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CARDIOVASCULAR

REV MÉD CHILE 2008; 136: 143-150

MORTALIDAD INTRAHOSPITALARIA EN HOMBRES Y MUJERES SEGÚN TERAPIAS DE REPERFUSIÓN EN INFARTO AGUDO DEL MIOCARDIO CON SUPRADESIVEL DEL ST.

Juan Carlos Prieto, Consuelo Sanhueza, Nicolás Martínez, Carolina Nazzal, Ramón Corbalán, Gabriel Cavada, Fernando Lana, Jorge Bartolucci, Pabla Campos, a nombre de investigadores del Grupo de Estudio Multicéntrico del Infarto (GEMI)*

Background: Primary angioplasty is considered the best reperfusion therapy in the treatment of ST-segment elevation myocardial infarction (STEMI). However, thrombolysis is the reperfusion method most commonly used, due to its wide availability, reduced costs and ease of administration. Aim: To compare inhospital mortality in STEMI patients according to reperfusion therapy. Material and Methods: Patients admitted to Chilean hospitals participating in the GEMI network, from 2001 to 2005, with STEMI were included. They were divided in three groups: a) treated with thrombolytics, b) treated with primary angioplasty, c) without reperfusion procedure. Inhospital mortality according to gender, was analyzed in each group, using a logistic regression method, to assess risk factors associated with mortality. Results: We included 3,255 patients. Global mortality was 9.9% (7.5% in men and 16.7% in women, $p < 0.001$). Mortality in patients treated with thrombolytics, was 10.2% (7.6% in men and 18.7% in women, $p < 0.01$). The figure for patients treated with primary angioplasty, was 4.7% (2.5% in men and 13% in women, $p < 0.01$), and in patients without reperfusion, was 11.6% (9.8% in men and in 15.4% women, $p < 0.01$). In each group women were older, had a higher prevalence of hypertension and a higher percentage of Killip 3-4 infarctions. Logistic regression showed that angioplasty, compared with no reperfusion, was associated with a reduced mortality only in men. The use of thrombolytics in women was associated with a higher mortality. Conclusions: Primary angioplasty was the reperfusion therapy associated to the lower mortality in STEMI. Use of thrombolytics in women was associated with a higher mortality rate than in non reperfused women.

REV MÉD CHILE 2008; 136: 694-700

INFARTO AGUDO AL MIOCARDIO EN PACIENTES DE 80 Y MÁS AÑOS. EVOLUCIÓN HOSPITALARIA Y SEGUIMIENTO.

Héctor Ugalde, Pilar Espinosaa, Gonzalo Pizarroa, Ximena Dreysea.

Background: Subjects older than 80 years have more complicated acute myocardial infarctions and are subjected to less reperfusion procedures. Aim: To describe the hospital evolution and follow up of patients older than 80 years, suffering an acute myocardial infarction. Material and methods: Patients older than 80 years, were selected from a prospective registry of acute myocardial infarction. Among these, the hospital evolution, mortality and events during a period of five years of follow up, were recorded. Results: Of a total of 1200 patients, 83 (7%) were aged 80 years or older. Among these, 59% were male and 22% were diabetic. The mean lapse between onset of symptoms and admission was 11 hours and 59% were admitted with less than 6 hours of evolution. Sixty three percent had a history of a previous infarction and 24% had a Killip IV classification on admission. Reperfusion therapy was done in 19% and 70% had heart failure during evolution. A coronary angiography was done in 22% and 6% were subjected to revascularization. Mortality was 34%, specially due to cardiogenic shock or ventricular rupture. Of 55 patients discharged from the hospital, 31% died within one year and 64% within five years, mainly due to cardiac causes. Conclusions: Patients aged 80 years or older have more complicated myocardial infarctions, most of them are managed conservatively and long term mortality is high.

REV MÉD CHILE 2008; 136: 1231-1239

IMPACTO DEL PLAN AUGE EN EL TRATAMIENTO DE PACIENTES CON INFARTO AGUDO AL MIOCARDIO CON SUPRADESIVEL ST, EN HOSPITALES CHILENOS

Carolina Nazzari N, Pabla Campos T, Ramón Corbalán H, Fernando Lanús Z, Jorge Bartolucci J, Patricio Sanhueza C, Gabriel Cavada Ch, Juan Carlos Prieto, en representación del Grupo GEMI.

