

Medicina Interna Pediátrica

Investigación

1° Congreso Argentino de Medicina Interna Pediátrica  
Pediatria Hospitalaria

Sociedad Argentina de Pediatría  
Noviembre 2016

Betty Marciano



# Objetivos

*"la atención centrada en el paciente"*

Investigación en Medicina

Conceptos y avances

Modalidades en investigación

Discusión

¿Qué es importante o relevante ?

¿Qué podemos hacer?



The NEW ENGLAND JOURNAL of MEDICINE

Perspective  
SEPTEMBER 15, 2016

## Zero to 50,000 — The 20th Anniversary of the Hospitalist

Robert M. Wachter, M.D., and Lee Goldman, M.D., M.P.H.

**T**wenty years ago, we described the emergence of a new type of specialist that we called a “hospitalist.”<sup>1</sup> Since then, the number of hospitalists has grown from a few hundred to more than

peared, but emergency admissions were increasing. Acutely ill patients needed rapid attention on admission and often multiple daily visits during hospitalization, regardless of whether that disrupted the flow

# OPORTUNIDAD

- La medicina hospitalaria pediátrica es una modalidad en pleno desarrollo y expansión.
- La investigación tiene que acompañar este boom.
- El modelo colaborativo es útil para obtener datos de prevalencia ,costos y mejoras.

EDITORIAL

**Development of the Pediatric Research in Inpatient Settings (PRIS) Network: Lessons Learned**

Rajendu Srivastava, MD, FRCP(C), MPH<sup>1,2\*</sup> and Christopher P. Landrigan, MD, MPH<sup>3,4</sup>

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RESEARCH PRACTICE

**Research Needs of Pediatric Hospitalists**

abstract

**OBJECTIVE:** To assess the current state of research productivity, goals, obstacles, and needs of pediatric hospitalists.

**METHODS:** The American Academy of Pediatrics Section on Hospital Medicine performed a cross-sectional online survey of pediatric hospitalists. Questions assessed demographics, research productivity, system-level factors, research interests, goals and obstacles, and the perceived need for research training and support.

**RESULTS:** Two hundred twenty pediatric hospitalists in the United States completed the survey. Of these, 59% had presented at a national meeting, 24% were first authors of an article in a peer-reviewed journal, 8% had more than publications, and 12% had secured external grant support. While 90% of respondents had spent 10% or less time in research, 64% had an academic appointment at the assistant professor level or above. Nearly 40% felt that their institution expected them to do research, and 59% were interested and another 27% were very interested in conducting research. The main research interest was quality improvement (QI) evaluation. Common obstacles to research were lack of time, mentorship, and resources.

**CONCLUSIONS:** Pediatric hospitalists want to conduct research to improve the quality of inpatient care but face significant obstacles including lack of dedicated time for research and mentorship. Coordinated efforts to improve access to academic resources are important for career development and academic growth of the field. National organizations and hospital programs interested in improving the quality of care for hospitalized children can provide support to meet the field's professional needs for research.

Introduction

Pediatric hospital medicine is a rapidly growing field in both community and academic medical centers.<sup>1,2</sup> The transition to a hospitalist model has generated multiple questions about the best approach to caring for hospitalized children.<sup>3</sup> Even the most common inpatient pediatric conditions have varied management approaches.<sup>4</sup> Numerous opportunities are available to make pediatric inpatient care safer and more effective, patient-centered, timely, efficient, and equitable.<sup>5</sup> Current areas of pediatric inpatient research include quality measures, clinical trials, comparative effectiveness, clinical informatics, translation and implementation of new medical advances, inpatient care of children with special health care needs and medically complex conditions, and inequities of care related to race, ethnicity, or income.<sup>6-8</sup>

In many programs, hospitalists serve as attending physicians who teach residents and medical students.<sup>9</sup> Many hospitalists also participate in quality improvement (QI) initiatives, hospital administration, utilization review, and

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KEY WORDS

Pediatric hospitalist, research, academics, quality improvement, quality of care, mentorship, training

www.hospitalpediatrics.org

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DISCLOSURE: The authors have indicated they have no conflicts relevant to this article to disclose.

**Research in Pediatric Hospital Medicine: How Research Will Impact Clinical Care**

Gabrielle Zimbric, MD,<sup>a</sup> and Rajendu Srivastava, MD, FRCP(C), MPH<sup>a,b,c</sup>

Hospitalist medicine has enjoyed a period of rapid growth over the past 10 years and research within this domain is no exception. This article will describe the initial research conducted within the world of pediatric hospital medicine, what the future of research will hold and how this will impact the clinical practice of hospitalists who care for children. This is a review of pertinent literature that represents key progress within the emerging field of pediatric hospital medicine. Research within pediatric hospital medicine has progressed from

initial studies defining the emerging field and single-center studies to widely expanding national research networks which aim to prioritize the research needs of the field and use data from multiple centers to enrich the body of evidence that guides clinical practice. The field of pediatric hospital medicine has grown rapidly over the past decade and has an exciting trajectory of ongoing growth and research.

*Curr Probl Pediatr Adolesc Health Care 2012;42:127-130*

- Sociedad Española de Pediatría Hospitalaria (SEPHO)  
Protocolos de atención-2011

Estrategias para el futuro de la especialidad:

la práctica clínica, la calidad asistencial, la investigación  
y los profesionales sanitarios

- The Pediatric Research in Inpatient Settings (PRIS) network

# Proyecto PHIS + Aumentando la información del Sistema de Salud Pediátrica mediante datos clínicos

Hacer el uso más eficiente del arsenal diagnóstico (por ejemplo, pruebas de laboratorio y estudios de imagen) para predecir los resultados, seleccionar intervenciones apropiadas, y mejorar el estado de salud de los niños hospitalizados

Diseño observacional estudio y análisis de los datos existentes en las bases de datos administrativos y clínicos en evaluar estrategias terapéuticas, de pronóstico y diagnóstico de enfermedades para las que los ensayos controlados aleatorios no son factibles

Realizar evaluaciones económicas de las estrategias de gestión de pacientes hospitalizados para informar a la asignación de recursos y, junto con la medición de los resultados, entender mejor su valor

