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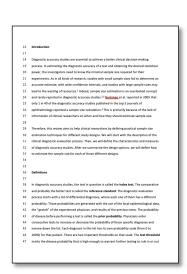
Prof. Dr. Haldun Akoğlu

















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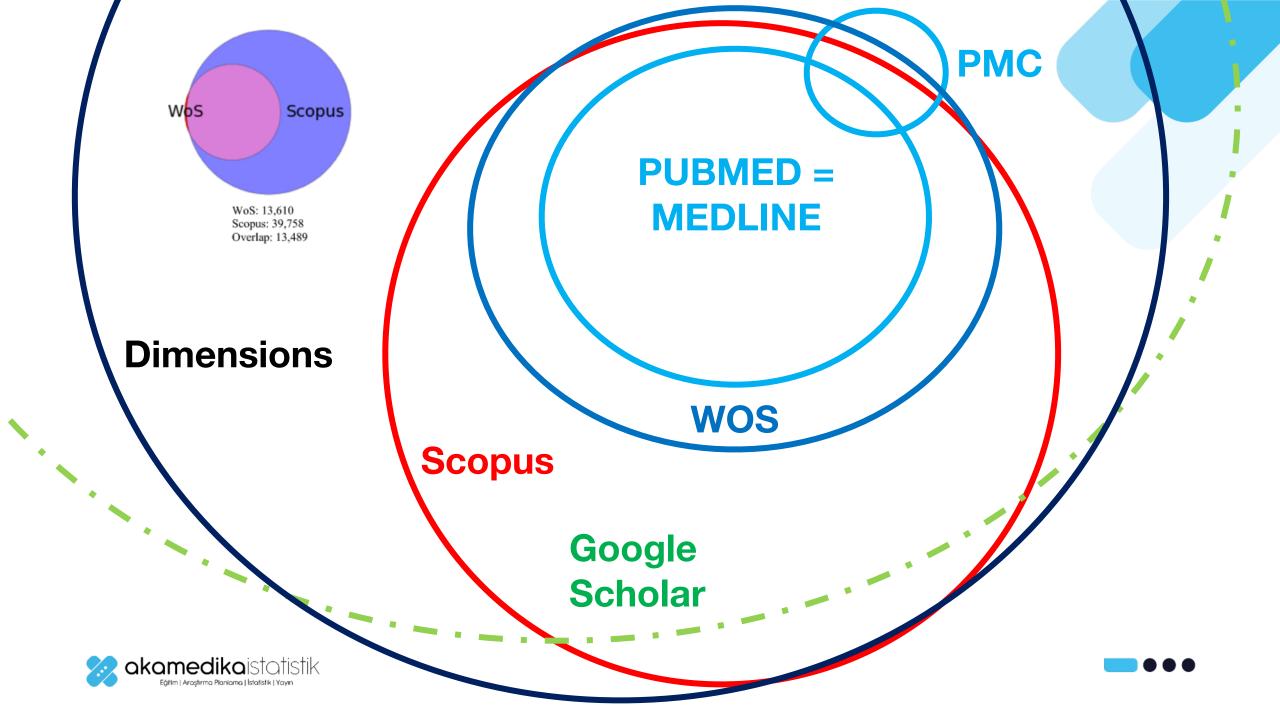


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> Prehosp Disaster Med. 2023 Jun;38(3):415-418. doi: 10.1017/S1049023X23000523. Epub 2023 May 18.