Background: In 2005 the Chilean government started a health care reform (AUGE) that guarantees medical treatment for acute myocardial infarction. Aim: To quantify the impact of AUGE on the management and inhospital mortality of STEMI in a group of Chilean hospitals. Material and methods: Three thousand five hundred and forty six patients with STEMI from 10 hospitals that perform thrombolysis as the main reperfusion therapy were analyzed. We compared demographic and clinical characteristics, hospital treatments and revascularization procedures in two periods: before (2,623 patients) and after AUGE implementation (906 patients). Logistic regression was used to assess inhospital mortality according to AUGE in the entire sample and stratified by risk groups. Results: We found no differences in demographic and clinical characteristics between the two groups. During AUGE there was a significant increase in the use of thrombolysis (50% to 60.5%), which was associated to an increase of hypotension from 29% to 35% ($p < 0.02$) and minor bleedings, from 1.6% to 3.4% ($p < 0.001$). After AUGE there was a significant increase in the use of beta blockers (65% to 75%), angiotensin converting enzyme inhibitors (70% to 76%), statins (48% to 58%), and aspirin (96% to 97.5%) ($p < 0.05$). Global inhospital mortality decreased from 12.0% to 8.6% ($p < 0.003$) and from 10.6% to 6.8% ($p < 0.005$) in patients treated with thrombolytics. The adjusted odds ratio for inhospital mortality comparing after and before AUGE, was 0.64 (IC 95%, 0.47-0.86). Conclusions: The implementation of AUGE has been successful in reducing inhospital mortality of STEMI. This has been achieved through a better use of evidence based medicine and reperfusion strategies

CIRUGÍA

REV. MÉD. CHILE [ONLINE]. 2008, VOL. 136, NO. 10, PP. 1247-1254.

RESULTADOS DEL BYPASS GÁSTRICO RESECTIVO EN PACIENTES OBESOS MÓRBIDOS ≤ 18 AÑOS Y ≥ 65 AÑOS.

Burgos L, Ana María; Csentes J, Attila Y Papapietro V, Karin.

Background: The incidence of morbid obesity is increasing and gastric bypass is the most effective surgical treatment. Aim: To assess the long term results of resection gastric bypass among morbidly obese patients aged less than 18 and over 65 years in terms of weight loss and correction comorbidities. Material and methods: From August 1999 to December 2006, 712 patients with morbid obesity were subjected to open resection gastric bypass. A group of 12 patients, aged less than 18 years and a second group of 8 patients aged more 65 years were selected to prospectively assess weight loss, complications and correction of associated comorbidities. Results: In the first group body mass index (BMI) decreased from 45 ± 6.7 kg/m² to 27.7 ± 3.2 kg/m², in a follow-up period of 22.9 ± 8.4 months. All comorbidities disappeared or improved. A single patient (8.3%) had an incisional hernia. Among the second group, BMI decreased from 40.6 ± 5.4 kg/m² to 28.4 ± 4.4 kg/m², in a follow-up period of 26.6 ± 15.9 months. All obesity comorbidities disappeared. Three patients (37.5%) presented incisional hernias. No patient died or had postoperative complications. Conclusions: In both groups resection gastric bypass was safe, obtained an appropriate weight loss and corrected all associated comorbidities to obesity.

REV. MÉD. CHILE, MAYO 2008, VOL.136, NO.5, P.570-577.

GASTO ENERGÉTICO Y COMPOSICIÓN CORPORAL EN MUJERES CON OBESIDAD SEVERA Y MÓRBIDA SOMETIDAS A BYPASS GÁSTRICO.

Fernando Carrasco, Pamela Rojas, Manuel Ruz, Anabella Rebolledo, Juana Codoceo, Jorge Inostroza, Claudio Mizón, Karin Papapietro, Attila Csentes, Jorge Rojas, Fernando Pizarro, Manuel Olivares.

