Patients with acute ischemic stroke were divided according to fasting blood glucose (FBG) at admission.

Each group of glucose was sub-divided according to the presence of hyperuricemia (>6mg/dL in women and 7mg/dL in men).

Overall, the groups with hyperuricemia had lower but not significant scores (p<0.1) in stroke severity (NIHSS) and functionality (Rankin) comparing to the groups without hyperuricemia.

Hyperglycemia has been shown to increase inflammation and oxidative stress. On the contrary, uric acid effects have been associated with their ability to scavenge oxygen radicals and protect the membranes from lipid peroxidation.

Although our results did not reach statistical significance, in the setting of an acute ischemic stroke with hyperglycemia, high levels of uric acid could play a protective role regarding neurological and functional outcomes.
101 patients (57 HFpEF) admitted for acute decompensation

After stabilization

Irrespective EF (n = 101)

GCSR
Below median
(< 1.56)

Death or readmission

1.34 2.3 3.96

According to EF

HFrEF → NT-proBNP↑ + GCSR
Below median

1.15 2.85 9.25

HFpEF → NT-proBNP↑ + GCSR
Below median

1.13 1.77 3.55

Global Circumferential Strain Rate (GCSR)
(median -1.56 cm/sec)
Antiphospholipid syndrome non-criteria manifestations: an overview

We analyze the following clinical features present in antiphospholipid syndrome patients, which are not included in the classification criteria:

- **Renal**
  - APS nephropathy
  - Cardiac microvascular disease
  - Valvular heart disease

- **Cardiac**
  - Cardiac microvascular disease
  - Valvular heart disease

- **Endocrinological**
  - Adrenal insufficiency

- **Neurological**
  - Acute ischemic encephalopathy
  - Chorea
  - Cognitive dysfunction
  - Epilepsy/seizures
  - Migraine
  - Transverse myelitis

- **Vascular**
  - Superficial vein thrombosis
  - Raynaud's phenomenon

- **Pulmonary**
  - Diffuse alveolar hemorrhage
  - Pulmonary hypertension

- **Ophthalmological**
  - Amaurosis fugax

- **Musculoskeletal**
  - Ischemic bone necrosis

- **Dermatological**
  - Livedo reticularis/racemosa
  - Livedoid vasculopathy
  - Skin ulcers

- **Hematological**
  - Hemolytic anemia
  - Thrombocytopenia

- **Obstetric**
  - Infertility
  - In vitro fertilization failure
  - Placenta-mediated complications
PLEURAL FLUID BIOCHEMISTRY

ERYTHROCYTES
- Cancer
- Trauma
- Pulmonary embolism

LEUKOCYTES
- Acute pathology
- Chronic pathology

NT-proBNP
Heart failure

ADA
Tuberculosis

PROTEIN and LDH
- Exudate
- Transudate

pH and/or GLUCOSE
Complicated parapneumonics

CEA and CA15-3
Malignancy
Prosthetic joint infection

- Suppressing antimicrobial treatment
- DAIR Prosthesis retention
- Prosthesis removal

Results of salvage therapy

Realistic options & alternatives

Prosthesis stability

Patient's baseline conditions

Patient's preferences & expectations

Accepted algorithms & guidelines

Clinical presentation

Microbiology

Bone-stock soft tissues

Availability of biofilm-active antibiotics