Emergency Medicine Association of Turkey Disaster Committee Summary of Field Observations of February 6th Kahramanmaras Earthquakes

Sarper Yılmaz ¹, Onur Karakayali ², Serkan Yilmaz ³, Murat Çetin ⁴, Serkan Emre Eroglu ⁵, Ozgur Dikme ⁶, Ayhan Özhasenekler ⁷, Murat Orak ⁸, Özcan Yavaşi ⁹, Funda Karbek Akarca ¹⁰, Müge Günalp Eneyli 11, Bülent Erbil 12, Haldun Akoğlu 13

Affiliations + expand

PMID: 37198906 DOI: 10.1017/S1049023X23000523

Abstract

An earthquake measuring 7.7 magnitude on the Richter scale occurred at 04:17am on February 6, 2023 in the Pazarcık district of Kahramanmaraş province Turkey. In the hours following the 7.7 magnitude event in Kahramanmaras, a second 7.6 magnitude earthquake struck the region and a third 6.4 magnitude earthquake struck Gaziantep, causing extensive damage and death. A total of ten provinces directly experienced the earthquake, including Kahramanmaraş, Hatay, Gaziantep, Osmaniye, Malatya, Adana, Diyarbakır, Şanlıurfa, Adıyaman, and Kilis. The official figures indicate 31,643 people were killed, 80,278 were injured, and 6,444 buildings were destroyed within seven days of the earthquakes (as of 12:00pm/noon on Monday, February 13th). The area affected by the earthquake has been officially declared to be 500km in diameter. This report primarily relies on observations made by pioneer Emergency Physicians (EPs) who went to the disaster areas shortly after the first earthquake (in the early stages of the disaster). According to their observations: (1) Due to winter conditions, there were transportation problems and a shortage of personnel reaching disaster areas on the first day after the disaster; (2) On the second day of the disaster, health equipment was in short supply; (3) As of the third day, health workers were unprepared in terms of knowledge and experience for the disaster; and (4) The subsequent deployment of health personnel to the disaster area was uncoordinated and unplanned on the following days, which resulted in the health personnel working there not being able to meet even their basic needs (such













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10.1016/j.injury.2012.10.005

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Akoglu, Tayfun<sup>c</sup> ⋈; Altinok, Arzu Denizbasi<sup>d</sup> ⋈; Guneysel, Ozlem<sup>e</sup> ⋈;
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Sonographic evaluation of chest wall thickness in Chinese adults in Hong Kong: Should the updated (10th edition) Advance Trauma Life Support guidelines on preferred site of needle thoracocentesis in tension pneumothorax be adopted in the Asian population?

Dorothy Pui-Ming Yu, S., Siu Ki Lau, J., Leung Mok, K. (2021) Trauma (United Kingdom)

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^b Umraniye Education and Research Hospital, Department of Thoracic Surgery, Istanbul, Turkey

^c Tirebolu State Hospital, Department of Radiology, Giresun, Turkey

d Marmara University, Pendik Education and Research Hospital, Department of Emergency Medicine, Istanbul, Turkey



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Comparison of the Analgesic Effects of Low-Dose Ketamine Versus Fentanyl in Patients With Long Bone Fractures in the Emergency Department: A Prospective Observational Study

Muhammet Yılmaz, Emre Kudu, Erkman Sanri, Sinan Karacabey, Haldun Akoglu, Arzu Denizbasi, Muhammet M. Yılmaz, Haldun A... 2023, Cureus - Article

Aim and background In most emergency departments (ED), opioids are the primary analgesic agents for trauma patients. However, safe alternative drugs are required because of possible adverse effects. K... more

The middle cerebral artery density and ratio for the diagnosis of acute ischaemic stroke in the Emergency Department

Taygun Baykal, Ebru Unal Akoglu, Tayfun Akoglu, Tuba Cimilli Ozturk, Haldun Akoglu 2021, International Journal of Clinical Practice - Article

PURPOSE: Non-contrast computed tomography (ncCT) is the first-line imaging modality for acute ischaemic stroke diagnosis. Recognition of the early diagnostic signs of a stroke on computed tomography (... more

The International Federation for Emergency Medicine report on emergency department crowding and access block: A brief summary

Arshia P Javidan, Kim Hansen, Ian Higginson, Peter Jones, Eddy Lang, Arshia Javidan, Kim Hansen, Ian Higginson, Peter Jones, ... 2021, Emergency Medicine Journal - Article

OBJECTIVE: To develop comprehensive guidance that captures international impacts, causes and solutions related to emergency department (ED) crowding and access block. METHODS: Emergency physicians rep... more