The effects of gastric bypass (GBP) on resting energy expenditure (REE) are not well known. Aim: To evaluate the changes in REE and its relationship with body composition in severe and morbid obese women before and six and twelve months after

GBP. Patients and methods: Twenty three women aged 37 ± 10 years, with a body mass index of 44 ± 4 kg/m², were evaluated before, six and twelve months after GBP. REE was measured in a Deltatrac indirect calorimeter and expressed as kcal/day. Fat mass (EM), and fat free mass (EEM) were determined by double beam Xray densitometry (DEXA). Results: Body weight reduction six and twelve months after GBP was 29.0 ± 4.3 and $35.8\pm 6.9\%$, respectively. The best predictor of weight reduction was initial weight ($p < 0.01$). At six and twelve months, REE decreased by 291.7 ± 260.0 and 353.8 ± 378.4 kcal/day, respectively. In the same periods REE/kg body weight increased by 3.3 and 4.8 kcal/kg respectively, compared to baseline. REE/kg EEM was unchanged. Conclusions: GBP was associated with significant changes in body composition after six and twelve months. However, despite weight reduction, resting energy expenditure per fat free mass unit did not change significantly.

DERMATOLOGÍA

REV. MÉD. CHILE, JUN 2008, VOL.136, NO.6, P.747-752

ANÁLISIS DE LA DENSIDAD Y DISTRIBUCIÓN ANATÓMICA DE NEVOS MELANOCÍTICOS ADQUIRIDOS, EN ADOLESCENTES DEL ESTRATO SOCIOECONÓMICO BAJO DE SANTIAGO DE CHILE.

Zemelman V, Molina, P, Valenzuela C, Honeyman J.

Background: There is an increase in the incidence of malignant melanoma in Chile. Previous studies have shown that the density and size of acquired melanocytic nevi (AMN) are a risk factor for developing malignant melanoma. Aim: To assess the number and anatomical distribution of acquired melanocytic nevi in Chilean adolescents. Material and methods: The number of AMN was counted in 30 anatomical sites in 201 Chilean school children (111 females), aged from 11 to 15 years. The number of small AMN (2-4.9 mm) and large AMN (>5 mm of diameter) was determined. Results: Mean AMN number per person was 32.7 (95% confidence interval (CI) 30.7-42.3) in males and 29 (95% CI 27.1-38.6) in females ($p = NS$). Males had a higher number of AMN in the face, neck and trunk. Females had a higher number of AMN in the upper and lower limbs. Older children, adolescents with history of sunburns and with lighter skin had a higher number of total, small and large nevi. Conclusions: The average number of AMN found in this study is similar to that reported in the literature. The differences in site distribution between males and females may be explained by a different sun exposure pattern.

ENDOCRINOLOGÍA

REV MED CHIL. 2008 JUL;136(7):831-6. EPUB 2008 SEP 4. LINKS

EVALUACIÓN POR INMUNOHISTOQUÍMICA DE LA EXPRESIÓN DE HORMONAS HIPOFISIARIAS Y DEL MARCADOR DE PROLIFERACIÓN CELULAR KI-67 EN TEJIDO DE ADENOMAS CAUSANTES DE ACROMEGALIA.

Brito J, Sáez L, Lemp M, Liberman C, Michelsen H, Araya AV.

BACKGROUND: Growth hormone (GH) producing adenomas, frequently express several hormones. This condition could confer them a higher proliferative capacity. Ki-67 is a nuclear protein antigen that is a marker for proliferative activity. AIM: To measure the immunohistochemical hormone expression in pituitary adenomas, excised from patients with acromegaly. To determine if the plurihormonal condition of these adenomas is associated with a higher proliferative capacity, assessed through the expression of Ki-67. MATERIAL AND METHODS: Forty one paraffin embedded surgical samples of pituitary adenomas from patients with acromegalia were studied. Immunohistochemistry for GH, prolactin (PRL), follicle stimulating hormone (FSH), luteinizing hormone (LH), thyroid stimulating hormone (TSH), adrenocorticotropin (ACTH) and for the expression of Ki-67 was carried out. RESULTS: All samples were positive for GH. Twenty seven had positive staining for PRL, 12 had positive staining for glycoprotein hormones and 11 for PRL and one or more glycoprotein hormones. Mean staining for Ki-67 was $7.6\pm 3.3\%$. There were no differences in the expression of this marker between mono or plurihormonal tumors. The expression was neither associated with extrasellar extension. CONCLUSIONS: Half of GH producing pituitary adenomas are plurihormonal. There are no differences in the expression of Ki-67 between mono and plurihormonal adenomas.

