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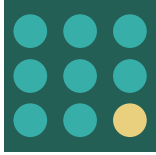
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# Section

Evidence Based Medicine



**Editor-in-Chief**

Prof. Dr. Taulant Muka  
Epistudia, Bern, Switzerland

**Message from the Section Editor-in-Chief**

Evidence-Based Medicine (EBM) is a section focused on generation and integration in an interdisciplinary and systematic approach of scientific evidence from clinical and non-clinical research, including basic science, observational studies, clinical trials, and systematic reviews and meta-analyses, providing a scientific exchange and framework for evidence-based clinical decision and policymaking.

- Methodologically sound and up-to-date evidence syntheses on topics in general medicine, including systematic reviews, meta-analyses, and umbrella reviews;
- Perspective, debate, analysis, and opinion papers on relevant topics in EBM;
- Implementation of clinical epidemiology and EBM principles in personalized medicine;
- Step-by-step and practical guidelines and methodological papers in EBM;
- Novel and practical tools for implementing and teaching EBM in medical education and clinical practice;
- Examples of good practice in EBM.

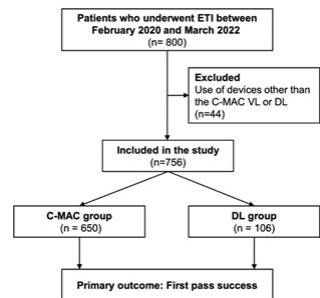
DOI:10.3390/jpm12101720

## Endotracheal Intubation Using C-MAC Video Laryngoscope vs. Direct Laryngoscope While Wearing Personal Protective Equipment

Authors: Da Saem Kim, Daun Jeong, Jong Eun Park, Gun Tak Lee, Tae Gun Shin, Hansol Chang, Taerim Kim, Se Uk Lee, Hee Yoon, Won Chul Cha, Yong Jin Sim, Song Yi Park and Sung Yeon Hwang



**Abstract:** This study sought to determine whether the C-MAC video laryngoscope (VL) performed better than a direct laryngoscope (DL) when attempting endotracheal intubation (ETI) in the emergency department (ED) while wearing personal protective equipment (PPE). This was a retrospective single-center observational study conducted in an academic ED between February 2020 and March 2022. All emergency medical personnel who participated in any ETI procedure were required to wear PPE. The patients were divided into the C-MAC VL group and the DL group based on the device used during the first ETI attempt. The primary outcome measure was the first-pass success (FPS) rate. A multiple logistic regression was used to determine the factors associated with FPS. Of the 756 eligible patients, 650 were assigned to the C-MAC group and 106 to the DL group. The overall FPS rate was 83.5% ( $n = 631/756$ ). The C-MAC group had a significantly higher FPS rate than the DL group (85.7% vs. 69.8%,  $p < 0.001$ ). In the multivariable logistic regression analysis, C-MAC use was significantly associated with an increased FPS rate (adjusted odds ratio, 2.86; 95% confidence interval, 1.69–4.08;  $p < 0.001$ ). In this study, we found that the FPS rate of ETI was significantly higher when the C-MAC VL was used than when a DL was used by emergency physicians constrained by cumbersome PPE.

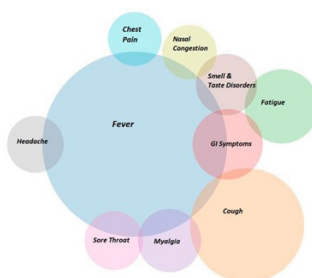


## Non-Typical Clinical Presentation of COVID-19 Patients in Association with Disease Severity and Length of Hospital Stay

Authors: Alexandros Skourtis, Konstantinos Ekmektzoglou, Theodoros Xanthos, Stella Stouraitou and Nicoletta Iacovidou



**Abstract:** Background: This study aimed to investigate the incidence of non-typical symptoms in ambulatory patients with mild-to-moderate COVID-19 infection and their potential association with disease progression. Materials and methods: Data on the symptomatology of COVID-19 patients presenting to the fast-track emergency department were collected between March 2020 and March 2021. Fever, cough, shortness of breath, and fatigue-weakness were defined as “typical” symptoms, whereas all other symptoms such as nasal congestion, rhinorrhea, gastrointestinal symptoms, etc., were defined as “non-typical”. Results: A total of 570 COVID-19 patients with a mean age of 42.25 years were included, the majority of whom were male (61.3%; N = 349), and were divided according to their symptoms into two groups. The mean length of hospital stay was found to be 9.5 days. A higher proportion of patients without non-typical symptoms were admitted to the hospital ( $p = 0.001$ ) and the ICU ( $p = 0.048$ ) as well. No significant differences were observed between non-typical symptoms and outcome ( $p = 0.685$ ). Patients who did not demonstrate at least one non-typical symptom had an extended length of stay ( $p = 0.041$ ). No statistically significant differences in length of hospital stay were associated with individual symptoms. Conclusion: With the possible exception of gastrointestinal symptoms, non-typical symptoms of COVID-19 at baseline appear to predispose to a milder disease.



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Guest Editor: Dr. Yousif Subhi

Deadline: 5 January 2024



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Guest Editors: Dr. Xing He, Dr. Zhe He and Dr. Yi Guo

Deadline: 29 February 2024



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Guest Editor: Dr. Zisis Kozlakidis

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Guest Editor: Prof. Dr. Taulant Muka

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