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El Dr. Eduardo R. Malvino obtuvo el título de médico en la Facultad de Medicina de la Universidad de Buenos Aires, en diciembre de 1972.

Finalizó la residencia de terapia intensiva en el Hospital Italiano de Buenos Aires, en abril de 1977*.

Ejerció su actividad profesional en la especialidad, en forma exclusiva e ininterrumpida, en diversas instituciones.

En mayo de 1992 ingresó en la división cuidados intensivos de la Clínica y Maternidad Suizo Argentina de la ciudad de Buenos Aires, donde desarrolló sus conocimientos sobre *Obstetricia Crítica*.

* junto al Dr. Pedro J. Boscaro, fueron los primeros médicos residentes de terapia intensiva en Argentina.

“As a discipline, *Obstetric Critical Care* is in its infancy.

Not many institutions see enough patients or have the wherewithal to publish their findings.

This “lack of knowledge” may be one of the last frontiers that we need to cross.

Some investigators might argue that publishing a case is not enough.

Every large journey begins with a small step”.

Len Scarpinato

Critical Care Medicine (editorial) 1998;26(3):433

TRABAJOS PUBLICADOS SOBRE TEMAS DE OBSTETRICIA CRÍTICA

- “EVALUACIÓN DE LA COAGULOPATÍA POR CONSUMO ASOCIADA CON LAS HEMORRAGIAS OBSTÉTRICAS GRAVES”. Malvino E, Eisele G, Dono J, Amanzi O, Martínez M. *Clínica e Investigación en Obstetricia y Ginecología (Barcelona)* presentado 8-6-2009

EVALUATION OF CONSUMPTIVE COAGULOPATHY ASSOCIATED TO SEVERE OBSTETRICS HEMORRHAGIES

Objective: To evaluate the frequency, complications and prognosis of consumptive coagulopathy (CC) in patients with severe obstetric hemorrhage in the peripartum period.

Material and methods: Retrospective and descriptive study, conducted in 91 patients with CC among 247 patients with severe obstetric hemorrhage in the peripartum period, admitted between 1991 and 2008 in the Intensive Care Division of Clínica and Maternidad Suizo Argentina.

Results: The shock occurred in 110 patients and affected more than half of the cases with cervico-vaginal tears and uterine rupture. Sixty-one pregnant women with CC suffered from shock, 12 of them with multiple bleeding confirmed the diagnosis of disseminated intravascular coagulation. In the group that did not suffer from shock (n = 137) the number of cases with CC (n = 30) was lower (p <0.05). The multiple organ failure was associated with the presence of hemorrhagic shock and CC, the most frequent complications resulting in respiratory distress and acute renal failure. All puerperal survived without sequelae.

Conclusions: The prevalence of CC in patients with severe obstetric hemorrhage was greater than that observed in the general population of patients in critical condition. The presence of shock in the course of a severe obstetric hemorrhage, causes CC in more than half the cases, and sometimes is associated with organic failure. Prevention of hemorrhagic shock did not prevent CC in 21% of the patients. Maternal survival was optimal.

- “TROMBOFILIAS Y TROMBOSIS VENOSA CEREBRAL EN EL PUERPERIO”. Malvino E, McLoughlin D, López Gastón D. *Clínica e Investigación en Obstetricia y Ginecología (Barcelona)* 2009 en prensa

THROMBOPHILIAS AND PUERPERAL CEREBRAL VENOUS THROMBOSIS

With a prevalence of 1 every 18,000, six cases of cerebral venous thrombosis in the puerperal period were diagnosed during the course of last the 15 anuses. The period occurred between the beginning of the symptoms and the certification diagnoses, was smaller as the suspicion degree increased considering the presence of migraines, confusional syndrome and psicomotriz excitation. In four cases convulsions and in three motor deficits, were associated. In addition to the own thrombophilic state of puerperio immediate, we determined the presence of antiphospholipid syndrome in one case and hyperhomocysteinemia in three cases, one of them associated with factor V Leiden. The treatment with heparina reverted the clinical picture few days after its beginning. All the puerperas recovered without sequels.

- “RESULTADOS EN RELACION CON LA PREVENCION Y EL TRATAMIENTO ACTUAL DE LAS HEMORRAGIAS OBSTETRICAS GRAVES SECUNDARIAS A ATONIAS UTERINAS Y ACRETISMOS PLACENTARIOS”. Malvino E, Eisele G, Martinez M, Firpo J, Lowenstein R. *Clínica e Investigación en Obstetricia y Ginecología (Barcelona)* 2009;36(2):49-54

RESULTS OF PREVENTION AND CURRENT TREATMENT OF MASSIVE OBSTETRIC HEMORRHAGE SECINDARY TO UTERINE ATONY AND PLACENTA ACCRETA

Objective: to evaluate the current morbidity and mortality in patients with uterine atony and placenta accreta, using various treatments incorporated in recent years, in a single institution. **Materials and methods:** a retrospective analysis was conducted on 143 pregnant women who suffered uterine atony (n = 70) and placenta accreta (n = 73), admitted from March 1991 to February 2008 in the Intensive Care Division.