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User's guide to sample size estimation in diagnostic accuracy studies

Haldun Akoglu

2022, Turkish Journal of Emergency Medicine - Article

Sample size estimation is an overlooked concept and rarely reported in diagnostic accuracy studies, primarily because of the lack of information of clinical researchers on when and how they should est... more

Diagnostic Accuracy of the Electrocardiography Criteria for Left Ventricular Hypertrophy (Cornell Voltage Criteria, Sokolow-Lyon Index, Romhilt-Estes, and Pequero-Lo Presti Criteria) Compared to Transthoracic Echocardiography

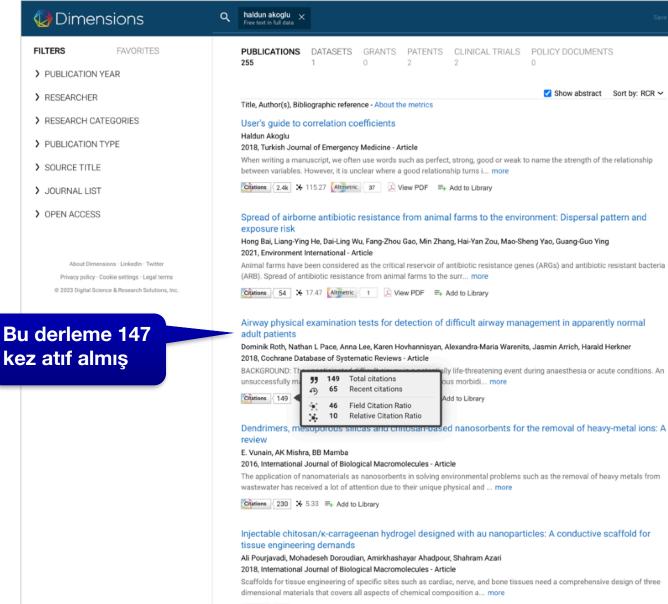
Nurseli Bayram, Haldun Akoğlu, Erkman Sanri, Sinan Karacabey, Melis Efeoğlu, Ozge Onur, Arzu Denizbasi, Özge E. Onur 2021, Cureus - Article

OBJECTIVE/AIM: We aimed to evaluate the diagnostic utility of the widely used left ventricular hypertrophy (LVH) electrocardiography (ECG) criteria (Cornell Voltage Criteria [CVC], Sokolow-Lyon Index ... more

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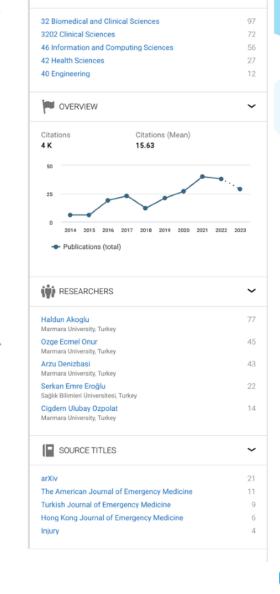
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Prognostic factors of functional outcome in post-acute stroke in the rehabilitation unit



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Airway physical examination tests for detection of difficult airway management in apparently normal adult patients

Cochrane Database of Systematic Reviews, 5(5), cd008874 - May 2018

https://doi.org/10.1002/14651858.cd008874.pub2 /

Authors

Dominik Roth - Medical University of Vienna

Nathan L Pace - University of Utah

Anna Lee - Chinese University of Hong Kong

Abstract

BACKGROUND: The unanticipated difficult airway is a potentially life-threatening event during anaesthesia or acute conditions. An unsuccessfully managed upper airway is associated with serious morbidity and mortality. Several bedside screening tests are used in clinical practice to identify those at high risk of difficult airway. Their accuracy and benefit however, remains unclear. OBJECTIVES: The objective of this review was to characterize and compare the diagnostic accuracy of the Mallampati classification and other commonly used airway examination tests for assessing the physical status of the airway in adult patients with no apparent anatomical airway abnormalities. We performed this individually for each of the four descriptors of the difficult airway: difficult face mask ventilation, difficult laryngoscopy, difficult tracheal intubation, and failed intubation. SEARCH METHODS: We searched major electronic databases including CENTRAL, MEDLINE, Embase, ISI Web of

