

**Decizie de indexare a faptei de plagiat la poziția
00027 / 25.03.2012
și pentru admitere la publicare în volum tipărit**

care se bazează pe:

A. Nota de constatare și confirmare a indiciilor de plagiat prin fișa suspiciunii inclusă în decizie.

Fișa suspiciunii de plagiat / Sheet of plagiarism's suspicion	
Incidența minimă a suspiciunii / Minimum incidence of suspicion	
OS	DUȚU, Mădălina, NEGOIȚĂ, S., MANOLESCU, Rely., CALU, V., CORNECI, D., GEORGESCU, Anca, TOGĂNEL, Cornelia, and AZAMFIREI, L. The presence of Nucleated Red Cells in the Blood of Critical Care Patients is Associated with an Increased Mortality Risk. <i>Acta Medica Marisiensis</i> . 57(3). 2011. 460-462.
OA	STACHON, A., SEGBERS, E., HOLLAND-LETZ, T., KEMPF, R., HERING, S. and KRIEG, M. Nucleated red blood cells in the blood of medical intensive care patients indicate increased mortality risk: a prospective cohort study. <i>Critical Care</i> . 11(3). 2007. 1-8. Disponibil la: http://ccforum.com/content/11/3/R62 .
	p.460:11d – 05s
	p.3: 12s – p.3:33s
	p.461: 06s – p.461:37s
	p.3: 34s – p.3:51s; p.4: 08s – p.4:12s
	p.461: 01s – p.461:05s; p.461: 01d – p.461:33d;
	p.5: 16s – p.5:29s; p.5: 01d – p.5:07d; p.6:16s – p.6:22s; p.6: 02d – p.6:13d
	p.462: 06s – p.462:13s
	p.6: 25d – p.6:34d
Fișa întocmită pentru includerea suspiciunii în Indexul Operelor Plagiate în România de la Sheet drawn up for including the suspicion in the Index of Plagiarized Works in Romania at www.plagiate.ro	

Notă: Prin „p.72:00” se înțelege paragraful care se termină la finele pag.72. Notația „p.00:00” semnifică până la ultima pagină a capitolului curent, în întregime de la punctul inițial al preluării.

Note: By „p.72:00” one understands the text ending with the end of the page 72. By „p.00:00” one understands the taking over from the initial point till the last page of the current chapter, entirely.

A1. Documente care se referă la faptele de plagiat probate:

Consiliul Național de Etică a Cercetării Științifice, Dezvoltării Tehnologice și Inovării CNECSDTI) a înregistrat cu nr. 255/9.03.2012 adresa cu nr. 8304/6.03.2012 trimisă de Ministerul Educației, Cercetării, Tineretului și Sportului (MECTS), Direcția Generală de Învățământ Superior.

În această adresă se solicită soluționarea memoriilor înregistrate la MECTS cu nr. 8304 / 13.02.2012 și nr. 8304bis/21.02.2012, cu privire la posibile abateri grave de la buna conduită în cercetarea științifică și activitatea universitară. În sesizarea cu nr. 8304 / 6.03.2012 adresată Ministrului Educației, Cercetării, Tineretului și Sportului, reclamantul dorește „să atragă atenția asupra actelor de plagiat ale rectorului Copotiu, ale prorectorului Brânzaniuc și ale decanului Azamfirei de la Universitatea de Medicină și Farmacie Târgu Mureș”.

Reclamantul afirmă că persoanele reclamate sunt coautori la articole plagiate și aduce în sprijinul afirmațiilor sale declarațiile autorilor lucrărilor presupus a fi plagiate.....

