

Abstracts de publicaciones nacionales ISI 2017

DEPARTAMENTO CARDIOVASCULAR

REV MED CHIL. 2017 JAN;145(1):121-125.

SÍNDROME DE ALCAPA EN ADULTO. CASO CLÍNICO

Ugalde P H, Rozas A S, Sanhueza F M, Yubini L MC, García B S.

Anomalies of the origin of coronary arteries are detected in 0.5-1.5% of all angiographies. Anomalous origin of the left main trunk is the most uncommon and its origin from pulmonary artery in adults is exceptional, usually because it is associated with a short survival. We report a 49-year-old female, presenting with a two months history of angina. The exercise electrocardiogram suggested ischemia. A coronary angiography was performed, showing the absence of the left main trunk in the left coronary sinus, a dilated right coronary artery, with no lesions and extensive collateral circulation to the anterior descending and circumflex arteries, with inverted flow and the left main trunk draining to the pulmonary artery. The left ventricle was mildly dilated with middle and apical anterior hypokinesia. Global systolic function was conserved. A surgical correction was decided, occluding the left main anomalous origin and performing a coronary artery bypass grafting from the left internal thoracic artery. The patient was discharged with no complications. At two years of follow-up she is symptom free and has a normal physical capacity.

REV MED CHIL. 2017 MAY;145(5):572-578.

VALIDACIÓN DEL PUNTAJE DE RIESGO TIMI COMO PREDICTOR DE MORTALIDAD EN PACIENTES CHILENOS CON INFARTO AGUDO AL MIOCARDIO CON SUPRADESIVEL DE ST.

Ugalde H, Yubini MC, Rozas S, Sanhueza MI, Jara H.

BACKGROUND: Thrombolysis in myocardial infarction risk score (TIMI-RS) was designed to predict early mortality in patients with a ST elevation acute myocardial infarction (STEMI). AIM: To evaluate the predictive capacity for hospital mortality of TIMI-RS. MATERIAL AND METHODS: Patients with ≤ 12 -hour evolution STEMI were selected from a prospective registry of all patients hospitalized in our coronary unit within January 1988 and December 2005. Observed mortality was analyzed according to TIMI-RS and its predictive capacity was estimated. RESULTS: We analyzed 1125 consecutive patients aged 61 ± 13 years (76% men). Fifty one percent were smokers, 47% hypertensive and 40% had a history of angina. Fifty eight percent of patients underwent reperfusion therapy. Most patients had TIMI-RS scores ≤ 5 points and only 3.6% had scores ≥ 10 points. Overall mortality was 14.8% and there was an 80% concordance between observed mortality and that predicted with the TIMI-RS score. The area under the curve for the receiver operating characteristic (ROC) curve was 0.7. CONCLUSIONS: TIMI-RS was acceptably useful to predict in-hospital mortality in this group of patients with STEMI. Differences between the observed and originally predicted mortality are explained by the clinical profile and therapeutic protocols applied to patients in different studies. Thus, caution needs to be taken when interpreting the risk associated to a specific score, particularly within non-reperfused patients whose risk might be underestimated.

REV MED CHIL. 2017 FEB;145(2):164-171.

FACTORES ASOCIADOS A FRAGILIDAD EN PACIENTES HOSPITALIZADOS CON INSUFICIENCIA CARDIACA DESCOMPENSADA.

Díaz-Toro F, Nazzari Nazal C, Verdejo H, Rossel V, Castro P, Larrea R, Concepción R, Sepúlveda L.

BACKGROUND: Frailty is a geriatric syndrome characterized by a progressive impairment in the subjects' ability to respond to environmental stress. Frailty is more commonly found in heart failure (HF) patients than in general population and it is an independent predictor of rehospitalization, emergency room visits and death. AIM: To estimate the prevalence of frailty in patients with decompensated HF admitted to four hospitals in Santiago, Chile. MATERIAL AND METHODS: Cross-sectional study. Subjects aged 60 or older consecutively admitted for decompensated HF to the study centers between August 2014 and March 2015 were included. Frailty was defined as the presence of three

