters were assessed in all participants at baseline and after 12 weeks of follow-up. **Results**: After the 12-week intervention, body fat decreased significantly by 2-3% in all groups relative to their baseline values (*p* < 0.05). Total cholesterol and LDL-c were significantly decreased in the ET + statin group (*p* = 0.04, and *p* = 0.007, respectively) compared to baseline values, while HbA1c and the HOMA-IR index were significantly decreased in the ET + GKB group (*p* = 0.03 and *p* = 0.02, respectively) compared to baseline values, and a significant increase in CD4+ T cell mean was observed in the ET + placebo group (*p* = 0.005) compared to baseline values. A significant increase in cardiorespiratory capacity (VO2max) from their baseline values was observed in all groups (*p* < 0.001) after 12 weeks of intervention from their baseline values. **Conclusions**: Body fat and cardiorespiratory fitness significantly improved after a 12-week supervised ET program. GKB extract significantly decreased insulin resistance.

**Keywords:** Ginkgo biloba; HIV infection; exercise training; physical activity; statins.