... Prin urmare, CNECSDTI constată că autorii A. Ivănescu, R. Melinte, A. Solyom, L. Moraru, M. Petrisor și K. Brânzaniuc au expus într-o operă scrisă texte, expresii și idei extrase dintr-o altă operă scrisă, fără a menționa acest lucru și fără a face trimitere

¹ Consiliul Național de Etică a Cercetării Științifice, Dezvoltării Tehnologice și Inovării. Raportul final nr.977/ 26.09.2012. Disponibil la: <http://cne.ancs.ro/wp-content/uploads/2012/11/Raportul-final-nr.-977.pdf>

la sursele originale. Având în vedere prevederile articolului 2, litera a), și articolului 4, alineatul (1), litera d) din Legea 206/2004 cu modificările și completările ulterioare, CNECSDTI constată că semnatarii articolului incriminat se fac vinovați de abaterea de la normele de bună conduită în activitatea de cercetare privind articolul Hayan R. ,Gicquel P., Schneider L., Karger C., Clavert J.M., Juvenile osteochondritis of femoral condyles: treatment with transchondral drilling. Analysis of 40 cases, din: J Child Orthop, No. 4, 2010, pp. 39-44 și articolul D. Karataglis, M.A. Green, D.J.A. Learmonth, Autologous osteochondral transplantation for the treatment of chondral defects of the knee, din The Knee 13 (2006), pp. 32-35.

CNECSDTI constată că a fost publicată o erată la acest articol A2 în Acta Medici Marisiensis 2011, 57(4): 383 — 385.

Pentru articolul A3: The presence of Nucleated Red Cells in the Blood of Critical Care Patients is Associated with an Increased Mortality Risk, autori: Duțu M., Negoită S., Manolescu R., Calu V., Corneci D., Georgescu A., Togănel C., Azamfirei L. a fost analizat de către Comisia de Etică a UMF Târgu Mureș la data de 17.09.2012,

CNECSDTI constată că a fost publicată o erată la acest articol A3 în Acta medici Marisiensis 2022, 58(2): 132.

În concluzie, CNECSDTI constată că lucrările:

A1. Imunohistochemical Evaluation of Sentinel Lymph Nodes in Colon Cancer, autori: Șorlea S., Coros M.F., Georgescu R., Gyrgy-Fazakas I., Brânzaniuc K., Milutin D., Pavai Z., Copotioiu C.

A2. Transchondral drilling and osteochondral autograft (Mosaicplasty) inknee articular cartilage defects, autori: Ivănescu A., Melinte R., Solyom A., Moraru L., Petrisor M., Brânzaniuc K.

A3. The presence of Nucleated Red Cells in the Blood of Critical Care Patients is Associated with an Increased Mortality Risk, autori Duțu M., Negoita S., Manolescu R., Calu V., Corneci D., Georgescu A., Toganel C., Azamfirei L., nu respectă normele de bună conduită în activitatea de comunicare, publicare diseminare și popularizare științifică.

S. Șorlea nu a respectat normele de bună conduită în cercetare prin includerea în lista de autori a unei publicații științifice a două persoane fără acordul acestora. A fost sancționat de Comisia de Etică a UMF Târgu Mureș cu suspendarea, pe o perioadă de 12 luni, a dreptului de înscriere la un concurs pentru ocuparea unei funcții didactice superioare ori a unei funcții de conducere, de îndrumare și de control, ca membru în orice comisie de doctorat, de master sau de licență, sancțiune regăsită.

A. Ivănescu nu a respectat aceleași norme de bună conduită în cercetare incluzând trei persoane fără acordul acestora pe lista de autori a unei publicații științifice. A fost sancționat de Comisia de Etică a UMF Târgu Mureș cu avertisment scris.

Dr. Duțu M. nu a respectat normele de bună conduită în cercetare prin includerea prof. L.Azamfirei ca ultim autor al articolului A3 fără acordul acestuia. A fost sancționată de Comisia de Etică a UMF Târgu Mureș cu avertisment scris.

Prof. C. Copotioiu și prof. K. Brânzaniuc nu pot fi făcuți responsabili de nerespectarea normelor de bună conduită în cercetare din articolul A1, întrucât nu li s-a cerut acordul de a face parte din lista de autori.