or more of the following criteria: unintended weight loss, muscular weakness, depression symptoms (exhaustion), reduced gait speed and low physical activity. Independent variables were tested for association using simple logistic regression. Variables associated with frailty ($p < 0.05$) were included in a multiple logistic regression model. RESULTS: Seventy-nine subjects were included. The prevalence of frailty was 50.6%. Frail patients were mostly female (52.6%) and older than non-frail subjects (73.7 ± 7.9 vs 68.2 ± 7.1 ; $p < 0.003$). Independent predictors of frailty were age (Odds ratio (OR) 1.10; 95% confidence intervals (CI): 1.03-1.17), quality of life measured with the Minnesota Living with Heart Failure Questionnaire (OR 1.07; IC95%: 1.03-1.11), previous hospitalizations (OR 2.56; 95%CI: 1.02-6.43) and number of medications (OR 4.46; 95%CI: 1.11-17.32). CONCLUSIONS: The prevalence of frailty in patients admitted to the hospital for decompensated heart failure is high. Age, quality of life, hospitalizations and polypharmacy were factors associated with frailty in this group of participants.

REV MED CHIL. VOL.145, N.10, PP.1268-1275.

SÍNDROME DE TAKO-TSUBO, CARACTERIZACIÓN CLÍNICA Y EVOLUCIÓN A UN AÑO PLAZO. REV. MÉD. CHILE

Héctor Ugalde, María Cecilia Yubini, María Ignacia Sanhueza, Francisco Ayala, Ernesto Chaigneau, Gastón Dussaillant, Sebastián García, Eric Fariás, Katia Villagra, Paula Inostroza

Background: Tako-tsubo Syndrome (TTS) is characterized by transient regional systolic dysfunction of the left ventricle (LV), mimicking myocardial infarction. It accounts for 0.9-1.2% of all acute coronary syndromes (ACS). Aim: To describe the incidence and characteristics of TTS within our population. Material and Methods: All patients diagnosed with ACS and TTS were selected from a clinical registry of all the coronary angiographies done in our hospital. Clinical features during initial presentation, hospital evolution and one year follow-up were analyzed. Results: The first case diagnosed in our hospital occurred in 2001. Since then, 4,433 coronary angiographies were done to patients with ACS until 2014 and 37 corresponded to TTS (0.83% incidence). The mean age of patients was 64 years, 73% were female, and 62% had hypertension. All patients had an identifiable trigger factor, abnormal EKG and elevated troponin. The coronary angiography did not show lesions in 97%. However, all had the characteristic extensive segmental-motility alteration with a mean ejection fraction of 44%. All patients were treated initially as an ACS. Seven patients had complications, namely acute cardiac failure in six and stroke in one. No patient died. At one year of follow-up, 100% showed normal segmental motility and ejection fraction, no patient had a new episode of TTS and all were alive. Conclusions: TTS is rare and the incidence found in this study is slightly lower than that reported elsewhere. TTS mimics ACS and it should be suspected by its clinical, electrocardiographic and enzymatic particularities. Coronary angiography helps to rule out other diagnosis. All patients normalize motility and ventricular function, which is the definitive differential feature respect to ACS.

SERVICIO MEDICINA FÍSICA Y REHABILITACIÓN

REV MED CHIL. 2017 SEP;145(9):1137-1144.

VALIDEZ Y CONFIABILIDAD DE LAS ESCALAS DE EVALUACIÓN FUNCIONAL EN PACIENTES CRÍTICAMENTE ENFERMOS. REVISIÓN SISTEMÁTICA. Libuy MH, Szita C P, Hermosilla P J, Arellano S D, Rodríguez-Núñez I, Báez R C.

