

# *Abstracts* de publicaciones nacionales ISI 2010

## **DEPARTAMENTO DE ANATOMÍA PATOLÓGICA**

REV MED CHILE 2010; 138: 295-302.

### **PANCREATITIS AUTOINMUNE: EXPERIENCIA CLÍNICA Y REVISIÓN DE LA LITERATURA.**

Sergio Muñoz C., Carla Mancilla A., **Leonor Moyano S.**, Cecilia Castillo T., Ricardo Rossi F., **Javier Brahm B.**, **Zoltán Berger F.**

Background: Autoimmune pancreatitis is a special form of chronic pancreatitis, more common in men and usually presenting as obstructive jaundice or abdominal pain. It may be associated with other immunological disorders and sometimes it is possible to find positive serological markers. Typical images show pancreatic enlargement with focal or diffuse stenosis of the pancreatic duct but sometimes it presents as a focal pancreatic mass, that is difficult to differentiate from pancreatic carcinoma. Aim: To report ten cases of autoimmune pancreatitis. Material and Methods: Retrospective review of clinical records of 10 patients aged 26 to 56 years (six males) with autoimmune pancreatitis. Results: The clinical presentation was obstructive jaundice in six cases, acute pancreatitis in two, persistent increase in serum amylase and lipase in one, and permanent abdominal pain and weight loss in one. On imaging studies, a circumscribed mass was found in six patients. An endoscopic retrograde colangiopancreatography was performed in four patients showing an abnormal pancreatic duct in all. Six patients were operated and tissue for pathological study was obtained in five, showing inflammatory infiltration. Five patients were treated with steroids with a good clinical response. Conclusions: Autoimmune pancreatitis must be borne in mind in the differential diagnosis of pancreatic lesions.

## **DEPARTAMENTO DE CARDIOLOGÍA**

REV MED CHILE 2010; 138: 7-14.

### **NACIMIENTO ANÓMALO DE LAS ARTERIAS CORONARIAS EN 10.000 PACIENTES ADULTOS SOMETIDOS A CORONARIOGRAFÍA.**

**Héctor Ugalde, Alfredo Ramírez, Diego Ugalde, Eric Farías, Ana María Silva.**

Background: Between 0.3 and 1.3% of coronary arteries, have anomalous origins. Circumflex artery has the higher frequency of anomalies. Aim: To study the frequency of congenital anomalous origins of coronary arteries among adult patients subjected to a coronary angiography. Material and Methods: Analysis of reports of 10,000 coronary angiographies performed in a clinical hospital. Patients with congenital heart disease were excluded. Results: One hundred twenty nine patients (1.3%), aged  $59 \pm 12$  years (70% males) had congenital anomalies in the origin of coronary arteries. The most common anomaly was the origin of right coronary artery from the left coronary sinus in 75%, followed from the origin of circumflex artery from the right side in 20%. No association between origin anomalies and atherosclerosis or aortic valve disease, was observed. Conclusions: In this series of patients, origin anomalies of coronary arteries were not associated with aortic valve disease or atherosclerosis, differing from other published reports. Right coronary artery had the highest frequency of anomalies.

## DEPARTAMENTO DE CIRUGÍA

REV. CHILENA DE CIRUGÍA 2010; 62(2): 172-174.

### **ACALASIA EN OBESOS MÓRBIDOS. REPORTE DE CASOS.**

**Paula León A, Attila Csendes J, Italo Braghetto M, José Lasen De S, José Robles.**

Achalasia is uncommon in morbidly obese patients. We report two patients with both conditions. A 71 years old diabetic male with a body mass index (BMI) of 36 kg/m<sup>2</sup>. He consulted for dysphagia and a manometry showed a lack of relaxation of the lower esophageal sphincter. He was subjected to unsuccessful pneumatic dilatations in two occasions. Finally the patient was subjected to a total gastrectomy and Roux en Y esophago-jejunal anastomosis. Eight months after surgery the patient reports slight dysphagia and lost 24 kg. A 66 years old male with a BMI of 44 kg/m<sup>2</sup> consulting for regurgitation. Manometry confirmed the diagnosis of achalasia. The patient was subjected to a esophagomyotomy, subtotal gastrectomy and Roux en Y gastro jejunal and jejuno-jejunal anastomosis. Two years after surgery the patient had a slight dysphagia and lost 20 kg.