GASTROENTEROLOGÍA

REV MED CHIL. 2008 AUG;136(8):976-80. EPUB 2008 OCT 7. LINKS

SOBRECRECIMIENTO BACTERIANO INTESTINAL EN PACIENTES CON PANCREATITIS CRÓNICA

Mancilla A C, Madrid S AM, Hurtado H C, Orellana B C, Peña Z M, Tobar A E, Berger F Z.

BACKGROUND: Previous reports describe 30-40% of small intestine bacterial overgrowth (SIBO) in patients with chronic pancreatitis (CP), SIBO is a cause of persistent symptoms in this group of patients even when they are treated with pancreatic enzymes. **AIM:** To assess the frequency of SIBO in patients with CP. **PATIENTS AND METHODS:** We studied 14 patients with CP using an hydrogen breath test with lactulose to detect SIBO, a nonabsorbable carbohydrate, whose results are not influenced by the presence of exocrine insufficiency. Main symptoms and signs were bloating in 9 (64%), recurrent abdominal pain in 8 (57%), intermittent diarrhea in 5 (36%) and steatorrhea in 5 (36%). At the same time we studied a healthy control group paired by age and sex. **RESULTS:** SIBO was present in 13 of 14 patients with CP (92%) and in 1 of 14 controls ($p < 0.001$). The only patient with CP and without SIBO was recently diagnosed and had minimal morphologic alterations in computed tomography and endoscopic pancreatography. **CONCLUSIONS:** SIBO is common in CP and may be responsible for persistent symptoms. Proper diagnosis and treatment could alleviate symptoms and improve quality of life.

BIOL. RES., 2008;41(1):81-92.

STUDY OF CYTOCHROME P450 2E1 AND ITS ALLELE VARIANTS IN LIVER INJURY OF NONDIABETIC, NONALCOHOLIC STEATOHEPATITIS OBESE WOMEN.

Nelson M Varela, Luis A Quiñones, Myriam Orellana, Jaime Poniachik, Attila Csendes, Gladys Smok, Ramón Rodrigo, Dante D Cáceres And Luis A Videla.

CYP2E1 enzyme is related to nonalcoholic steatohepatitis (NASH) due to its ability for reactive oxygen species production, which can be influenced by polymorphisms in the gene. The aim of this study was to investigate hepatic levels, activity, and polymorphisms of the CYP2E1 gene to correlate it with clinical and histological features in 48 female obese NASH patients. Subjects were divided into three groups: (i) normal; (ii) steatosis; and (iii) steatohepatitis. CYP2E1 protein level was assayed in microsomes from liver biopsies, and in vivo chlorzoxazone hydroxylation was determined by HPLC. Genomic DNA was isolated for genotype analysis through PCR. The results showed that liver CYP2E1 content was significantly higher in the steatohepatitis (45%; $p = 0.024$) and steatosis (22%; $p = 0.032$) group compared with normal group. Chlorzoxazone hydroxylase activity showed significant enhancement in the steatohepatitis group (15%, $p = 0.027$) compared with the normal group. c2 rare allele of RsallPstI polymorphisms but no C allele of DraI polymorphism was positively associated with CHZ hydroxylation, which in turn is correlated with liver CYP2E1 content ($r = 0.59$; $p = 0.026$). In conclusion, c2 allele is positively associated with liver injury in NASH. This allele may determine a higher transcriptional activity of the gene, with consequent enhancement in pro-oxidant activity of CYP2E1 thus affording liver toxicity.

BIOL RES 2008;41: 59-68

EFFECTS OF WEIGHT LOSS ON LIVER AND ERYTHROCYTE POLYUNSATURATED FATTY ACID PATTERN AND OXIDATIVE STRESS STATUS IN OBESE PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

Alejandra Elizondo, Julia Araya, Ramón Rodrigo, Cinzia Signorini, Cristiana Sgherri, Mario Comporti, Jaime Poniachik And Luis A Videla.

