



INTERNATIONAL SYMPOSIUM OF INTENSIVE CARE AND EMERGENCY MEDICINE

FRIDAY, MARCH 12

SYMPOSIUM NEWS

Weather



Poster Awards 2010



The Awards for the Best Posters of the 30th ISICEM were presented by Dr Jukka Takala, president of the Poster Jury, yesterday afternoon. The winning posters were (in alphabetical order):

- Alterations in Adipose Tissue during Critical Illness: An Adaptive and Protective Response? by L Langouche and colleagues from Belgium and London
- Genetic Variability of the Surfactant Proteins A and D in Susceptibility and Severity of Pneumonia by J Solé-Violán and colleagues from Spain
- Implementation of a Standardized Weaning Protocol in Patients with Prolonged Mechanical Ventilation in a Post-acute Care ICU by K Schneider and colleagues from Germany
- Knowledge of ICU Nurses Regarding Selected Care Areas Commonly Guided by Protocols by H Perrie and S Schmollgruber from South Africa
- Transfusion Requirements after Cardiac Surgery (TRACS) Study: Preliminary Data of a Randomized Controlled Clinical Trial by L Hajjar and colleagues from Brazil and Belgium

Congratulations to all the winners!

30th Anniversary Gala Evening



Yesterday evening, the key social event of this symposium took place in the beautiful Henry le Boeuf Room of the Palais des Beaux-Arts. The renowned pianist Elisabeth Leonskaja, accompanied by the Belgian National Orchestra, treated us to a stunning performance of music by Tchaikovsky and Grieg. And after the concert, we all enjoyed the chance to chat with colleagues and friends during a sumptuous cocktail and buffet.

CPR Guidelines: What will change in 2010?



The International Liaison Committee on Resuscitation (ILCOR) is presently in the process of revising its guidelines on CPR, the last set of which were published in 2005. At an interactive Round Table session, five experts in the field of resuscitative medicine who are actively involved in this process spoke about the areas of controversy within this field and, without giving the game away (!), spoke about some of the possible changes. The panel started with the controversy related to hands-only CPR. The panel felt that hands-only CPR may be easier to apply, particularly for the layperson, but were concerned

that the importance of ventilation should not be forgotten and that while hands-only CPR may be adequate initially in a young patient with a cardiac etiology rapid response arrest, in other patients with hypoxic etiology or longer response times, it may not be appropriate. Teaching laypersons to distinguish between such patients would be difficult, and there were also concerns that if the hands-only approach was taught, rescue breathing techniques would rapidly be forgotten and unable to be used if needed. The panel then moved on to issues of intubation and while some felt indeed that endotracheal intubation could be delayed and other techniques used for airway management, others stressed again the importance of considering the individual patient and the skills and training of the attending personnel. All the panel members stressed the need to limit as much as possible any interruption in chest compressions. The need for defibrillation was also discussed with an emphasis on careful timing and a more individualized approach. The question of when and how to use hypothermia was raised by the audience with the panel suggesting that this would be one area where some flexibility could be incorporated into the new guidelines, but that all post-arrest centers should have facilities to offer hypothermia. Finally, the confusion between different algorithms for the pediatric and adult populations was raised with a suggestion that for simplicity and where possible these would be brought into alignment. In conclusion, the panel stressed that the guidelines had not yet been finalized and data were still being reviewed and discussed but that for many aspects the levels of evidence was still limited so that only low grade recommendations would be offered. In principle, the aim is to keep things as simple as possible and limit changes as much as possible.

Assessing the Usefulness of Antibacterial Treatment Algorithms in Gram-Positive VAP



The value of antibacterial treatment algorithms in Gram-positive VAP caused by *Staphylococcus aureus* was the topic of an exciting debate in a highlight of yesterday's satellite program at the 30th ISICEM. The debate was sponsored by Astellas Pharma Europe Ltd. and chaired by Professor Jean Chastre (Paris, France).

Are currently licensed agents effective?

The first presentation, given by Professor Tobias Welte (Hannover, Germany), focused on the efficacy and tolerability of currently licensed agents, including vancomycin and linezolid. Their favorable profiles, coupled with extensive clinical experience, suggest that these agents are appropriate choices in many patients.

Are newer agents required?