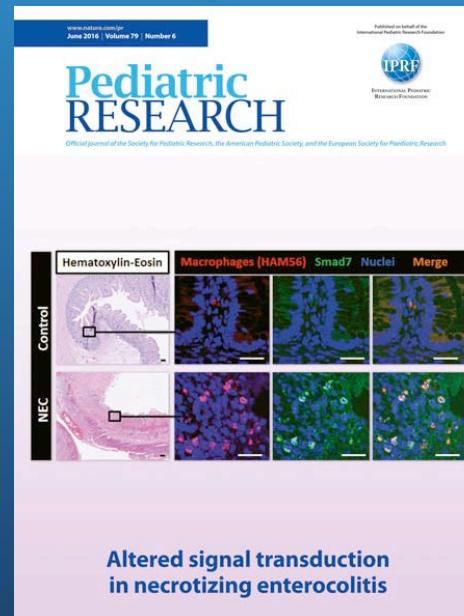
Desarrollar medidas de calidad y herramientas, para evaluar la calidad de atención de pacientes hospitalizados (comparando los hospitales, proveedores, sistemas) a través de múltiples instituciones que utilizan grandes bases de datos administrativos y clínicos

La Agencia para la Investigación y Calidad (AHRQ) ha financiado \$ 8.693.362 para este proyecto de 3 años.



# Pediatric Research journal

- Estudios de poblaciones
- Estudios translacionales
- Estudios clínicos





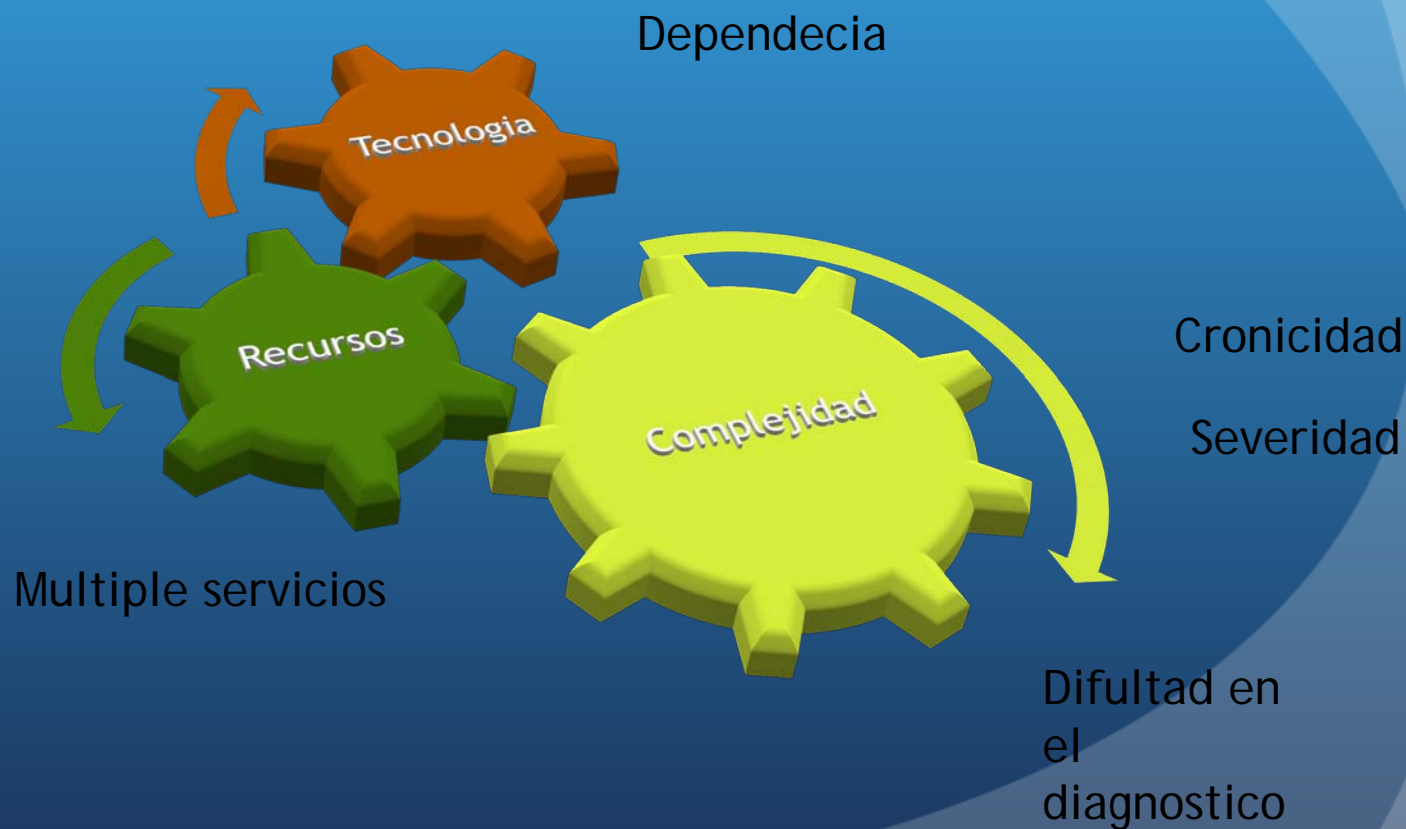
## GTMC Consortium

Global Translational Medicine Consortium (GTMC) mission is to enhance world-wide healthcare. Using translational medicine approaches...

# El paciente pediátrico complejo



# Interrelación de factores



Ehhh, Que hay de nuevo, viejo?



# Medicina P4

- Predictiva
- Preventiva
- Personalizada
- Participativa

# Nuevos títulos Viejas ideas

- *Pharmacogenetics/pharmacogenomics 1961*
- *Systems medicine*
- *Systems biomedicine 1992*
- *Precision medicine 1997*
- *Personalized medicine 1999*
- *Genomic-era medicine 2000*
- *Predictive, preventative, personalized and participatory (P4) medicine 2004 (initially P2 Medicine)*
- *Me medicine vs We medicine 2013*
- *P4 systems medicine 2014*
- *Computational systems biomedicine 2015*

# Medicina personalizada

## PRECISION MEDICINE INITIATIVE® COHORT PROGRAM



### WHAT IS IT?

**Precision medicine** is a groundbreaking approach to disease prevention and treatment based on people's individual differences in environment, genes and lifestyle.

The Precision Medicine Initiative® Cohort Program will lay the foundation for using this approach in **clinical practice**.

### WHAT ARE THE GOALS?

Engage a group of **1 million or more U.S. research participants** who will share biological samples, genetic data and diet/lifestyle information, all linked to their electronic health records. This data will allow researchers to develop more precise treatments for **many diseases and conditions**.

