

Abstracts publicaciones internacionales ISI 2006

Por decisión del Comité Editorial de la Revista HCUCh, a partir de este primer número del año 2007 y en adelante, solo se publicarán en la Revista los abstracts de publicaciones internacionales ISI.

ANATOMÍA PATOLÓGICA

SPECTROCHIM ACTA A MOL BIOMOL SPECTROSC 2007 MAY;67(1):230-4

COMPLEXATION OF QUERCETIN WITH THREE KINDS OF CYCLODEXTRINS: AN ANTIOXIDANT STUDY.

Jullian C, Moyano L, Yanez C, Olea-Azar C.

The slightly water-soluble flavonoid quercetin (QUE) and its inclusion with either beta-cyclodextrin (betaCD), hydroxypropyl-beta-cyclodextrin (HP-betaCD) or sulfobutyl ether-beta-cyclodextrin (SBE-betaCD) were investigated. The stoichiometric ratios and stability constants describing the extent of formation of the complexes have been determined by phase-solubility measurements; in all cases type-A(L) diagrams have been obtained (soluble 1:1 complexes). The results showed that the inclusion ability of betaCD and its derivatives was the order: SBE-betaCD>HP-betaCD>betaCD. Kinetic studies of DPPH with QUE and CDs complexes were done. The results obtained indicated that the QUE-SBE-betaCD complex was the most reactive form. The scavenging capability of QUE and CDs complexes with DPPH and galvinoxyl was studied using ESR spectroscopy. All complexes showed a higher scavenging capability with both radicals, compare quercetin in water. Beside, these results indicated that the complexes formed maintained the quercetin antioxidant activity.

CENTRO CARDIOVASCULAR

CATHETER CARDIO INTE 2006 JUN;67(6):976-80

SUCCESSFUL PERCUTANEOUS CLOSURE OF PARAPROSTHETIC AORTO-RIGHT VENTRICULAR LEAK USING THE AMPLATZER DUCT OCCLUDER.

Dussaillant GR, Romero L, Ramirez A, Sepulveda L.

A 55-year-old male with persisting aorto-right ventricular paraprosthetic leak after mitroaortic valve replacement was hospitalized for recurrent heart failure. Depressed left ventricular ejection fraction and severe pulmonary hypertension with increased right and left ventricular filling pressures were associated with significant left to right shunting through the leak. Elective closure of the leak was obtained with a 6-4 mm Amplatzer duct occluder. No complications were observed, and the patient experienced complete resolution of heart failure symptoms, with NYHA class I heart failure 12 months after discharge.

ABSTRACTS

PAIN 2006 MAR;121(1-2):22-8

SYNERGISM BETWEEN PARACETAMOL AND NONSTEROIDAL ANTI-INFLAMMATORY DRUGS IN EXPERIMENTAL ACUTE PAIN.

Miranda HF, Puig MM, Prieto JC, Pinaridi G.

The antinociception induced by the intraperitoneal coadministration of combinations of paracetamol with the nonsteroidal anti-inflammatory drugs (NSAIDs) diclofenac, ibuprofen, ketoprofen, meloxicam, metamizol, naproxen, nimesulide, parecoxib and piroxicam was studied by isobolographic analysis in the acetic acid abdominal constriction test of mice (writhing test). The effective dose that produced 50% antinociception (ED50) was calculated from the log dose-response curves of fixed ratio combinations of paracetamol with each NSAID. By isobolographic analysis, this ED50 was compared to the theoretical additive ED50 calculated from the ED(50) of paracetamol and of each NSAID alone obtained from ED50 dose-response curves. As shown by isobolographic analysis, all the combinations were synergistic, the experimental ED50s being significantly smaller than the theoretically calculated ED50s. The results of this study demonstrate potent interactions between paracetamol and NSAIDs and validate the clinical use of combinations of these drugs in the treatment of pain conditions.

TRANSPLANT PROC 2006 NOV;38(9):3012-5

ELEVATED LEVELS OF SERUM INTERLEUKIN-6 ARE ASSOCIATED WITH LOW GRADE CELLULAR REJECTION IN PATIENTS WITH HEART TRANSPLANTATION.

Perez-Villa F, Benito B, Llancaqueo M, Cuppoletti A, Roig E.

Endomyocardial biopsy is the gold-standard procedure to diagnose acute cellular rejection after heart transplantation. This study assessed whether the blood levels of cytokines involved in inflammation and immune activation are useful to detect the presence of acute cellular rejection. Methods: blood specimens collected before 275 endomyocardial biopsies in 66 patients were assayed for levels of TNFalpha, IL6, IL1beta, and IL2 receptor. The biopsies were grouped according to the presence (n = 41) or absence (n = 234) of acute cellular rejection grade > or = 3A of the International Society for Heart and Lung Transplantation. We compared the levels of cytokines in the two groups. Results: circulating IL6 levels were significantly higher when there was a low grade (0-2) cellular rejection in the biopsy versus the group of biopsies grade > or = 3A (19.8 +/- 27 versus 12.9 +/- 10 pg/mL; P = .001). An IL6 level higher than 30 pg/mL showed a negative predictive value of 95% for the presence of acute rejection grade > or = 3A. Conclusion: in heart transplant patients, high levels of serum IL6 were associated with low grade cellular rejection. Determination of IL6 levels may be useful to reduce the number of endomyocardial biopsies during follow-up in these patients.

CIRUGÍA

OBES SURG 2006 MAR;16(3):375-6

CONSERVATIVE MANAGEMENT OF ANASTOMOTIC LEAKS.

Csendes A.

No abstract available.

OBES SURG 2006 MAR;16(3):279-83

ENDOSCOPIC AND HISTOLOGIC FINDINGS IN THE GASTRIC POUCH AND THE ROUX LIMB AFTER GASTRIC BYPASS.

Csendes A, Smok G, Burgos AM.

Background: despite the large number of gastric bypasses performed for morbid obesity, very little is known about the endoscopic and histologic aspects of the gastric pouch and the Roux-limb late after surgery. We performed prospective routine endoscopic and histologic studies of the pouch and Roux-limb 2 years after gastric bypass. Methods: the present study includes 227 patients submitted to resectional gastric bypass and followed for a mean of 27 months after surgery. Mean BMI before bypass was 44 kg/m². In all patients, upper endoscopy of the pouch and of the jejunal limb was performed, taking 3 biopsy samples of the gastric pouch in 171 patients and 2 samples of the jejunum in 40 patients. Results: macroscopic appearance of the gastric pouch was normal in 99% of the patients and of the jejunal limb in 100%. Histologic analysis revealed normal

fundic mucosa in 56%. Chronic active gastritis was the most frequent abnormal histologic finding. 7 patients (4.1%) showed intestinal metaplasia. *H. pylori* infection was present in the gastric pouch in 31% of the patients. Conclusions: the proximal gastric pouch after gastric bypass is endoscopically normal in 99% of patients 2 years after surgery, while the Roux-limb is normal in 100%. Histologic analysis of gastric mucosa revealed normal fundic mucosa in 56%. There are some chronic histologic changes, even intestinal metaplasia, whose behavior at late follow-up is not yet known. *H. pylori* is present in nearly (1/3) of the patients.

J GASTROINTEST SURG 2006 FEB;10(2):259-64

EFFECT OF GASTRIC BYPASS ON BARRETT'S ESOPHAGUS AND INTESTINAL METAPLASIA OF THE CARDIA IN PATIENTS WITH MORBID OBESITY.

Csendes A, Burgos AM, Smok G, Burdiles P, Henriquez A.

Gastric bypass in patients with morbid obesity should be an excellent antireflux procedure, because no acid is produced at the small gastric pouch and no duodenal reflux is present, due to the long Roux-en-Y limb. Five hundred fifty-seven patients with morbid obesity submitted to resectional gastric bypass, and routine preoperative upper endoscopy with biopsy samples demonstrated 12 patients with Barrett's esophagus (2.1%) and three patients with intestinal metaplasia of the cardia (CIM). An endoscopic procedure was repeated twice after surgery, producing seven patients with short-segment Barrett's esophagus (BE) and five patients with long-segment BE. Body mass index (BMI) decreased significantly, from 43.2 kg/m² to 29.4 kg/m² 2 years after surgery. Symptoms of reflux esophagitis, which were present in 14 of the 15 patients, disappeared in all patients 1 year after surgery. Preoperative erosive esophagitis and peptic ulcer of the esophagus healed in all patients. There was regression from intestinal metaplasia to cardiac mucosa in four patients (57%) with short-segment BE, and in one patient (20%) with long-segment BE. Two (67%) of three cases with CIM had regression to cardiac mucosa. There was no progression to low- or high-grade dysplasia. Gastric bypass in patients with Barrett's esophagus and morbid obesity is an excellent antireflux operation, proved by the disappearance of symptoms and the healing of endoscopic esophagitis or peptic ulcer in all patients, which is followed by an important regression to cardiac mucosa that is length-dependent and time-dependent.

ANN SURGERY FEBRUARY 2006;243(2):196-203

VERY LATE RESULTS OF ESOPHAGOMYOTOMY FOR PATIENTS WITH ACHALASIA: CLINICAL, ENDOSCOPIC, HISTOLOGIC, MANOMETRIC, AND ACID REFLUX STUDIES IN 67 PATIENTS FOR A MEAN FOLLOW-UP OF 190 MONTHS.

Csendes, Attila MD; Braghetto, Italo MD; Burdiles, Patricio MD; Korn, Owen MD; Csendes, Paula MD; Henriquez, Ana MD.

Introduction: laparoscopic esophagomyotomy is the preferred approach to patients with achalasia of the esophagus, However, there are very few long-term follow-up studies (>10 years) in these patients. Objective: To perform a very late subjective and objective follow-up in a group of 67 patients submitted to esophagomyotomy plus a partial antireflux surgery (Dor's technique). Material and methods: in a prospective study that lasted 30 years, 67 patients submitted to surgery were divided into 3 groups: group I followed for 80 to 119 months (15 patients); group II, with follow-up of 120 to 239 months (35 patients); and group III, with follow-up more than 240 months (17 patients). They were submitted to clinical questionnaire, endoscopic evaluation, histologic analysis, radiologic studies, manometric determinations, and 24-hour pH studies late after surgery. Results: three patients developed a squamous cell esophageal carcinoma 5, 7, and 15 years after surgery. At the late follow-up, Visick III and IV were seen in 7%, 23%, and 35%, according to the length of follow-up of each group. Endoscopic examination revealed a progressive nonsignificant deterioration of esophageal mucosa, histologic analysis distal to squamous-columnar junction showed a significant decrease of fundic mucosa in patients of group III, with increase of intestinal metaplasia, although not significant time. Lower esophageal sphincter showed a significant decrease of resting pressure 1 year after surgery, which remained similar at the late control. There was no return to peristaltic activity. Acid reflux measured by 24-hour pH studies revealed a progressive increase, and the follow-up was longer. Nine patients developed Barrett esophagus: 6 of them a short-segment and 3 a long-segment Barrett esophagus. Final clinical results in all 67 patients demonstrated excellent or good results in 73% of the cases, development of epidermoid carcinoma in 4.5%, and failures in 22.4% of the patients, mainly due to reflux esophagitis. Incomplete myotomy was seen in only 1 case. Conclusion: in patients with achalasia submitted to esophagomyotomy and Dor's antireflux procedure, there is a progressive clinical deterioration of initially good results if a very long follow-up is performed (23 years after surgery), mainly due to an increase in pathologic acid reflux disease and the development of short- or long-segment Barrett esophagus.

ABSTRACTS

J GASTROINTEST SURG 2006 FEB;10(2):186-92

GALLBLADDER CANCER: AN ANALYSIS OF A SERIES OF 139 PATIENTS WITH INVASION RESTRICTED TO THE SUBSEROUSAL LAYER.

De Aretxabala X, Roa I, Burgos L, Losada H, Roa JC, Mora J, Hepp J, Leon J, Maluenda F.

The goal was to study our experience in the management of a series of patients with a potentially curative subserosal gallbladder cancer who were prospectively treated by the authors. Between April 1988 and July 2004, 139 patients were enrolled in our prospective database. Of the above, 120 were operated on with an open procedure and the rest with laparoscopic surgery. In only eight patients was the diagnosis suspected before the cholecystectomy. The majority of tumors were adenocarcinoma. Six patients had an epidermoid tumor, and one had a carcinosarcoma. Of the patients, 74 underwent reoperation, while in 55 (70.2%) it was possible to perform an extended cholecystectomy with a curative aim. Operative mortality was 0%, and operative morbidity was 16%. Lymph node metastases were found in 10 (18.8%), while in 7 (13.2%) the liver was involved. The overall survival rate was 67.7%, while in those who underwent resection, the survival rate was 77%. Through the use of a multivariate analysis, the presence of lymph node metastasis was found to be an independent factor with respect to prognosis. The feasibility of performing an extended cholecystectomy in patients with gallbladder cancer and invasion of the subserosal layer allows for a good survival rate. The presence of lymph node metastases represents the main poor prognosis factor, and some type of adjuvant therapy should be studied in this particular group.