More

Acknowledgements

Dominik Roth: none known Nathan L Pace: none known Anna Lee: is the first author of a previously published diagnostic test accuracy review of the Mallampati score (Lee 2006). Karen Hovhannisyan: none known Alexandra-Maria Warenits; none known Jasmin Arrich; none known Harald Herkner; none known This review was selected for the third Cochrane Review Support Programme. We would like to thank Jane Cracknell, Cochrane Anaesthesia Critical and Emergency Care Group (ACE) Managing Editor; Andrew Smith, ACE Content Editor; Peer Reviewers (Pierre Diemunsch, Haldun Akoglu, Subrahmanyan Radhakrishna); Janet Wale, Consumer Editor; Janne Vendt, Information Specialist who re-ran the search in December 2016 and March 2018; the Diagnostic Test Accuracy (DTA) Editorial team and Peer Reviewers; and Marialena Trivella, ACE Statistical Editor. We would also like to thank the Co-ordinating Editor Andrew Smith. We would like to thank Alexander Hartmann who helped with More

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Bedside tests for predicting difficult airways: an abridged Cochrane diagnostic test accuracy systematic review

D. Roth, N. L. Pace, A. Lee, K. Hovhannisyan, A. M. Warenits, J. Arrich, H. Herkner 2019, Anaesthesia - Article

Citations 94 Altmetric 81 Get PDF =+ Add to Library

Predicting Difficult Intubation in Emergency Department by Intubation Assessment Score

Winchana Srivilaithon, Sombat Muengtaweepongsa, Yuwares Sittichanbuncha, Jayanton Patumanond

2018, Journal of Clinical Medicine Research - Article

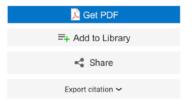
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Comparison of the Mallampati Classification in Sitting and Supine Position to Predict Difficult Tracheal Intubation

Jean-Luc Hanouz, Vincent Bonnet, Clément Buléon, Thérèse Simonet, Dorothée Radenac, Guillaume Zamparini, Marc Olivier Fischer, Jean-Louis Gérard

2018, Anesthesia & Analgesia - Article Citations 28 Altmetric 8 = Add to Library





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32 Biomedical and Clinical Sciences

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Adult; Airway Management; Humans; Intubation, Intratracheal; Laryngoscopy; Physical Examination; Point-of-Care Systems; Sensitivity and Specificity; Treatment Failure More

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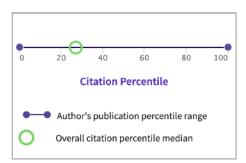
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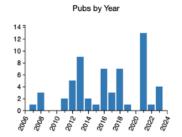
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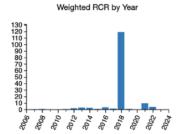
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✓ 36353389	2022	User's guide to sample size estimation in diagnostic accuracy studies.	Haldun Akoglu	Turk J Emerg Med	90.1	3.94 *
✓ 33218837	2021	The Diagnostic Accuracy of Ultrasonography for the Diagnosis of Rib Fractures in Patients Present	Ali Çelik, Haldun Akoglu, Serhad Omer	J Emerg Med	82.8	2.70
24672616	2014	Visual estimation of bedside echocardiographic ejection fraction by emergency physicians.	Erden E Unlüer, Arif Karagöz, Haldun A	West J Emerg Med	78.3	2.27
29146418	2018	Diagnostic accuracy of the Extended Focused Abdominal Sonography for Trauma (E-FAST) perfor	Haldun Akoglu, Omer Faruk Celik, Ali C	Am J Emerg Med	73.0	1.90
✓ 34849428	2021	2021 Guideline for the Management of COPD Exacerbations: Emergency Medicine Association of 1	Nurettin Özgür Doğan, Yelda Varol, Nu	Turk J Emerg Med	72.9	1.89
33441078	2021	The International Federation for Emergency Medicine report on emergency department crowding $\boldsymbol{\epsilon}$	A P Javidan, K Hansen, I Higginson, P	Int J Emerg Med	59.6	1.29
23116647	2013	Determination of the appropriate catheter length and place for needle thoracostomy by using com	Haldun Akoglu, Ebru Unal Akoglu, Serc	Injury	59.5	1.28