Prof. Azamfirei L. nu poate fi făcut responsabil de nerespectarea normelor de bună conduită din articolul A3, întrucât nu i s-a cerut acordul de a face parte din lista de autori.

4) Sancțiuni și recomandări

4.1. CNECSDTI stabilește următoarele sancțiuni:

Avertisment scris, în baza Legii 206/2004 cu modificările și completările ulterioare, art. 14, alin.(1), lit. a), coroborat cu Legea 1/2011, art. 324, litera a) pentru doamna prof dr. K. Bânzaniuc.

...

B. Fișa de argumentare a calificării de plagiat alăturată, fișă care la rândul său este parte a deciziei.

Echipele Indexului Operelor Plagiate în România

Argumentarea calificării faptei de plagiat

Nr. crt.	Descrierea situației care este încadrată drept plagiat	Se confirmă
1.	Preluarea identică a unor pasaje dintr-o operă autentică publicată, fără precizarea întinderii și menționarea provenienței și însușirea acestora într-o lucrare ulterioară celei autentice.	✓
2.	Preluarea identică a unor pasaje dintr-o operă autentică publicată, care sunt rezumate ale unor opere anterioare operei autentice, fără precizarea întinderii și menționarea provenienței și însușirea acestora într-o lucrare ulterioară celei autentice.	
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4.	Preluarea identică a unor poze dintr-o operă autentică publicată, fără menționarea provenienței și însușirea acestora într-o lucrare ulterioară celei autentice.	
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8.	Preluarea identică de pasaje dintr-o operă autentică publicată, fără precizarea întinderii și menționarea provenienței, fără nici o intervenție care să justifice exemplificarea sau critica prin aportul creator al autorului care preia și însușirea acestora într-o lucrare ulterioară celei autentice.	✓
9.	Preluarea identică de figuri sau reprezentări grafice dintr-o operă autentică publicată, fără menționarea provenienței, fără nici o intervenție care să justifice exemplificarea sau critica prin aportul creator al autorului care preia și însușirea acestora într-o lucrare ulterioară celei autentice.	
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Actualizat la 1 decembrie 2019.

Notă: Prin „proveniență” se înțelege informația din care se pot identifica cel puțin numele autorului / autorilor, titlul operei, anul apariției.

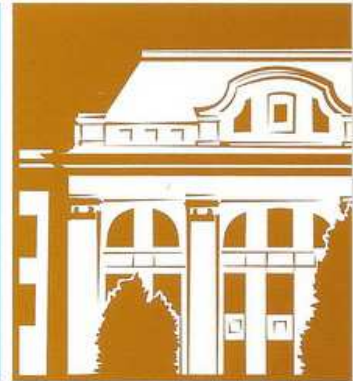
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- Există o însușire explicită prin care fragmentul preluat apare într-o altă scriere, dată publicității ulterior scrierii autentice, sub numele unei persoane care o revendică în mod implicit ca fiind a sa și/sau că este publicată pentru prima oară.

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Editorial

No Editorial for a Blurred Window

Original research

A Randomized Trial of Prophylactic Administration of Phenylephrine vs. Ephedrine for Treatment of Hypotension during Combined Spinal-epidural Anesthesia for Cesarean Delivery

fMRI and SAGE Test Evaluation of pre-Mild Cognitive Impairment (pre-MCI)

The Detection of Premalignant Gastric Lesions by Conventional and Magnifying Endoscopy

Modifications of Dental Proprioceptivity After Apicectomy

Case report

Acute Infusion Reaction to Infliximab in a Case of Crohn's Disease with Recto-Scrotal Fistula

Gastric Trichobezoar

Featuring

Anesthesiology

Cardiology

Dental Medicine

Emergency Care

Endocrinology

Gastroenterology

Gynecology

Hematology

Internal Medicine

Neurology

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Home > Archives > Vol 57, No 5 (2011)

VOL 57, NO 5 (2011)