Pioneer a new model of research that emphasizes **engaged research participants, responsible data sharing and privacy protection**.



Research based on the cohort data will:

- Lay **scientific foundation** for precision medicine
- Help identify new ways to **treat and prevent disease**
- Test whether **mobile devices**, such as phones and tablets, can encourage healthy behaviors
- Help develop the **right drug** for the **right person** at the **right dose**



# CAVATICA

Plataforma para el análisis de datos de investigación pediátrica en cancer y enfermedades raras

Colaboración The Children's Brain Tumor Tissue Consortium, the Pacific Pediatric Neuro-Oncology Consortium y otros

Es parte de White House Precision Medicine Initiative  
Octubre 2016

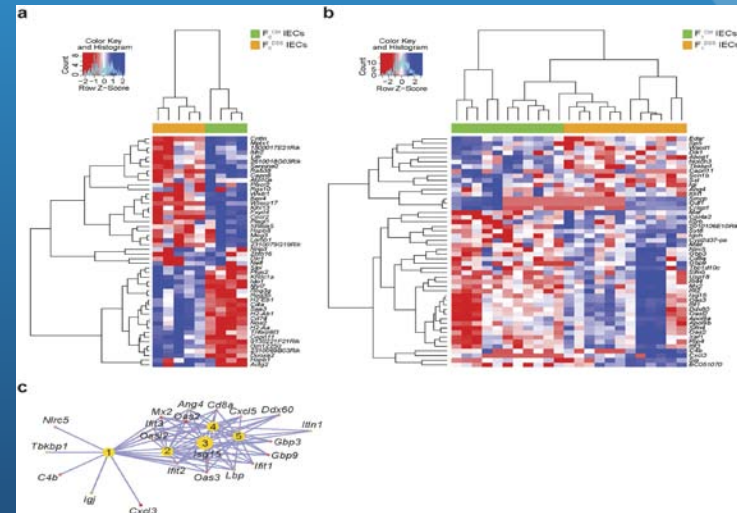
Clínica y laboratorio

# Medicina de precisión y terapia dirigida

- Introducción al tema 2006
- Según the National Institutes of Health (NIH), **precision medicine** es "un nuevo enfoque para el tratamiento y prevención de enfermedades que toma en cuenta la variabilidad individual en los genes , el medio ambiente y estilo de vida para cada persona" .
- La iniciativa de Medicina Especializada o Dirigida o Personalizada toma en cuenta factores sociales, éticos y legales.
- Costos

# De la mesada de investigación a la cama del paciente

- O de la cama a la mesada
- La ciencia basica como marco para la mejor atención clínica



Sci Rep. 2016

Paternal chronic colitis causes epigenetic inheritance of susceptibility to colitis

Markus Tschurtschenthaler

# Farmacología clínica

- Deficiencia de la enzima

Tiopurina metiltransferasa (TPTM gen CH 18)

Evaluación previa a la administración de Tiopurinas ( 6 mercaptopurina, AZA)

Clave en el tratamiento de leucemia

Rearrangement cromosómico tx mas agresivo.