Results: Fifty-five cases (38.4%) had hemorrhagic shock and 47 patients (32.8%) had coagulation factors defects. The mean red cells transfused were 4.7 ± 4.2 units. Sixty-six patients underwent hysterectomy as the last choice to stop massive bleeding. From 2002, several novel surgical techniques were used: uterine compression sutures (n = 18), uterine artery ligations (n = 15) and surgical uterine repair in patients with placenta percreta (n = 17). In 31 patients embolization of the uterine arteries was done used as a treatment and prevention of massive hemorrhage, obtaining lower morbidity with significant increase in uterine conservation. The 143 puerperal women survived without sequel.

Conclusions: The incorporation of new surgical techniques and embolization of the uterine arteries was associated with significant decrease in the prevalence of hysterectomies, low postoperative morbidity and optimal maternal survival.

- “HEMORRAGIAS OBSTETRICAS EXANGUINANTES”. Malvino E, Eisele G, Martinez M, Anhel S, Lowenstein R. *Clínica e Investigación en Obstetricia y Ginecología (Barcelona)* 2009;36(1):2-8

EXSANGUINATING OBSTETRIC HEMORRHAGE

Objective: To evaluate the etiology, treatment and morbidity in a group of pregnant women with exsanguinating obstetric hemorrhage and to propose measures for its prevention.

Materials and methods: A retrospective and descriptive study, 25 pregnant women age 35 ± 5 years, admitted from March 1991 to February 2008 in the Intensive Care Division, with obstetric hemorrhage which exceeded 4,000 ml, and transfusion requirement equal to or greater than 10 units of red blood cells.

Results: There were 11 cervico vaginal lacerations and uterine ruptures. Eighty-eight per cent of the cases had hemorrhagic shock. The mean red cells transfused were 14.8 ± 5.1 units, and the hematocrit after 24 hours was $20.6 \pm 6.2\%$. Twenty patients underwent hysterectomy as the last choice to stop massive bleeding. Seven patients with hysterectomy had retro and/or intraperitoneal bleeding, therefore they underwent through a second surgery for persistent bleeding. Twenty-two patients had coagulation factors defects, while 6 of them had disseminated intravascular coagulation. In half of the cases serious complications were presented. Five patients suffered recto sigmoid (2), vascular (2) and bladder (1) surgical injured. Eight presented respiratory distress, two of them with multi organ dysfunction. The 25 puerperal women survived without sequel.

Conclusions: 1. cervico vaginal laceration and uterine ruptures were the most frequent causes of exsanguinating bleeding 2. hysterectomy, although necessary, did not resolve the bleeding in 40% of cases 3. high rate of maternal complications 4. optimal survival.

- “CONCEPTOS PRACTICOS SOBRE EL TRATAMIENTO DE LAS COAGULOPATIAS ASOCIADAS CON EL SHOCK HEMORRAGICO DE ORIGEN OBSTETRICO”. Malvino E. *Revista de la Sociedad de Obstetricia y Ginecologia de Buenos Aires* 2008;87:147-153

CURRENT TREATMENT OF COAGULOPATHIES ASSOCIATED WITH OBSTETRICS HEMORRHAGIC SHOCK

Massive obstetrics hemorrhages are frequently associated with dilutional coagulopathy and acute disseminated intravascular coagulation. This article provides current information regarding preparation for and administration of blood products and introduces pharmacological strategies for treatment of hemorrhage.

- “SANGRADO CRITICO EN OBSTETRICIA”. Fondevila C, Golubicki J, Malvino E, Voto L, Salcedo L, Di Ciaccio E, Torres O, Buffa M, Celesia M. *Medicina Intensiva (Buenos Aires)* 2008;25:66-73.

MASSIVE OBSTETRICS HEMORRHAGE

The use of recombinant activated factor VII appears to have an evolving role in the management of massive postpartum hemorrhage refractory to conventional treatments. Activated recombinant factor VII was only administered in patients with massive bleeding in whom medical and surgical methods failed to stop postpartum, post c/s or post hysterectomy hemorrhage. This group produced an opinion and guideline based on their experience and the published literature.