Our aim was to study the influence of weight loss on the fatty acid (FA) composition of liver and erythrocyte phospholipids and oxidative stress status in obese, non-alcoholic, fatty liver disease (NAFLD) patients. Seven obese NAFLD patients who underwent subtotal gastrectomy with a gastro-jejunal anastomosis in roux and Y were studied immediately and 3 months after surgery. Seven non-obese patients who underwent anti-reflux surgery constituted the control group. Serum F2-isoprostane levels were measured by GS/NICI-MS/MS and FA composition was determined by GC. At the time of surgery, controls and obese patients exhibited a hepatic polyunsaturated fatty acid (PUFA) pattern that correlated with that of erythrocytes. Three months after surgery, NAFLD patients lost 21% of initial body weight; serum F2-isoprostane levels decreased by 76%; total PUFA, long-chain PUFA (LCPUFA), n-3 PUFA, and n-3 LCPUFA increased by 22, 29, 81, and 93%, respectively; n-6/n-3 LCPUFA ratio decreased by 51%; docosahexaenoic acid/docosapentaenoic acid ratio increased by

19-fold; and the n-3 product/precursor ratio (20: 5 + 22: 5 + 22: 6)/18: 3 increased by 164% (p<0.05). It is concluded that weight loss improves the n-3 LCPUFA status of obese patients in association with significant amelioration in the biomarkers of oxidative stress, membrane FA insaturation, and n-3 LCPUFA biosynthesis capacity, thus representing a central therapeutic issue in the improvement of obesity-related metabolic alterations involved in the mechanism of hepatic steatosis.

HEMATOLOGÍA

REV MED CHIL. 2008 DEC;136(12):1528-34. EPUB 2009 MAR 23. LINKS

FRECUENCIA DE TROMBOEMBOLISMO VENOSO EN PACIENTES HOSPITALIZADOS CON CÁNCER. FACTORES DE RIESGO Y EFICACIA DE LA TROMBOFILAXIS FARMACOLÓGICA.

Conte G, Figueroa G.

BACKGROUND: Hospitalized patients with cancer have a high risk of venous thromboembolism (VTE). **AIM:** To study the frequency of VTE and its risk factors in hospitalized patients with cancer. **MATERIAL AND METHODS:** Retrospective analysis of clinical records of patients with cancer, hospitalized at a university hospital between 2002 and 2004. Patients with the diagnosis of VTE at admission or using anticoagulants, were excluded from the analysis. **RESULTS:** The medical records of 366 patients were reviewed. Fifty three percent had a digestive cancer, 19% lung cancer, 10% breast cancer and 18% had a tumor of other origin. In 77%, the tumor was in an advanced stage. The most common admission diagnoses were pneumonia, vomiting and dehydration, gastrointestinal bleeding and urinary infection. In 125 patients (34%) pharmacological thromboprophylaxis was not used and 242 (66%) received regular or low molecular weight heparin. VTE was detected in 11 patients (3%) and was significantly more common among patients not receiving thrombo prophylaxis compared to those receiving heparin (6.4% and 1.2%, respectively p =0.014). Factors associated to VTE were a history of previous VTE with an odds ratio (OR) of 12.9 (p <0.01), obesity with an OR of 13.3 (p <0.01), recent chemotherapy with an OR of 6.9 (p =0.01). The use of pharmacological thromboprophylaxis had an OR of 0.24 (p =0.05). **CONCLUSIONS:** Three percent of patients in this series had VTE during the hospitalization. Pharmacological thrombo-prophylaxis significantly reduced the risk of VTE.

REV MED CHIL. 2008 JAN;136(1):7-12. EPUB 2008 APR 30. LINKS

VALOR PRONÓSTICO DEL NUEVO SISTEMA DE ETAPIFICACIÓN INTERNACIONAL EN MIELOMA MÚLTIPLE. COMPARACIÓN CON EL SISTEMA DURIE-SALMON.

Conté L G, Figueroa M G, Lois V V, Cabrera C ME, León R A, García L H, Rojas R H.

