



Scientific Tracks & Abstracts



4th International Webinar on **Clinical Microbiology and Immunology**

October 27, 2021

Study of the incidence of nosocomial infections and risk factors in maternity hospitals in the city of Mbuji mayi, Democratic Republic of Congo

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Introduction: this study aims to determine the incidence of nosocomial infections and the associated risk factors in new mothers and newborns at the maternity wards in the city of Mbuji mayi, Democratic Republic of the Congo.

Methods: we conducted a longitudinal descriptive study of the incidence and risk factors for nosocomial infections in patients without them at baseline in 231 maternity units. Data were collected on a weekly basis over a period of 6 months. Simplified WHO criteria were used for data collection. They are useful for hospitals that do not have advanced diagnostic techniques.

Results: the overall incidence of nosocomial infections in new mothers was 24.8% and 22.3% in newborns. The significant risk factors for nosocomial infections in new mothers and newborns were instrumental maneuvers ($p=0.005$; OR=2.7; 95% CI [1.3-5.4]), emergency cesarean section ($p=0.000$; OR=2.3; 95% CI [1.7-3.9]), the use of the same eye-drop bottle in all babies ($p=0.004$; OR=2.7; 95% CI [1.4-5.5]) and preterm baby care outside an incubator ($p=0.000$; OR=2.61; 95% CI [1.73-3.92]).

Conclusion: repeated incidence (or lack of prevalence) surveys are essential to assess the effects of information, awareness and training programs implemented to control hospital acquired infections.

Biography

Jean Christophe Bukasa, PhD thesis candidate at the Official University of Mbuji mayi, holder of a Master's degree in Public Health from the School of Public Health of the University of LUBUMBASHI with a Master 1 in Public Health Nutrition and a Bachelor of Science in Nursing. Project manager with a broad experience of more than 10 years in Higher and University Education in the delivery of courses. Honorary Academic Secretary General of ISTM / MBUJIMAYI. Member of the Scientific Society of Hospital Hygiene of France, Member of the American Association of Microbiology.

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Respiratory support practices in premature infants: Experience of a intensive care unit

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This study aims to describe longitudinally the current invasive and non-invasive ventilation practices in premature infants in a single NICU. It's a retrospective chart review including 682 babies born at gestational age ≤ 35 weeks, admitted to the NICU at Erasme Hospital, between 1st of January 2001 and 31st of December 2011, the different ventilatory support used were analyzed.

This population was stratified depending on gestational age and the recruitment period on 3 groups. All infants born < 28 weeks of GA (group 1) needed some kind of respiratory support of which 22% non-invasive. Among babies born after 28 to 31 weeks (group 2) 10.2% didn't need any ventilatory support and 42% needed a non-invasive respiratory support. In neonates from 32 to 35 weeks of GA (group 3) respiratory support was needed in 34.9%, 65% of which was non-invasive. The median duration of endotracheal ventilation was: 6, 1 and 2 days and of non-invasive support: 41, 17 and 2 days in group 1, 2 and 3 respectively. One single premature baby could pass along the first weeks through all modes. In premature infants whose respiratory support was needed, the median age at the end of support was remarkably constant at 33 - 34 weeks of corrected age.

We conclude that is an important diversity and a significant complementarity between modes of respiratory support for premature infants. Invasive ventilation decreased significantly for group 2, but is still remarkably long for group 1.

Biography

Kaoutar Khabbache is Professor at Neonatal Intensive Care, Hôpital Erasme, Université Libre de Bruxelles, Brussels, Belgium. His research interest is Medical Science, Neonatology, Neonatal Resuscitation, Neonatal Medicine, Infant Nutrition.

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Healthcare professionals and covid-19: Possibilities of recognizing the professional nature of the disease

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Since the start of this health crisis, health professionals has been the first bulwark against the spread of the coronavirus.

All time in contact with infected or suspect patients, these white coat soldiers were the most exposed professional category to the risks of contamination. In this regard, the world health organization recommended - in a press release dated March 23, 2020, the management of the disease caused by the Covid-19 for employees in the medical sector, under professional legislation, but also for all professional sectors exposed to the risk of contamination.

In Morocco, the Ministry of Health has published on April 6, on its official website, a condolence statement intended for the families of the first two doctors who died after their contraction of the coronavirus while specifying that the cause of death of the two doctors is not due to the exercise of their professional functions. The Minister of Labor and Professional Integration has recently charged an internal commission to undertake a reflection on this issue. At present, given the Moroccan legal base, what are the possibilities of recognizing the professional nature of the disease caused by the coronavirus?.

Biography

Meryem. Bouchalta, is a forensic doctor has her expertise in the assessment of physical damage relating to various traumas, violence or illness in the professional context, having worked as a specialist assigned to southern Morocco and nominated in 2021 as assistant professor of forensic medicine in the Faculty of Medicine and Pharmacy of Fes, her passion for the discipline forming a bridge between justice and medicine constitutes a big opportunity in a rich ground of scientific research on the ethical and legal level and on the experimental level.

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Management of large bilio-cystic fistulas during conservative surgery for hydatid cyst of the liver

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Introduction: The treatment of large biliocystic fistulas is not unanimous among authors in the absence of consensus or a high level of evidence. There is a controversy over the use of a radical approach which allows the fistula to be sutured in a healthy area or conservative treatment that poses repair issues. The purpose of this study is to compare different conservative techniques to treat large biliocystic fistulas.

Methods: We conducted a retrospective study of 54 patients with large fistulas in the Department of General Surgery at the Habib Bourguiba University Hospital in Sfax over a period of 9 years (2010 - 2018).

Results: Forty-four patients were enrolled in the study. Abdominal ultrasound suggested opening of the bile ducts in 18 cases (47.4%) while computed tomography (CT) scan suggested opening in 28 patients (68.3%). The treatment of fistulas was based on DITFO (internal trans-fistulary drainage) in 18 cases (33.3%), cystobiliary disconnection (PERDROMO) in 11 cases (20.4%) and bipolar drainage in 25 cases. Specific surgical morbidity rate was 31.5% and it was dominated by postoperative biliary fistula in 18.5% of cases. DITFO technique was associated with shorter hospital stay ($p=0.028$) and lower morbidity rates (22.2%) with no statistically significant difference.

Conclusion: DITFO technique is the gold standard technique in the treatment of biliocystic fistula because it is associated with lower morbidity rates and the shortest hospital stay.

Biography

Ayman Trigui is currently working at the Department of general surgery, Habib Bourguiba Hospital 3029, Sfax, Tunisia. Dr. Ayman Trigui has many peer-reviewed publications and reviewed many journals. he is an honorable author for Virology & Mycology. Research interests are Immunology and Mycology, Viral Infectious Diseases.

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