J SURG ONCOL 2006 JUN 15;93(8):699-704

CHEMORADIOTHERAPY IN GALLBLADDER CANCER.

De Aretxabala X, Roa I, Berrios M, Hepp J, Gallardo J, Cordova A, Roa JC, Leon J, Maluenda F.

Gallbladder cancer (GC) is considered a rare disease associated with a poor prognosis. Unfortunately, the low number of cases makes the performance of trials addressing the role of adjuvant, neoadjuvant, and/or palliative therapy difficult. For a long time, the majority of trials were 5-fluorouracil (5 FU)-based, and results were uniformly poor. Since the introduction of Gemcitabine, response rates of approximately 30% have been observed through the use of this drug and new approaches have been tested. In this sense, drugs such as Cisplatin and Capecitabine have been employed concurrently with gemcitabine and/or radiation. Since a recurrence pattern is both distant and local, chernoradiation seems a logical option to deal with the disease. However, at the present time, the lack of valid and scientific evidence means that most of the recommendations originate from trials dealing with other tumors, such as pancreas cancer and biliary tract cancer (BTC). The aforementioned treatment alternatives warrant further evaluation focusing on GC.

J GASTROENTEROL 2006 MAR;41(3):269-75

PROMOTER METHYLATION PROFILE IN GALLBLADDER CANCER.

Roa JC, Anabalón L, Roa I, Melo A, Araya JC, Tapia O, De Aretxabala X, Muñoz S, Schneider B.

Background: methylation in the promoter region of genes is an important mechanism of inactivation of tumor suppressor genes. Our objective was to analyze the methylation pattern of some of the genes involved in carcinogenesis of the gallbladder, examining the immunohistochemical expression of proteins, clinical features, and patient survival time. Methods: twenty cases of gallbladder cancer were selected from the frozen tumor bank. The DNA extracted was analyzed by means of a methylation-specific polymerase chain reaction test for the CDKN2A (p16), MLH1, APC, FHIT, and CDH1 (E-cadherin) genes. Morphological and clinical data and follow-up information were obtained. Results: all cases were in an advanced stage: histologically moderate or poorly differentiated tumors (95%). Methylation of the promoter area of genes was observed in 5%, 20%, 30%, 40%, and 65% of cases, and an altered immunohistochemical pattern (AIP) in 5%, 35%, 21%, 25%, and 66% for the MLH1, CDKN2A, FHIT, APC, and CDH1 genes, respectively. The Kappa concordance index between methylation of the promoter area and AIP for the MLH1 and CDH1 genes was very high ($K > 0.75$) and substantial for APC ($K > 0.45$). No correlation was found between survival time and the methylation of the genes studied. Conclusions: the high frequency of gene methylation (with the exception of MLH1) and the high agreement between AIP and methylation of the gene promoter area for the MLH1, APC, and CDH1 genes suggest that the inactivation of tumor suppressor genes and of the genes related to the control of cellular proliferation through this mechanism is involved in gallbladder carcinogenesis.

J SURG ONCOL 2006 JUN 15;93(8):615-2

PRENEOPLASTIC LESIONS IN GALLBLADDER CANCER.

Roa I, de Aretxabala X, Araya JC, Roa J.

Background: gallbladder cancer is an uncommon disease except in countries like Chile and areas of India and Japan. The knowledge regarding the etiology and mechanisms through which this neoplasia is developed is significantly less compared to other malignant tumors. Results: the epithelial lesions involved in gallbladder carcinogenesis are dysplasia and adenomas that represent two biologically distinct carcinogenetic models. Dysplasia progresses to carcinoma in situ (CIS) and subsequently becomes invasive. Over 80% of invasive gallbladder cancers present areas adjacent to the CIS and epithelial dysplasia. Other authors have demonstrated adenomatous areas in carcinomas, or malignant transformation in an adenoma. The low incidence of gallbladder adenomas (0.14% of cholecystectomies) and the presence of adenomatous remnants in the neighboring mucosa to early carcinomas in less than 3% of the cases suggest the limited importance of this carcinogenic pathway. Epithelial dysplasia which is not associated with gallbladder cancer is observed in approximately 1% of cholecystectomies for symptomatic lithiasis. Metaplasia, dysplasia, and CIS are present in the mucosa adjacent to the cancer in 66%, 81.3%, and 69%, respectively. The average ages of patients with dysplasia not associated to cancer (51.9 years), early carcinomas (56.8 years), and advanced carcinomas (62.9 years) demonstrate a gradient which suggests the progression of these lesions. Conclusions: from the morphological point of view, the dysplasia-carcinoma sequence is the most plausible carcinogenic pathway for gallbladder cancer, a process which would require a period of approximately 10 years.

SURGICAL ENDOSC 2006;20(11):1681-6

OPEN TRANSTHORACIC OR TRANSHIATAL ESOPHAGECTOMY VERSUS MINIMALLY INVASIVE ESOPHAGECTOMY IN TERMS OF MORBIDITY, MORTALITY AND SURVIVAL.

Braghetto I, Csendes A, Cardemil G, Burdiles P, Korn O and Valladares H.

Background: surgical treatment of esophageal cancer is associated with a high rate of morbidity and mortality even in specialized centers. Minimally invasive surgery has been proposed to decrease these complications. Methods: the authors present their results regarding postoperative complications and the survival rate at 3 years, comparing the classic open procedures (transthoracic or transhiatal esophagectomy) with minimally invasive surgery. Surgical procedures were performed according to procedures published elsewhere. Results: the study enrolled 166 patients who underwent surgery between 1990 and 2003. Open transthoracic surgery was performed for 60 patients. In this group of patients, postoperative mortality was observed in 11% of the cases. Major, minor, and late complications were observed in 61.6% of the patients, and the 3-year survival rate was 30% for this group. Open transhiatal surgery was performed for 59 patients. The morbidity, mortality, and 3-year rate were almost the same as for the transthoracic surgery group. For the 47 patients submitted to minimally invasive procedures (thoracoscopic and laparoscopic), the complications and mortality rates were significantly reduced (38.2% and 6.4%, respectively). For the patients submitted to minimally invasive surgery, the 3-year survival rate was 45.4%. It is important to clarify that the patients submitted to minimally invasive surgery manifested early stages of the diseases, and that this the reason why the morbimortality and survival rates were better. Conclusions: the transthoracic and transhiatal open approaches have similar early and late results. Minimally invasive surgery is an option for patients with esophageal carcinoma, with reported results similar to those for open surgery. This approach is indicated mainly for selected patients with early stages of the disease.

OBES SURG 2006 MAY;16(5):607-11

HISTOLOGICAL FINDINGS IN THE LIVER BEFORE AND AFTER GASTRIC BYPASS.

Csendes A, Smok G, Burgos AM.

Background: bariatric surgery results in massive loss of excess weight, changes in co-morbidities and improvement in quality of life. In these patients, liver histology taken before or during surgery reveals several histological abnormalities. In a prospective study of patients previously submitted to gastric bypass, we determined the changes in liver histology late after the surgery. Methods: in 16 out of a total of 557 patients who were submitted to open gastric bypass, a second liver biopsy was taken during the repair of an incisional hernia, performed at a mean of 17 months after the gastric bypass. Results: all patients had lost weight, now having a mean BMI of 28.6 kg/m² (which had been 44.3 kg/m² before gastric bypass).

ABSTRACTS

One patient with normal pre-operative liver histology remained normal at the second study. 11 out of 15 who had had liver abnormalities returned to a normal condition or had only minimal change (73.3%). 2 patients (13.3%) showed improvement, while 1 patient presented a slight worsening of liver condition. One patient who had had liver cirrhosis showed no change. Conclusion: gastric bypass for morbid obesity is followed by a dramatic improvement or normalization of liver histological abnormalities in the great majority of the patients. Liver cirrhosis in the one patient remained unchanged.

PLAST AND RECONSTR SURG 2006 APR;117(4):1359-61

DECONGESTANT SYMPATHOMIMETIC DRUGS SOLD "OVER THE COUNTER" CAN PRODUCE SKIN SLOUGH OF FACE LIFT FLAPS.

Prado AS, Andrades P.

No abstracts available.

PLAST AND RECONSTR SURG 2006 JAN;117(1):322-4

HYDATID CYST OF THE SCALP.

Prado AS, Castillo P, Gaete F.

No abstract available.

PLAST AND RECONSTR SURG APR 15 2006;117(5):1665-7

AMELIORATION OF SCARS WITH THE USE OF LIPOINJECTION.

Prado AS, Fuentes P, Castillo P.

No abstract available.

PLAST AND RECONSTR SURG APR 2006;117(5):1655-7

A WORD OF CAUTION ON THE EXPLANTATION OF POLYURETHANE BREAST IMPLANTS.

Prado AS, Andrades P, Benitez S.

No abstract available.

PLAST AND RECONSTR SURG FEB 2006;117(2):721-2

A NEW TREATMENT FOR INJURIES TO THE ANTERIOR CRANIAL FOSSA AFTER RHINOPLASTY.

Prado AS, Fuentes P, Donoso R.

No abstract available.

PLAST AND RECONSTR SURG JAN 2006;117(1):335-6

A 1.8-KG KELOID OF THE ARM.

Prado AS, Fontbona M.

No abstract available.

PLAST RECONSTR SURG. 2006 SEP 15;118(4):1032-45

A PROSPECTIVE, RANDOMIZED, DOUBLE-BLIND, CONTROLLED CLINICAL TRIAL COMPARING LASER-ASSISTED LIPOPLASTY WITH SUCTION-ASSISTED LIPOPLASTY.

Prado A, Andrades P, Danilla S, Leniz P, Castillo P, Gaete F.

Background: the authors randomized and prospectively analyzed their clinical experience with the use of internal neodymium: yttrium-aluminum-garnet low-level laser-assisted lipoplasty compared with suction-assisted lipoplasty. Methods: suction-assisted lipoplasty was generated through a SmartLipo machine and delivered into the subcutaneous tissues through 2-mm solid optical probes. Ipsilateral suction-assisted lipoplasty and contralateral laser-assisted lipoplasty were performed on one or more comparable topographic areas of the body in the same patient. Laser-assisted lipoplasty and suction-assisted lipoplasty sides of 25 patients were compared with preoperative and postoperative photographs at 3 to 5 days, 12 to 15 days, and 6 to 11 months. Statistical analysis considered surgeon and patient satisfaction, time used in the procedures, learning curves, lipocrits, operative technique, postoperative pain, edema, ecchymosis, time of recovery, body mass index, DNA proteins, free fatty acids, and cytologic patterns of post-laser-assisted lipoplasty and suction-assisted lipoplasty adipocyte

architecture. Photographs were sent to the patients (blinded to the operated sides) and two plastic surgeons unfamiliar with the cases for evaluation of results. Results: all patients completed the preestablished follow-ups. No complications were observed. Less pain, lower lipocrits, higher triglycerides, and DNA cellular membrane traces were detected in the laser-assisted lipoplasty sides. All other considerations studied showed no differences with either technique in the three periods of the follow-up controls. Cytologic studies showed more damage of the adipocytes in the laser-assisted lipoplasty sides. Conclusions: no major clinical differences for suction-assisted lipoplasty versus laser-assisted lipoplasty were found. Higher concentrations of free-fatty acids after laser-assisted lipoplasty must alert us to possible hepatic and renal toxicity.

AESTHET PLASTIC SURG OCT 2006;30(5):568-73

USE OF AEROSOLIZED BOVINE-PREPARED FIBRIN GLUE FOR SKIN FIXATION AFTER PRIMARY OPEN RHINOPLASTY: A PROSPECTIVE RANDOMIZED AND CONTROLLED TRIAL.

Prado A, Andrades P, Danilla S, Benítez S, Wisnia P.