BACKGROUND: Since 1975, the Durie-Salmon staging system (D&S) has been a widely accepted prognostic classification of multiple myeloma (MM) patients. Recently, the new International Staging System (ISS) was developed using only the values of albumin and beta2-microglobulin. **AIM:** To compare survival of patients with MM treated in six medical centers in Chile according to the D&S system and the new ISS. **MATERIAL AND METHODS:** Retrospective analysis of demographic information, clinical features and survival rate of patients treated between 1998 and 2002, and grouped according to both systems. **RESULTS:** Information of 81 patients aged 38 to 90 years (43 women) was retrieved. According D&S system 11% were in stage I 12% in stage II and 73% in stage III According to ISS, 34% were in stage I 35% in stage II and 31% in stage III Median of survival of all patients was 32 months. Both staging systems had a prognostic value. However, median survival for the three stages of the ISS system was significantly different (67, 29 and 14 months in stages III and III, respectively, p =0.02). Patients in advanced stages II and III of the ISS, had a higher frequency of anemia, hypercalcemia, renal failure and hypoalbuminemia. In stages II and III of ISS the presence of renal failure was associated with a non significantly different lower survival. **CONCLUSIONS:** The ISS is a simple and effective grouping method for patients with MM, that predicts survival. The presence of renal insufficiency might identify a subgroup of patients included in stages II and III of ISS with a higher mortality.

MEDICINA NUCLEAR

REV MED CHIL. 2008 OCT;136(10):1288-93. EPUB 2009 JAN 15. LINKS

VALORES NORMALES DE CAPTACIÓN DE 131YODO DE 2 Y 24 HORAS.

González E P, Carmona C AR, Araya Q AV, Miranda F K, Massardo V T, Jiménez R B, Jaimovich F R, Gatica R H.

BACKGROUND: Radiolabeled iodine uptake is a useful tool in the study of thyroid diseases. AIM: To obtain normal values for ¹³¹Iodine thyroid uptake in healthy volunteers. MATERIAL AND METHODS: A total of 105 subjects were included (52 males and 53 females), with a mean age of 45 years (range: 20 to 68, evenly distributed in decades). A questionnaire was applied and a clinical examination was performed to rule out endocrine diseases. Serum TSH and anti-thyroperoxidase antibodies were also measured. The oral ¹³¹I dose was 5-10 microCi, and a Thyrad equipment was used for measurements at 2 and 24 h. RESULTS: Mean global iodine uptake was 5.5%±1.8% (range: 2.3-12.0) at 2 h and 16.2±4.8% (range: 6.5-30.1) at 24 h. The values at 2 h among women and men were 6.0±1.8 and 4.9±1.6%, respectively, (p<0.02). At 24 h, the figures were 17.3±4.5 and 15.0±4.9%, respectively (p=0.01). Compared to their younger counterparts, radioactive iodine uptake was lower among volunteers older than 40 years, at 2 h (5.0±1.7 and 6.0±1.8, respectively, p<0.02) and at 24 h (14.9±4.4 and 17.6±4.9%, respectively, p<0.01). CONCLUSIONS: Normal thyroid uptake values in adults are influenced by gender and age. Normal thyroid iodine uptake values are slightly higher in females. Iodine thyroid uptake values decrease slightly in subjects aged more than 40 years.

NEFROLOGÍA

REV MED CHIL. 2008 MAR;136(3):279-86. EPUB 2008 JUN 3. LINKS

DIABETES Y HEMODIÁLISIS. CARACTERIZACIÓN DE UNA COHORTE Y SEGUIMIENTO A CUATRO AÑOS

Sanhueza ME, Cotera A, Elgueta L, López S G, Loncon P, Macan F, Pérez F, Cavada G, Alvo M.

BACKGROUND: Despite a better management of the variables that influence the development of diabetic nephropathy there is a progressive increase in the prevalence of terminal renal failure among diabetics, whose cause is not clear. AIM: To study in a group of patients in hemodialysis, the quality of diabetes control previous to the entry to dialysis, their physical condition and their evolution. MATERIAL AND METHODS: Diabetic patients with at least three months of hemodialysis answered a questionnaire about diabetes control quality previous to dialysis and had physical and laboratory assessment. They were followed for at least four years thereafter. RESULTS: Fifty seven patients aged 62±11 years were studied. Eighty four percent had some degree of disability. Eighty seven percent had high blood pressure and 73% had to enter dialysis as an emergency. Mean glycosylated hemoglobin was 7.7% and 58% had a dialysis dose with a Kt/Vofless than 1.2. Fifty eight percent died during follow up. No relationship between mortality and age, blood pressure, glycosylated hemoglobin of Kt/V, was observed. CONCLUSIONS: There is an inadequate management of blood glucose and blood pressure of diabetic patients before entry to dialysis. They are referred inverted exclamation markate to the nephrologist, the dialysis dose is insufficient and they have a high mortality.