# Ejemplo de Riesgo clínico

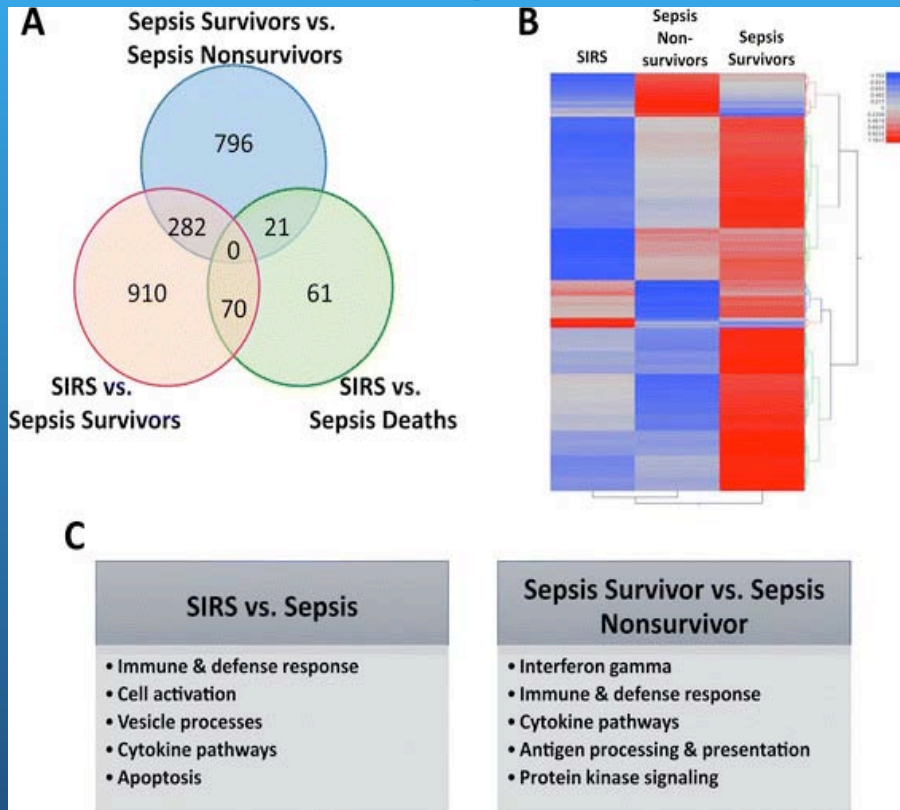


Table 1

Clinical and demographic information for the analysis population

Clinical variable	SIRS	Sepsis survivors	Sepsis non-survivors
n	23	78	28
Age (years)	64.9 ± 14.4	56.1 ± 18.0	67.6 ± 17.0
Gender (% Male)	34.80%	59.00%	60.70%
Race (B/W/O)	16/6/1	47/26/5	21/6/1
APACHE II	16.8 ± 7.7	14.7 ± 6.6	21.3 ± 7.1
Pathogen <sup>a</sup>			
<i>S. aureus</i>	N/A	20 (26%)	5 (18%)
<i>S. pneumoniae</i>	N/A	20 (26%)	4 (14%)
Enterobacteriaceae	N/A	23 (29%)	3 (11%)
Total leukocyte count <sup>b</sup>	11.2 (8.8, 13.5)	14.6 (9.7, 18.7)	15.1 (10.4, 21.9)
% Neutrophils	77.0 (73.5, 83.3)	85.0 (82.0, 91.0)	87.4 (82.0, 92.8)
% Lymphocytes	13.0 (7.6, 15.8)	7.0 (4.0, 11.0)	8.0 (4.2, 11.8)
% Monocytes	7.1 (4.4, 9.8)	5.0 (3.0, 8.0)	4.5 (2.0, 6.0)
Co-morbidities			
Alcohol abuse	17.40%	17.90%	10.70%
Neoplastic disease	13.00%	6.40%	21.40%
Diabetes	30.40%	32.10%	35.70%
Congestive heart failure	0%	6.40%	14.30%
Chronic kidney disease	26.10%	21.80%	25.00%
Chronic liver disease	8.70%	5.10%	21.40%
Immunosuppression	0%	6.40%	7.10%
Smoker	21.70%	30.80%	25.00%

An integrated transcriptome and expressed variant analysis of sepsis survival and death  
Ephraim L Tsalik,

# Medicina Translacional

- En diciembre de 2011, el Centro Nacional para el Avance de la Ciencia Translacional (NCATS) estableció "transformar el proceso de la ciencia de la traducción para que los nuevos tratamientos y curas para las enfermedades puedan ser entregados a los pacientes más rápido.
- Esta disciplina, definida de manera diferente por varios grupos en el mundo académico, las instituciones reguladoras y la industria, comparte la visión fundamental que es traducir de manera eficiente y eficaz los hallazgos científicos básicos relevantes para la enfermedad humana en conocimientos que beneficia a los pacientes

# Medicina traslacional

- Area médica que intenta conectar la investigación básica con la medicina asistencial, convirtiendo un hallazgo y desarrollo logrado en la mesada del laboratorio de ciencia básica en nuevas formas de diagnóstico y tratamiento

# La investigación clínica y translacional

- Nuevo paradigma
- Mejorar la salud del paciente y la comunidad
- Aceleración de los descubrimientos
- Enfoque transdisciplinario o transversal.



# Modelo translacional de la flora oral

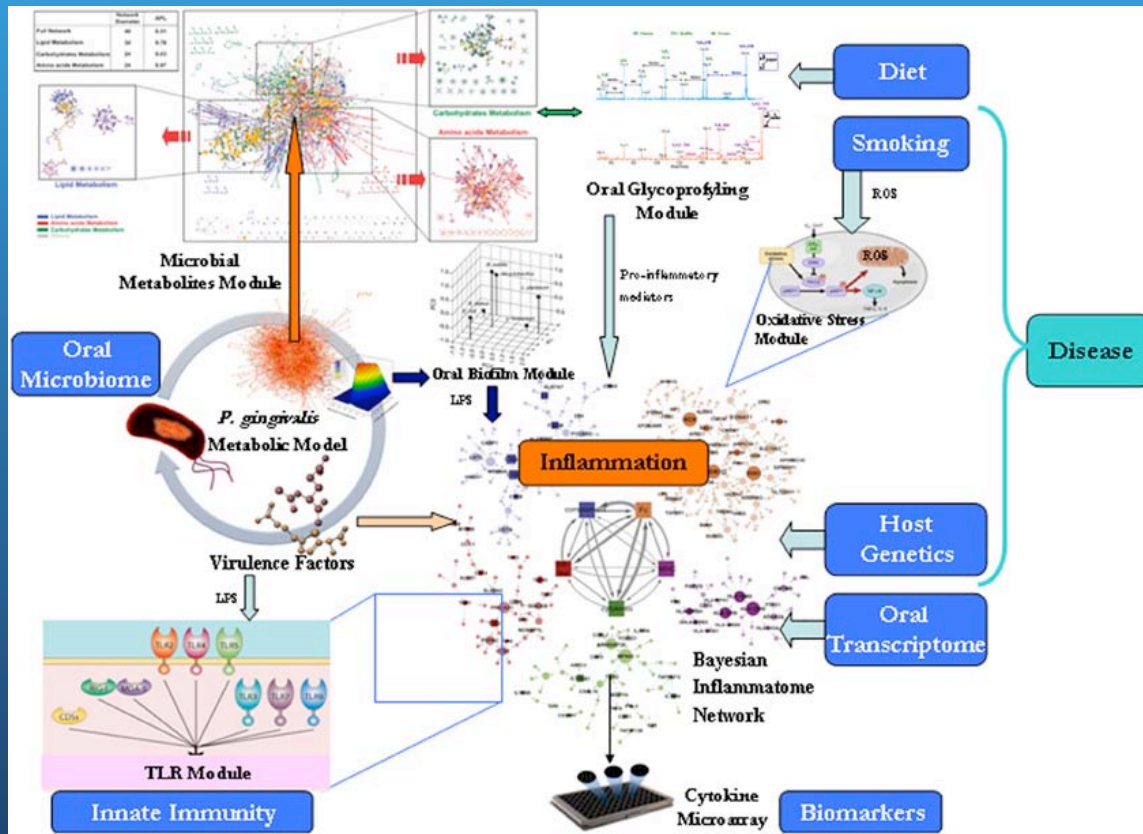
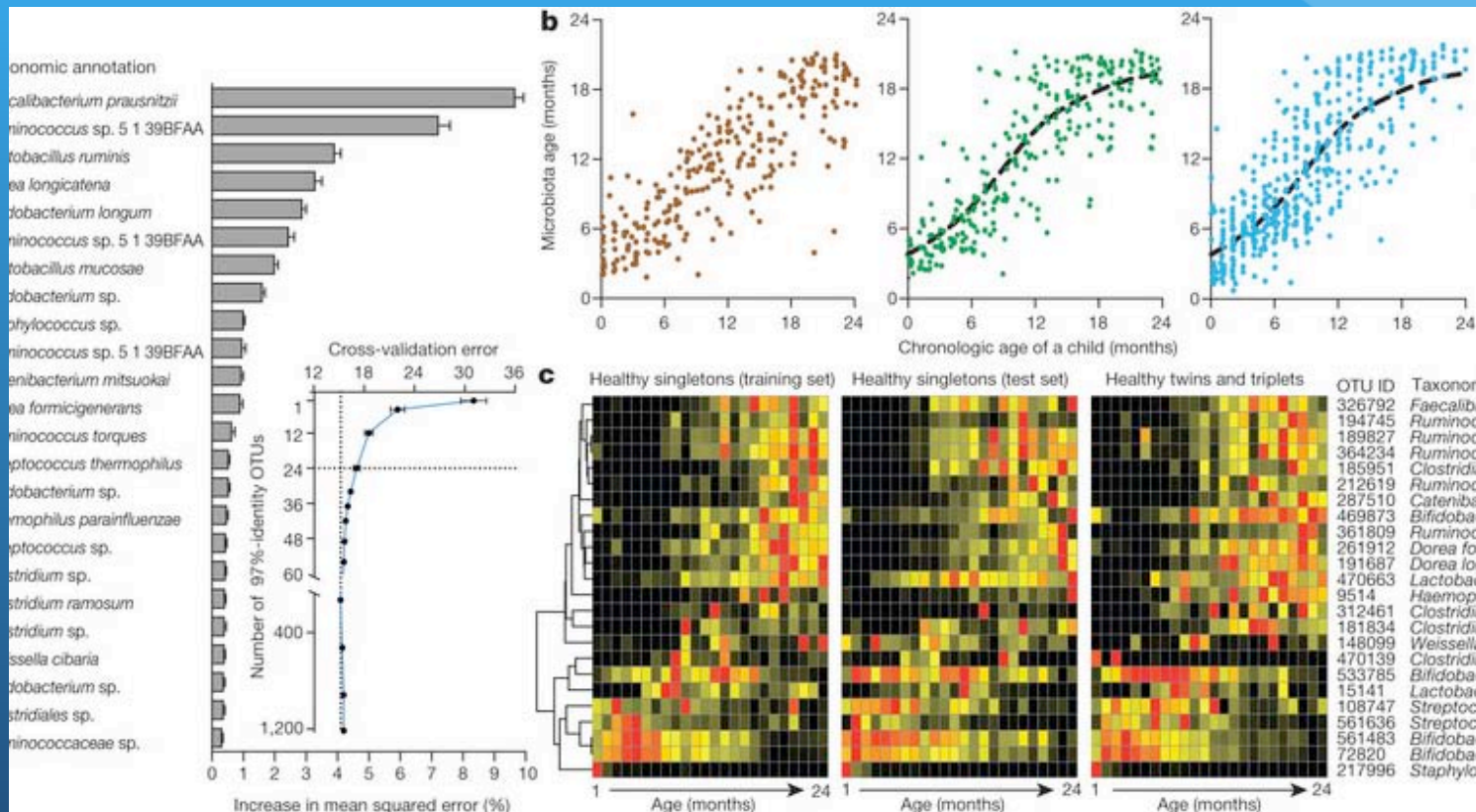