- “EMBOLIA DE LIQUIDO AMNIOTICO. CRITERIO DIAGNOSTICO EN DOS CASOS FATALES”. Malvino E, McLoughlin D, Muryan S. *Medicina (Buenos Aires)* 2008;68:59-61

AMNIOTIC FLUID EMBOLISM. DIAGNOSIS CRITERIA IN TWO FATAL CASES

Amniotic fluid embolism still remains as an important cause of maternal mortality. We present information obtained by echocardiography and right cardiac catheterization of two patients who developed amniotic fluid embolism and died from shock and disseminated intravascular coagulation despite intensive medical treatment. Although the pathophysiology remains controversial, amniotic fluid embolism can be presumptively diagnosed and managed with hemodynamic values and echocardiography.

- “TRATAMIENTO CON PROTEINA C ACTIVADA EN UN CASO DE SEPSIS PUERPERAL CON PURPURA FULMINANTE”. Malvino E, González D. *Obstetricia y Ginecología Latinoamericanas* 2007;65:171-174.

RECOMBINANT ACTIVATED PROTEIN C TREATMENT OF PUERPERAL SEPSIS WITH FULMINANS PURPURA: A CASE REPORT

We present the case of a 32-years-old patient at post partum period with septic shock syndrome associated with purpura fulminans. The patient suffered from endometritis and peritonitis with multiorganic dysfunction and required hysterectomy; blood cultures and abdominal fluid were positive for Group A beta-hemolytic streptococcus. Once goal-directed fluid therapy and lung-protective ventilation had been initiated, the use of activated protein C was considered. Despite initial successful management was achieved; late severe complications conducted to death several weeks later.

- “HALLAZGOS ANGIOGRAFICOS Y RESULTADOS DE LA EMBOLIZACION ARTERIAL UTERINA EN HEMORRAGIAS GRAVES POSTPARTO”. Eisele G, Simonelli D, Galli E, Alvarado A, Malvino E, Martinez M. *Revista Argentina de Radiologia* 2007;71(4):395-400

ANGIOGRAPHIC FINDINGS AND RESULTS OF UTERINE ARTERY EMBOLIZATION IN UNCONTROLLABLE POSTPARTUM HEMORRHAGE

Objective: Uncontrollable postpartum hemorrhage is one of the main causes of maternal morbidity-mortality and its therapy profits with the coordinated and fast intervention of multiple specialists. This multidisciplinary approach including uterine embolization, has been reported to improve the treatment results. The aim of this paper is to show the angiographic findings and the benefits of the treatment of uncontrollable postpartum hemorrhage using uterine arterial embolization to achieve hemostasia.

Material and methods: Angiographic findings, hemostasia, shock, replacement volume and hysterectomy were recorded in 47 patients with uncontrollable postpartum hemorrhage with negative answer to the initial treatment and posterior urgent embolization. Arteriography and uterine embolization generally consisted on bilateral occlusion of uterine arteries using gelfoam particles.

Results: Active bleeding (38%) and angiographic signs of uterine atony (34%) were the most frequent findings during vascular intervention. Hemostasia was achieved in all cases without maternal mortality and with low morbidity (complications n=3). Embolization was effective and safe with 91,5% of definitive hemostasia; the 8,5% failure developed in 4 rebleeding patients that needed surgical intervention post uterine embolization (vaginal and uterine rupture).

Conclusion: The association of uterine embolization to the traditional treatment of the uncontrollable hemorrhage offers excellent haemostatic results. Angiographic findings are the key elements to guide and control this effective therapy.

- “HEMORRAGIA INCONTROLABLE DEL POSTPARTO POR ATONÍA UTERINA: ASOCIACIÓN DE LA EMBOLIZACIÓN UTERINA AL TRATAMIENTO TRADICIONAL”. Eisele G, Galli E, Simonelli D, Martinez M, Malvino E, Zlatkes R. *Revista de la Sociedad de Obstetricia y Ginecología de Buenos Aires* 2007;86:150-155

UNCONTROLLABLE POSTPARTUM HEMORRHAGE IN UTERINE ATONY: ASSOCIATION OF UTERINE ARTERIAL EMBOLIZATION TO CURRENT TREATMENT

We analyzed 15 patients with uncontrollable bleeding due to uterine atony, treated with traditional methods and other 22 cases were associated to emergency uterine embolization. Hemostasia was obtained in 95.5% of the cases in the embolized group, and hysterectomy had to be performed in the only case that did not respond to the method mentioned. In the group without uterine arterial embolization, hemostasis was obtained in 80% and hysterectomy was performed in 66% of the cases. In the latter group hemodynamic repercussion was higher, as

well as transfusion requirements and length of hospitalization.

- “*PACIENTES CON ECLAMPSIA Y PREECLAMPSIA GRAVE ADMITIDAS EN UNA UNIDAD DE CUIDADOS INTENSIVOS*”. Malvino E, Masciocchi M. *Obstetricia y Ginecología Latinoamericanas* 2007;65(2):72-78.