Background: fibrin glue has been used in diverse areas of plastic surgery. To the authors' knowledge, no clinical controlled trial studies have reported its use for open rhinoplasty. Methods: a prospective, randomized, masked clinical trial was designed to demonstrate that aerosolized bovine-prepared fibrin glue used in open rhinoplasty controls skin fixation (flap movement), edema, hematomas, ecchymosis, bleeding, and cosmetic results 1 and 12 months postoperatively. The results were reviewed by two blinded plastic surgeons who assessed postoperative photographs using the Strasser score. Other items such as columella scar, pain, surgery/recovery time, and patient satisfaction also were evaluated. Results: a computer system was used to randomize 22 consecutive open primary rhinoplasties. Cosmetic analysis did not differ significantly between the group redraped with fibrin glue and the control group. Patient satisfaction was the only outcome that significantly favored the active group. None of the other items or adverse events significantly differed between the two groups, including operative time and pain. Conclusions: fibrin glue is believed to reduce bleeding and to improve the adherence of tissues. The only statistical difference in this study favored the patient satisfaction cosmetic score of the group that received fibrin glue.

PLAST RECONSTR SURG 2006 MAY;117(6):1725-35

NONRESECTIVE SHRINKAGE OF THE SEPTUM AND FAT COMPARTMENTS OF THE UPPER AND LOWER EYELIDS: A COMPARATIVE STUDY WITH CARBON DIOXIDE LASER AND COLORADO NEEDLE.

Prado A, Andrades P, Danilla S, Castillo P, Benítez S.

Background: the purpose of this article is to describe an alternative nonresective treatment of the fat-septum component of the eyelids during blepharoplasty, using shrinkage desiccation with two low-energy modalities: a carbon dioxide laser and a low-range grid of electrocautery with a Colorado microdissection needle. Methods: thirty-six patients underwent a four-lid blepharoplasty. During surgery, after exposure (not opening) of the septum and assessment of the amount of bulging by gentle globe compression, a grid spray of electrocautery (right eye) and carbon dioxide laser (left eye) was applied over the entire septum until shrinkage and correction of the bulging was achieved. Preoperative, postoperative day 15, and 1-year follow-up photographs were evaluated using an objective grading system by blinded surgeons. For statistical analysis, the Wilcoxon matched-pairs signed-ranks test was used, with $p < 0.05$ indicating statistical significance. Results: all the patients completed the 15-day evaluation, but only 32 completed the 1-year follow-up. No major eye or eyelids complications were observed. There were no statistical differences in surgical time and postoperative pain on either side. In this study, laser fat-septum shrinkage achieved substandard results compared with electrocautery when analyzed as a continuous variable, but it did not influence the categorical Strasser scale final result in the short- and long-term follow-up. Conclusions: the method described is simple and safe, and provides a subtle but long-lasting, adequate result. No statistical clinical differences were observed between the electrocautery and laser fat-septum shrinkage techniques.

PLAST RECONSTR SURG 2006 APR 15;117(5):1413-25

A CLINICAL RETROSPECTIVE STUDY COMPARING TWO SHORT-SCAR FACE LIFTS: MINIMAL ACCESS CRANIAL SUSPENSION VERSUS LATERAL SMASECTOMY.

Prado A, Andrades P, Danilla S, Castillo P, Leniz P.

Background: the purpose of this study was to retrospectively compare the short- and long-term cosmetic outcomes of two minimal incision rhytidectomies and analyze their advantages and disadvantages. Methods: the results of minimal access cranial suspension face lift versus minimal incision rhytidectomy with lateral SMASectomy were evaluated after 1 and 24 months. Statistical analysis

ABSTRACTS

considered surgeon/patient satisfaction, time used in the procedures, pain, and learning curves. Photographs were sent to the patients and two plastic surgeons, unfamiliar with the cases, for evaluation of results that were assessed by an objective grading system described by Strasser. Results: eighty-two patients completed 1 and 24 months' follow-up. Complications were two hematomas, two retroauricular-lobule dog-ears, and one hypertrophic preauricular scar. Surgical time was longer for the SMASectomy. Postoperative pain was worse for minimal access cranial suspension face lift. There were no differences in cosmetic results between the two techniques at 1-month and 2-year follow-up. Incorporating age, sex, postoperative pain, and duration of surgery as confounding factors did not modify the model. Surgeon/patient satisfaction showed no difference with either technique, but the photographic evaluation of all cases at 24 months revealed that more than 50 percent of the sample needed a tuck procedure to correct jowling and redundant skin. Conclusions: advantages of short-scar face lifts are the avoidance of the postauricular and occipital incisions, and the disadvantages are the moderate results in the neck and nasolabial folds and their potential short duration. For 24 months in this study, the duration of results was similar for both minimal access cranial suspension and lateral SMASectomy.

SURGERY 2006 JAN;139(1):46-53

REGRESSION OF INTESTINAL METAPLASIA TO CARDIAC OR FUNDIC MUCOSA IN PATIENTS WITH BARRETT'S ESOPHAGUS SUBMITTED TO VAGOTOMY, PARTIAL GASTRECTOMY AND DUODENAL DIVERSION. A PROSPECTIVE STUDY OF 78 PATIENTS WITH MORE THAN 5 YEARS OF FOLLOW UP.

Csendes A, Bragheto I, Burdiles P, Smok G, Henríquez A, Parada F.

Background: regression of intestinal metaplasia to cardiac mucosa in patients with Barrett's (BE) esophagus could alter the natural history of BE. OBJECTIVE: To determine the regression of intestinal metaplasia to cardiac mucosa in patients followed more than 5 years after operation, by repeated endoscopy with biopsy. Material and methods: this prospective study included 78 patients with BE submitted to combined vagotomy, antrectomy (an antireflux procedure), and Roux-en-Y gastrointestinal reconstruction with more than 60 months follow up. Patients were divided in 3 groups: (1) 31 with short-segment BE (< or =30 mm length); (2) 42 with long-segment BE (31 to 99 mm length); and (3) 5 with extra-long-segment BE (> or =100 mm). Each patient had at least three endoscopic procedures with multiple biopsies during a mean follow up of 95 months (range, 60-220 months). Acid and duodenal reflux were also evaluated. Results: sixty-four percent of patients with short segment BE had regression to cardiac mucosa at a mean of 40 months after operation. Sixty-two percent of patients with long segment BE had regression to cardiac mucosa at a mean of 47 months postoperatively. No regression occurred in the 5 patients with extra-long segment BE. In 20% of patients, regression to fundic mucosa occurred between 78 to 94 months after surgery. One patient progressed to low grade dysplasia, but no patient progressed to high-grade dysplasia or adenocarcinoma. Acid and duodenal reflux studies demonstrated that in asymptomatic patients, reflux was abolished; 90% of the patients had a Visick grade of 1 or 2. Conclusions: vagotomy and antrectomy combined with duodenal bile diversion abolish acid and duodenal reflux into the distal esophagus in patients with BE, which is accompanied by a regression of BE from intestinal to cardiac or fundic mucosa in about 60% of patients. This regression is time dependent and varies directly with the length of BE. The potential for an antineoplastic effect, especially in young patients with long segment BE, suggests that this operation may become an attractive option as a definitive surgical treatment. Patients with short segment BE submitted to this procedure behave similar to patients submitted to Nissen fundoplication, and therefore in these patients, we do not advocate this complex operation.

AM J GASTROENTEROL 2006 NOV;101(11):2667-8

INTRASPINCTERIC NEOSAXITOXIN INJECTION: EVIDENCE OF LOWER ESOPHAGEAL SPHINCTER RELAXATION IN ACHALASIA.

Rodriguez-Navarro AJ, Lagos N, Lagos M, Bragheto I, Csendes A, Hamilton J, Berger Z, Wiedmaier G, Henríquez A. No abstracts available.

J CELL PHYSIOL 2006 NOV;209(2):379-88

MYOTUBE DEPOLARIZATION GENERATES REACTIVE OXYGEN SPECIES THROUGH NAD(P)H OXIDASE; ROS-ELICITED CA²⁺ STIMULATES ERK, CREB, EARLY GENES.

Espinosa A, Leiva A, Pena M, Muller M, Debandi A, Hidalgo C, Carrasco MA, Jaimovich E.

Controlled generation of reactive oxygen species (ROS) may contribute to physiological intracellular signaling events. We determined ROS generation in primary cultures of rat skeletal muscle after field stimulation (400 1-ms pulses at a frequency of 45 Hz) or after depolarization with 65 mM K⁺ for 1 min. Both protocols induced a long lasting increase in dichlorofluorescein

fluorescence used as ROS indicator. Addition of diphenyleneiodonium (DPI), an inhibitor of NAD(P)H oxidase, PEG-catalase, a ROS scavenger, or nifedipine, an inhibitor of the skeletal muscle voltage sensor, significantly reduced this increase. Myotubes contained both the p47phox and gp91phox phagocytic NAD(P)H oxidase subunits, as revealed by immunodetection. To study the effects of ROS, myotubes were exposed to hydrogen peroxide (H₂O₂) at concentrations (100-200 µM) that did not alter cell viability; H₂O₂ induced a transient intracellular Ca²⁺ rise, measured as fluo-3 fluorescence. Minutes after Ca²⁺ signal initiation, an increase in ERK1/2 and CREB phosphorylation and of mRNA for the early genes c-fos and c-jun was detected. Inhibition of ryanodine receptor (RyR) decreased all effects induced by H₂O₂ and NAD(P)H oxidase inhibitors DPI and apocynin decreased ryanodine-sensitive calcium signals. Activity-dependent ROS generation is likely to be involved in regulation of calcium-controlled intracellular signaling pathways in muscle cells.

CLÍNICA PSIQUIÁTRICA

AM J PUBLIC HEALTH 2006 JAN;96(1):109-13

INEQUITIES IN MENTAL HEALTH CARE AFTER HEALTH CARE SYSTEM REFORM IN CHILE.

Araya R, Rojas G, Fritsch R, Frank R, Lewis G.

Objectives: we compared differences in mental health needs and provision of mental health services among residents of Santiago, Chile, with private and public health insurance coverage. Methods: we conducted a cross-sectional survey of a random sample of adults. Presence of mental disorders and use of health care services were assessed via structured interviews. Individuals were classified as having public, private, or no health insurance coverage. Results: among individuals with mental disorders, only 20% (95% confidence interval [CI]=16%, 24%) had consulted a professional about these problems. A clear mismatch was found between need and provision of services. Participants with public insurance coverage exhibited the highest prevalence of mental disorders but the lowest rates of consultation; participants with private coverage exhibited exactly the opposite pattern. After adjustment for age, income, and severity of symptoms, private insurance coverage (odds ratio [OR]=2.72; 95% CI=1.6, 4.6) and higher disability level (OR=1.27, 95% CI=1.1, 1.5) were the only factors associated with increased frequency of mental health consultation. Conclusions: the health reforms that have encouraged the growth of the private health sector in Chile also have increased risk segmentation within the health system, accentuating inequalities in health care provision.

AM J PSYCHIAT 2006 AUG;163(8):1379-87

COST-EFFECTIVENESS OF A PRIMARY CARE TREATMENT PROGRAM FOR DEPRESSION IN LOW-INCOME WOMEN IN SANTIAGO, CHILE.

Araya R, Flynn T, Rojas G, Fritsch R, Simon G.

Objective: the authors compared the incremental cost-effectiveness of a stepped-care, multicomponent program with usual care for the treatment of depressed women in primary care in Santiago, Chile. Method: a cost-effectiveness study was conducted of a previous randomized controlled trial involving 240 eligible women with DSM-IV major depression who were selected from a consecutive sample of adult women attending primary care clinics. The patients were randomly allocated to usual care or a multicomponent stepped-care program led by a nonmedical health care worker. Depression-free days and health care costs derived from local sources were assessed after 3 and 6 months. A health service perspective was used in the economic analysis. Results: complete data were determined for 80% of the randomly assigned patients. After we adjusted for initial severity, women receiving the stepped-care program had a mean of 50 additional depression-free days over 6 months relative to patients allocated to usual care. The stepped-care program was marginally more expensive than usual care (an extra 216 Chilean pesos per depression-free day). There was a 90% probability that the incremental cost of obtaining an extra depression-free day with the intervention would not exceed 300 pesos (1.04 US dollars). Conclusions: the stepped-care program was significantly more effective and marginally more expensive than usual care for the treatment of depressed women in primary care. Small investments to improve depression appear to yield larger gains in poorer environments. Simple and inexpensive treatment programs tested in developing countries might provide good study models for developed countries.

ABSTRACTS

ADDICTION 2006 NOV;101(11):1662-5

ADDICTION TO APOMORPHINE: A CLINICAL CASE-CENTRED DISCUSSION.

Tellez C, Bustamante ML, Toro P, Venegas P.