The decrease in mortality in critical patient units led to an increase in intensive care unit acquired weakness (ICUAW), which significantly affects the functional performance and quality of life of patients. There are several scales that measure functionality in critical patients. The aim of this systematic review is to determine the criterion validity and reliability of the scales that evaluate functionality in critically ill adult patients. We considered studies in critically ill adult subjects of both genders that determined the psychometric properties of the scales that evaluate functionality. Six minutes' walk test (6MWT), timed up and go (TUG), the Medical Research Council sum score (MRC-SS), grip strength, discharge destination and need for rehabilitation at discharge were considered as gold standards. Three scales were identified: PFIT-s, Perme MS, and DEMMI. PFIT-s has a positive correlation with 6MWT, MRC-SS and grip strength, and a negative correlation with TUG. It also predicts the need for rehabilitation at discharge and discharge to the home. DEMMI has a positive correlation with MRC-SS. The interobserver reliability was evaluated in three articles, demonstrating an almost perfect association. The intraobserver agreement was considered good in one report. With this information, it is not possible to determine which is the instrument with better measurement properties.

DEPARTAMENTO DE MEDICINA

ENDOCRINOLOGÍA

REV MED CHIL. 2017 APR;145(4):436-440.

CARACTERIZACIÓN DE PACIENTES CONTROLADOS POR ENFERMEDAD DE BASEDOW GRAVES EN UN HOSPITAL UNIVERSITARIO.

Lanas A, Díaz P, Eugenin D, González F, Cid P, Cordero F, Araya V, Liberman C, Barberan M, Gac P, Saldías N, Pineda P.

BACKGROUND: Basedow Graves disease (BGD) is the leading cause of hyperthyroidism. The characteristics of patients seen at a university hospital may differ from those described in the general population. AIM: To describe the clinical features of patients with BGD seen at a

university hospital. MATERIAL AND METHODS: Review of medical records of all patients seen at our hospital between 2009 and 2014 with the diagnosis of thyrotoxicosis, hyperthyroidism or BGD. Clinical features, laboratory results and treatments were recorded. RESULTS: We reviewed clinical records of 272 patients; 15 had to be excluded due to incomplete data. BGD was present in 77.9% (n = 212). The mean age of the latter was 42 years (range 10-81) and 76% were women. Ninety six percent were hyperthyroid at diagnosis and thyroid stimulating hormone was below 0.1 mIU/L in all patients. Median free thyroxin and triiodothyronine levels were 3.26 ng/dl and 3.16 ng/ml, respectively. Thyrotropin-receptor antibodies were positive in 98.5% and 85.7% had positive thyroid peroxidase antibodies. Graves orbitopathy (GO) was clinically present in 55% of patients. Of this group, 47% had an active GO, 26% had a moderate to severe disease and 7.8% had sight-threatening GO. As treatment, 26% received radioiodine, 44% anti-thyroid drugs exclusively, 28% underwent thyroidectomy and 2% did not require therapy. CONCLUSIONS: In this group of patients, we observed a greater frequency of severe eye disease and a high rate of surgical management. This finding could be explained by referral to highly qualified surgical and ophthalmological teams.

REV MED CHIL. 2017 AUG;145(8):1028-1037.

ESTUDIO Y MANEJO DE NÓDULOS TIROIDEOS POR MÉDICOS NO ESPECIALISTAS. CONSENSO SOCHED.

Tala H, Díaz RE, Domínguez Ruiz-Tagle JM, Sapunar Zenteno J, Pineda P, Arroyo Albala P, Barberán M, Cabané P, Cruz Olivos F, Gac E P, Glasinovic Pizarro A, González HE, Grob F, Hidalgo Valle MS, Jaimovich R, Lanás A, Liberman C, Lobo Guíñez M, Madrid A.

The thyroid nodule is a frequent cause of primary care consultation. The prevalence of a palpable thyroid nodule is approximately 4-7%, increasing up to 67% by the incidental detection of nodules on ultrasound. The vast majority are benign and asymptomatic, staying stable over time. The clinical importance of studying a thyroid nodule is to exclude thyroid cancer, which occurs in 5 to 10% of the nodules. The Board of SOCHED (Chilean Society of Endocrinology and Diabetes) asked the Thyroid Study Group to develop a consensus regarding the diagnostic management of the thyroid nodule in Chile, aimed at non-specialist physicians and adapted to the national reality. To this end, a multidisciplinary group of 31 experts was established among university academics, active researchers with publications on the subject and prominent members of scientific societies of endocrinology, head and neck surgery, pathology and radiology. A total of 14 questions were developed with key aspects for the diagnosis and subsequent referral of patients with thyroid nodules, which were addressed by the participants. In those areas where the evidence was insufficient or the national reality had to be considered, the consensus opinion of the experts was used through the Delphi methodology. The consensus was approved by the SOCHED board for publication.