ECLAMPSIA AND SEVERE PREECLAMPSIA ADMITTED IN A INTENSIVE CARE UNIT

We describe the clinical characteristics, complications, severity, and maternal and fetal survival of patients requiring admission to the intensive care unit due to suffering from eclampsia and severe preeclampsia. Ninety-two patients were included during their second half of pregnancy or early puerperium with the diagnosis of hypertension induced by the pregnancy and fulfilled severity criteria. A comparison was made between this population and others from the same geographic area, with similar age, parity and gestational age. In our group of patients, we observed minor number of cases with eclampsia ($p < 0.001$). The prevalence of syndrome HELLP was smaller, although this difference was not significant. By means of score SOFA, was observed minor organic compromise ($p < 0.05$). All obstetric patients survived. There were four perinatal deaths. In our population, low rate of life-threatening maternal complications and low perinatal mortality were observed.

- “*EMBOLOZACION ARTERIAL UTERINA EN HEMORRAGIAS GRAVES DEL POSPARTO: PAPEL DEL ANESTESIOLOGO*”. Eisele G, Simonelli D, Galli E, Martinez M, Zlatkes R, Mezzabotta L, Malvino E. *Revista Argentina de Anestesiología* 2007;65(2):96-106

UTERINE ARTERIAL EMBOLIZATION IN PERSISTENT POSTPARTUM HEMORRHAGES THE ROLE OF THE ANESTHESIOLOGIST

Objectives: the evaluation of the benefits of a multidisciplinary approach to persistent postpartum hemorrhage treatment, highlighting the role of the anesthesiologist in deciding on uterine embolization.

Material & methods: hemostasia, presence and treatment of shock, ICU stay, and hysterectomy were recorded in 47 patients with persistent postpartum hemorrhage after failure of regular treatment and later uterine embolization. Importance of early help call and performance of anesthesiologist were also evaluated.

Results: hemostasia were achieved in all patients without maternal mortality and with low rate of morbidity and complications. Definitive bleeding control was obtained in 91,5% of patients using uterine embolization and the 8,5% failure was related to severe uterine or vaginal tears. Early anesthesiologist's decision for uterine embolization resulted in lower shock incidence and treatment necessity compared to cases where this decision was no taken.

Discussion: persistent postpartum hemorrhage is one of the leading causes of maternal morbidity and mortality. Multidisciplinary coordinated action is necessary in most of these cases, and when uterine embolization is associated, better results in persistent postpartum hemorrhage treatment have been reported. In this paper we confirm these findings and show greater benefit with early intervention of specialists.

Conclusion: multidisciplinary integration and inclusion of uterine artery embolization offers excellent results in persistent postpartum hemorrhage therapy.

- “*TRATAMIENTO CON PLASMAFERESIS DE LAS MICROANGIOPATÍAS TROMBÓTICAS EN EL EMBARAZO*”. Malvino E. *Obstetricia y Ginecología Latinoamericanas* 2007;65(1):31-36.

PLASMAPHERESIS TREATMENT IN THROMBOTIC MICROANGIOPATHIES ASSOCIATED WITH PREGNANCY

Plasma exchange is accepted as the standard therapy for thrombotic thrombocytopenic purpura. However, no consensus has been reached to perform plasmapheresis as a treatment in class 1 HELLP syndrome or hemolytic uremic syndrome. When they arise as a complication of pregnancy, they are associated with high mortality and morbidity. We report our apheresis experience in three patients with thrombotic microangiopathies associated with pregnancy. This treatment proved to be effective as all three patients responded well.

- “HEMORRAGIA RETROPERITONEAL ESPONTANEA EN EL EMBARAZO SECUNDARIA A ANGIOMIOLIPOMA RENAL”. E. Malvino, R. Re, M. Yoshihara, E. Karo. *Revista de Nefrología, Diálisis y Transplante* 2006;26(1):133-136

SPONTANEOUS RETROPERITONEAL HEMORRHAGE DURING PREGNANCY SECONDARY TO ANGIOMYOLIPOMA RENAL.

A 31-years-old, female at 16-weeks pregnancy, suffered a non-traumatic retroperitoneal hemorrhage. Transabdominal ultrasonography and magnetic resonance images revealed a right kidney tumor and severe retroperitoneal bleeding. Forty-eight hours after admission, transperitoneal total nephrectomy was done due to a suspicion of renal cell carcinoma complication. The histopatological examination on the surgical preparation revealed an angiomyolipoma. The diagnostic and patient management are discussed.

- “INSUFICIENCIA RENAL AGUDA EN EL SINDROME HELLP. ANÁLISIS DE 17 CASOS Y REVISIÓN DE LA LITERATURA. Malvino E, Muñoz M, Ceccotti C, McLoughlin D, Lopez Gastón O. *Revista de Nefrología, Diálisis y Transplante* 2006;26(2):25-30.