Aim: to report the case of a patient, who in the context of an anti-Parkinsonian therapy, developed addiction to apomorphine. Methods: clinical case description. Results: apomorphine is a dopaminergic agonist that acts directly on D2 receptors. It has been used in alcoholism, male sexual dysfunction and with diagnostic and therapeutic purposes in Parkinson's disease (PD). Conclusions: the present work describes the case of a woman with PD who developed a loss of control over the consumption of apomorphine that resulted in a significant impairment of her functioning. PD patients with high frequency develop different psychiatric symptoms. Conversely, anti-Parkinsonian drugs also generate psychiatric symptoms that can be experienced by the patient as pleasant sensations ('alerting', 'awakening', 'activating', hypomania and hypersexuality). In spite of this, addiction to these drugs in patients with PD is a very rare phenomenon. Currently, the prescription of apomorphine has been extended to patients with erectile dysfunction, which may increase the prevalence of addiction cases or of severe psychiatric symptoms.

ACTAS ESP PSIQUIATRI 2006 JAN-FEB;34(1):16-27

THE INTERCONTINENTAL SCHIZOPHRENIA OUTPATIENT HEALTH OUTCOMES STUDY (IC-SOHO): INITIAL 6 MONTH FINDINGS OF THE SAMPLE IN LATIN AMERICA.

Brunner E, Gargoloff P, Caro O, Gonzalez C, Landa E, Silva H, Gonzalez CH, Barahona A, Soria D, Tamayo J, Rovner J, Adrianzen C, Silva H, Hodge A, O'Halloran R, Assuncao SS; grupo del estudio IC-SOHO. Eli Lilly, Canada.

The IC-SOHO study was designed to supply information on antipsychotic treatments in the real clinical practice by assessment of a large and diverse sample population with schizophrenia. This document describes the findings of the first 6 months of IC-SOHO in Latin America. To date, this is the largest observational study of its type in this region. In this observational and prospective study, those out-patients with schizophrenia, who require a change or initiation of antipsychotic medication are hospitalized. Effectiveness was evaluated using the Clinical Global Impression-Seriousness (CGI-S) grading scale. Tolerability was assessed by questionnaires on adverse events and weight measurements. Herein, the comparisons between olanzapine (monotherapy), risperidone (monotherapy) and conventional antipsychotics (monotherapy and combined therapy) are presented. As a whole, 7,658 patients participated in the ICSOHO; n=2,671 from 11 countries of Latin America that were included in this report. At 6 months, the proportion of patients who responded to olanzapine was significantly greater than those who responded to risperidone or conventional antipsychotics ($p < 0.001$). Patients from the olanzapine group had greater improvements in all the symptom domains, including general, positive, negative, depressive and cognitive symptoms in comparison with risperidone ($p < 0.05$) or conventional antipsychotics ($p < 0.001$). Extrapyramidal symptoms (EPS) and tardive dyskinesia (TD) decreased from baseline in the groups treated with olanzapine and risperidone, but increased in the conventional group. The adverse events related with the sexual function were more prominent in the conventional group. Weight gain was observed in each treatment group, although the patients from the olanzapine group had greater weight gain followed by those of risperidone and then by those of conventional antipsychotics. Our findings in this population of the Latin American sample emulate the results of other studies in different samples, where it was found that olanzapine was more effective and better tolerated than risperidone or conventional antipsychotics.

PSYCHOPATHOLOGY 2006;39(2):75-9

SEASONAL VARIATION IN SUICIDAL DEATHS IN CHILE: ITS RELATIONSHIP TO LATITUDE.

Heerlein A, Valeria C, Medina B.

Background: studies in the northern and southern hemispheres consistently identified seasonal influences on monthly and semester suicide distribution. The variations of sunlight exposure in zones of increasing latitude has been suggested as one of the most plausible explanations for this phenomenon. Some recent studies in the northern hemisphere could not find seasonal asymmetries of suicides. The current study examines the monthly, seasonal and semester distribution of suicidal deaths in Chile and the influence of seasons in zones of low latitude as compared with regions of high or very high latitude, trying to determine if a seasonal pattern still exists in a country of the southern hemisphere. Methods: monthly, seasonal and semester suicidal data over the period 1995-1999 were examined for the whole sample and for gender-specific subgroups in Chile. Four different latitudinal zones were analyzed separately, in order to investigate the effect of the photoperiod on suicide distribution. Results were analyzed by chi(2) tests for multinomials, as an overall measure of deviation. Results: we found a

significant unimodal springtime peak for both genders in the global territory. Among the 4,710 male and 829 female suicides reported in this period there were no gender differences in the seasonal pattern of suicidal deaths. When divided into four different latitudinal zones, the regions with low latitude (north of the country) showed no significant differences, while central and southern zones (higher latitude) show a significant springtime pattern. In the extreme south of the country, no significant differences were found, probably due to the very small number of cases. Conclusion: the study confirms the existence of a unimodal springtime peak of suicides in Chile, but not in the zone of low latitude. Results support the notion that the seasonal impact on suicidal distribution is a function of photoperiod.

PSYCHOPATHOLOGY 2006;39(2):69-74

SEASONAL VARIATION OF SEXUAL ABUSE IN SANTIAGO DE CHILE.

Tellez C, Galleguillos T, Aliaga A, Silva C.

Background: seasonal variations of sexual crime have been seldom studied in the world. Santiago, a city situated at 33 degrees south latitude with a well defined four season climate, has a reliable forensic registry, providing a good opportunity for the assessment of seasonality in this type of crime. Materials and methods: after studying monthly records of sexual abuse from the registry of the Servicio Medico Legal of Santiago between 1990 and 2001, a ratio of observed to expected monthly frequency was obtained, allowing the assessment of the seasonal character of the phenomenon. Results: a total number of 11,844 cases of sexual abuse were recorded during 12 years of the study. Statistically significant differences could be demonstrated between spring and autumn, with a peak in November and a nadir in June. Conclusions: a distinct seasonal pattern can be set forth for sexual abuse in Santiago, Chile.

WORLD PSYCHIATRY 2006 OCT;5(3):185-7

ETHICS IN PSYCHIATRY: A FRAMEWORK.

Lolas F.

Defining bioethics as the rational use of dialogue in the formulation, justification, and application of ethical principles, with the aim of generating good practices in research, clinical practice, and advocacy, this paper focuses on methods for bioethical deliberation relevant to psychiatry. Stressing that bioethics fuses the two main ethical traditions in Western thought, the deontological and the teleological, the paper emphasizes the three conditions that any intervention, if considered in the context of bioethics, should fulfil: it should be appropriate to the problem at hand, it should be good (in the sense that it does good to those who receive it but also to those who perform it), and it should be just (in the sense that its outcomes can be generalized to the whole of society). Some implications of these notions for the practice and teaching of psychiatry are presented.

DERMATOLOGÍA

CLIN EXP DERMATOL 31(3):335-8

MALIGNANT MELANOMA IN CHILE: AN UNUSUAL DISTRIBUTION OF PRIMARY SITES IN MEN FROM LOW SOCIOECONOMIC STRATA.

Zemelman V, Roa J, Ruiz Tagle S, Valenzuela CY.

Background: mortality from malignant melanoma (MM) has increased in Chile in the past decade. The location of MM lesions on the body has been correlated with prognosis and survival. Aim: to review body site and gender relationships with histopathologically confirmed primary MM in Chile. Methods: records of 575 cases presenting to 5 state hospitals from 1992 to 2001 were analysed. Results: there were 360 women and 215 men. Women showed a significantly higher number of MM on the legs, cheeks and arms, and in the genital area, whereas men showed a significantly higher number on the ears, backs of the hands, soles and feet. Men had a predilection for MM with a poor prognosis. Conclusion: the different body site distribution of primary MM in men and women may be explained by a different pattern of sun exposure. Ethnic and genetic factors may also be involved. The predominant location of MM in women in Chile is similar to white populations, whereas the location in men is similar to that observed in black and Asian populations. These observations may be relevant to the high mortality of MM in Chilean men.

GASTROENTEROLOGÍA

HEPATOL RES JAN 2006;34(1):57-63

RELATIONSHIP BETWEEN IN VIVO CHLORZOAZONE HYDROXYLATION, HEPATIC CYTOCHROME P450 2E1 CONTENT AND LIVER INJURY IN OBESE NON-ALCOHOLIC FATTY LIVER DISEASE PATIENTS.

Orellana M, Rodrigo R, Varela N, Araya J, Poniachik J, Csendes A, Smok G, Videla LA.

The aim of the present study was to test the hypothesis that induction of cytochrome P450 2E1 (CYP2E1) in the liver of patients with non-alcoholic fatty liver disease (NAFLD) is correlated both with the in vivo activity of the cytochrome and with the development of liver injury. For this purpose, the liver content of CYP2E1 was determined by Western blot and the CYP2E1 activity by the in vivo hydroxylation of chlorzoxazone (CLZ). The study groups were obese women with an average body mass index (BMI) of 40.3 kg/m², who underwent therapeutic gastroplasty or gastrectomy with a gastro-jejunal anastomosis. Further, the hepatic histology was determined to establish the pathological score grouping the subjects into three categories: control, steatosis and steatohepatitis. The liver CYP2E1 content and the CLZ hydroxylation of obese patients with steatosis and, particularly, with steatohepatitis were significantly higher than controls and correlated positively with both the severity of the liver damage. These data provide evidence that CYP2E1 would be involved in the mechanism of liver injury found in obese NAFLD patients. Also, the correlation between liver CYP2E1 content and in vivo CLZ hydroxylation would validate the latter as a reliable indicator of liver injury in NAFLD, thus providing a simple and not invasive method to study these patients.

CYTOKINE 2006 MAR 7;33(5):252-7.

INCREASED PRODUCTION OF IL-1ALPHA AND TNF-ALPHA IN LIPOPOLYSACCHARIDE-STIMULATED BLOOD FROM OBESE PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE.

Poniachik J, Csendes A, Diaz JC, Rojas J, Burdiles P, Maluenda F, Smok G, Rodrigo R, Videla LA.

Enhanced pro-inflammatory cytokine production is considered a pathogenic factor in non-alcoholic fatty liver disease (NAFLD). Peripheral blood production of interleukin-1alpha (IL-1alpha) and tumor necrosis factor-alpha (TNF-alpha) was studied in relation to the severity of histological changes of the liver in obese NAFLD patients. Basal levels in serum and production of IL-1alpha and TNF-alpha in peripheral blood cell cultures after stimulation with lipopolysaccharide (enzyme-linked immunoabsorbent assays) were measured in 11 patients with steatosis and 15 with steatohepatitis, who underwent gastrectomy with a gastro-jejunal anastomosis in roux and Y, and in 9 controls who underwent anti-reflux surgery. Production of IL-1alpha and TNF-alpha was 122 and 67% higher in patients with steatosis than control values, respectively. In patients with steatohepatitis, IL-1alpha production was 300 and 80% higher and that of TNF-alpha 110 and 26% higher, as compared with controls and steatosis patients, respectively. Production of IL-1alpha was positively correlated with that of TNF-alpha ($r=0.78$, $p<0.0001$). IL-1alpha and TNF-alpha production were both positively correlated with the degree of steatosis ($r=0.68$, $p<0.001$ and $r=0.74$, $p<0.0001$) and steatohepatitis ($r=0.77$ and $r=0.75$, $p<0.0001$) at liver biopsy, and with the homeostasis model assessment index ($r=0.73$, $p<0.0001$ and $r=0.63$, $p<0.01$), respectively. Basal serum IL-1alpha and TNF-alpha levels were comparable in the three groups studied. It is concluded that elevated production of IL-1alpha and TNF-alpha by in vitro stimulated whole blood cell cultures occurs in NAFLD obese patients, which might play a pathophysiological role upon inflammatory leukocyte infiltration of the liver.

J GASTROEN HEPATOL 2006 NOV;29(9):542-5

FULMINANT LIVER FAILURE ASSOCIATED WITH NON-HODGKIN'S LYMPHOMA AND HEPATITIS C VIRUS: A CASE REPORT.

Cofre P, Valera JM, Smok G, Regonessi C, Brahm J.

Hematological malignancies can affect the liver, without producing severe hepatic involvement. We report the case of a 57-year-old man with hepatitis C virus infection and mild chronic hepatitis without antiviral treatment, who developed an aggressive T-cell non-Hodgkin's lymphoma confirmed by histological studies including liver, lymph nodes and bone marrow. The patient developed massive hepatic infiltration and acute liver failure. Rescue chemotherapy was administered but the patient died soon after with severe lactic acidosis. The immunopathological features of this association and the few reports of cases presenting with acute liver failure are reviewed.

ENDOSCOPY 2006 FEB;38(2):162-9

SURVEILLANCE IN BARRETT'S OESOPHAGUS: WILL A STRATEGY FOCUSED ON A HIGH-RISK GROUP REDUCE MORTALITY FROM OESOPHAGEAL ADENOCARCINOMA?

Quera R, O'Sullivan K, Quigley EM.