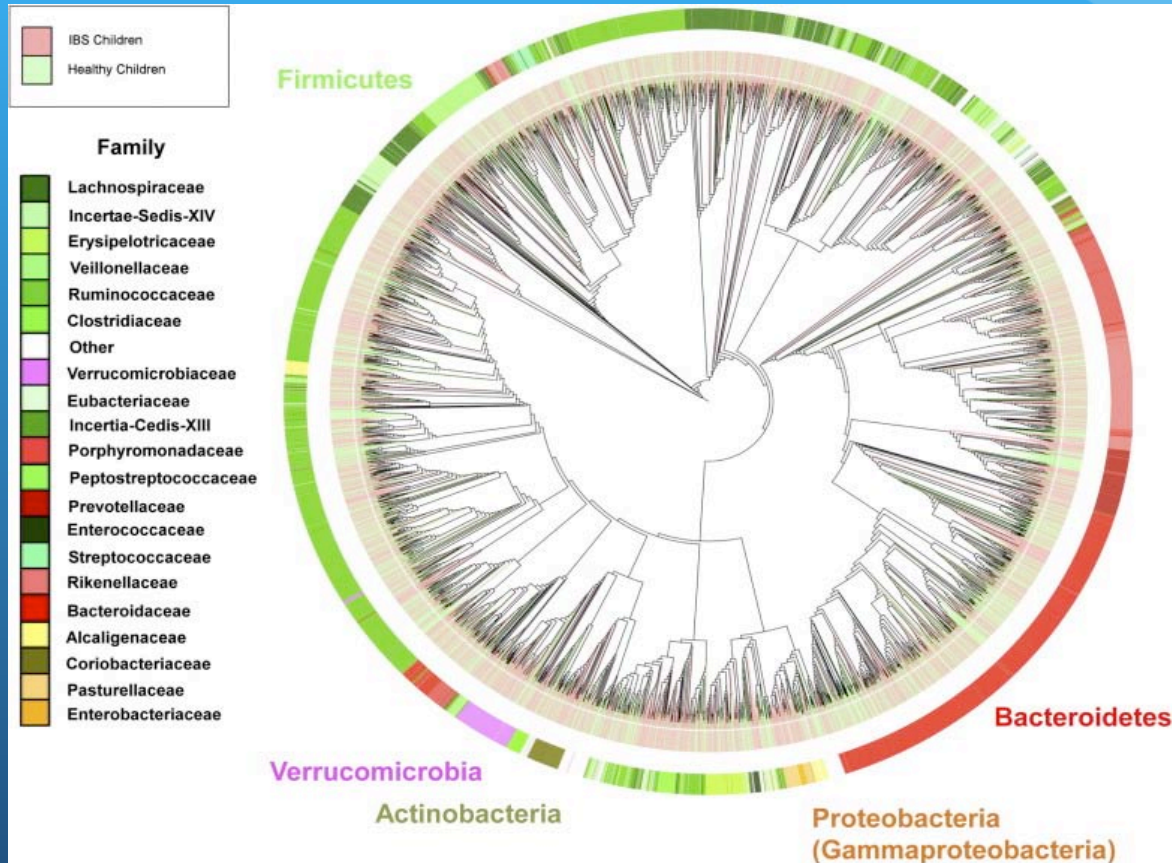
Figura - Biomarcadores taxonómicos bacterianos para definir la maduración intestinal microbiota en niños de Bangladesh saludables durante los primeros 2 años de vida.