MEDICINA NUCLEAR

REV MED CHIL. 2017 AUG;145(8):1021-1027.

ANÁLISIS DE FALSOS NEGATIVOS EN LA CINTIGRAFÍA SPECT DE PARATIROIDES CON SESTAMIBI EN PACIENTES CON HIPERPARATIROIDISMO PRIMARIO SOMETIDOS A CIRUGÍA ENTRE 2008-2015 EN HOSPITAL UNIVERSITARIO.

Paillahuéque G, Massardo T, Barberán M, Ocares G, Gallegos I, Toro L, Araya AV.

BACKGROUND: 99mTc-sestamibi parathyroid SPECT scintigraphy is a useful tool in the pre-operative study of hyperparathyroidism. False negatives (FN) have been reported in 5.7-14% of the examinations. AIM: To characterize 99mTc-sestamibi FN in cases referred for primary hyperparathyroidism (PHP) to a university hospital. MATERIAL AND METHODS: Descriptive retrospective analysis. We included patients with PHP, studied with SPECT scintigraphy, operated at our center between 2008 and 2015. Clinical and surgical data were recorded; biopsies of the FN were blindly reviewed by one pathologist. RESULTS: One hundred twenty one scintigraphies fulfilled the inclusion criteria. Seven (5.8%) were negative and 114 positive. There was no difference in age, sex and PTH levels between FN and true positive scintigraphies. At surgery, one FN case had two hyperplasic glands and two cases had ectopic glands. Pathology reported adenoma in three cases, hyperplasia in three and carcinoma in one. The largest diameter of the lesion was lower in FN (1.3 and 2.1 cm respectively, $p = 0.02$) and the proportion of adenomas was higher in true positive cases (29% and 75% respectively; $p < 0.01$). The interval between scintigraphy and parathyroidectomy was greater in FN with a median of 92 days (range 20 days-3.2 years, $p < 0.01$). The percentage of oxyphilic cells observed was similar in both groups. CONCLUSIONS: FN parathyroid SPECT scintigraphies in PHP are uncommon. They corresponded to lesions under the equipment's resolution limit and resulted in longer time lags between scintigraphy and surgery.

GASTROENTEROLOGÍA

REV CHILENA INFECTOL. 2017 JUN;34(3):276-279.

PARASITOSIS ILUSORIA INTESTINAL Y DERMATOLÓGICA: CASOS CLÍNICOS.

Pérez de Arce E, Rosset D, Arcos M, Castillo D Gil C, Beltrán C, Gil LC.

Illusory parasitosis, better known as delusional parasitosis, is a neuropsychiatric syndrome in which patients have the belief of suffering a parasitic disease, that can not be demonstrated after an exhaustive medical study. These patients are characterized by being polyconsultants in different medical specialties and, many of them, have antecedents of psychiatric disorders, some of them undiagnosed. Knowing the existence of the clinical picture, diagnosing early and empathizing with the patient, could give to clinician some clues for a timely and assertive psychiatric referral, and improve patient adherence to the proposed treatment.

INFECTOLOGÍA

REV CHILENA INFECTOL. 2017 JUN;34(3):243-247.

BRUCELOSIS EN CHILE: DESCRIPCIÓN DE UNA SERIE DE 13 CASOS.

Olivares R, Vidal P, Sotomayor C, Norambuena M, Luppi M, Silva F, Cifuentes M.