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O Yeşil, H	Akoğlu,	O Özg	n Zehirlenme Olgularinin Geriye Dönük Analizi e, Ö Güneysel 21 (1), 26-32	71 *	2008
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using co	mpute EU Ako	d tom glu, S E	appropriate catheter length and place for needle thoracostomy by ography scans of pneumothorax patients vman, T Akoglu, AD Altinok, O Guneysel,	44	2013
K Kabaro	ğlu, SE I	Eroğlu,	emnuniyetini etkileyen faktörlerin araştırılması DE Onur, A Denizbaşı, H Akoğlu 26 (2), 82-89	38 *	2013
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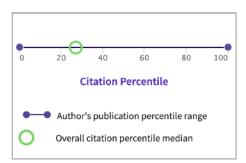
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Determination of the appropriate catheter length and place for needle thoracostomy by using computed tomography scans of pneumothorax patients

By: Akoglu, H (Akoglu, Haldun) [1]; Akoglu, EU (Akoglu, Ebru Unal) [1]; Evman, S (Evman, Serdar) [2]; Akoglu, T (Akoglu, Tayfun) [3]; Denizbasi Altinok, A (Denizbasi Altinok, A Arzu) [4]; Guneysel, O (Guneysel, Ozlem) [5]; Onur, OE (Onur, Ozge Ecmel) [4]; Eroglu, SE (Eroglu, Serkan Emre) [4]

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Volume: 44 Issue: 9 Page: 1177-1182 DOI: 10.1016/j.injury.2012.10.005

Published: SEP 2013 Indexed: 2013-09-25 Document Type: Article

Abstract:

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Introduction: The primary goal of this study was to compare the chest wall thicknesses (CWT) at the 2nd intercostal space (ICS) at the mid-clavicular line (MCL) and 5th ICS at the mid-axillary line (MAL) in a population of patients with a CT confirmed pneumothorax (PTX). This result will help physicians to determine the optimum needle thoracostomy (NT) puncture site in patients with a PTX.

Materials and methods: All trauma patients who presented consecutively to A&E over a 12-month period were included. Among all the patients), 160 were included in the final analysis. CWTs were measured at both sides and were compared in all subgroup of patients.

Results: The average CWT for men on the 2nd ICS-MCL was 38 mm and for women was 52 mm; on the other hand, on the 5th ICS-MAL women. On the 2nd ICS-MCL 17% of men and 48% of women; on the 5th ICS-MAL 13% of men and 33% of women would be inaccessi with trauma, subcutaneous emphysema and multiple rib fractures would have thicker CWT on the 2nd ICS-MCL. Patients with trauma subcutaneous emphysema and multiple rib fractures would have thicker CWT on the 5th ICS-MAL.

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Keywords Plus: INSUFFICIENT CANNULA LENGTH; CHEST-WALL THICKNESS; TENSION PNEUMOTHORAX; DECOMPRESSION; THORACENTESIS; FAILS

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Volume: 44 Issue: 9 Page: 1177-1182 DOI: 10.1016/j.injury.2012.10.005

Published: SEP 2013 Indexed: 2013-09-25 Document Type: Article

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Introduction: The primary goal of this study was to compare the chest wall thicknesses (CWT) at the 2nd intercostal space (ICS) at the mid-clavicular line (MCL) and 5th ICS at the mid-axillary line (MAL) in a population of patients with a CT confirmed pneumothorax (PTX). This result will help physicians to determine the optimum needle thoracostomy (NT) puncture site in patients with a PTX.