Persistente falta de madurez de la microbiota intestinal en los niños desnutridos de Bangladesh [Sathish Subramanian et al 2014](#)

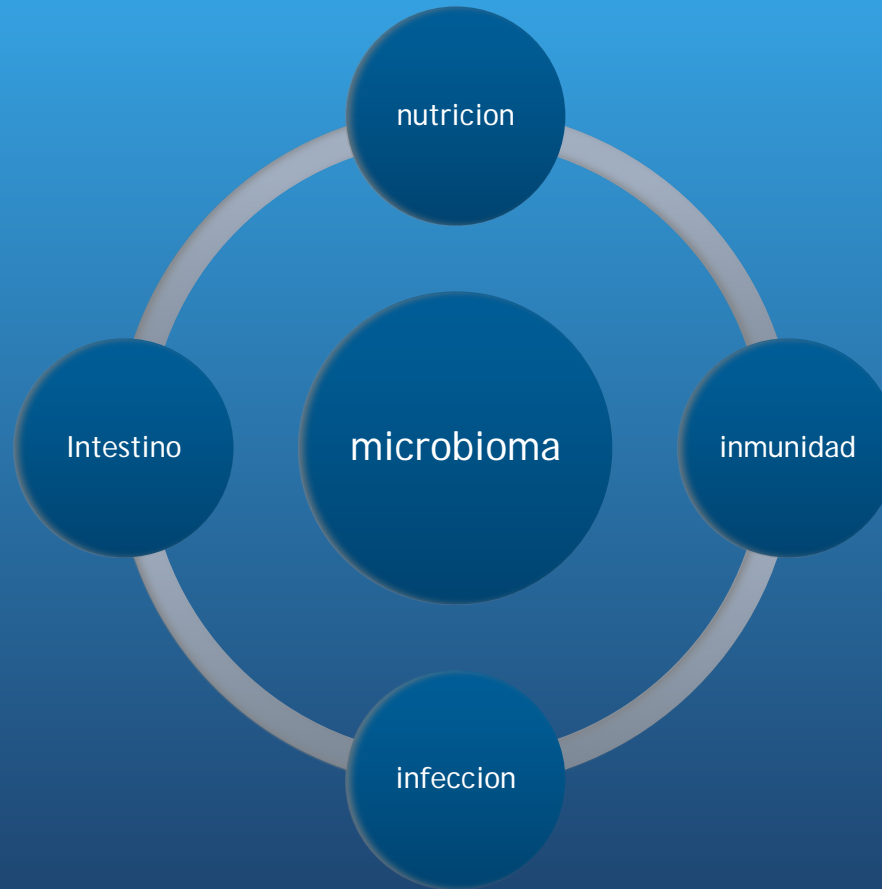
# Gastrointestinal Microbiome Signatures of Pediatric Patients With Irritable Bowel Syndrome

Saulnier et al. 2011 Gastroenterology



Global phylogenetic tree comparing the intestinal microbiomes of healthy children and children with IBS. Phylogenetic tree was generated using Quantitative Insight Into Microbial Ecology and drawn with iTOL, 54 including data from 22 healthy children (69 samples) and 22 children with IBS (71 samples). Map colored by phyla (exterior text), patient status (IBS, light red; healthy, light green), and family (inset).

# Estudio del microbioma



# Medicina genómica

- Función de los genes a partir de su secuencia o de sus interacciones con otros genes
- Genómica funcional
- Genómica estructural
- Genómica comparativa
- Enfermedades genéticas
- Respuesta a fármacos

# Genómica personalizada "genética personalizada"

- Medicina Preventiva
- Medicina Individualizada



# Genómica en el día a día



# La era de Big Data

- Organización Estructurada o NO estructurada
- Analisis informático
- Revela modelos, asociaciones, interacciones
- Colaboraciones
- Acceso

Tranformación de la medicina  
Basada en la práctica



NECESITO CAFÉ!!!



En qué circunstancias



Condiciones  
Complejas

The diagram consists of two large, dark blue arrows pointing towards each other, meeting at a central point. The arrow on the left points to the right and contains the text 'Condiciones Complejas'. The arrow on the right points to the left and contains the text 'Frecuentes'. The background is a light blue gradient with a subtle circular pattern.

Frecuentes

# Usos

- Los proyectos van desde nuevos dispositivos quirúrgicos a las técnicas de administración de fármacos y sistemas de gestión de flujo de trabajo de los pacientes
- Bioingeniería(tecnología)
- Clínica(necesidades)
- Negocios

# Dificultades

- Organización
- Costos
- Dedicación

# Ejemplos

- Presentación clínica poco frecuente
- Asociaciones poco frecuentes
- Hallazgos inesperados durante el tratamiento
- Efectos adversos no esperados o interacciones de drogas
- Estudios sobre nuevas técnicas de procedimientos o de diagnóstico
- Enfermedades raras presentaciones y manejo clínico
- Las nuevas infecciones o un brote de una enfermedad común

# Lo ideal y lo pragmático

- El día a día
- Proyectos colaborativos
- Formación
- Necesidad de fondos
- Un buen resultado tiene que ser clínicamente útil y SIMPLE

# Areas

- Estudios clínicos
- Medicina translacional
- Efectividad comparada
- Informática
- Medidas de Calidad

Volviendo a los modelos tradicionales



# Yo nunca cometo un error dos veces

- Al menos 5 o 6 veces como minimo



# Reporte de un caso o serie de casos

- No desestimar la utilidad
- Prestar atención
- Describir
- Descubrir
- Comunicar

# MMWR

## Epidemiologic Notes and Reports

- 305 Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men — New York City and California  
 308 Cutaneous Larva Migrans in American Tourists — Martinique and Mexico  
 314 Measles — U.S. Military

## MORBIDITY AND MORTALITY WEEKLY REPORT

### *Epidemiologic Notes and Reports*

#### Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men — New York City and California

During the past 30 months, Kaposi's sarcoma (KS), an uncommonly reported malignancy in the United States, has been diagnosed in 26 homosexual men (20 in New York City [NYC], 6 in California). The 26 patients range in age from 26-51 years (mean 39 years). Eight of these patients died (7 in NYC, 1 in California)—all 8 within 24 months after KS was diagnosed. The diagnoses in all 26 cases were based on histopathological examination of skin lesions, lymph nodes, or tumor in other organs. Twenty-five of the 26 patients were white, 1 was black. Presenting complaints from 20 of these patients are shown in Table 1.

Skin or mucous membrane lesions, often dark blue to violaceous plaques or nodules, were present in most of the patients on their initial physician visit. However, these lesions were not always present and often were considered benign by the patient and his physician.