INTRODUCTION: Brucellosis is a zoonosis caused by *Brucella* spp. It may be acquired by consuming unpasteurized dairy products. Brucellosis has a low incidence in Chile, thus, we have a scarce data. **AIM:** To report and to characterize the first series of clinical cases of adult patients diagnosed with brucellosis in Chile. **METHODS:** We describe a series of 13 clinical cases in patients diagnosed between 2000 and 2016 in three different centers in the Metropolitan Region, Chile. A retrospective analysis was performed on clinical presentation, laboratory, antibiotic treatment, morbidity and mortality. **RESULTS:** The mean age was 50 years old. Eight cases had a record of consumption of unpasteurized dairy products. The most frequently reported complaints were fever. The most frequent focal point involved was the spine. Only one patient had a positive blood culture, while the diagnosis was made using serological techniques in the other part of the group. The most indicated antibiotic regimens were doxycycline-rifampicin and doxycycline-gentamicin. The hospital stay was 20 days approximately as an average. Clinical cure was achieved in all cases. **CONCLUSIONS:** Brucellosis is an infrequent zoonosis in Chile, and it produces a nonspecific clinical picture, so it is necessary to have high suspicion to make the diagnosis based in the antecedent of consumption of unpasteurized dairy or raw meat.

NEFROLOGÍA

REV MED CHIL. 2017 JAN;145(1):41-48.

DIAGNÓSTICO Y SEGUIMIENTO DE 12 CASOS DE PERITONITIS ESCLEROSANTE ASOCIADA A DIÁLISIS PERITONEAL CRÓNICA EN CHILE

Torres R, Ebner P, Sanhueza ME, Alvo M, Segovia E, Segura P.

BACKGROUND: Encapsulating peritoneal sclerosis (EPS) is a complication of peritoneal dialysis (PD) with a low prevalence but high mortality. It is characterized by peritoneal inflammation and fibrosis with subsequent development of intestinal encapsulation. It is associated with a long lapse on PD, frequent episodes of peritonitis, high glucose solution use, and high peritoneal transport status. **AIM:** To report the clinical features of patients on PD, who developed EPS. **MATERIAL AND METHODS:** Review of medical records of 12 patients aged 43 ± 10 years (eight women) who developed EPS. **RESULTS:** The mean time spent on PD was 98 months. The main clinical manifestations were abdominal pain in 82% and ultrafiltration failure in 63%. In 92%, there was a history of peritonitis and 75% had high peritoneal transport at the time of diagnosis. The main findings in computed tomography were peritoneal calcification and thickening. There was a biopsy compatible with the diagnosis in 10 cases. Treatment consisted in withdrawal from PD, removal of PD catheter and the use of corticoids and tamoxifen. After withdrawal from PD 50% of patients became asymptomatic. The rest had intermittent abdominal pain and altered bowel movements. Two patients died (17%). **CONCLUSIONS:** EPS is a serious complication of PD, which should be suspected in any patient with compatible clinical symptoms, long time on PD, multiple episodes of peritonitis and high peritoneal transport profile.

DEPARTAMENTO DE PSIQUIATRÍA Y SALUD MENTAL

REV MED CHIL. 2017 AUG;145(8):1005-1012.

PROPIEDADES PSICOMÉTRICAS DEL INVENTARIO DE DEPRESIÓN DE BECK IA PARA LA POBLACIÓN CHILENA.

Valdés C, Morales-Reyes I, Pérez JC, Medellín A, Rojas G, Krause M.

BACKGROUND: According to the Chilean National Health Survey (2009-2010), 17% of people aged 15 years or more have depressive symptoms. Thus, freely-available, easily-administered, and highly sensitive screening tests for depression are needed in clinical and research settings. **AIM:** To evaluate the psychometric properties of a Spanish version of the Beck Depression Inventory (BDI-IA) in adult Chilean population. **MATERIAL AND METHODS:** The inventory was applied to a sample of 1.105 adults aged between 18 to 73 years (94% women). Ninety nine participants were outpatients receiving treatment for affective disorders, 932 were parents and/or guardians of students enrolled in schools and 73 were university students (sample with no known depressive disorder). To perform data analysis, two groups from the random combination of both samples were generated. **RESULTS:** The inventory showed an appropriate degree of internal consistency (Cronbach alpha = .92). An exploratory factor analysis suggested a one-factor solution. This solution was reinforced with a confirmatory factor analysis, which displayed an adequate goodness of fit. The cutoff score, based on the Youden Index, was 13/14 points. It was able to discriminate between depressed and non-depressed participants. **CONCLUSIONS:** These results indicate that the BDI-IA is an appropriate instrument to assess depressive symptoms in Chilean adults.