Background and study aims: the incidence of oesophageal adenocarcinoma has increased significantly in recent years. While surveillance of people with Barrett's oesophagus, its usual precursor, has been advocated in order to detect dysplasia and early cancer in those considered to be at greatest risk, the impact of such a strategy on survival from oesophageal adenocarcinoma is unclear. This study aimed to determine the effect of surveillance on mortality from oesophageal adenocarcinoma in a group of patients considered to be at high risk of developing Barrett's oesophagus and adenocarcinoma. Patients and methods: after performing a Medline search of the literature published between 1985 and 2004 for studies on gastro-oesophageal reflux disease, Barrett's oesophagus and adenocarcinoma, we examined the impact of surveillance on mortality from oesophageal adenocarcinoma in a hypothetical sample of 100 high-risk patients (men aged over 50 with Barrett's oesophagus but without high-grade dysplasia at entry). Results: four patients in this high-risk group developed adenocarcinoma during surveillance, with survival rates of 78.9% (95%CI 64.9%-88.5%) at 2 years and 78.6% (95%CI 62.8%-89.2%) at 5 years. Meanwhile, between 515 and 2060 patients with Barrett's oesophagus were not detected or surveyed by this strategy and between 16 and 61 of these developed adenocarcinoma, with much lower survival rates of 37.1% (95%CI 25.4%-50.3%) at 2 years and 16.7% (95%CI 9%-28.3%) at 5 years. Although surveillance in the high-risk group resulted in the long-term survival of three patients who would not otherwise have survived, this gain was dramatically offset by the 13 to 51 patients, excluded from surveillance by this strategy, who died from oesophageal adenocarcinoma. Conclusions: a surveillance programme based on current concepts of risk cannot have an impact on mortality from oesophageal adenocarcinoma. To be effective, it will be necessary for surveillance programmes to utilise more precise methods for the identification of those who are most at risk of progression to adenocarcinoma.

GASTROENTEROLOGY 2006 FEB;130(2) SUPPL 1:S78-90

SMALL INTESTINAL BACTERIAL OVERGROWTH: ROLES OF ANTIBIOTICS, PREBIOTICS, AND PROBIOTICS.

Quigley EM, Quera R.

Small intestinal bacterial overgrowth is common in intestinal failure. Its occurrence relates to alterations in intestinal anatomy, motility, and gastric acid secretion. Its presence may contribute to symptoms, mucosal injury, and malnutrition. Relationships between bacterial overgrowth and systemic sepsis are of potential importance in the intestinal failure patient because the direct translocation of bacteria across the intestinal epithelium may contribute to systemic sepsis: a phenomenon that has been well established in experimental animal models. The accurate diagnosis of bacterial overgrowth continues to present a number of challenges in clinical practice and especially so among patients with intestinal failure. The management of patients with bacterial overgrowth remains, for the most part, primarily empiric and comprises antibiotic therapy and correction of any associated nutritional deficiencies. Although evidence from experimental animal studies consistently indicates that probiotics exert barrier-enhancing, antibacterial, immune-modulating, and anti-inflammatory effects, which all could be benefits in small intestinal bacterial overgrowth and intestinal failure, their role in human beings remains to be evaluated adequately.

ACTA GASTROENTEROLOGÍA LATINOAMERICANA 2006 36;SUP 3:S44-S46

ENFERMEDAD POR HÍGADO GRASO NO ALCOHÓLICO. DEFINICIÓN, CARACTERÍSTICAS CLÍNICAS Y OPCIONES TERAPÉUTICAS.

Poniachik J.

No abstracts available.

ENDOSCOPY 2006 FEB;38(2):193-4

ENDOSCOPIC BAND LIGATION OF BLEEDING DIEULAFOY LESIONS: THE BEST THERAPEUTIC STRATEGY.

Valera JM, Pino RQ, Poniachik J, Gil LC, O'Brien M, Sáenz R, Quigley EM.

No abstract available.

ANN HEPATOL 2006(5);SUPPL 1:67-8

MANAGEMENT OF ADVERSE REACTIONS TO CHRONIC HEPATITIS C TREATMENT.

Poniachik J.

No abstract available.

ABSTRACTS

TRENDS MOL MED 2006 DEC;12(12):555-8

INSULIN RESISTANCE AND OXIDATIVE STRESS INTERDEPENDENCY IN NON-ALCOHOLIC FATTY LIVER DISEASE.

Videla LA, Rodrigo R, Araya J, Poniachik J.

Non-alcoholic fatty liver disease (NAFLD) is emerging as a major cause of chronic liver disease in association with the rising prevalence of obesity and type 2 diabetes in the population. Oxidative stress and insulin resistance (IR) are major contributors in the pathogenesis of NAFLD and in the progression from steatosis to steatohepatitis. Recently, Houstis and colleagues reported that reactive oxygen species have a causal role in multiple forms of IR, a phenomenon that can further promote exacerbation of oxidative stress. The improvement of the knowledge of these interrelationships should contribute to elucidate pathogenic pathways and design effective treatments for NAFLD.

GENÉTICA

AME J MED GENET 2006 JUN 1;140(11):1238-40

CHILEAN PRIMARY HEALTH WORKERS' KNOWLEDGE ABOUT FOLIC ACID SUPPLEMENTATION FOR THE PREVENTION OF NEURAL TUBE DEFECTS.

Pardo R, Lay-Son G, Aranda W, Recabal P, Navarrete M, Tenhamm T, Rebolledo C, Dib M, Munoz M, Munoz P, Espina P, Ojeda N, Parra J.

No abstract available.

INMUNOLOGÍA

JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY, VOLUME 117, ISSUE 2, PAGES S78-S78

PREVALENCE OF SENSITIZATION AND LATEX ALLERGY IN OPERATING ROOM WORKERS OF THE WORKER'S HOSPITAL, SANTIAGO, CHILE

C.R. Rodas, M.A. Guzman, S. Rojas

Rationale: To determine the prevalence of NRL sensitization and allergy in HCW at the Worker's Hospital, Chile and correlate it with time of NRL exposure. Methods: 94 HCW were interviewed asking them for time of exposure and latex-related allergy symptoms. Inhalants allergens, NRL, tropical fruits extracts and three NRL gloves brands were tested by the prick test method. Standard patch test was tested too. Results: The median age was 40 years (25-67), 56 female and 38 male. Total sensitization rate was 12,76% (95% IC=9,32%-16,2%), with no statistical differences by sex. In the sensitized group, 3 HCW had respiratory symptoms in the workplace. Four sensitized HCW referred contact urticaria and one in the no sensitized group ($p < 0,05$). Sensitivity to latex family fruits was not significantly more prevalent in latex sensitive individuals. No differences in rates of sensitization for years of work or weekly hours of exposure. Fifty HCW were atopic, 10 in the sensitized group, and 40 in the no sensitized group, with statistical difference ($p < 0,05$). One HCW showed positive standard patch test. Conclusions: Sensitization doesn't increase proportionally to the time wearing NLR gloves. Urticaria an important symptom of latex allergy, and atopy is an important risk factor to develop latex sensitization.

LABORATORIO DE ENDOCRINOLOGÍA Y BIOLOGÍA DE LA REPRODUCCIÓN

ENDOCRINOLOGY 2005 DEC;146(12):5267-77

LOSS OF SYNAPTONEMAL COMPLEX PROTEIN-1, A SYNAPTONEMAL COMPLEX PROTEIN, CONTRIBUTES TO THE INITIATION OF FOLLICULAR ASSEMBLY IN THE DEVELOPING RAT OVARY.

Paredes A, Garcia-Rudaz C, Kerr B, Tapia V, Dissen GA, Costa ME, Cornea A, Ojeda SR.

In the rat ovary, germ and somatic cells become organized into primordial follicles 48-72 h after birth. Although several genes have been implicated in the control of early follicular growth, less is known about the factors involved in the formation of primordial follicles. Using the method of differential display of mRNAs, we found several genes differentially expressed at the time of follicular assembly. One of them encodes synaptonemal complex protein-1 (SCP1), a core component of the protein complex that maintains recombining chromosomes together during prophase I of the first meiotic division in germ cells. This association, evident during the pachytene stage, ends when chromosomal desynapsis begins in the diplotene stage at the end of prophase I. Oocytes become arrested in the diplotene/dictate stage before becoming enclosed into primordial follicles, suggesting that oocytes must complete meiotic prophase I before becoming competent to direct follicle assembly. We now show that attainment of the diplotene stage results in follicular formation. In developing rat ovaries, SCP1 mRNA expression is confined to oocytes and decreases precipitously within 24 h after birth, preceding the organization of primordial follicles. The premature loss of SCP1, achieved via treatment with an antisense oligodeoxynucleotide targeting SCP1 mRNA, resulted in more oocytes reaching the diplotene stage, as evidenced by a decrease in the number of oocytes containing germ cell nuclear antigen-1 (a nuclear protein whose expression ceases in diplotene) and an increase in the number of oocytes expressing MSY2 (a cytoplasmic Y box protein expressed in oocytes that have become arrested in diplotene). SCP1-deficient ovaries exhibited an increased number of newly formed follicles, suggesting that completion of meiotic prophase I endows oocytes with the ability to orchestrate follicular assembly.

ENDOCRINOLOGY 2006 JAN;147(1):155-65

EXPRESSION OF THE INSULIN RECEPTOR-RELATED RECEPTOR IS INDUCED BY THE PREOVULATORY SURGE OF LUTEINIZING HORMONE IN THECAL-INTERSTITIAL CELLS OF THE RAT OVARY.

Dissen GA, Garcia-Rudaz C, Tapia V, Parada LF, Hsu SY, Ojeda SR.

The insulin receptor-related receptor (IRR) is a member of the insulin receptor family that, on its own, recognizes neither insulin nor any of the identified insulin-related peptides. In both the nervous system and peripheral tissues, IRR mRNA is detected in cells that also express trkA, the nerve growth factor tyrosine kinase receptor. In the ovary, the trkA gene is transiently activated in thecal-interstitial cells of large antral follicles at the time of the preovulatory surge of gonadotropins. The present study shows that the IRR gene is expressed in the same ovarian compartment that IRR mRNA content increases strikingly in these cells in the afternoon of the first proestrus, and that—as in the case of trkA mRNA—the increase is caused by gonadotropins. The IRR mRNA species primarily affected is that encoding the full-length receptor; its increased abundance was accompanied by a corresponding change in IRR protein content. An extensive molecular search using several approaches, including the screening of cDNA libraries and PCR amplification with degenerate primers, did not yield an IRR ligand. Phylogenetic analysis of 20 insulin-related sequences and 15 relaxin family peptides from selected vertebrates indicated that the mammalian genome is unlikely to contain an additional ligand expressed from a distinct gene that is closely related to the insulin family. Although the functional nature of the relationship between IRR and trkA receptors is unknown, the remarkable temporal and spatial specificities of their coordinated expression in the ovary before ovulation suggests that they target a functionally related set of downstream events associated with the ovulatory process.

HUM REPROD 2006;21(12):3116-21

EXPRESSION OF MOLECULES ASSOCIATED WITH TISSUE HOMEOSTASIS IN SECRETORY ENDOMETRIA FROM UNTREATED WOMEN WITH POLYCYSTIC OVARY SYNDROME.

C. Avellaira, A. Villavicencio, K. Bacallao, F. Gabler, P. Wells, C. Romero and M. Vega.

Background: the hormonal alterations observed in women with polycystic ovary syndrome (PCOS) may promote implantation failure as well as disruption of their endometrial homeostasis. To evaluate cell survival of mid-secretory endometrium from untreated women with PCOS, we measured the expression of apoptosis and proliferation-related proteins. Methods: a case-control study of 11 patients with PCOS and 11 fertile women in the Hospital Research Unit was performed. Endometrial samples were obtained from PCOS women (PCOSE) and fertile healthy women (CE) during the mid-secretory phase of the menstrual cycle. Protein expressions for Akt, p-AktSer473 and p-AktThr308, Bad, p-BadSer136, Bcl-2, Bax and pro-caspase-3/caspase-3, were assessed by western blot, and Ki67 and p-histone-3 (p-H3) by immunohistochemistry. Results: in CE and PCOSE, a predominance of p-AktThr308 over p-AktSer473 is observed; p-BadSer136 expression is higher in PCOSE than in CE ($P < 0.05$). Also, Bcl-2 protein is overexpressed in PCOSE ($P < 0.05$), with no changes in Bax expression among

ABSTRACTS

the two groups, resulting in a significantly higher Bcl-2/Bax ratio in PCOSE than in CE ($P < 0.05$). No changes in the expression of caspase-3 are obtained between both groups of endometria. Furthermore, cell proliferation detected by the expression of Ki67 and p-H3 proteins is higher in the epithelia than the stroma of PCOSE versus CE ($P < 0.05$). Conclusion: the abnormal tissue homeostasis exhibited by the secretory endometrium from PCOS patients with spontaneous ovulation may interfere with their endometrial receptivity.