A review of the New York University Coordinated Cancer Registry for KS in men under age 50 revealed no cases from 1970-1979 at Bellevue Hospital and 3 cases in this age group at the New York University Hospital from 1961-1979.

Seven KS patients had serious infections diagnosed after their initial physician visit. Six patients had pneumonia (4 biopsy confirmed as due to *Pneumocystis carinii* [PC]), and one had necrotizing toxoplasmosis of the central nervous system. One of the patients with *Pneumocystis* pneumonia also experienced severe, recurrent, herpes simplex infection; extensive candidiasis; and cryptococcal meningitis. The results of tests for cytomegalovirus (CMV) infection were available for 12 patients. All 12 had serological evidence of past or present CMV infection. In 3 patients for whom culture results were available, CMV was isolated from blood, urine and/or lung of all 3. Past infections with amebiasis and hepatitis were commonly reported.

TABLE 1. Presenting complaints in 20 patients with Kaposi's sarcoma

Presenting complaint	Number (percentage) of patients
Skin lesion(s) only	10 (50%)
Skin lesions plus lymphadenopathy	4 (20%)
Oral mucosal lesion only	1 (5%)
Inguinal adenopathy plus perirectal abscess	1 (5%)
Weight loss and fever	2 (10%)
Weight loss, fever, and pneumonia (one due to <i>Pneumocystis carinii</i> )	2 (10%)

# SIDA

- En 1981 , se describe una infección pulmonar rara llamada neumonía por *Pneumocystis carinii* ( PCP) en cinco hombres jóvenes homosexuales , previamente sanos en Los Angeles.
- Al mismo tiempo , se publicó un informe de un grupo de hombres en Nueva York y California con un cáncer inusualmente agresivo llamado Sarcoma de Kaposi.

**UNIDENTIFIED CURVED BACILLI IN THE  
STOMACH OF PATIENTS WITH GASTRITIS  
AND PEPTIC ULCERATION\***

BARRY J. MARSHALL      J. ROBIN WARREN

*Departments of Gastroenterology and Pathology,  
Royal Perth Hospital, Perth, Western Australia*

**Summary** Biopsy specimens were taken from intact areas of antral mucosa in 100 consecutive consenting patients presenting for gastroscopy. Spiral or curved bacilli were demonstrated in specimens from 58 patients. Bacilli cultured from 11 of these biopsies were gram-negative, flagellate, and microaerophilic and appeared to be a new species related to the genus *Campylobacter*. The bacteria were present in almost all patients with active chronic gastritis, duodenal ulcer, or gastric ulcer and thus may be an important factor in the aetiology of these diseases.

**Introduction**

GASTRIC spiral bacteria have been repeatedly observed, reported, and then forgotten for at least 45 years.<sup>1-3</sup> In 1940 Freedburg and Barron stated that "spirochaetes" could be found in up to 37% of gastrectomy specimens,<sup>4</sup> but examination of gastric suction biopsy material failed to confirm these findings.<sup>5</sup> The advent of fiberoptic biopsy techniques permitted biopsy of the antrum, and in 1975 Steer and Colin-Jones observed gram-negative bacilli in 80% of patients with gastric ulcer.<sup>6</sup> The curved bacilli they illustrated were said to be *Pseudomonas*, possibly a contaminant, and the bacteria were once more forgotten. The repeated demonstration of these bacteria in inflamed gastric antral mucosa<sup>7</sup> prompted us to do a pilot study in twenty patients. Typical curved bacilli were present in over half the biopsy specimens and the number of bacteria was closely related to the severity of the gastritis. The present study was designed to confirm the association between antral gastritis and the bacteria, to discover associated gastrointestinal diseases, to culture and identify the bacteria, and to find factors predisposing to infection.

\*Based on paper read at Second International Workshop on Campylobacter Infections (Brussels, 1983).

**Patients and Methods**

*Patients*

All patients referred for gastroscopy on clinical grounds were eligible for the study which continued until there were 100 participants who gave informed consent and in whom biopsy was considered to be safe. The study was approved by our hospital's human rights committee.

*Questionnaire*

Where possible patients completed a clinical questionnaire designed to detect a source of infection or show any relationship with "known" causes of gastritis or *Campylobacter* infection, rather than give a detailed account of each patient's history. The emphasis was on animal contact, travel, diet, dental hygiene, and drugs, rather than symptoms.

*Endoscopy*

The gastroscopies were done by colleagues at the Royal Perth Hospital. Participants fasted for at least 4 h before endoscopy. An Olympus GIF-K fiberoptic gastroduodenoscope was used. Routine biopsies were done when indicated. For the study two extra specimens were taken from an area of intact antral mucosa, at a distance from any focal lesion such as an antral ulcer. When the mucosa appeared inflamed the specimens were taken from a red area, otherwise any part of the antrum was used. One biopsy was immediately fixed in phosphate-buffered formalin for histological examination, the other was placed in chilled anaerobic transport medium and taken to the microbiology laboratory within 1 h. In a few cases an extra specimen was taken for ultrastructural examination.

The gastroenterologist dictated his report soon after the endoscopy. We had not planned to analyse these reports so a standard terminology was not used and no special attention was paid to minor endoscopic lesions. Findings of doubtful clinical significance, such as mild endoscopic gastritis or duodenogastric bile reflux, may thus have been under-reported. (Hereafter the term "gastritis" refers to a histological grade of chronic gastritis unless stated otherwise.) Before we analysed the data, the endoscopy reports were coded for the major diagnoses.

*Histopathology*

Sections were stained with haematoxylin and eosin (H & E) and graded for gastritis (by J. R. W.) as 0 (normal), inflammatory cells rarely seen; 1 (normal), lymphoid cells present but within normal limits and with no other evidence of inflammation (see below); 2 (chronic), chronic gastritis; or 3 (active), active chronic gastritis.

# Helicobacter Pylori

- Royal Australasian College of Physicians in Perth.