AMM-2011-57-5

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TABLE OF CONTENTS

EDITORIAL

No Editorial for a Blurred Window

Sanda-Maria Copotoiu

PDF

404-404

ORIGINAL ARTICLES

A Randomized Trial of Prophylactic Administration of Phenylephrine vs. Ephedrine for Treatment of Hypotension during Combined Spinal-epidural Anesthesia for Cesarean Delivery

Weisenberg M, Gorodinsky L, Ezri T, Golan A, Zimlichman R, Evron S

PDF

405-409

Specialized Software Engineering in Clinical Trials. GANfort Study

Bacărea V, Haifa B, Petrișor M, Ghiga Dana, Bacărea Anca, Muji M, Mărușteri M

PDF

410-412

Dissection of the Cervico-Cerebral Arteries - Ultrasonographic Characteristics

Bojkó Z, Bălașa Rodica, Stan Camelia, Moțățăianu Anca

PDF

413-417

The Detection of Premalignant Gastric Lesions by Conventional and Magnifying Endoscopy

Boeriu Alina, Dobru Daniela, Pascarenco Ofelia, Mocan Simona, Stoian M, Georgescu Anca

PDF

418-421

The Communication Systems Between the Rescue Teams in Case of Disaster. Evaluation of the Awareness of the Health Professionals and the General Public

Boeriu C, Bacărea V, Petrișor M, Ghiga Dana, Haifa B, Copotoiu Sanda-Maria

PDF

422-424

Study on the Activity of the Cardiac Arrest Teams from the Emergency Department of the Clinical Emergency County Hospital from Tirgu Mures, Romania, in 2009

Bratu Simona, Copotoiu Sanda-Maria

PDF

425-428

Histo-anatomical data concerning *Robinia Pseudoacacia* L. species (Fabaceae)

Călina Cornelia Daniela, Mitruț Anca Oana, Turcu Stiolica Adina, Bălășoiu Luiza, Popescu H

PDF

429-431

Sensitization to Food Allergens in Mures Region Atopic Children by in vitro Specific Ig E Assay