Professor Marin Kollef (St Louis, USA) delivered the second presentation, which posed the question of whether certain patient groups might benefit from newer agents. Worsened outcomes with vancomycin treatment are observed in cases of VAP associated with *S. aureus* isolates with elevated vancomycin MICs. When available, newer agents in development may help to secure better outcomes in these cases.



For more information, please visit the Astellas booth on Level -2.

Don't forget today's 30th Birthday Surprise:
Come and taste some delicious Belgian cuberdons in the Exhibition Area

Join us in 2011

31st International Symposium on Intensive Care and Emergency Medicine

BRUSSELS CONGRESS CENTER, THE SQUARE
March 22-25, 2011

CNE Accreditation
Plenary Sessions, Mini-Symposia, Workshops, Technical Forums, Round Tables, Tutorials, Posters

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Registration fee (abstract submission): December 15, 2010

Extracorporeal Mediator Removal in Sepsis



Sepsis is a complex condition involving the release and interaction of multiple mediators. Hypercytokinemia has been demonstrated to be correlated with blood lactate levels, HLA-DR expression, organ dysfunction, and outcomes. In contrast to many pharmacological strategies which target single molecules, extracorporeal techniques can remove multiple chemical mediators, thus modifying the "hostile" environment in which the cells find themselves. Various techniques have been designed and differ in terms of permeability, convection, and adsorption properties. Dr Hiroyuki Hirasawa discussed the results from small studies demonstrating that continuous hemodiafiltration using a poly-methacrylate membrane was associated with reduced pro- and anti-inflammatory cytokine levels, increased HLA-DR monocyte expression, improved mean arterial pressure, reduced vasopressor requirements and improved outcomes.


Dr Claudio Ronco focused on a different technique specifically aimed at removing endotoxin with a polymyxin B filter. He cited the results of a meta-analysis in which this strategy had been shown to be associated with favorable results in terms of reducing endotoxin levels, increasing mean arterial pressure and improving outcomes. Because the studies were generally of poor quality, however, his group performed a randomized trial in which 64 patients with severe sepsis or septic shock due to abdominal infection were assigned to receive standard care or polymyxin B hemofiltration within 6 hours of their abdominal surgery. Patients in the hemofiltration group had greater mean arterial pressure, decreased vasopressor requirements, improved organ function, and possibly increased survival compared to the control group. However, this study had several limitations, including its unblinded nature and the fact that it was stopped early because of the decreased mortality, and Dr Ronco stressed that these findings need confirmation in larger studies.

The Microcirculation



In recent years, the importance of disturbed regional oxygenation in the development of organ dysfunction, failure and death has been increasingly recognized. In a session dedicated to the microcirculation, Dr Can Ince discussed a little of the history of microcirculatory investigation moving from experimental use of intravital microscopes to nailfold capillaroscopy and to the more recent application of optical techniques into hand-held devices which can be used at the bedside, notably OPS and SDF. He also briefly mentioned the

newer technique of speckle imaging. Dr Ince then discussed the commonly used methods of quantifying microcirculatory flow including functional capillary density, microcirculatory flow index, and heterogeneity index. He finished by listing techniques used to assess tissue oxygen availability as opposed to microcirculatory flow, including oxygen electrodes and NIRS, which was presented in more detail by the following speaker, Dr Jacques Creteur. Dr Creteur noted that static tissue oxygen saturation as measured with NIRS can be normal in many ICU patients and is not a good predictor of outcome and stressed the importance of rather using NIRS-derived variables to monitor tissue oxygenation. He presented results from studies showing that these variables improve with various therapeutic measures, including transfusion and activated protein C. Dr Jacques Duranteau then presented more data from clinical studies that have demonstrated improved organ function and survival with microcirculatory improvement, but stressed the importance of continued study to fully assess the clinical application of monitoring the microcirculation.



International Course

Doppler-Echocardiography in Intensive Care Medicine

Brussels, November 16-18, 2010

Course directors:
Daniel De Backer (Brussels, Belgium)
Michel Slama (Amiens, France)
Antoine Vieillard-Baron (Boulogne, France)

Other faculty members:
Paul Mayo (New York, USA)
Anthony McLean (Sydney, Australia)

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This is just a small selection of the many sessions held yesterday.
For our full program visit www.intensive.org