MEDICINA INTERNA

EUR CYTOKINE NETW JUN 2006;17(2):125-30

NOD2/CARD15 AND TOLL-LIKE 4 RECEPTOR GENE POLYMORPHISM IN CHILEAN PATIENTS WITH INFLAMMATORY BOWEL DISEASE.

Figueroa C, Peralta A, Herrera L, Castro P, Gutierrez A, Valenzuela J, Aguillon JC, Quera R, Hermosa MA.

Crohn's disease (CD) and ulcerative colitis (UC) are multifactorial diseases with a genetic background. Genes related to the innate immune response have been observed to be involved. Polymorphisms of Toll-like receptor 4 (TLR4) and CARD15/NOD2 are thought to be involved in the pathogenesis of inflammatory bowel disease (IBD). There is no information about the frequency of these polymorphisms in South American and Chilean populations. Aim: to investigate the distribution of CARD15/NOD2 (ArgWTrp, Gly908Arg and Leu1007fsinsC) and TLR4 (Asp299Gly) polymorphisms in Chilean patients with IBD. Methods: DNA was obtained from 22 CD, 22 UC patients and 20 healthy individuals. Genotyping was performed by allele-specific PCR and by PCR-RFLP analysis. Clinical and demographic features were characterized. Results: among the CD patients, the clinical pattern was deemed inflammatory in 14, while five had penetrating and five stricturing, variants. One patient had esophageal involvement, five perianal, seven ileal and in 16 the colon was involved. Among the UC patients, two had proctitis, two proctosigmoiditis, four left-sided colitis and 14 pancolitis. NOD2/CARD15 analysis revealed the presence of the 702Trp allele in two CD patients (both heterozygotes), 1007fsinsC in one CD patient (heterozygote) while 908Arg was found in one UC patient. The 299Gly TLR4 allele was identified in one UC and one CD patient. Conclusion: this genetic study shows that the alleles frequently associated with IBD (1007fsinsC, 908Arg and 702Trp in NOD2/CARD15 and 299Gly TLR4) have a low incidence in Chilean, IBD patients, which is similar to European populations. It is possible that, in addition to environmental factors, other genetic polymorphisms may be involved in the pathogenesis of the disease in Chilean, IBD patients.

NEUROLOGÍA

MOV DISORD 2006 JUL;21(7):1008-12

CADASIL PRESENTING WITH A MOVEMENT DISORDER: A CLINICAL STUDY OF A CHILEAN KINDRED.

Miranda M, Dichgans M, Slachevsky A, Urbina F, Mena I, Venegas P, Galvez M.

Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL) is a hereditary vascular disease that usually begins with migraine, followed by repeated strokes and progressive dementia. We describe an unusual clinical presentation of this condition in members of a Chilean family with an established NOTCH3 mutation. We report early clinical, neuropsychological, transcranial ultrasound, magnetic resonance imaging (MRI), cerebral blood flow, and skin biopsy findings on these patients. Of the patients, 2 presented with facial dystonia, 1 of whom had abnormal single photon emission computed tomography and transcranial ultrasound studies after normal brain MRI scans. Our report emphasizes that CADASIL must be considered in the study of patients with secondary.

REV NEUROLOGY 2006 MAR 16-31;42(6):332-5

INTRAMUSCULAR MIDAZOLAM IN THE INITIAL TREATMENT OF STATUS EPILEPTICUS.

Galdames-Contreras D, Carrasco-Poblete E, Aguilera-Olivares L, Fabres-Oyarzo L, Galdames-Poblete D.

Introduction: the status epilepticus a serious complication of the epileptic syndrome with high rates of morbidity and mortality. Treatment is aimed to a fast control of the crisis. AIM: To evaluate the efficacy and security of intramuscular

(IM) midazolam in the initial treatment of status epilepticus. Patients and methods: a prospective open clinical trial that included 43 status epilepticus in 38 adult patients. All of the cases received an initial dose of 15 mg IM of midazolam, with a simultaneous oral dose of phenytoin (15 to 20 mg/kg) or carbamazepine (15 mg/kg). If there was immediate control of the seizure but recurrence occurred during the next hours, 15 mg im of midazolam every 8 hours were given, for 24 hours. If there was immediate failure intravenous (IV) midazolam was given. Results: 36 of the 43 status epilepticus were controlled: 30 with only one dose, 3 required additional IM doses, and 3 needed administration of IV midazolam, no patient had neither cardiovascular, respiratory or local complications. The only adverse effect was drowsiness in a variable grade. Conclusions: the use of IM midazolam is suggested as the initial treatment in status epilepticus in adults, especially in a low complexity setting, due to its effectiveness, quick action and security

NAT GENET 2006 OCT;38(10):1184-91

HEREDITARY PARKINSONISM WITH DEMENTIA IS CAUSED BY MUTATIONS IN ATP13A2, ENCODING A LYSOSOMAL TYPE 5 P-TYPE ATPASE.

Ramirez A, Heimbach A, Grundemann J, Stiller B, Hampshire D, Cid LP, Goebel I, Mubaidin AF, Wriekat AL, Roeper J, Al-Din A, Hillmer AM, Karsak M, Liss B, Woods CG, Behrens MI, Kubisch C.

Neurodegenerative disorders such as Parkinson and Alzheimer disease cause motor and cognitive dysfunction and belong to a heterogeneous group of common and disabling disorders. Although the complex molecular pathophysiology of neurodegeneration is largely unknown, major advances have been achieved by elucidating the genetic defects underlying mendelian forms of these diseases. This has led to the discovery of common pathophysiological pathways such as enhanced oxidative stress, protein misfolding and aggregation and dysfunction of the ubiquitin-proteasome system. Here, we describe loss-of-function mutations in a previously uncharacterized, predominantly neuronal P-type ATPase gene, ATP13A2, underlying an autosomal recessive form of early-onset parkinsonism with pyramidal degeneration and dementia (PARK9, Kufoer-Rakeb syndrome). Whereas the wild-type protein was located in the lysosome of transiently transfected cells, the unstable truncated mutants were retained in the endoplasmic reticulum and degraded by the proteasome. Our findings link a class of proteins with unknown function and substrate specificity to the protein networks implicated in neurodegeneration and parkinsonism.

ANN NEUROL 2006 SEP;60(3):314-22

HDDD2 IS A FAMILIAL FRONTOTEMPORAL LOBAR DEGENERATION WITH UBIQUITIN-POSITIVE, TAU-NEGATIVE INCLUSIONS CAUSED BY A MISSENSE MUTATION IN THE SIGNAL PEPTIDE OF PROGRANULIN.

Mukherjee O, Pastor P, Cairns NJ, Chakraverty S, Kauwe JS, Shears S, Behrens MI, Budde J, Hinrichs AL, Norton J, Levitch D, Taylor-Reinwald L, Gitcho M, Tu PH, Tenenholz Grinberg L, Liscic RM, Armendariz J, Morris JC, Goate AM.

Objective: familial autosomal dominant frontotemporal dementia with ubiquitin-positive, tau-negative inclusions in the brain linked to 17q21-22 recently has been reported to carry null mutations in the progranulin gene (PGRN). Hereditary dysphasic disinhibition dementia (HDDD) is a frontotemporal dementia with prominent changes in behavior and language deficits. A previous study found significant linkage to chromosome 17 in a HDDD family (HDDD2), but no mutation in the MAPT gene. Longitudinal follow-up has enabled us to identify new cases and to further characterize the dementia in this family. The goals of this study were to develop research criteria to classify the different clinical expressions of dementia observed in this large kindred, to identify the causal mutation in affected individuals and correlate this with phenotypic characteristics in this pedigree, and to assess the neuropathological characteristics using immunohistochemical techniques. Methods: in this study we describe a detailed clinical, pathological and mutation analysis of the HDDD2 kindred. Results: neuropathologically, HDDD2 represents a familial frontotemporal lobar degeneration with ubiquitin-positive, tau-negative inclusions (FTLD-U). We developed research classification criteria and identified three distinct diagnostic thresholds, which helped localize the disease locus. The chromosomal region with the strongest evidence of linkage lies within the minimum critical region for FTLD-U. Sequencing of each exon of the PGRN gene led to the identification of a novel missense mutation, Ala-9 Asp, within the signal peptide. Interpretation: HDDD2 is an FTLD-U caused by a missense mutation in the PGRN gene that cosegregates with the disease and with the disease haplotype in at-risk individuals. This mutation is the first reported pathogenic missense mutation in the signal peptide of the PGRN gene causing FTLD-U. In light of the previous reports of null mutations and its position in the gene,

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two possible pathological mechanisms are proposed: (1) the protein may accumulate within the endoplasmic reticulum due to inefficient secretion; and (2) mutant RNA may have a lower expression because of degradation via nonsense-mediated decay.

OBSTETRICIA Y GINECOLOGÍA

J CLIN ENDOCRINOL METABOLISM 2006 JUN;91(6):2396-403

NERVE GROWTH FACTOR-DEPENDENT ACTIVATION OF TRKA RECEPTORS IN THE HUMAN OVARY RESULTS IN SYNTHESIS OF FOLLICLE-STIMULATING HORMONE RECEPTORS AND ESTROGEN SECRETION.

Salas C, Julio-Pieper M, Valladares M, Pommer R, Vega M, Mastronardi C, Kerr B, Ojeda SR, Lara HE and Romero C.

Context: previous studies showed that nerve growth factor (NGF) induces the expression of functional FSH receptors (FSHR) in preantral follicles of the developing rat ovary. Objective: the objective of this study was to determine whether NGF can affect granulosa cell (GC) function in human periovulatory follicles using intact human ovaries and isolated human GCs. Patients and Interventions: Human GCs were obtained from in vitro fertilization patients and normal ovaries from women with elective pelvic surgery for nonovarian indications. Results: in normal ovaries, NGF and trkA (NGF's high-affinity receptor) were detected by immunohistochemistry in GCs of preantral and antral follicles. NGF and trkA are also present in thecal cells of antral follicles. Both freshly collected and cultured GCs contained immunoreactive NGF and trkA in addition to their respective mRNAs. Human GCs respond to NGF with increased estradiol (E2) secretion and a reduction in progesterone output. Exposure of human GCs to NGF increased FSHR mRNA content within 18 h of treatment, and this effect was blocked by the trk tyrosine kinase blocker K-252a. Also, cells preexposed to NGF released significantly more E2 in response to hFSH than cells not pretreated with the neurotrophin, showing that the NGF-induced increase in FSHR gene expression results in the formation of functional FSHRs. Conclusions: these results suggest that one of the functions of NGF in the preovulatory human ovary is to increase the secretion of E2 while preventing early luteinization via an inhibitory effect on progesterone secretion. NGF stimulates E2 secretion both directly and by increasing the formation of FSHRs.

GYNECOL ONCOL 2007 JAN;104(1):168-75

NERVE GROWTH FACTOR AND ITS HIGH-AFFINITY RECEPTOR TRKA PARTICIPATE IN THE CONTROL OF VASCULAR ENDOTHELIAL GROWTH FACTOR EXPRESSION IN EPITHELIAL OVARIAN CANCER.

Campos X, Munoz Y, Selman A, Yazigi R, Moyano L, Weinstein-Opppenheimer C, Lara HE, Romero C.

Objectives: to compare the expression of nerve growth factor (NGF) and its high-affinity receptor trkA in normal ovaries and in epithelial ovarian carcinomas. Given NGF acts as an angiogenic factor through a vascular endothelial growth factor (VEGF)-mediated mechanism in several types of tissues, we examined whether NGF regulates the expression of VEGF isoforms in epithelial ovarian cancer (EOC). Methods: the expression and localization of NGF and tyrosine kinase receptor A (trkA) in normal ovarian samples and in ovarian cancer samples were analyzed by RT-PCR and immunohistochemistry. NGF regulates the expression of three VEGF isoforms (VEGF (121), VEGF (165) and VEGF (189)); these were examined using RT-PCR in explants of EOC and ELISA in culture media. Results: TrkA mRNA levels were over-expressed in ovarian cancer compared to normal ovarian samples, whereas NGF mRNA levels remained unchanged. NGF and trkA proteins were absent or found in very low levels in normal ovarian surface epithelium (OSE), whereas they were highly expressed in epithelial cells of EOC. Additionally, NGF stimulated the expression of VEGF isoforms in cancer explants. The effect was dose-dependent and inhibited by a NGF antibody and by K(252a), a trk receptor inhibitor. Conclusion: the abundance of NGF and trkA receptors in epithelial cells of EOC, together with the ability of NGF to increase VEGF expression strongly suggests an autocrine role of NGF in EOC. These findings suggest that blocking neurotrophin action could be a therapeutic target in treating ovarian cancer.