Căpilna Brîndușa, Baghiu Maria Despina

PDF

432-434

DONATIONS

SUBSCRIPTION

Login to verify subscription

USER

Username

Password

Remember me

JOURNAL CONTENT

Search

All

Browse

By Issue

By Author

By Title

FONT SIZE

NOTIFICATIONS

View

Subscribe / Unsubscribe





INFORMATION





For Readers

For Authors

For Librarians

Journal Help

Clinical Presentation of Thyroid Nodules in Patients Submitted to Surgery	PDF 	
<i>Cătană Ramona, Genes Ionela, Sala Tatiana, Borda Angela</i>		435-439
Is the Doppler Ultrasound Score More Reliable than the Grey Scale Ultrasound Score in Assessing the Rheumatoid Arthritis Patient's Joints?	PDF 	
<i>Copotoiu Monica, Georgescu Lia, Poór G, Copotoiu Ruxandra</i>		440-445
Study on the Pre-hospital Cardiac Arrest Resuscitations Of the Mobile Intensive Care Ambulance Teams From Țirgu Mureș, Romania, in 2009	PDF 	
<i>Copotoiu Sanda-Maria, Bratu Simona</i>		446-450
The Importance of the Mesorectal Lymph Nodes in Rectal Cancer Surgery	PDF 	
<i>Diac OC, Diac Raluca, Copotoiu C</i>		451-456
The Role of Acanthosis Nigricans in Identifying Clinical and Metabolic Features of the Metabolic Syndrome in Obese Children	PDF 	
<i>Duncescu Corina, Mărăzan Monica, Chirita-Emandi Adela, Craioveanu Teodora, Dăescu Camelia, Sabău I, Micle Ioana</i>		457-459
The Presence of Nucleated Red Cells in the Blood of Critical Care Patients is Associated with an Increased Mortality Risk	PDF 	
<i>Dușu Mădălina, Negoită S, Manolescu Rely, Calu V, Corneci D, Georgescu Anca, Toghănel Cornelia, Azamfirei L</i>		460-462
Non-Steroidal Anti-Inflammatory Drugs' Complexes with Cyclodextrins - Molecular Modelling Study	PDF 	
<i>Fülöp Ibolya, Gyéresi Á, Laczkó-Zöld Eszter, Croitoru MD</i>		463-466
Multi-trauma Patients Management: a Cross-sectional Study	PDF 	
<i>Gomotirceanu F, Bătagă T</i>		467-470
Ultrasound and Doppler Assessment of Fetuses with Growth Restriction in the Absence of an Evident Etiological Factor	PDF 	
<i>Grif Caterina, Voidăzan S, Rădulescu Carmen, Gliga M, Rădulescu C</i>		471-474
Overexpression of HER2/neu Receptor - Prognostic Factor in Endometrial Cancer	PDF 	
<i>Ilyés L, Rădulescu Carmen, Grama O, Gârbovan O, Ádám A, Jung J, Rădulescu C</i>		475-480
Modifications of Dental Proprioceptivity After Apicectomy	PDF 	
<i>Jánosi Kinga Mária, Popșor S, Kovács A</i>		481-483
Frequency of Risk Factors in Retinopathy of Prematurity In a Sample of Infants from Mureș County	PDF 	
<i>Maki Cristina, Máthé-István Ildikó, Víg Júlia, Baghiu Maria Despina</i>		484-486
Helicobacter pylori Gastritis in Children - Assessment of Resistance to Treatment on the Casuistry of the 1st Pediatric Clinic Țirgu Mureș	PDF 	
<i>Mărginean Oana, Pitea Ana-Maria</i>		487-490
Radiographic Evaluation into the Relationship of Different Cephalometric Values and Malocclusion	PDF 	
<i>Mártha Krisztina, Ogodescu A, Păcurar Mariana, Ogodescu Emilia, Lőrinczi Z</i>		491-493
Clinical Study Regarding the Association Between Some Etiological Factors and Tooth Wear	PDF 	
<i>Mucenic Simona, Bereșescu Gabriela, Borș Andreea, Cămărășan Alina, Molnar Varlam Cristina, Kerekes Máthé Bernadette, Székely Melinda</i>		494-497
Evaluation of Permanent Tooth Eruption Patterns in a Local Community of School Children	PDF 	
<i>Muica (Nagy-Bota) Monica-Cristina, Oltyán Zsuzsa, Păcurar Mariana, Brînzaniuc Klara</i>		498-500
Possibilities to Improve Benzylpenicillin and Phenoxymethylpenicillin Stability in Acidic Environment	PDF 	
<i>Rad I, Croitoru MD, Gyéresi Á</i>		501-505
Treatment with Bevacizumab in Exudative Age-related Macular Degeneration	PDF 	
<i>Rusu Monica-Blanka, Egyed Zsi, Horváth Karin, Máthé István Ildikó</i>		506-510
fMRI and SAGE Test Evaluation of pre-Mild Cognitive Impairment (pre-MCI)	PDF 	
<i>Stoicea Nicoleta, Scharre D, Abduljalil AM, Knopp M, Schmalbrock Petra, Gusti Simona, Gusti Alice, Narayanan A</i>		511-515
Indirect Determination of Gentamicin by Derivative Spectrophotometry	PDF 	
<i>Szaniszló B, Iuga Cristina, Bojiță M</i>		516-518
Study Regarding the Phototoxicity of Some Tricyclic Antidepressants	PDF 	
<i>Székely P, Gyéresi Á, Hancu G, Laczkó Zöld Eszter, Nagy E</i>		519-523