OBSTETRICIA Y GINECOLOGÍA

REV. MÉD. CHILE [ONLINE]. 2008, VOL. 136, NO. 2, PP. 201-208.

LA EDAD PATERNA COMO FACTOR DE RIESGO PARA MALFORMACIONES CONGÉNITAS.

Julio Nazer H, Lucía Cifuentes O, Francisca Millán Z, Paola Vacarisas A, Stephanie Köbrich Sch, Alfredo Aguila R.

The role of advanced maternal age as a risk factor for congenital malformations in offspring is known. However, the influence of paternal age is not clear. Aim: To evaluate the association between advanced paternal age and the risk for congenital malformations. Patients and Methods: Analysis of maternal and paternal age of cases (malformed newborns) and controls from ECLAMC Database (Latin American Collaborative Study of Congenital Malformations) registered at the University of Chile

Clinical Hospital during the decade from Jan 1 1997 to Dec 31 2006. Newborns and stillborns were grouped according to maternal age into 6 intervals. In each interval, paternal ages of cases and controls were compared. The inverse procedure was performed to assess maternal age effect. Other variables as gestational age and birth weight were analyzed for the intervals of maternal and paternal ages. Results: No significant differences were observed in paternal age between cases and controls in any of the intervals of maternal age. However, mean maternal age was higher for cases than for controls ($p=0,0149$). Gestational age and birth weight depend more on being case or control than on the age of parents. Conclusions: No differences in paternal age were observed between cases and controls in this series of newborns.

PSIQUIATRÍA

REV MÉD CHILE 2008; 136: 968-975

EFECTO DE LA INHIBICIÓN DE LA SÍNTESIS DE ANGIOTENSINA II EN EL CONSUMO DE ALCOHOL

Mauricio Guivernau, Julio Pallavicini.

Background: Central reninangiotensin system modulates alcohol intake and inhibition of angiotensin converting enzyme reduces ethanol consumption in rats, and may be potentially useful in the treatment of alcoholism. Aim: To study the effect of captopril on alcohol intake, both in humans and animals. Material and methods: In a double-blind, placebo-controlled clinical study, 15 alcoholics who met DSM-IV criteria were randomized to receive captopril 100 mg/day or placebo for 12 weeks. In the experimental study, daily consumption of ethanol (10% v/v), water and solid food was assessed in 12 male Wistar rats before and after the intraperitoneal administration of captopril 50 mg/kg/day. Results: In alcoholics, mean weekly standard alcoholic drink consumption was not different during captopril treatment or placebo. However, both groups had a significantly lower intake than during baseline. Days of abstinence increased and days of drunkenness decreased in the group receiving captopril, when compared with baseline but not with placebo. Craving was significantly reduced by captopril when compared with placebo. In rats, captopril reduced not only alcohol consumption but also water and food intake. Conclusions: Captopril decreases alcohol intake in rats and this effect is not specific for ethanol. Captopril did not alter alcohol consumption in alcoholics when compared with placebo but reduced craving.

UPC

REV. MÉD. CHILE, AGO 2008, VOL.136, NO.8, P.976-980.

SOBRECRECIMIENTO BACTERIANO INTESTINAL EN PACIENTES CON PANCREATITIS CRÓNICA

Mancilla C, Madrid AM, Hurtado C, Orellana C, Peña M, Tobar E, Berger Z.

