5PSQ-020 ANALYSIS OF THE EFFECTIVENESS OF SECUKINUMAB AND IXEKIZUMAB IN THE TREATMENT OF MODERATE–SEVERE PSORIASIS

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Background and importance There are currently two drugs with the same mechanism of action, inhibitors of interleukin 17 (anti-IL-17), for the treatment of moderate–severe psoriasis.
Aim and objectives To evaluate the efficacy of secukinumab and ixekizumab in terms of psoriasis area severity index (PASI) and dermatology life quality index (DLQI) in the treatment of moderate–severe psoriasis
Material and methods A retrospective observational study was conducted in patients treated with secukinumab and ixekizumab from February 2016 to October 2019. The variables collected were sex, diagnosis and previous biological treatment. The variation in PASI and DLQI were studied as the main efficacy variables. Data were obtained from the record of dispensation of outpatients and the electronic medical history.
Results Eighty-four patients were included, 44% were men. In 50% of cases the anti-IL-17 drug was used as the firstline biological treatment, in 27% of cases as the secondline, in 6% as the thirdline and in 7% as the fourthline or successive treatment. The baseline average PASI was 6.87 (SD=3.5) and the average DLQI was 7.07 (SD=3.73). Twenty-one patients could not be evaluated due to lack of data recorded after the start of the anti-IL-17 drug. The percentage of patients with a reduced PASI was 9.52%, 19.05% and 44.44% for PASI 75/90/100, respectively: 63.16% obtained a DLQI after the start of treatment of 0–1.
Conclusion and relevance Secukinumab and ixekizumab demonstrated effectiveness, representing a good therapeutic option for moderate to severe plaque psoriasis, including in both naive and patients refractory to other biological treatments. It is necessary to continue monitoring these patients to study the long term results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-021 TRANSVAGINAL MESH IN PELVIC ORGAN PROLAPSES: 2017–2019 RETROSPECTIVE ANALYSIS

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Background and importance Over the past decade, there have been many discussions about vaginal mesh used for transvaginal repair of pelvic organ prolapse and the complications related to mesh procedures. It appears that mesh products probably entered the marked with too little information on their safety. On 16 April 2019, the FDA asked for immediate withdrawal of mesh used in the USA in these surgical procedures. Our country was affected by the same mesh withdrawals and the few mesh prostheses still marketed, reclassified as class III devices, are currently being re-evaluated. Even though very few mesh complications have been reported and despite the known side effects, some gynaecologists maintain there is need for such devices.
Aim and objectives Our study was a retrospective analysis of the records of patients treated for transvaginal prolapse of the pelvic organs by Ingynious prosthesis (AMI, Austria), mesh authorised and used in our hospital.
Material and methods The records of patients who underwent procedures between January 2017 and July 2019 were analysed. Justification for prosthesis placement, complications and post-surgery follow-up were analysed.
Results The average age of the 28 patients was 69.8 years and average BMI was 25 kg/m^2. Mesh placement decision was guided by patient risk factors (multiple surgeries, obesity, advanced age) in conjunction with risks linked to general anaesthesia. Ten patients (35.7%) had suffered from pelvic prolapse recurrence, five after promotofixation and five after the use of pessaries. The only peroperative complications reported were two cases of bladder injury. Two cases of mesh over tension were described, and one required reoperation 2 days later. At that time, no serious complications were reported except a mesh cut detected a few days after placement, leading to a new procedure.
Conclusion and relevance This retrospective study confirmed vaginal meshes are used in well defined circumstances when promotofixation is contraindicated. This work needs to be continued to identify late complications. such as erosion. It is not known whether our regulatory authorities will continue to allow the use of these devices. However, when used wisely, according to each patient's history and by experienced surgeons, vaginal mesh placement is still an option to be considered.

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No conflict of interest.

5PSQ-022 ANALYSIS OF INFECTIONS ASSOCIATED WITH CENTRAL VENOUS CATHETERS USED FOR ADMINISTRATION OF PARENTERAL NUTRITION IN A THIRD LEVEL HOSPITAL

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Background and importance Central venous catheters (CVC) are devices used to draw blood and give treatments, including intravenous fluids and parenteral nutrition (PN). Among the side effects, bloodstream infections (BSIs) are considered to be the most severe complications, with a significant increase in morbidity and mortality.
Aim and objectives To determine the rate of catheter related bacteraemia (CRB) in hospitalised patients receiving central parenteral nutrition (CPN) and to determine the relationship to type of canalised route.
Material and methods A prospective study was conducted in a third level hospital from 1 January 2016 to 30 June 2019. All admitted patients who received CPN were included. Data registered were hospitalisation unit, type of canalised route, days with CVC and isolated microorganisms in case of infections. The infection rate used was CRB/1000 days of CVC.
Results During the study period, 525 CVC were analysed in 428 patients: 76.6% were inserted in the operation room, 18.3% in the intensive care unit (ICU) and 5.1% in the hospitalisation room. The most common access was the jugular