Traditional Risk Factors in Hypertensive Women and Men with Ischemic Heart Disease	PDF 	
<i>Szentendrey Dalma, Preg Z, Germán Salló Márta, Hubatsch Mihaela, Bocicor Andreea, Farkas L, Dósa G</i>		524-526
Formulation and Evaluation of Valproic Acid Suppositories for Children	PDF 	
<i>Tăurean Alexandrina, Ciurba Adriana, Todoran Nicoleta, Cazacincu R, Dogaru T. Maria</i>		527-530
Damage Control Surgery in Abdominal Trauma Associated with Pelvic Fracture	PDF 	
<i>Török Á, Bancu Ş, Nagy Ö, Szederjesi J, Neagoie R, Mureşan M, Kántor T</i>		531-533
Survival Analysis after Cephalic Pancreatoduodenectomy for Carcinoma of the Ampulla of Vater	PDF 	
<i>Tudor A, Molnar C, Man A, Tudor Bianca, Roşca C, Copotoiu C</i>		534-537

CASE REPORT

Routine Immunophenotyping in Acute Leukemia, the Importance of Lineage Assessment	PDF 	
<i>Bacărea Anca, Dorcioman Bogdana, Bacărea V, Tilincă Mariana, Demian Smaranda, Şchiopu A, Băţagă Simona</i>		538-540
Chronic Vulvar Pain	PDF 	
<i>Guţă Camelia-Daniela, Roşu Lucica, Cotarcea Smărăndiţa, Gavrilă Alice</i>		541-543
Acute Infusion Reaction to Infliximab in a Case of Crohn's Disease with Recto-Scrotal Fistula	PDF 	
<i>Hoduţ A, Simedrea I, Belei Oana, Militaru Andrea, Bojinescu Raluca, Brad Giorgiana</i>		544-547
Gastric Trichobezoar	PDF 	
<i>Mureşan Simona, Mureşan M, Eşianu M, Bara T, Bancu Ş, Dénes L, Bara T jr</i>		548-550

ISSN: 2247-6113

The Presence of Nucleated Red Cells in the Blood of Critical Care Patients is Associated with an Increased Mortality Risk

Duțu Mădălina¹, Negoită S¹, Manolescu Rely¹, Calu V³, Corneci D¹, Georgescu Anca⁵, Togănel Cornelia⁴, Azamfirei L²

¹ Anesthesiology Clinic, Elias Emergency University Hospital, Bucharest, Romania

² Anesthesiology Clinic I, County Emergency Clinical Hospital, Tîrgu Mureș, Romania

³ Surgical Clinic, Elias Emergency University Hospital, Bucharest, Romania

⁴ Department of Oncology, County Emergency Clinical Hospital, Tîrgu Mureș, Romania

⁵ Clinic of Infectious Diseases, University of Medicine and Pharmacy, Tîrgu Mureș, Romania

Background: The occurrence of nucleated red blood cells (NRBCs) in critically ill patients is a consequence of either hypoxic or inflammatory injuries. Therefore erythroblasts' detection may be used as an early indicator of high mortality risk.

Material and methods: In a prospective study the detection of NRBCs was used for daily monitoring of 90 patients for a 3-months term. The prognostic significance of the NRBCs presence was compared with two risk scores: APACHE II and SAPS II.

Results: The incidence of erythroblasts' presence was 20% (18/90). The mortality of NRBC-positive patients was 88.8% (16/18) and was significantly higher ($p < 0.05$) than the mortality of NRBC-negative patients: 30.5% (22/72). The incidence of the erythroblasts in peripheral blood has increased simultaneously with APACHE II and SAPS II scores. On average, NRBCs were detected for the first time 6.5 days before death. The occurrence of NRBCs was not associated with a specific cause of death; however septic patients who died had the highest incidence of NRBCs' presence.

Conclusion: The daily screening of the presence of NRBCs seems to be a useful tool to estimate the mortality risk in critically ill patients, the parameter being of high prognostic strength regarding the mortality risk.