ACUTE RENAL FAILURE IN HELLP SYNDROME

We analyzed the renal function of 77 pregnant patients suffering from HELLP syndrome (Hemolysis, Elevated Liver enzymes level, Low Platelet count). Considering platelet count, 28 cases belonged to class 1, 36 to class 2 and the rest to Martin's class 3. Twenty seven patients suffered from mild damage of renal function with serum creatinine levels between 0,9 and 1,1 mg/dL and 17 patients (22%) developed acute renal failure with creatinine levels ≥ 1.2 mg/dL (2.1 ± 1.6 mg/dL), 12 of these were oliguric, one patient was treated with dialysis. We found no relationship between platelets levels and acute renal failure. All patients recovered renal function within 15 days of puerperium. All obstetric patients survived and there were five perinatal deaths.

- “ACTUALIZACION SOBRE EL SINDROME HELLP”. Malvino E. *Salud y Ciencia*, publicación de la Sociedad Ibero Americana de Información Científica. Octubre de 2006.

HELLP SYNDROME UPDATE

HELLP syndrome (Hemolysis, Elevated Liver enzymes, and Low Platelet count) is defined by the presence of the following criteria: hemolysis (characteristic peripheral blood smear and serum lactate dehydrogenase levels >600 U/L or total bilirubin > 1.2 mg/dl), serum aspartate aminotransferase >70 U/L, and platelet counts $<150,000/\text{mm}^3$. HELLP syndrome is a type of preeclampsia and because of its varied symptomatology, the initial diagnosis may be obscured. Maternal mortality has been estimated to be as high as 24%. Patients with HELLP syndrome have also an important risk of adult respiratory distress syndrome, abruptio placenta, disseminated intravascular coagulation, ruptured liver hematomas and acute renal failure. Perinatal mortality is equally high up to 37%. Before delivery, aggressive obstetric management is directed toward stabilization of the affected organ systems, if possible, timely interruption of its early phase, when the fetal lung maturity is obtained, so as to prevent on accelerated disease progression. Women received dexamethason 8 mg in two doses every 12 hours before the 34th weeks of gestation. Corticosteroids were used when platelet count persisted under $30,000/\text{mm}^3$. Definitive therapy is delivery. Consequently the management in HELLP syndrome is prompt delivery in 24-48 hours in an attempt to reduce the incidence of complications. Patient with HELLP syndrome should be identified promptly and send to a tertiary care center for management of the newborn infants at risk.

- “PROTOCOLO DE PREVENCIÓN Y TRATAMIENTO DE LA HEMORRAGIA PUERPERAL Y SUS COMPLICACIONES ANTE LA SOSPECHA DE ADHERENCIA PLACENTARIA PATOLOGICA”. Martinez M, Eisele G, Malvino

E, Simonelli D, Galli E, Anhel S, Monti F, Firpo J. *Revista de la Sociedad de Obstetricia y Ginecología de Buenos Aires* 2005;84(966):225-242.

PREVENTION AND TREATMENT PROTOCOL FOR PUERPERAL HEMORRHAGE DUE TO PLACENTAL ADHESIVE DISORDERS

A protocol was done with the purpose of decreasing morbi-mortality in patients with high probability of placental adhesive disorders. By prophylactic catheterization of pelvic arteries, a rapid hemostasis is achieved so as to elaborate a surgical strategy, with possible uterus preservation, reducing the risks related to placenta accreta.

- "TAQUIARRITMIAS SUPRAVENTRICULARES FETALES REFRACTARIAS AL TRATAMIENTO INICIAL". E. Malvino, M. Bruno, J. Gallo, J. Medrano, D. Ferrante. *Medicina (Buenos Aires)* 2005;65:138-142

REFRACTORY FETAL SUPRAVENTRICULAR TACHYARRHYTHMIAS TO INITIAL THERAPY

Fetal arrhythmia is an unusual cause of admission in critical care unit. We report three pregnant patients with gestational age of 27 to 32 weeks, with diagnosis of fetal sustained supraventricular tachyarrhythmias; which were resistant to digoxin as first line therapy. Two fetuses had supraventricular tachycardia and were converted with flecainide in association with digoxin. A remaining hidropic fetus suffering atrial flutter with 2:1 auriculo-ventricular conduction, failed to restore sinus rhythm with digoxin alone or in association with flecainide nor amiodarone, and required premature c-section at 30^a weeks of gestation. Due to amiodarone administration neonate suffered transient neonatal hypothyroidism.

- "COMPLICACIONES MATERNAS Y MORTALIDAD PERINATAL EN EL SINDROME HELLP. REGISTRO MULTICENTRICO EN UNIDADES DE CUIDADOS INTENSIVOS DEL AREA BUENOS AIRES". E. Malvino, M. Muñoz, C. Ceccotti, G. Janello, D. McLoughlin, A. Pawlak, P. Desmery, O. Lopez Gastón. *Medicina (Buenos Aires)*, 2005;65:17-23.

