GROUPE DE PAIRS DE L'AMICALE CANEUM

Compte rendu de la séance du 18/01/2024
Secrétaire : Dr SEBBAG
Modérateur : Dr LABORNE

1 - DOSSIERS PRESENTES PAR LE GROUPE :

Dossier 1 : Femme de 76 ans, renouvellement TTT et contrôle valvulopathie IM et RA, état anxio-depressif ancien, renouvellement Seroplex et Mianserine et lysanxia, Différence de diagnostic de dépression entre psy et MG
Rythme de surveillance des valvulopathies

Dossier 2 : femme de 51 ans, diarrhée et vomissements, malaise pendant la nuit, prise de moules et tout le monde malade, malaise de type vagal, pas d'ATCD, pas de traitement. Intoxication alimentaire, tiorfan, copro si persiste, ECG pour malaise : médecine d'urgence, ECG pour tous les malaises, seul examen à faire, HAS plus modérée

Dossier 3 : fille de 15 ans, premier contact prévention gynécologique, fille violée par son cousin pendant l'été, depuis troubles du comportement à risque, en procès avec le cousin - consultation de psychologie, discordance infos mère fille

Dossier 4 : Homme de 54 ans, douleur membre sup droit, personnalité border line en rupture, atcd de discectomie L5, examen théâtral, douleur neurogène sous gabapentine (sevrage gabapentine et morphine), hernie cervicale conflictuelle, diagnostic : virage psychotique, reprise du skenan et pregabaline, doliprane, diclofenac - revoir neurochirurgien négociation ains,
Référence : sur prégabaline

Dossier 5 : Homme de 90 ans, coronaropathie, stent, avc sylvien , dnid, vient suite à un malaise avec absence de 1 min, examen ras, malaise vagal ? bilan sanguin troponine un peu augmentée, contrôle à J8 normale, ECG RAs,
Troponine valeur indication dans les 72 heures

Question(s) à traiter :

Quelle fréquence de surveillance des valvulopathies asymptomatique sans indication du cardiologue ?

2 - REPONSES A LA QUESTION POSEE LORS DE LA SEANCE PRECEDENTE :

Bilan cardiovasculaire
Meta-analyse Cochrane : bilan asymptomatique, aucun effet sur la mortalité, sur la maladie cardiaque, sur les AVC
Donc inutile

3 - REFERENCES BIBLIOGRAPHIQUES APPORTEES PAR LE GROUPE :

Sérologie pour H Pylori : moins de 40-45 ans pour ATCD cancer colique,

Efficacité du vaccin Gardasil après une seule dose (The Lancet 2021 – cf annexe)

4 - ECARTS PAR RAPPORT A LA PRATIQUE RECOMMANDEE PAR HAS .... :

Demande de dosage de la troponine sur un malaise
Douleur thoracique 55 ans depuis 72 ans, ambulance et non Samu

5 - SYNTHESE DES AMELIORATIONS PROPOSEES DU PARCOURS ET DE LA COORDINATION DES SOINS :

Allergologue à St Germain - Dr COTTEL

6 - SYNTHESE DES CAS COMPLIQUES :

14 ans 1/2, angoisses, voire phobies, contexte familiale (relation entre mère et cousin), garçon ayant des relations sexuelles avec cousins et cousines
Voir avec la CRISP (cellule recours pour situation préoccupante)

Bébé de 5 mois, examen ras va bien mais décrochage sur les courbes - allergie plv - changer de lait et voir

7 - AUTRES QUESTION ET ECHANGES - DISCUSSION LIBRE :

Cas clinique à préparer pour la prochaine séance du 08/02/2024 : 18ème dossier du 15/01/2024

Vaccine efficacy against persistent human papillomavirus (HPV) 16/18 infection at 10 years after one, two, and three doses of quadrivalent HPV vaccine in girls in India: a multicentre, prospective, cohort study

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Lancet Oncol 2021; 22: 1518–29

Published Online October 8, 2021 https://doi.org/10.1016/S1470-2045(21)00453-8

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Summary

Background A randomised trial designed to compare three and two doses of quadrivalent human papillomavirus (HPV) vaccine in adolescent girls in India was converted to a cohort study after suspension of HPV vaccination in trials by the Indian Government. In this Article, the revised aim of the cohort study was to compare vaccine efficacy of single dose to that of three and two doses in protecting against persistent HPV 16 and 18 infection at 10 years post vaccination.

Methods In the randomised trial, unmarried girls aged 10–18 years were recruited from nine centres across India and randomly assigned to either two doses or three doses of the quadrivalent HPV vaccine (Gardasil [Merck Sharp & Dohme, Whitehouse Station, NJ, USA]; 0·5 mL administered intramuscularly). After suspension of recruitment and vaccination, the study became a longitudinal, prospective cohort study by default, and participants were allocated to four cohorts on the basis of the number vaccine doses received per protocol: the two-dose cohort (received vaccine on days 1 and 180 or later), three-dose cohort (days 1, 60, and 180 or later), two-dose default cohort (days 1 and 60 or later), and the single-dose default cohort. Participants were followed up yearly. Cervical specimens were collected from participants 18 months after marriage or 6 months after first childbirth, whichever was earlier, to assess incident and persistent HPV infections. Married participants were screened for cervical cancer as they reached 25 years of age. Unvaccinated women age-matched to the married vaccinated participants were recruited to serve as controls. Vaccine efficacy against persistent HPV 16 and 18 infections (the primary endpoint) was analysed for single-dose recipients and compared with that in two-dose and three-dose recipients after adjusting for imbalance in the distribution of potential confounders between the unvaccinated and vaccinated cohorts. This trial is registered with ISRCTN, ISRCTN98283094, and ClinicalTrials.gov, NCT00923702.

Findings Vaccinated participants were recruited between Sept 1, 2009, and April 8, 2010 (date of vaccination suspension), and followed up over a median duration of 9·0 years (IQR 8·2–9·6). 4348 participants had three doses, 4980 had two doses (0 and 6 months), and 4949 had a single dose. Vaccine efficacy against persistent HPV 16 and 18 infection among participants evaluable for the endpoint was 95·4% (95% CI 85·0–99·9) in the single-dose default cohort (2135 women assessed), 93·1% (77·3–99·8) in the two-dose cohort (1452 women assessed), and 93·3% (77·5–99·7) in three-dose recipients (1460 women assessed).

Interpretation A single dose of HPV vaccine provides similar protection against persistent infection from HPV 16 and 18, the genotypes responsible for nearly 70% of cervical cancers, to that provided by two or three doses.

Funding Bill & Melinda Gates Foundation.

Introduction

A combined strategy of high-coverage human papillomavirus (HPV) vaccination of girls aged 9–14 years, twice-lifetime screening of women at 35 years and 45 years of age, and effective treatment of those with cervical neoplasia can potentially eliminate cervical cancer as a public health problem.[1] The inability of nearly two-thirds of low-income and lower-middle-income countries to