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Category:Digital audio workstation software Category:Steinberg Media Technologies software Category:Soundtrack creation software Category:MacOS music software[Hyper eosinophilic syndrome: an unusual cause of cough, dyspnea and wheezing]. The hyper eosinophilic syndrome (HES) is an idiopathic, inflammatory disorder of the blood and the different organs which leads to the eosinophil or the hyper eosinophilic polymorphonuclear leukocyte count. Its clinical presentation is polymorphous: angio-oedema, pulmonary and gastrointestinal involvement. The authors report a case of HES which was secondary to atopic dermatitis, with a prolonged evolution and poor evolution after corticotherapy. High-dose steroid therapy in the prevention of acute respiratory distress syndrome: a retrospective study. Postoperative acute respiratory distress syndrome (ARDS) is a potentially devastating condition which has a high mortality rate. Aggressive fluid management has proved to be an effective prophylactic measure in decreasing the incidence of postoperative ARDS. Previous studies have demonstrated the usefulness of high-dose methylprednisolone therapy in the prevention of acute lung injury and ARDS. In this retrospective study, we describe the course of 27 patients who received high-dose corticosteroids in the prevention of ARDS following abdominal operations. The steroid group received either 60 mg/kg methylprednisolone intravenously for three consecutive days (12 patients) or a single dose of 40 mg/kg methylprednisolone intravenously (15 patients) 1-3 days prior to operation. Control subjects (n = 27) were also treated with high-dose methylprednisolone prior to operation and were administered the drug intravenously as described for the steroid group. In both the control and steroid groups, age, operation type, amount of total intravenous fluid and duration of mechanical ventilation were similar. Patients in the steroid group did not have a significant decrease in the need for postoperative mechanical ventilation (p = 0.5), however, they did have a significant decrease in the duration of mechanical ventilation (p = 0.01). There was no significant difference in the incidence of infection in both groups (p = 0.7). Intensive care unit mortality was not significantly different in the two groups (p = 0.1). We conclude that prophylactic administration of high-dose steroid therapy was effective in the prevention of postoperative ARDS. In addition,

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