MATERNAL MORBIDITY AND PERINATAL MORTALITY IN HELLP SYNDROME. MULTICENTRIC STUDIES IN INTENSIVE CARE UNITS FROM BUENOS AIRES REGION.

We analyzed the clinical characteristics, complications, severity, and maternal and fetal survival of patients requiring admission to the intensive care unit in four hospitals from Buenos Aires area, Argentina, due to suffering from HELLP syndrome (Hemolysis, Elevated Liver enzymes level, Low Platelet count). Data was revised in the charts from march 1997 to march 2003 and sixty-two patients were included in the study. During the second half of the pregnancy or immediate puerperal period, the diagnosis criteria was defined on the basis of preeclampsia and the following laboratory abnormalities: platelet count nadir $<150\ 000/\text{mm}^3$, serum hepatic aminotransferases $>70\ \text{UI/L}$, and serum lactic dehydrogenase $>600\ \text{UI/L}$, total bilirubin $>1.2\ \text{mg/dL}$ and/or periferical blood smear with hemolysis. The mean maternal age was 28 ± 8 years; parity 2.7 ± 2.3 ; gestational age 33 ± 4 weeks. According to platelet count, 23 cases were identified to class 1, 29 to class 2 and the rest to Martin's class 3. There were 16 eclamptic patients. The platelet count was $67\ 604 \pm 31\ 535/\text{mm}^3$; alanine aminotransferase $271 \pm 297\ \text{UI/L}$; aspartate aminotransferase $209 \pm 178\ \text{UI/L}$; serum lactic dehydrogenase $1\ 444 \pm 1\ 295\ \text{UI/L}$; serum creatininine levels $1.1 \pm 0.8\ \text{mg/dL}$. Forty-one patients had diverse degree of renal function damage, renal dialysis and plasmapheresis was required in one female. Respiratory failure due to pulmonary edema was observed in four patients. All obstetric patients survived. There were four perinatal deaths. In our population, low rate of life-threatening maternal complications and low perinatal mortality was observed.

- "CORRELACION CLINICA Y NEURO-RADIOLOGICA EN LA ECLAMPSIA". E. Malvino, J. Rios, D. McLoughlin, A. Moreno. *Medicina (Buenos Aires)* 2004;64:497-503

CLINICAL AND NEURORADIOGRAPHIC CORRELATES IN ECLAMPSIA

Brain computed tomography, magnetic resonance imaging and magnetic resonance angiography were performed in five eclamptic patients. Three of them had HELLP syndrome. The findings on the imaging studies showed bilateral lesions affecting regions of the brain, such as cortico-subcortical either posterior and anterior circulation territories, white matter, talamic or mesencephalic-protuberancial areas. No vasoospasm in middle size arteries were observed with magnetic resonance angiography. Although visual disturbance and occipital lobe involvement were correlated, no others mentioned lesions had clinical manifestations.

- "INJURIA PULMONAR AISLADA EN UNA GESTANTE CON SÍNDROME ANTIFOSFOLIPÍDICO PRIMARIO". E. Malvino, H. Ferro. *Obstetricia y Ginecología Latinoamericanas* 2004;62(4):164-167

ACUTE LUNG INJURY IN A PREGNANT WITH PRIMARY ANTIPHOSPHOLIPID SYNDROME

A 38-year-old woman at 26 weeks gestation with primary antiphospholipid syndrome treated with enoxaparine, aspirin and gamma globulins. Diagnosis of acute lung injury was made on the fourth puerperium day consistent with clinical, radiology and oxymetric criteria. Without extra pulmonary manifestations, the patient had a favorable outcome with methylprednisolone therapy.

- "ISQUEMIA MIOCARDICA SECUNDARIA A LA ADMINISTRACION DE OCITOCINA DURANTE LA CESAREA". E. Malvino, M. Bruno. *Obstetricia y Ginecología Latinoamericanas* 2004;62(2):63-65

OXYTOCIN INDUCED MYOCARDIAL ISCHEMIA DURING CESAREAN SECTION

We report a case of myocardial ischemia caused by administration of intravenous oxytocin during cesarean section. Chest pain associated with typical ST-segment changes was observed, as well as sublingual nitrates reversing abnormal electrocardiographic findings.