Keywords: nucleated red blood cells, mortality risk, prognostic strength

Introduction

The peripheral blood of healthy adult people is usually free of nucleated red blood cells (NRBCs), the occurrence of these cells in the bloodstream is associated with severe diseases [1] and indicates a relatively poor prognosis [2]. The mechanism of this phenomenon is still unknown, the hypothesis being either of bone marrow stimulation or of bone marrow insufficiency caused by the possible role that cytokines could play in the process [3]. Recent study revealed that the detection of NRBC in blood was associated with increased erythropoietin, IL-3 and IL-6 concentrations. Therefore, the detection of NRBC may be considered a parameter that sums up life-threatening hypoxic and inflammatory injuries [3]. However, since the reticulocyte concentration was increased both in NRBC-positive and NRBC-negative patients, the bone marrow function was obviously not disturbed in these conditions. Beyond the newborn period, the presence of nucleated red blood cells (NRBC) in the blood of adults is pathologic. If detectable, these patients have a relatively poor prognosis.

The concentration of the NRBCs can be determined either macroscopically by a stained peripheral blood smear, or using a more convenient and sensitive technique in the form of mechanized blood analyzers which can routinely measure concentrations of less than 100/ μ l [4].

Materials and methods

Ninety intensive care patients were included in the study, treated between January 1st and March 31, 2009 in the In-

tensive Care Department of Elias Emergency Hospital, Bucharest, Romania. Patients under 18 years of age and surgical patients were excluded from the study. Every morning we yielded a blood sample from every patient from the intensive care unit and we performed automatically blood elements count with Sysmex XE-2100 and a microscopically analyze of a stained peripheral blood smear. If the NRBCs were detected in the blood at least once the patient was defined as NRBC-positive. The in-hospital mortality was considered to be the patient's outcome.

The prognostic significance of NRBCs was evaluated taking in consideration established risk models: the Acute Physiology and Chronic Health Evaluation II (APACHE II) and the Simplified Acute Physiology Score II (SAPS II). The APACHE II severity index includes the following risk factors: body temperature, mean arterial pressure, heart rate, respiratory rate, blood oxygenation, arterial pH, sodium, potassium, creatinine, hematocrit, white blood cell count, Glasgow coma scale, age, and anamnestic data concerning severe organ insufficiency or immunocompromised condition. The SAPS II includes the following risk factors: age, heart rate, systolic blood pressure, body temperature, blood oxygenation, urinary output, urea, white blood cell count, potassium, sodium, bicarbonate, bilirubin, Glasgow coma scale, chronic diseases (that is, malignancies and acquired immunodeficiency syndrome), and type of admission (that is, medical and unscheduled surgical). Both the APACHE II score and the SAPS II are determined from the most altered (worst) physiologic value (for example, the lowest

1 - 96%

Table I. The presence of NRBCs at medical intensive care patients who have died due to various causes

Pathology	No. of patients	No. of deaths
Cardiovascular pathology	2	2
Pulmonary pathology	2	2
Neurological pathology	1	0
Sepsis	7	7
Trauma	5	4
Other	1	1

1 - 96%

blood pressure or the highest white blood cell count) during the initial 24 hours after intensive care unit admission.

Data are presented as the mean ± standard error of mean. A p value of less than 0.05 was considered statistically significant.

2 - 65%

Results

We included 90 medical intensive care patients, 58.7% male, 41.35% female. The mean age was 66.3±0.8 years (range 20 to 92 years). The length of stay in the ICU was on average 7.1±0.3 days. Overall mortality rate was 42.2%. The APACHE II score and the SAPS II amounted to 20.6±0.6 and 44.1±1.2, respectively. The incidence of NRBCs' presence in the blood was 20% (18/90). No significant difference was found between the incidences in male (18.9%) and female (21.5%) patients.

On average, NRBCs were detected for the first time on the third day of intensive care treatment (3.1±0.4; Figure 1).

The mortality of NRBC-positive patients was 88.8% (16/18). In contrast, the mortality of NRBC-negative patients was significantly lower: 30.5% (22/72), (p <0.05).