Materials and methods: All trauma patients who presented consecutively to A&E over a 12-month period were included. Among all the trauma patients with a chest CT (4204 patients), 160 were included in the final analysis. CWTs were measured at both sides and were compared in all subgroup of patients.

Results: The average CWT for men on the 2nd ICS-MCL was 38 mm and for women was 52 mm; on the other hand, on the 5th ICS-MAL was 33 mm for men and 38 mm for women. On the 2nd ICS-MCL 17% of men and 48% of women; on the 5th ICS-MAL 13% of men and 33% of women would be inaccessible with a routine 5-cm catheter. Patients with trauma, subcutaneous emphysema and multiple rib fractures would have thicker CWT on the 2nd ICS-MCL. Patients with trauma, lung contusion, sternum fracture, subcutaneous emphysema and multiple rib fractures would have thicker CWT on the 5th ICS-MAL.

Conclusions: This study confirms that a 5.0-cm catheter would be unlikely to access the pleural space in at least 1/3 of female and 1/10 of male Turkish trauma patients, regardless of the puncture site. If NT is needed, the 5th ICS-MAL is a better option for a puncture site with thinner CWT. (C) 2012 Elsevier Ltd. All rights reserved.

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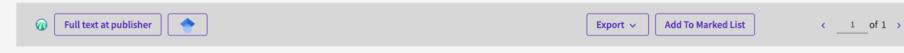
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Akoglu, Tayfun<sup>c</sup> ⋈; Altinok, Arzu Denizbasi<sup>d</sup> ⋈; Guneysel, Ozlem<sup>e</sup> ⋈;
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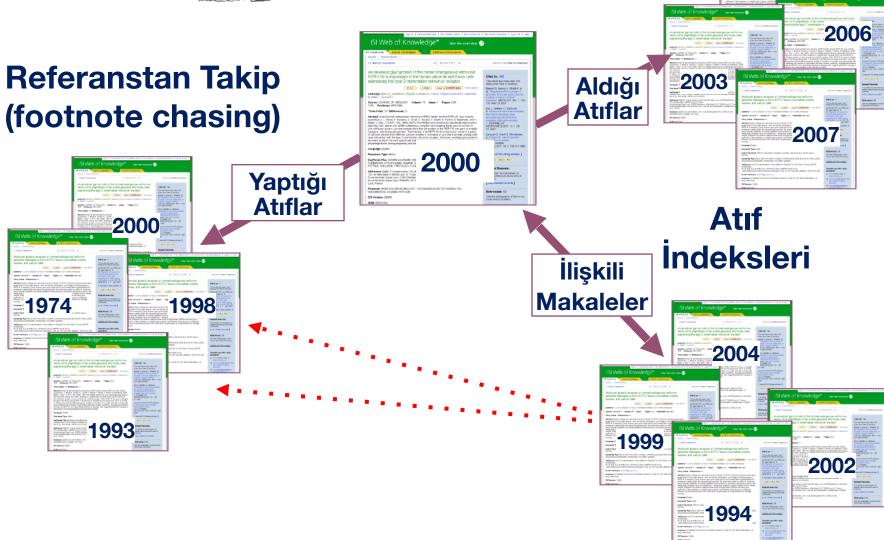
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	Background: Previous studies reported a high failure rate in relieving tension pneumothorax by needle thoracostomy, because the catheter was not sufficiently long to access the pleural space. The Advanced Trauma Life Support guideline recommends needle thoracostomy at the second intercostal space in the middle clavicular line using a 5.0-cm catheter, whereas the corresponding guideline in Japan Show more	
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BACKGROUND Tension pneumothorax is one of the leading causes of preventable death in both military and civilian trauma patients. Needle decompression is recommended in trauma guidelines as an emergency procedure to relieve increased intrapleural pressure. The main reason for