REPROD BIOL ENDOCRINOL NOV 2006(10);4:57

EFFECTS OF NERVE GROWTH FACTOR (NGF) ON BLOOD VESSELS AREA AND EXPRESSION OF THE ANGIOGENIC FACTORS VEGF AND TGFbeta1 IN THE RAT OVARY.

Julio-Pieper M, Lara HE, Bravo JA and Romero C.

Background: angiogenesis is a crucial process in follicular development and luteogenesis. The nerve growth factor (NGF) promotes angiogenesis in various tissues. An impaired production of this neurotrophin has been associated with delayed wound healing. A variety of ovarian functions are regulated by NGF, but its effects on ovarian angiogenesis remain unknown. The aim of this study was to elucidate if NGF modulates 1) the amount of follicular blood vessels and 2) ovarian expression of two angiogenic factors: vascular endothelial growth factor (VEGF) and transforming growth factor beta 1 (TGFbeta1), in the rat ovary. Results: in cultured neonatal rat ovaries, NGF increased VEGF mRNA and protein levels, whereas TGFbeta1 expression did not change. Sectioning of the superior ovarian nerve, which increases ovarian NGF protein content, augmented VEGF immunoreactivity and the area of capillary vessels in ovaries of prepubertal rats compared to control ovaries. Conclusion: results indicate that NGF may be important in the maintenance of the follicular and luteal vasculature in adult rodents, either indirectly, by increasing the expression of VEGF in the ovary, or directly via promoting the proliferation of vascular cells. This data suggests that a disruption on NGF regulation could be a component in ovarian disorders related with impaired angiogenesis.

ACTAS DERMOSIFILIOGR 2006 MAY;97(4):241-6

STUDY OF VARIABLES ASSOCIATED WITH SKIN CANCER IN CHILE USING PRINCIPAL COMPONENT ANALYSIS.

Salinas H, Almenara J, Reyes A, Silva P, Erazo M, Abellan Mj.

Background: the incidence of skin cancer in Chile has increased in recent years. Objective: to associate variables with skin cancer in Chile through indices generated using multivariate descriptive statistical techniques. Material and Method: during May 2004, information was gathered from demographic, meteorological and clinical data from Chile corresponding to fiscal year 2001, the latest complete, official information available for the country's Health Services as a whole. The variables developed by the following were studied: the National Statistics Institute (INE), the Ministry of Health (MINSAL), the Ministry of Planning and Cooperation (MIDEPLAN), the National Health Fund (FONASA), the Chilean Meteorological Directorate, Federico Santa Maria Technical University and the Directorate-General for Water. A Principal Component Analysis (PCA) was then performed on the data obtained. Results: the first three principal components were selected, with a cumulative explained variance percentage of 54.48 %. The first principal component explains 24.92 % of the variance, and is related to climatic and geographic variables. The second principal component explains 15.77 % of the variance, and is mainly related to FONASA's beneficiary population and the poverty rate. The mortality rate from skin cancer runs significantly against this component. The third principal component explains 13.79 % of the variance, and is related to population characteristics, such as total catchment population, female population and urban population. Conclusion: performing PCA is useful in studying the factors associated with skin cancer.

ONCOLOGÍA

J CLIN ONCOL 2006 NOV 1;24(31):4991-7

PHASE III STUDY OF DOCETAXEL AND CISPLATIN PLUS FLUOROURACIL COMPARED WITH CISPLATIN AND FLUOROURACIL AS FIRST-LINE THERAPY FOR ADVANCED GASTRIC CANCER: A REPORT OF THE V325 STUDY GROUP.

Van Cutsem E, Moiseyenko VM, Tjulandin S, Majlis A, Constenla M, Boni C, Rodrigues A, Fodor M, Chao Y, Voznyi E, Risse ML, Ajani JA.

Purpose: in the randomized, multinational phase II/III trial (V325) of untreated advanced gastric cancer patients, the phase II part selected docetaxel, cisplatin, and fluorouracil (DCF) over docetaxel and cisplatin for comparison against cisplatin and fluorouracil (CF; reference regimen) in the phase III part. Patients and methods: advanced gastric cancer patients were randomly assigned to docetaxel 75 mg/m² and cisplatin 75 mg/m² (day 1) plus fluorouracil 750 mg/m²/d (days 1 to 5) every 3 weeks or cisplatin 100 mg/m² (day 1) plus fluorouracil 1,000 mg/m²/d (days 1 to 5) every 4 weeks. The primary end point was time-to-progression (TTP). Results: in 445 randomly assigned and treated patients (DCF = 221; CF = 224), TTP was

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longer with DCF versus CF (32% risk reduction; log-rank $P < .001$). Overall survival was longer with DCF versus CF (23% risk reduction; log-rank $P = .02$). Two-year survival rate was 18% with DCF and 9% with CF. Overall response rate was higher with DCF ($\chi^2 P = .01$). Grade 3 to 4 treatment-related adverse events occurred in 69% (DCF) v 59% (CF) of patients. Frequent grade 3 to 4 toxicities for DCF v CF were: neutropenia (82% v 57%), stomatitis (21% v 27%), diarrhea (19% v 8%), lethargy (19% v 14%). Complicated Neutropenia Was More Frequent With Dcf Than Cf (29% V 12%). Conclusion: adding docetaxel to CF significantly improved TTP, survival, and response rate in gastric cancer patients, but resulted in some increase in toxicity. Incorporation of docetaxel, as in DCF or with other active drug(s), is a new therapy option for patients with untreated advanced gastric cancer.

RESPIRATORIO

EUR RESPIR J 2006,28:785s-786s

VENTILATOR-ASSOCIATED PNEUMONIA: RISK FACTORS FOR ANTIMICROBIAL-RESISTANT CAUSATIVE PATHOGENS.

Ruiz MH, Guerrero JA, Romero C.

Ventilator-associated pneumonia (VAP) continues to complicate the course of patients receiving mechanical ventilation, the mortality rate ranges from 24 to 65%. The treatment of VAP includes empirical antibiotic treatment according to the predominant organism. Most guidelines have recommended to share out VAP in early onset if diagnosis is made within 96 hours from ICU admission or late onset if the diagnosis is later. Late-onset VAP is frequently attributed to antibiotic-resistant pathogens (ARP). The Aim of this study was to correlate the isolate of ARP with late-onset VAP, prior antimicrobial treatment, comorbidity and severity of illnesses. VAP was defined according to a clinical diagnosis plus isolation of a pathogen in a significant concentration ($\geq 10^6$ CFU/ml for quantitative cultures of endotracheal aspirates or $\geq 10^4$ CFU/ml for BAL). Results: we included 48 patients with VAP, the average age was 59 ± 19 years. 75% (36/48) were late-onset VAP and 94% were caused by ARP. Most frequent pathogens isolated were methicillin resistant *S. aureus* (54%), *Acinetobacter* sp (33%), *Pseudomonas aeruginosa* (19%) and polymicrobial (33%). The mortality was 34% and it was associated with the isolation of ARP ($p < 0,05$). ARP was not associated with late-onset VAP ($p > 0,5$), by contrast prior antimicrobial treatment was closely associated to isolation of ARP ($p < 0,05$). 35% of the cases had inadequate empirical antimicrobial treatment, all of them received prior antimicrobial treatment ($p < 0,01$). In addition, Glasgow coma scale < 11 was the only clinical factor associated with ARP-VAP. Conclusion: prior antimicrobial treatment was closely associated with ARP-VAP regardless of the timing of VAP Diagnosis.

REUMATOLOGÍA

CANCER RES 2006 DEC 1;66(23):11424-31

PROSTATE CANCER CELL PROLIFERATION IN VITRO IS MODULATED BY ANTIBODIES AGAINST GLUCOSE-REGULATED PROTEIN 78 ISOLATED FROM PATIENT SERUM.

Mario Gonzalez-Gronow, Miguel Cuchacovich, Carolina Llanos, Cristian Urzúa, Govind Gawdi, Salvatore V Pizzo.

Circulating autoantibodies against the glucose-regulated protein of 78 kDa (GRP78) are present at high levels in prostate cancer patients and are a biomarker of aggressive tumor behavior. We purified the anti-GRP78 IgGs and examined their effect on 1-LN, PC-3, DU145, and LnCap human prostate cancer cells. We also evaluated its effects on the breast cancer MDA-MB231 and melanoma DM413 cell lines. The anti-GRP78 antibody binds only to cells expressing GRP78 on the surface, to a site also recognized by its physiologic agonist, activated alpha(2)-macroglobulin ($\alpha(2)M^*$). This antibody is completely specific for a peptide, including the primary amino acid sequence CNVKS DKSC, which contains a tertiary structural motif mimicking an epitope in GRP78. Tertiary structural analysis suggested the linear GRP78 primary amino acid sequence LIGRTWNDPSVQQDIKFL (Leu(98)-Leu(115)) as the putative binding site, containing the tertiary structural arrangement described above, which was confirmed experimentally. The anti-GRP78 antibodies from prostate cancer patients recognize almost exclusively this epitope. We produced animal antibodies against both these peptides, and they are able to mimic the effects of the human antibody. Our experiments also suggest this epitope as highly immunogenic, thereby explaining the

specificity of the immune response against this epitope in GRP78, observed in humans. Using 1-LN cells as a model, we show that anti-GRP78 IgG purified from the sera of these patients mimics the proliferative effects induced by alpha(2)M* via the common receptor, GRP78. Furthermore, increasing concentrations of human anti-GRP78 IgG show a dose-dependent protective effect on apoptosis induced by tumor necrosis factor alpha.

SCAND J RHEUMATOL APR 2006;35(2):143-146

SYSTEMIC VASCULITIS ASSOCIATED WITH FASCIOLA HEPATICA INFECTION.

Llanos C, Soto L, Sabugo F, Gallegos I, Valenzuela O, Verdaguer J, Cuchacovich M.

Report the case of a 50-year-old man who presented with systemic vasculitis associated with Fasciola hepatica infection. The patient presented with severe skin, kidney, spleen, ophthalmic, and neurological compromise. An immunological examination for primary vasculitis was negative and other infections were discounted by microbiological and serological analyses. The patient was treated with steroids without clinical response. The Fasciola hepatica infection was confirmed by the presence of specific immunoglobulin G (IgG) serum antibodies detected by a quantitative enzyme-linked immunosorbent assay (ELISA) with an optical density (OD) of 0.483 OD units (normal value < 0.170 OD units) and a high-titre complement fixation (1/80 dilution). The patient received treatment with triclabendazole and all symptoms and systemic manifestations resolved within weeks. Hence, this previously unreported vasculitis-associated infection, if identified opportunely, can be treated and cured.

SCAND J RHEUMATOL 2006 NOV-DEC;35(6):435-40

TUMOUR NECROSIS FACTOR (TNF) ALPHA -308 G/G PROMOTER POLYMORPHISM AND TNFALPHA LEVELS CORRELATE WITH A BETTER RESPONSE TO ADALIMUMAB IN PATIENTS WITH RHEUMATOID ARTHRITIS.

Cuchacovich M, Soto L, Edwardes M, Gutierrez M, Llanos C, Pacheco D, Sabugo F, Alamo M, Fuentealba C, Villanueva L, Gatica H, Schiattino I, Salazar L, Catalan D, Valenzuela O, Salazar-Onfray F, Aguillon JC.

Objective: to investigate the influence of -308 tumour necrosis factor-alpha (TNFalpha) promoter polymorphism and circulating TNFalpha levels in the clinical response to adalimumab treatment in patients with rheumatoid arthritis (RA). Methods: eighty-one patients with active RA were genotyped for the -308 TNFalpha polymorphism by polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) analysis and subdivided into two groups for each polymorphism (G/A and G/G genotype). All received 40 mg of adalimumab subcutaneously every other week. We compared the groups' clinical responses to adalimumab at 8, 16, and 24 weeks using the Disease Activity Score in 28 joints (DAS28). Results: both groups showed a significant improvement from baseline. A significant difference between groups was found at week 24. We found that 88.2% of G/G versus 68.4% of G/A for the -308 polymorphism were DAS28 responders (p = 0.05). The score improvement at week 24 was 2.5 +/- 1.3 in the G/G group and 1.8 +/- 1.3 in the G/A group for the -308 polymorphism (p = 0.04). The median of serum TNFalpha levels of the G/A group were lower than those of the G/G group, and statistically different at weeks 8 and 24 (p < 0.039 and p < 0.043). When comparing baseline levels to those achieved at 8, 16, and 24 weeks for the whole group, only responder patients showed a statistically significant overall increase in TNFalpha over time (p < 0.000001). Conclusion: a relationship between DAS28 improvement, the -308 G/G polymorphism, and increased circulating TNFalpha levels was found in Chilean RA patients treated with adalimumab.