The occurrence of NRBCs was not associated with a specific cause of death; however septic patients who died had the highest incidence of NRBCs' presence (Table I).

The incidence of NRBCs' presence increased with higher APACHE II and SAPS II scores (Tables II and III). Because the determination of the erythroblasts in the peripheral blood was not quantitative, we could not obtain a correlation with statistical value between the NRBCs concentration and APACHE II and SAPS II scores progression. However, we noticed that the doubling of the number of the erythroblasts per 100 leukocytes correlated with adding 6.8 points to the APACHE II score.

NRBCs were an early indicator of patients with increased mortality risk. In the group of NRBC positive patients who died, NRBCs were detected on average for the first time 6.5 days before death.

Table II. Correlation between the incidence of the NRBCs' presence and APACHE II score

APACHE II	NRBCs Incidence
<11	0% (0/20)
11-20	8% (2/25)
21-30	29% (7/24)
>31	42% (9/21)

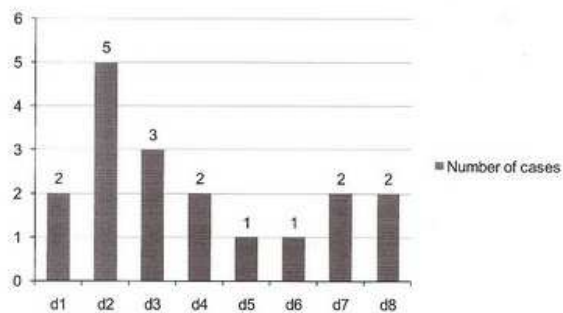


Fig. 1. Intensive care days when nucleated red blood cells were detected for the first time in the blood of medical intensive care patients

3 - 75%

Discussions

In this study the NRBC detection and quantification were based on the microscopic analysis of stained blood smears. This technique is only to some extent suitable for the detection and quantification of NRBC concentrations of less than 200/µl. This is the reason why when comparing with literature's data the mortality of the NRBC-positive patients in our study was higher (88.8% versus 50.75%) [1].

The present study revealed that approximately 20% of all medical intensive care patients were NRBC-positive at least once and at two NRBC-positive patients, NRBCs were detected already on the admission day. Our data confirmed the high prognostic strength of the detection of NRBCs in blood regarding mortality. The total in-hospital mortality of NRBC-positive patients in this study was significantly higher than that of the negative patients.

The study revealed that the daily screening for NRBCs can be used to estimate the patients' mortality risk.

Analyzing the hospital stay at the patients who died showed that NRBCs in blood were found not just immediately before death. Moreover, our present study showed that the detection of NRBCs is often a relatively early phenomenon prior to death. In deceased patients, NRBCs were detected 6.5 days before death. Therefore, NRBCs seems to be an early indicator of increased risk.

There was not found an association with none of the various causes of patients' death in this study. NRBCs may thus be considered a marker that includes hypoxic and inflammatory injuries that occur at critical ill patients and influence the outcome. This could be the reason why the occurrence of NRBCs is a strong predictor of increased mortality.

Table III. Correlation between the incidence of the NRBCs' presence and SAPS II score

SAPS II	NRBCs Incidence
<21	0% (0/18)
21-40	11% (3/27)
41-60	28% (7/25)
>61	40% (8/20)

3 - 75%

Due to the association between inflammation-SIRS, sepsis and NRBCs occurrence, we can speculate that maybe early onset or intensifying the anti-inflammatory therapy or antibiotic administration at NRBC-positive patients can improve their outcome.

Conclusion

NRBC detection in critically ill patients was associated with significantly increased in-hospital mortality. The presence of NRBCs correlates to other risk models like APACHE II and SAPS II. The detection of NRBCs in blood is a relatively early phenomenon prior to death, so screening for NRBCs may aid in the early identification of patients at high risk.

4 - 76%

Acknowledgement

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