

# Susy Safe project: Phase II

first two years of the Susy appreciated and the European Community has decided to prolong our project filling the two quesfor two more years.

In addition to the collection of data about injuries between children aged 0-14 h o m e due to foreign bodies, de- (www.susysafe.org). tected in European and extra-European hospitals, the

The work conducted in the attention in the next two years will focus specifically on consumer protection.

Safe project was positively Consumers can share with us details about their own

experience or other's indirect experiences, tionnaires, which are currently in a pilot version, on the website's page



States members of the project: Austria Greece France The Netherlands Denmark Cyprus Czech Republic Italy Spain Former members: Finland Germany



#### 9th World Conference on Injury Prevention and Safety Promotion

The Susy Safe project and the collected data were presented at the 9th world conference on injury prevention and safety promotion in Merida, in Mexico, from March 15th to March 18th. Three poster abstracts and an oral presentation were presented. www.safety2008mx.info

#### ISCAIP's Child Injury Prevention Meeting - "Child Injury Prevention - Knowledge into Practice"

The Susy Safe project and the data collected were presented at the ISCAIP's child injury prevention meeting in Merida, in Mexico on March 14th, presenting a poster abstract. www.iscaip.net

### 8th International Conference of the European Society of Paediatric Othorinolaringology

The Susy Safe project and the data collected so far will be presented at the ESPO 2008 Conference in Budapest, in Hungary, from 8th to 11th June.

www.espobudapest2008.com

### **European Committee for Standardisation - CEN**

The Susy Safe project contributed to the CEN's research on magnets. The paper is available at: http://www.i2crg.org/secWEB/Files/WorkingPapers/WP-3-2007.pdf

www.cen.eu

#### The parliament Magazine

The Susy Safe project and its results were presented in an article, which was published in the Parliament Magazine on March 17th: http://www.theparliament.com/NR/rdonlyres/47B1E233-534E-48FC-B989-4C39E9B15CE7/0/ParliamentMag31stMarchpdf.pdf www.theparliament.com/EN/







## Medical Institutions involved in the project:

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Institute for Respiratory Disaeses in Children	Skopje	Macedonia
Public health authority of the Slovak republic	Bratislava	Slovak Republic
Burlo - Garofolo	Trieste	Italy
VU Medical Center	Amsterdam	, the Netherlands
Suez Canal University	Ismailia	Egypt
St. Joseph-Hospital	Berlin	Germany
Ramathibodi Hospital	Bangkok	Thailand
Helsinki University Central Hospital	Helsinki	Finland
Necker - Enfants Malades	Paris	France
Hopitâl Armand Trousseau	Paris	France
Baskent University Ankara Hospital	Ankara	Turkey
CHU A Michallon	Grenoble	France
A.O.R.N. Santobono Pausilipon	Napoli	Italy
Aretaeion Hospital	Nicosia	Cyprus
RNTNEH	London	UK
Azienda di Padova	Padova	Italy
Royal Manchester Children's Hospital	Manchester	UK
CHU Nancy	Vandoeuvre	France
/all D´Hebron	Barcelona	Spain
Sf. Spiridon	lasi	Romania
Grigore Alexandrescu	Bucharest	Romania
Service Hospital, Paediatric ward	Lahore	Pakistan
nstitute for Respiratory Disaeses in Children	Skopje	Macedonia
Medical and Public Health Services, Ministry of Health	Nicosia	Cyprus
Azienda Ospedaliera G. Rummo	Benevento	Italy
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Ospedale Pediatrico Bambino Gesù	Passoscuro (Roma)	Italy
Charite Campus Virchow	Berlin	Germany
Hacettepe University	Ankara	Turkey
Childrens University Hospital	Brno	Czech Republic
Children's University Hospital	Bratislava	Slovak Republic
Jniversity Medical Centre Ljubljana	Ljubljana	Slovenia
Hopital S. Joao	Oporto	Portugal
The Medical University of Warsaw	Warsaw	Poland
Charité Campus Virchow	Berlin	Germany
Democritus University School of Medicine	Athens	Greece
Gentofte University Hospital of Copenhagen	Hellerup	Denmark
Hospital Ruber International	Madrid	Spain
Huddinge University Hospital	Stockholm	Sweden
Jniversity Hospital Salata - KBC	Zagreb	Croatia
Sf. Maria Hospital	Bucharest	Romania
Maria Sklodowska Curie	Bucharest	Romania
Praxis	Bergisch Gladbach	Germany
Sos Benjamin - Observaoire National d\\'Etudes des conduites à risques	Sens	France
Policlinico Universitario Le Scotte	Siena	Italy
Azienda Ospedaliera OIRM-Sant'Anna	Torino	Italy
Azienda Ospedaliera Complesso Ospedaliero San Giovanni - Addolorata	Roma	Italy
Deco Proteste	Lisboa	Portugal