“Para los gastroenterólogos , el concepto de un germen causante de las úlceras era como decir que la Tierra es plana”

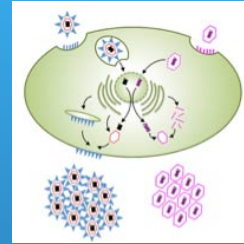
carta a Lancet, “casi no la publican” varios intentos mas y 20 años despues

premio Nobel en Medicina y Fisiologia 2005

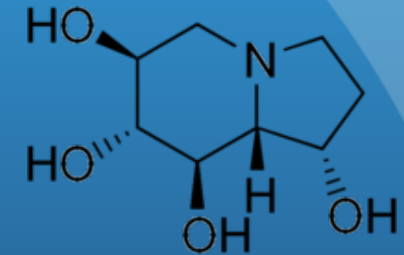
# DE LO RARO A LO FRECUENTE

Glycosylation, Hypogammaglobulinemia and Resistance to Viral Infections

Dos hermanitos con cuadro neurológico, hipogammaglobulinemia



Castanospermine



NO INFECCIONES VIRALES

THE NEW ENGLAND JOURNAL OF MEDICINE

BRIEF REPORT

**Glycosylation, Hypogammaglobulinemia, and Resistance to Viral Infections**

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SUMMARY

Genetic defects in *MOGS*, the gene encoding mannosyl-oligosaccharide glucosidase (the first enzyme in the processing pathway of N-linked oligosaccharides), cause the rare congenital disorder of glycosylation type IIb (CDG-IIb), also known as *MOGS-CDG*. *MOGS* is expressed in the endoplasmic reticulum and is involved in the trimming of N-glycans. We evaluated two siblings with *CDG-IIb* who presented with multiple neurologic complications and a paradoxical immunologic phenotype characterized by severe hypogammaglobulinemia but limited clinical evidence of an infectious diathesis. A diminished immunoglobulin half-life was determined to be the mechanism underlying the hypogammaglobulinemia. Impaired viral replication and cellular entry may explain a decreased susceptibility to infections.

One of a kind New Yorker

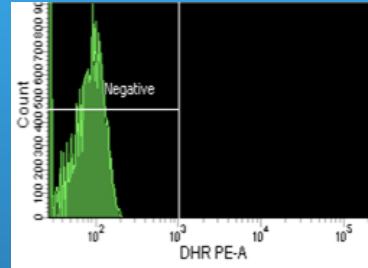


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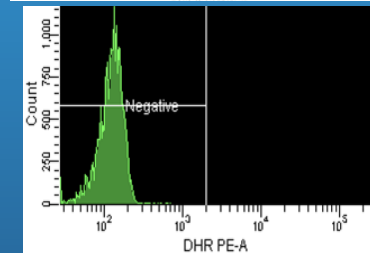
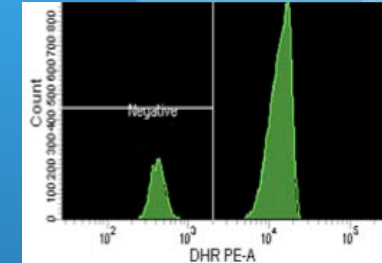


# Enfermedad Granulomatosa Crónica

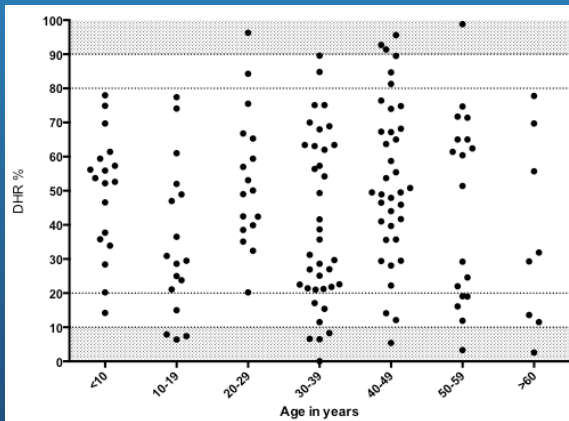
- Inmunodeficiencia
- Herencia ligada al X
- Mujeres portadoras



Mujer portadora

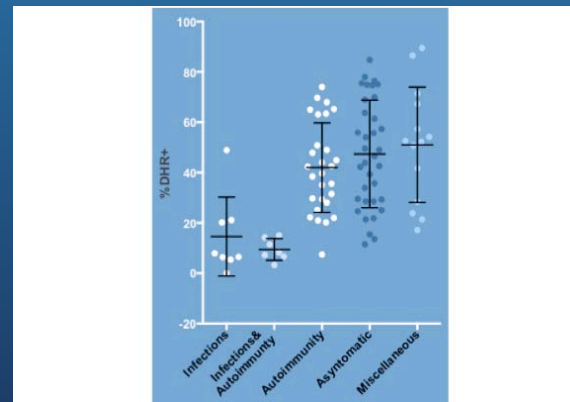


Paciente



DHR

Manifestaciones





# Cohortes

- Planeamiento
- Seguimiento
- Consistencia
- Desarrollo
- Comunicación

# Proyectos de mejoras

- Evaluacion
- Confirmacion
- GENERAR CAMBIOS
- Reasegurar
- *Mantener*

# Publicar o perecer

Calidad y producción científica

40% de los trabajos se publican(Otero Congreso de Investigación 2015)

Dificultades y dilemas

Diferencias académicas

Financiamiento

Publicar y perecer o perecer por publicar

# De la idea al estudio

- La pregunta(¿qué?)
- Etica y método(¿cómo?)
- Importancia de lo estudiado(¿para qué?)

Aprovechamiento de lo estudiado

# Comentarios

Un programa de investigación exitoso combina internistas y especialistas en un entorno de colaboración para identificar estrategias óptimas para la atención hospitalaria. Flanders 2008

En 2009 en el congreso de pediatría americano se concluyó que los desafíos que enfrentan los médicos de hospital en la realización de la investigación son un obstáculo clave en la evolución de la profesión en una campo académico.

Una encuesta de líderes académicos de medicina hospitalaria, dió como resultado que más de 40% le preocupaba que su facultad no desarrollaba y sustentaba actividades no clínicas

# No perdamos esta oportunidad

- Es el momento ideal para hacer investigación en Medicina Pediátrica Hospitalaria
- No solo a nivel individual grupos de trabajo(consorcios)
- Un pediatra que hace medicina interna (hospitalaria) informado y bien formado esta mejor capacitado para tomar mejores decisiones medicas
- El futuro de esta “especialidad” va a ser determinado por los medicos hospitalarios que hacen investigación.

**Los pacientes recibirán el beneficio**



# Agradecimientos

Sociedad Argentina de Pediatría

Comité de Medicina Interna



Pacientes y Familias

# PREGUNTAS ????