- "CONSIDERACIONES FISIOPATOLOGICAS SOBRE INSUFICIENCIA RESPIRATORIA AGUDA EN UNA PUÉRPERA CON SINDROME HELLP. E. Malvino, M. Curone, A. Moreno, O. Trabadello, I. Moine. *Obstetricia y Ginecología Latinoamericanas* 2003;6(2):73-79

PATHOPHYSIOLOGY CONSIDERATIONS ABOUT ACUTE RESPIRATORY DISTRESS SYNDROME IN PUERPERAL WOMEN WITH HELLP SYNDROME

We report a case of a puerperal woman with HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets) and acute renal failure undergoing dialysis and plasmapheresis procedures, her course was complicated by acute respiratory distress syndrome (ARDS). To the multifactorial etiologies associated with this severe form of preeclampsia, other factors could be added during the evolution that would exacerbate the primary lung injury. With delivery, adjunctive therapies will be considered to improve the resolution of the acute lung injury. The goal of treatment in the prevention of ARDS is fluid management, it should be carefully guided by the use of hemodynamic monitoring.

- "ALTERACIONES DE LA COAGULACION EN EL HIGADO GRASO DEL EMBARAZO. A PROPOSITO DE UN CASO". E. Malvino, D. McLoughlin, L. Celebrin, F. Parisi, O. Sprazzato, A. Otero, O. Lopez Gastón. *Prensa Médica Argentina* 2002;89:278-282

COAGULOPATHY IN ACUTE FATTY LIVER OF PREGNANCY

A patient with acute fatty liver of pregnancy associated with coma, acute renal failure, and coagulation altered is reported. Since delivery, and once gained maternal stability, the patient was treated with purified antithrombin III, plasma and enoxaparine at low dosis. The

difficult of differential diagnosis with intravascular disseminated coagulation are emphasized.

- "HEMORRAGIAS GRAVES DEL POSTPARTO: TRATAMIENTO MEDIANTE EMBOLIZACION ENDOVASCULAR". G. Eisele, S. Sierre, E. Malvino. *Medicina Intensiva (Buenos Aires)* 2002;19(1):1-5

SEVERE POST-PARTUM HEMORRHAGE TREATED WITH ENDOVASCULAR EMBOLIZATION

Severe post-partum hemorrhage remains as an important etiologic factor in peri-partum maternal morbidity and mortality. Six patients with life-threatening post-partum bleeding treated with endovascular embolization were retrospectively reviewed. The clinical course presented hemorrhagic shock or coagulopathy caused by uterine atony and cervical tears. Both conservative and/or surgical treatment failed to control hemorrhage in 6 cases. Arteriography allowed to identify the bleeding layers and selective embolization was useful to achieve hemostasis as the definitive treatment in all the patients. Important resources cost and potential complications may be saved with endovascular embolization of intractable post-partum hemorrhage after conservative treatment failure. This alternative therapy demonstrated to be effective also after surgical failure

- "CUIDADOS INTENSIVOS EN EL EMBARAZO Y EL PUERPERIO. ANALISIS SOBRE 44.430 NACIMIENTOS". E. Malvino, C. Marchese, M. Rotela, N. Rios, M. Curone. *Obstetricia y Ginecología Latinoamericanas* 2002;60(3):138-147

INTENSIVE CARE IN PREGNANCY AND PUERPERIUM. AN ANALYSIS OF 44.430 DELIVERIES

Objective: Evaluate the incidence, admission diagnoses, therapeutic interventions and outcome of all diseases that motivated obstetrical admissions to the intensive care unit (ICU).

Material and method: During a ten-year period the following data were obtained: demographics, diagnoses, severity of illness, procedures, surgical interventions and maternal mortality.

Results: A total of 44.430 deliveries occurred during the study period. There were 202 pregnancy-associated admissions to the ICU, which represent 1,99% of the total from the admissions to the UCI. The mean age of these patients was $31 \pm 5,1$ years. The main reasons for admissions to ICU were: severe obstetric hemorrhage 41,1%, hypertension induced by pregnancy 29,7% and other causes 29,2%. Most of the patients were admitted to the UCI in the peripartum period or after caesarean deliveries. In the admission the median APACHE II score was $7,9 \pm 4,3$, and the median SAPS II score was $11,4 \pm 6,7$. Twelve patients needed ventilatory support; pulmonary artery catheters were introduced in 4 patients, and one patient required hemodialysis as a consequence of acute renal failure. Forty-six patients underwent hysterectomy and other 4 patients needed surgery because of non-obstetric causes. The median length of ICU stay was $3,0 \pm 2,3$ days. Three patients died.

Conclusions: The ICU utilization rate was 4,5/1000 deliveries. The main reasons for admission to ICU were related with arterial hypertension and severe obstetric hemorrhages both groups with favorable maternal outcome. The severity of illness score in the admission was low, with score of therapeutic interventions near average at 20. Overall ICU maternal mortality rate was 6,7/100.000 deliveries.