# Susy Safe project: Phase I

With the specific aim to establish a multi-centric Web-based registry for injuries due to foreign bodies (FBs) ingestion/ inhalation/insertion, in 2005 the European Community funded the Susy Safe project, which started to collect data on FB injuries occurred in children aged 0–14 in the upper aero-digestive tract, specifically on the circumstances of the injury, the clinical treatments administered to the child and the characteristics of the child, the features of the FBs.



#### At the end of March 2007, the Susy Safe registry is the most important database available from the literature. Figure on the side provides a ranking of the database sizes available from literature.

EU countries	6994
Cyprus Czech Reoublic Denmark Finland France Germany Greece Italy Poland Romania Slovak Republic Slovenia Spain Sweden The Netherlands UK	9 303 70 367 116 33 88 4718 45 328 240 105 139 236 35 162
Non EU countries	302
Macedonia Pakistan Croatia Turkey	58 7 19 218
Total	7296

## Prospective cases: 1010 (14%)

Retrospective cases: 6269 (76%)

Prospective cases are collected using the Susy Safe system from 06/2005

Retrospective cases are past consecutive cases available in each center registry and shared with Susy Safe. Data collection for retrospective cases followed the same procedure as for the prospective cases.

The **Susy Safe Registry** was developed as a centralized database accessible via Internet. It consists of a stand-alone client software called Susy Safe Case Report Software, which allows interacting to a MySQL database server used for the data storage, using Internet as means of transportation through the TCP/IP protocol. Also a Web-based interface allows a fast and reliable data entry process.

**Quality control procedures:** In a first phase, an automated control process, based on logic checks performed by the data entry application, was implemented. A second phase involved the manual control and was performed by dedicated medical doctors. All cases that obtained a high quality score in the first phase were submitted to the final database. Those with fail the check were re-sent to the respective physicians specifying the missing or supposedly incorrect data.

The A.O.R.N. Santobono Pausilipon from Naples was the center,

which collected the highest number of data in the Susy Safe phase I.



#### Susy Safe Newsletter

# Some data and facts

	Male	%	Female	%	
< 1 year		3.6	87	3.0	
1 - 2 years	1084	32.4	1095 1675	38.3	
>= 3 years	2143	64.0	1675	58.6	

Adult presence in occasion of the injury (non food FBs): at the time of the accident, an adult was present in the 25% of the cases. In 87.9% of times the injured child was playing.

**Severe injury:** FB injury requiring at least one day of hospitalization (DTI, 1999).

**Complications**: occurrence of at least one complication, as reported by the physician, requiring or not hospitalization.

Distribution (%) of severe injuries according to FB characteristics

**Ellipticity:** is defined as the ratio of the longer and the shorter axis. For spherical objects is equal to 1

Odds Ratio (OR) for sever injury with the 95% CI are presented for FB characteristics. P-values are also presented.

45	
40	
35	
30-	
25	
20-	
15	
10	
5-	
0 < 1 year	1 - 2 years >= 3 years

			Not severe	Severe
Volume mm3	25% Median 75%		9.42 28.26 170.15	26.17 87.4 408.99
Ellipticity	25% Median 75%	$\longrightarrow$	1 2 10	1.31 4 20
Shape	Incidence (%)	2D 2D circle 3D Cylinder Needle shape		40.91 38.89 44.72 29.0 35
Consistency		Spherical Conforming Rigid Semi-rigid		24.05 25.81 37.08 28.21

Variable	Category	OR	p-value
Shape	2D 2D circle 3D Cylinder Needle shape Other Spherical	0.56 (0.03-0.74) 1.36 (0.06-2.00) 1.87 (0.08-2.32) 6.45 (0.19-9.47) 3.47 (0.11-5.17) 3.82 (0.15-4.90) ref	<0.001 <0.001 <0.001 <0.001 <0.001 <0.001
Consistency	Conforming Rigid Semi-rigid	0.31 (0.25-0.38) ref 0.77 (0.63-0.93)	<0.001 <0.001
Volume		1.07 (1.03-1.10)	<0.001
Ellipticity		1.96 (1.65-2.32)	<0.001

Distribution (%) of complications by FB

Non-food objects represent 48.7% of FBs which caused injuries.





