

Letter from the Editors

Dear colleagues,

The first issue of the *Greek e-journal of Perioperative Medicine* for 2023 presents a systematic review article of Papageorgiou L et al, in which the authors reviewed the existing evidence regarding superiority of ketofol (ketamine/propofol) in mitigating cardiorespiratory effects when administered as a main agent for procedural sedation and analgesia (PSA) in comparison to other drugs administered for such purposes underlying the safety and efficacy profile of this cocktail medication. They found limited evidence to support superiority of ketofol compared to other agents, specifically to propofol. They noted that the addition of ketamine to propofol in sub-dissociative doses is associated with less respiratory and haemodynamic complications during PSA, while achieving adequate analgesia and deeper sedation, possibly more amnesia and consequently high satisfaction in both patients and health-care professionals.

The next article of Varvarousi G et al was aimed to present the current knowledge on the treatment of postdural puncture headache (PDPH) in obstetric anesthesia practice, given to the fact that the incidence of accidental dural puncture complicating epidural catheter placement, in obstetric patients, varies between 0,13-0,91%.

The review article of Schizodimos Th et al described several systemic factors (arterial hypotension, low cardiac output, hypercapnia, hypocapnia, systemic hypoxia, anemia, hyperthermia, and blood glucose abnormalities) that have been found to compromise the balance between brain oxygen supply and consumption, leading to brain tissue hypoxia, in patients with acute brain injury (ABI). Authors concluded that, due to the heterogeneity of ABI cases, new research studies should be directed towards an individualized approach, since each patient is unique, and with the aim of improving not only mortality, but also the neurological outcome.

The following experimental study of Grosomanidis V et al recorded the alterations of the work of breathing (WOB) in a porcine model of increased intraabdominal pressure (IAP) with and without sepsis. Their results confirmed the detrimental effects of intraabdominal hypertension (IAH) and sepsis on the respiratory system. Alterations which were related to IAH have been found to have a good profile and were reversible, when IAP was restored. But the coexistence of sepsis resulted to a

deranged functional homeostasis, causing more excessive alterations, which were not restored by simple release of the mechanical or biological factor.

The final article of Bihorac E et al. presented the anesthetic management of a 35-year old male patient with Alport syndrome (AS), who underwent renal transplantation. AS is a rare hereditary disease, that can cause progressive renal damage and eventually renal failure, as well as hearing loss and visual impairment. The authors concluded comprehensive preoperative multidisciplinary approach and intraoperative close hemodynamic monitoring are considered important factors in order to reduce perioperative complications.

We want to thank you again for your support.

With regards

Editors in chief

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