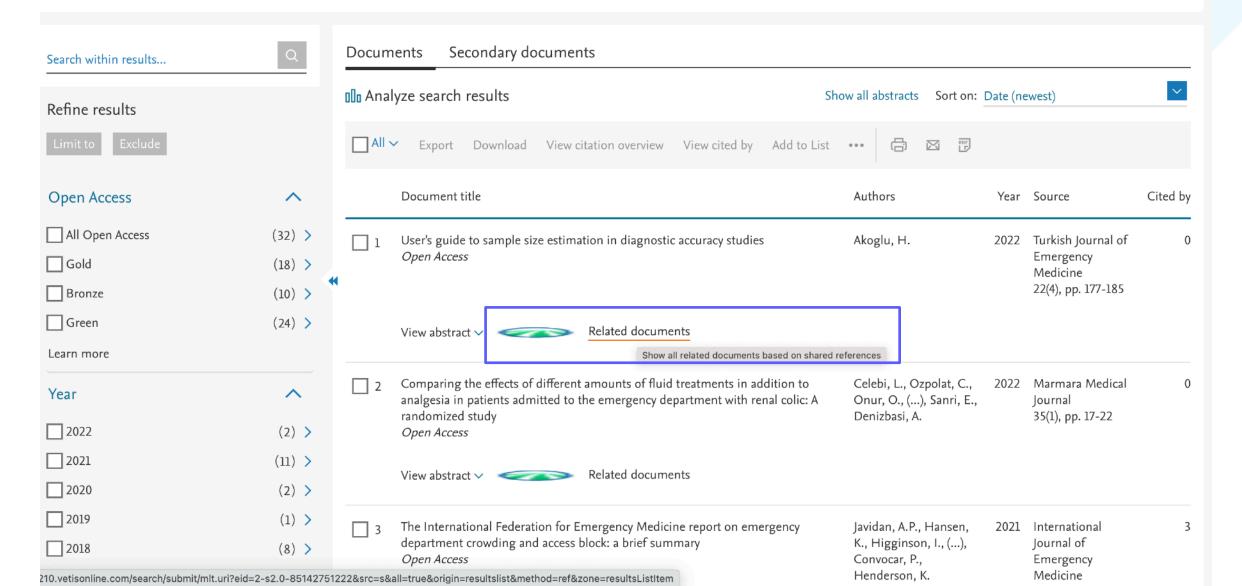
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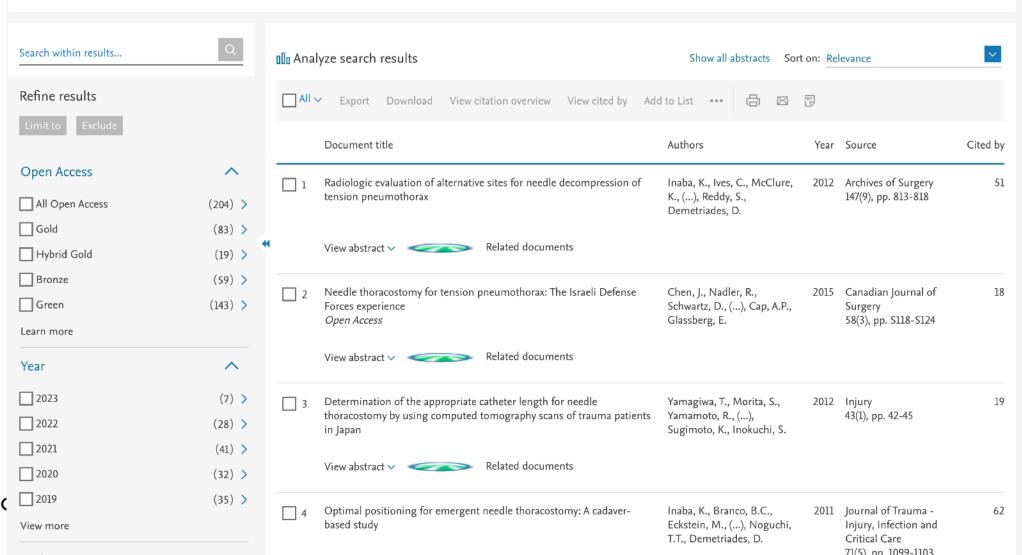
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