Background: Previous reports describe 30-40% of small intestine bacterial overgrowth (SIBO) in patients with chronic pancreatitis (CP), SIBO is a cause of persistent symptoms in this group of patients even when they are treated with pancreatic enzymes. Aim: To assess the frequency of SIBO in patients with CP. Patients and methods: We studied 14 patients with CP using an hydrogen breath test with lactulose to detect SIBO, a nonabsorbable carbohydrate, whose results are not influenced by the presence of exocrine insufficiency. Main symptoms and signs were bloating in 9 (64%), recurrent abdominal pain in 8 (57%), intermittent diarrhea in 5 (36%) and steatorrhea in 5 (36%). At the same time we studied a healthy control group paired by age and sex. Results: SIBO was present in 13 of 14 patients with CP (92%) and in 1 of 14 controls ($p<0.001$). The only patient with CP and without SIBO was recently diagnosed and had minimal morphologic alterations in computed tomography and endoscopic pancreatography. Conclusions: SIBO is common in CP and may be responsible for persistent symptoms. Proper diagnosis and treatment could alleviate symptoms and improve quality of life.

REV. MÉD. CHILE [ONLINE]. 2008, VOL. 136, NO. 9, PP. 1113-1120.

FIBEROPTIC BRONCHOSCOPY ASSISTED PERCUTANEOUS TRACHEOSTOMY: REPORT OF 100 PATIENTS.

Romero C, Cornejo R, Ruiz M, Gálvez R, Llanos o, Tobar E.

Background: Development of percutaneous techniques for tracheostomy have facilitated its implementation in the intensive care unit (ICU). Aim: To evaluate the safety of performing percutaneous tracheostomy (PT) using the Ciaglia Blue Rhino thechnique with fiberoptic bronchoscopy assistance in patients with prolonged mechanical ventilation. Patients and methods: Prospective evaluation of 100 consecutive patients aged 62 ± 16 years (38 women) subjected to percutaneous tracheostomy. AU the procedures were performed in the ICU. Demographic variables, APACHE II, days of mechanical ventilation before PT, operative and post operative complications were recorded. Results: Mean APACHE II score was 20 ± 3 . Patients required on average 16 ± 7 days of mechanical ventilation before PT. Eight patients (8%) had operative complications. One had an episode of transitory desaturation, one had a transitory hypotension related to sedation and six had mild bleeding not requiring transfusión. No patient required conversión to surgical tracheostomy. Four patients (4%) presented post operative complications. Two had a mild and transitory bleeding of the ostomy and two had a displacement of the cannula. No other complications were observed. Conclusions: PT using the Ciaglia Blue Rhino technique with fiberoptic bronchoscopy assistance is a safe procedure that can be performed in the ICU by trained intensivists.

REV. MÉD. CHILE, JUN 2008, VOL.136, NO.6, P.711-718.

SEDACIÓN GUIADA POR PROTOCOLO VERSUS MANEJO CONVENCIONAL EN PACIENTES CRÍTICOS EN VENTILACIÓN MECÁNICA

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Background: Sedatives and analgesic drugs give comfort and allow adequate respiratory support to critically ill patients in mechanical ventilation (MV). Its improper use may increase the duration of MV. Clinical guidelines suggest implementation of protocols, however this is seldom done in clinical practice. Aim: To compare in MV patients, nurse-applied guided by protocol administration of sedatives and analgesic drugs (protocol: group P) with the habitual practice using physicians criteria (control: group C). Material and methods: Inclusion criteria was the need of MV more than 48 h. The exclusion criteria were acute neurological diseases, hepatic cirrhosis, chronic renal failure and limitation of therapeutic efforts. Midazolam and fentanyl were used in both groups. The level of sedation was monitored with the Sedation Agitation Scale (SAS). In the P group, trained nurses applied algorithms to adjust the sedative doses according to a predefined SAS goal. Results: Forty patients were included, 22 aged 65 ± 19 years in group P and 18 aged 54 ± 21 years in group C. Apache II scores were 16 ± 8 and 19 ± 8 in each group. SAS score was more frequently evaluated within goal boundaries in group P than in group C (44% and 32%, respectively $p = 0.001$). No differences in the proportion of patients with inadequate sedation were observed between treatment groups. Midazolam doses were lower in P than in C group (0.04 (0.02-0.07) and 0.06 (0.03-0.08) mg/kg/h respectively, $p = 0.005$). Conclusions: The implementation of sedation protocol applied by nurses improved the quality of sedation and reduced the doses of Midazolam in mechanically ventilated patients.