- "ANGIOGRAFIA PULMONAR EN UN CASO DE EMBOLIA DE LIQUIDO AMNIOTICO Y REVISION DE LA LITERATURA". E. Malvino, J. Korin, M. Bruno, G. Gomez, J. Medrano, J. Miano. *Medicina Intensiva (Buenos Aires)* 2001;18(2):52-57

PULMONARY ANGIOGRAPHY IN AMNIOTIC FLUID EMBOLISM

We present a patient case in an early puerperium period woman; who developed signs of shock, respiratory failure and disseminated intravascular coagulation, suggesting a clinical diagnosis of amniotic fluid embolism. Massive occlusions in the branches of pulmonary arteries were showed by cardiac catheterization. Although mechanical fragmentation of the thrombi was performed, only a partial recanalization was obtained by pigtail catheter. She died after few hours.

- "HEMORRAGIAS OBSTETRICAS GRAVES EN EL PERIODO PERIPARTO". Malvino E, Curone M, Lowenstein R, Ferro H, Korin J, Bruno C, Lantos J. *Medicina Intensiva (Buenos Aires)* 2000;17(1):21-29

SEVERE OBSTETRIC HEMORRHAGE IN PERI-PARTUM PERIOD

Objective: evaluate the morbi-mortality in a group of patients with severe obstetric bleeding in the peri-delivery period.

Design: retrospective and descriptive study

Setting: Intensive Care Unit in a private hospital in Buenos Aires, Argentina

Patients: 45 pregnant patients with an age of 33±4.8 years, admitted as of march 1991 until February 1998.

Measurement and main results: 64% of the cases had hemorrhagic shock. The mean of red cells transfused was 7.6±6.3 packs, and the hematocrit after 24-36 hours was 23.6±4.9%. 29 patients underwent hysterectomy as a means of controlling massive bleeding. Six of those had intra or retroperitoneal bleeding, having five of them a second surgery for persistent bleeding. This last group needed a major requirement of blood (18±8 vs 5±8 units, p<0.01). Seventeen patients had coagulations factors defects of witch 6 had disseminated intravascular coagulopathy. No one of the 45 patients died.

Conclusions: 1. good outcome related to: a) availability of blood and hemoderivates and diagnostic studies, and b) participation of a multidisciplinary team. 2. high incidence of hysterectomy as a means of controlling hemorrhage.

- "CETOSIS PERSISTENTE EN UN CASO DE DIABETES PREGESTACIONAL". Malvino E, Lopez Gastón O, McLoughlin D, Albariñas J, Jorge M. *Prensa Médica Argentina* 2000;87(7):668-670.

PERSISTENT KETOACIDOSIS IN PREGESTATIONAL DIABETES

A patient with pregestational type I diabetes was admitted to the intensive care unit with a gestational age of 34-weeks because of normoglycemic diabetic ketoacidosis. Glucose administration had to be increased up to 400 d/daily to allow larger doses of insulin. With this approach, ketoacidosis in the pregnant patient is discussed.

- "MODIFICACIONES DE LA COMPOSICION CORPORAL Y EVALUACIÓN DEL ESTADO NUTRICIONAL DURANTE EL EMBARAZO" Basaluzzo J, Pituello D, Lopez Gastón O, Malvino E, Otero A, Giniger R. *Prensa Médica Argentina* 1991;78:516- 520

CHANGES IN BODY COMPOSITION AND NUTRITIONAL STATUS EVALUATION IN PREGNANCY

In 58 pregnant women without alimentary restrictions, aged 29 ± 4.8 years, body composition was studied by the anthropometric fractionation of the body mass method. Measures were obtained at 3, 6 and 9 months of pregnancy and at 10 and 30 days post-partum. Nutritional status was evaluated by the protein reserve (PR) and the caloric reserve (CR) and by its relation to the fetal weight (FW). Besides, the increase of body weight (%BW) and the end of pregnancy and the maternal height (MH) was related to the FW. The average increase of body weight was of 11 kg, with an increase of 1.32 kg during the first trimester, 8.21 kg during the second, and 1.52 kg during the third. Previous to delivery, the fat mass increased in 2.94 kg and the muscular mass in 1.51 kg. At 10 days post-partum real body weight decreases a 70.5% maintaining a fat over weight of 1.75 kg at 30 days. The PR (n=42, X 2.31 ± 0.24) vs FW (n=42, X 3.15 ± 0.4 kg) showed an r = 0.35, p < 0.02, while CR (n = 42, X 2.06 ± 0.63) vs FW showed an r = 0.03 p NS. The %BW (n=42, X 20.95% ± 8.9) vs FW showed an r = 0.38, p NS. And the MH (n = 42, X 159,5 cm ± 6.82) vs FW an r = 0.11 p NS. It is concluded that structural changes in pregnancy occur mainly during the second trimester returning to pre pregnancy values in approximately 30 days post-partum. FW is independent of maternal CR and PR if their values are within normal limits or at least moderately abnormal.

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