IMMUNOBIOLOGY 2006;211(1-2):85-96

GLUCOCORTICOID RECEPTOR BETA IN ACUTE AND CHRONIC INFLAMMATORY CONDITIONS: CLINICAL IMPLICATIONS.

Goecke A, Guerrero J.

Glucocorticoids (GC) are hormones with a wide variety of actions, including profound anti-inflammatory/immunosuppressive effects. Their actions are mediated by an intracellular receptor called the glucocorticoid receptor (GCR). The classical GCR that mediates the hormone response is called GCR alpha. Recently however, many GCR isotypes have been described. A defective GC action has been proposed as an etio-pathogenic mechanism for the development of inflammatory/autoimmune diseases. Inadequate GC actions may have multiple causes such as: defective hypothalamic-pituitary-adrenal axis function, GC export from cells, hormone metabolization into inactive compounds and modifications of the GC receptor, among others. In 1995, a dominant negative effect of a GC receptor isotype termed beta was described; starting a still unsolved controversy about the role of GCR beta as an inducer of GC resistance in certain pathological conditions. The present article will review the data about a possible role for GCR

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beta in the development of GC resistance in inflammatory diseases. This review will especially focus on the role of the GCR beta in rheumatoid arthritis and in septic shock as examples of a chronic inflammatory disease and an acute systemic inflammatory condition. Original data supporting possible hyperexpression of GCR beta in both conditions will be shown.

IMMUNOBIOLOGY 2006;211(1-2):75-84

COULD SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS) AFFECTING THE TUMOUR NECROSIS FACTOR PROMOTER BE CONSIDERED AS PART OF RHEUMATOID ARTHRITIS EVOLUTION?

Aguillon JC, Cruzat A, Aravena O, Salazar L, Llanos C, Cuchacovich M.

Tumour necrosis factor (TNF), a cytokine mainly produced by macrophages, is associated with a broad spectrum of biological effects, mainly associated with the host defense against microbes. The TNF gene is located on chromosome six within the major histocompatibility complex (MHC). Rheumatoid arthritis (RA) is a systemic autoimmune disease where TNF plays a central role in its etiology and pathogenesis. Written medical evidence of RA can be traced at least as far back as the 17th century, while human paleopathological studies appear to show the presence of RA prior to this period. The fact that RA has experienced an increment both in severity and mortality could be explained by many causes, particularly the crucial role of the immune system. Single-nucleotide polymorphisms (SNPs) are the most common genetic variations and occur at a frequency of approximately 1 in 1000 bp throughout the genome. The -308 TNF SNP is a mutation that affects the promoter region of the TNF gene. It defines the TNF1 and TNF2 alleles, determining low and high levels of TNF expression, respectively. The presence of the TNF2 allele has also been linked to increased susceptibility to and severity in a variety of autoimmune and inflammatory disorders, including RA, systemic lupus erythematosus, and ankylosing spondylitis. Studies on the functional significance of -308 SNP have detected higher levels of TNF production by cells from TNF2-carrying individuals than cells from TNF1 individuals. This difference does not appear to be due to other genes lying within the MHC region. Since the presence of the TNF2 allele may increase the host's resistance to local infection, by increasing local production of TNF at the infection site, we may suggest that such a mutation has emerged as a selective advantage to carriers of the TNF2 allele. This hypothesis may prove itself by observing the high incidence of tuberculosis and other infectious processes in those patients treated with anti-TNF therapy. Since the human lifespan has increased, the persistence of the TNF2 allele at high frequency in the population now confers what appears to be a marked survival disadvantage. As a result of the dysregulation of the immune system, the genetically-predisposed host expresses larger amounts of TNF, leading to chronic inflammatory processes and autoimmune diseases, currently more prevalent. We suggest that RA, a relatively new and increasingly frequent disease, is favored by the presence of the -308 TNF promoter polymorphism, responsible for increased TNF production.

TRAUMATOLOGÍA

ARTHROSCOPY 2006 MAY;22(5):558-64

BONE TUMORS AROUND THE KNEE: RISKS AND BENEFITS OF ARTHROSCOPIC PROCEDURES.

Bahamonde L, Catalan J.

Although most primary bone tumors and soft tissue tumors arise around the knee joint, many patients with tumoral conditions attribute their symptoms to traumatic events. This may lead to misdiagnosis and mistakes in selection of therapeutic approach. Arthroscopy is the preferred method for diagnosis and treatment of knee joint disease, but even a minimally invasive procedure may have adverse consequences in the presence of an unsuspected neoplasm. Thus, evaluation of all patients who may benefit from knee arthroscopy requires a careful and systematic workup that consists of appropriate noninvasive imaging studies and thoughtful consideration regarding the need for magnetic resonance imaging. Arthroscopic biopsy and treatment are recommended for selected intra-articular tumors. In addition, arthroscopy is a useful adjunct during surgical treatment of patients with certain juxta-articular benign bone tumors. In this Current Concepts review, we consider the risks and benefits of arthroscopy in the presence of tumors about the knee joint.

UROLOGÍA

UROLOGY 2006 DEC;68(6):1206-10

INTERSTITIAL TEMPERATURE MAPPING DURING PROLIEVE TRANSURETHRAL MICROWAVE TREATMENT: IMAGING REVEALS THERMOTHERAPY TEMPERATURES RESULTING IN TISSUE NECROSIS AND PATENT PROSTATIC URETHRA.

Larson BT, Robertson DW, Huidobro C, Acevedo C, Busel D, Collins J, Larson TR.

Objectives: temperature mapping of the prostate during transurethral microwave thermotherapy and imaging of the resultant zones of tissue necrosis have been previously performed using several commercial systems. This study was performed using the Prolieve Thermodilatation System, which simultaneously compresses the prostate with a 46F balloon circulating heated fluid and delivering microwave energy into the prostate. Methods: interstitial temperature mapping during Prolieve treatment was performed on 10 patients with benign prostatic hyperplasia using 24 temperature sensors arrayed throughout the prostate. Voiding cystourethrograms were performed on 3 additional patients treated without temperature mapping to document the patency of the prostatic urethra 1 hour after treatment. Gadolinium-enhanced magnetic resonance imaging studies were performed on all patients 1 week after treatment to determine the extent and pattern of tissue necrosis resulting from transurethral microwave thermotherapy. Results: interstitial temperature mapping found that the heating pattern generated by the Prolieve system created average peak temperatures of 51.8 degrees C an average of 7 mm away from the prostatic urethra. These temperatures were greater near the bladder neck and mid-gland than toward the prostatic apex. Subtherapeutic temperatures were seen adjacent to the urethra, consistent with the viable tissue seen on gadolinium-enhanced magnetic resonance imaging sequences. Magnetic resonance imaging also revealed necrotic zones that were consistent with sustained temperatures greater than 45 degrees C. Voiding cystourethrograms showed widely patent prostatic urethras 1 hour after treatment. Conclusions: transurethral microwave thermotherapy with the Prolieve Thermodilatation System produced sustained therapeutic temperatures that resulted in tissue necrosis while maintaining viable tissue surrounding a temporarily dilated prostatic urethra.

CANCER INVEST 2006 APR-MAY;24(3):261-8

EFFECT OF LEUPROLIDE AND CETRORELIX ON CELL GROWTH, APOPTOSIS, AND GnRH RECEPTOR EXPRESSION IN PRIMARY CELL CULTURES FROM HUMAN PROSTATE CARCINOMA.

Castellon E, Clementi M, Hitschfeld C, Sanchez C, Benitez D, Saenz L, Contreras H, Huidobro C.

Contradictory data have been reported regarding the effect of GnRH agonists and antagonists on cell growth and survival, using prostate cancer-derived cell lines expressing either endogenous or exogenous GnRH receptors. We addressed the issue studying the effect of leuprolide (agonist) and cetrorelix (antagonist) on cell growth, apoptosis and GnRH receptor expression using a primary cell coculture system. Also, binding characteristics of prostate GnRH receptor in this culture system are described. Epithelial and stromal cells were obtained from prostate adenocarcinoma samples and cocultured in a bicameral system. Expression of GnRH receptors was evaluated by semiquantitative RT-PCR (transcript level) and Western blot (protein level). Cell growth was estimated by MTT method and apoptosis by DNA fragmentation using COMET assay. Saturation and competition binding studies were carried out using ¹²⁵I-GnRH as radioligand. GnRH receptors from cell cultures of prostate cancer exhibited a single class of binding sites with a Kd of 1.11 +/- 0.28 nM and a Bmax of 2.81 +/- 0.37 pmol/mg of membrane protein for GnRH. Leuprolide and cetrorelix showed no effect on GnRH receptor expression. Both analogues showed a significant reduction in cell growth rate and an increase in DNA-fragmented cell number. These effects were dependent on the analogue concentrations (from 5-20 ng/mL). Considering that the culture system used in this work represents more closely the in vivo conditions of tumor cells than metastatic derived cell lines, we conclude that GnRH analogues have a significant inhibitory effect on cell viability of cells expressing GnRH receptors. In addition, GnRH receptors expressed in tumor prostatic cells seem not discriminate between agonist and antagonist, both analogues activating these receptors. Also, leuprolide and cetrorelix treatments did not influence GnRH receptor expression in our culture system. These differences with pituitary receptors may be explained by differences in affinity, transduction mechanism and molecular context in prostatic tissue.

ABSTRACTS

ASIAN J ANDROL 2006 MAY;8(3):349-55

JOINT EFFECT AMONG P53, CYP1A1, GSTM1 POLYMORPHISM COMBINATIONS AND SMOKING ON PROSTATE CANCER RISK: AN EXPLORATORY GENOTYPE-ENVIRONMENT INTERACTION STUDY.

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Aim: to assess the role of several genetic factors in combination with an environmental factor as modulators of prostate cancer risk. We focus on allele variants of low-penetrance genes associated with cell control, the detoxification processes and smoking. Methods: in a case-control study we compared people carrying p53cd72 Pro allele, CYP1A1 M1 allele and GSTM1 null genotypes with their prostate cancer risk. Results: the joint risk for smokers carrying Pro* and M1*, Pro* and GSTM1null or GSTM1 null and CYP1A1 M1* variants was significantly higher (odds ratio [OR]: 13.13, 95% confidence interval [CI]: 2.41-71.36; OR: 3.97, 95% CI: 1.13-13.95 and OR: 6.87, 95% CI: 1.68-27.97, respectively) compared with that for the reference group, and for non-smokers was not significant. OR for combinations among p53cd72, GSTM1 and CYP1A1 M1 in smokers were positively and significantly associated with prostate cancer risk compared with non-smokers and compared with the putative lowest risk group (OR: 8.87, 95% CI: 1.25-62.71). Conclusion: our results suggest that a combination of p53cd72, CYP1A1, GSTM1 alleles and smoking plays a significant role in modified prostate cancer risk on the study population, which means that smokers carrying susceptible genotypes might have a significantly higher risk than those carrying non-susceptible genotypes.

ARCH ESP UROL 2006 APR;59(3):274-80

CIPROFLOXACINO ORAL DISCONTINUO EN RESECCION TRANSURETRAL DE PROSTATA. RESULTADOS INICIALES.

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Objectives: to describe the rate of infectious complications using a discontinuous scheme of oral ciprofloxacin in transurethral resection of the prostate (TUR-P). To try to weigh the influence of clinical background, operative complications and postoperative outcome on the development of such complications. To compare the results to those obtained with equal methodology using antibiotics in a continual scheme until the catheter removal. Method: a prospective open study was designed including 53 consecutive patients with sterile urine and without indwelling catheter subjected to TUR-P. Patients received oral ciprofloxacin 500 mg (4 doses) before going to the surgical room, the night of surgery, next morning of surgery and before catheter removal. Three patients were excluded after incorporation (5.6%) and all the remainders completed follow up. Results: fifty patients are analyzed. Fever was present in 8 patients (16%). Systemic clinical infection was present in 3 patients (6%). No isolated-germ postoperative bacteriuria was present. Previous urinary infection (UTI) was statistically associated to systemic clinical infection ($p = 0.007$) and to active chronic prostatitis on operative biopsy ($p = 0.002$). Conclusion: probably previous UTI antecedent made less advisable the discontinuous scheme use in TUR-P, although a greater number of patients is needed to confirm these statement. When these results are compared to those using antibiotics in a continual scheme until catheter removal, a significant higher frequency of fever is seen ($p = 0.022$).