REV MED CHIL. 2017 JAN;145(1):25-32.

COMORBILIDAD EN PERSONAS CON DEPRESIÓN QUE CONSULTAN EN CENTROS DE LA ATENCIÓN PRIMARIA DE SALUD EN SANTIAGO, CHILE. Martínez P, Rojas G, Fritsch R, Martínez V, Vöhringer PA, Castro A.

BACKGROUND: International evidence has shown the complex interaction between depression and chronic physical diseases. Depression in scenarios involving multiple comorbidities has not received enough attention in Chile. AIM: To characterize the depressed people who consult at Primary Health Care Centers (PHCCs), taking into account the presence of chronic physical or psychiatric comorbidity. MATERIALS AND METHODS: A secondary analysis of databases used in a clinical trial. Two hundred fifty six adults seeking professional help were recruited in four PHCCs located in the Metropolitan Region. These people had a major depressive episode, identified with a structured psychiatric interview (MINI), and gave their informed consent to participate. Socio-demographic information was collected, depressive symptomatology was measured with the patient health questionnaire 9 (PHQ-9), psychiatric morbidity was assessed using the Mini International Neuropsychiatric Interview (MINI), and chronic physical diseases were self-reported by the patients. Descriptive analyses of all the variables were conducted. RESULTS: Seventy percent of patients had a history of depression, with a median of two prior depressive episodes. Depressive symptoms were mostly considered as moderate to severe and severe and 31% of the patients had high suicide risk. Seventy eight percent displayed a physical or psychiatric comorbidity. Of these patients, 29% only had a chronic physical comorbidity, while 46% suffered from an additional psychiatric disorder. CONCLUSIONS: Depressed individuals who seek help at PHCCs constitute an especially complex population that must be treated taking into account multiple comorbidities.

COMITÉ INFECCIONES INTRAHOSPITALARIAS

REV CHILENA INFECTOL. 2017 APR;34(2):156-174.

ANTISÉPTICOS Y DESINFECTANTES: APUNTANDO AL USO RACIONAL. RECOMENDACIONES DEL COMITÉ CONSULTIVO DE INFECCIONES ASOCIADAS A LA ATENCIÓN DE SALUD, SOCIEDAD CHILENA DE INFECTOLOGÍA.

Diemedi A, Chacón E, Delpiano L, Hervé B, Jemenao MI, Medel M, Quintanilla M, Riedel G, Tinoco J, Cifuentes M.

Proper use of antiseptics and disinfectants, is an essential tool to prevent the spread of infectious agents and to control of healthcare-associated infections (HAI). Given the increasing importance of environmental aspects, as well as several advances and updates in the field of its proper use at local and international level, the SOCHINF HAI Advisory Committee considers that it is necessary to develop a guide for the rational use of antiseptics and disinfectants, which it will provide consistent scientific basis with that purpose.

DEPARTAMENTO DE DERMATOLOGÍA

REV MED CHIL. 2017 FEB;145(2):250-254.

MIASIS CUTÁNEA POR COCHLIOMYIA HOMINIVORAX ASOCIADA A DERMATITIS SEBORREICA.

Calderón H P, Rojas E C, Apt B W, Castillo O D.

Myiasis is an infestation of tissues and organs of humans and animals by Diptera larvae (flies, horseflies, mosquitoes). They are located at different body sites, and classified clinically as cutaneous, visceral and cavity. We report a 26-year-old woman with a history of seborrheic dermatitis and recent trip to Brazil. She presented with a seven days history of suppurating wounds in the parieto-occipital area of the scalp. At physical examination we found three ulcers of approximately 1.5 cm each, with multiple mobile larvae inside. The obtained larvae were analyzed, identifying Cochliomyia hominivorax larvae at L2 and L3 stages. The patient was managed successfully with oral antimicrobials and local cleansing. The screwworm Cochliomyia hominivorax in our country is rare. Known risk factors are wounds, poor personal hygiene, extreme ages, psychiatric disorders, presence of specific dermatosis such as psoriasis and seborrheic dermatitis, among others.