REV. CHILENA DE CIRUGÍA 2010; 62(1): 15-21.

### **CARCINOMA MEDULAR DE TIROIDES: EXPERIENCIA DE 20 AÑOS.**

**Enrique Lanzarini S, Andrés Marambio G, José Amat V, Francisco Rodríguez M, Patricio Gac E, Patricio Cabané T, Rodrigo Loehnert T, Juan Pablo Marambio G.**

Background: Medullary thyroid carcinoma (MTC) is a rare malignant tumor that arise from C cells. Surgical treatment and its results are controversial, so we decided to study it. Aim: To describe clinically MTC, treatment and outcomes in the long term. Material and Method: We retrospectively reviewed medical records of patients with MTC operated in our hospital between the years 1987 and 2007. We analyzed the clinical characteristics, treatment, morbidity and long-term follow up. Results: There were 24 patients operated with a mean age of 46.1 ± 16.6 years. The main form of presentation was painless increased cervical volume (56.2%). In 15% this pathology was part of a MEN 2b. All of them have had a total thyroidectomy, which was extended in 50% of cases. The 35.2% were multifocal, 29.4% bilateral and 62.5% had metastatic lymph node involvement. Five patients remained higher calcitonin levels in the postoperative period and 9 patients recurred clinically on average 4.5 years after surgery. The presence of persistent disease was significantly associated with hereditary MTC (p = 0.0088) and the clinical recurrence was significantly determined by the presence of not expanded total thyroidectomy (p = 0.0196). The probability of surviving more than 19 years was 66.6% (95% CI = 0.24 to 0.89). Conclusions: The MTC is a rare tumour and treatment of choice is surgery. The persistent disease is associated with hereditary MTC form, and the clinical recurrence is associated with not expanded total thyroidectomy. We recommend total thyroidectomy with central voiding and radical modified jugular dissection.

REV CHIL CIR [ONLINE] 2010; 62(6): 564-569.

### **CIRUGÍA EN MAYORES DE 80 AÑOS: EVOLUCIÓN CLÍNICA Y COSTOS ASOCIADOS.**

**Csendes J, Attila; Lembach J, Hanns; Molina F, Juan C; Inostroza L, Gonzalo; Köbrich S, Stephanie.**

Introducción: Los octogenarios son un grupo demográficamente emergente, que han generado cambios en la epidemiología del paciente quirúrgico, asociándose a mayores tasas de complicaciones, mortalidad y costos de atención. Objetivo: Estudiar el perfil clínico y costos de hospitalización de los pacientes octogenarios atendidos el año 2007 en nuestro departamento de cirugía. Material y Método: Revisión retrospectiva de los registros clínicos de pacientes quirúrgicos mayores de 80 años durante el año 2007. Se analizó la presentación clínica, tratamiento quirúrgico, evolución postoperatoria y status funcional (escala KATZ) al ingreso y alta. Se analizó además los costos asociados a la hospitalización y tratamiento. Resultados: Serie de 115 pacientes con edad promedio de 83,7 años. Un 89,5% presentaron comorbilidades y 85,2% cirugías previas. Al ingreso un 87,7% eran autovalentes (KATZ A-B). El diagnóstico quirúrgico más frecuente fue Hernia (16,87%). Un 29,5% se intervino de urgencia. La estadía total promedio fue 10,6 días, requiriendo un 47% de los pacientes Unidad de Pacientes Críticos (UPC). Un 20% sufrió complicaciones (principalmente delirium), 7,8% requirió reintervención, y dos pacientes fallecieron. Un 26,7% presentó deterioro funcional al alta. El costo de hospitalización fue 3,75 veces mayor en los complicados, 3,1 veces mayor en los re-operados, 3,69 veces mayor en los que requirieron UPC, y 1,77 veces mayor en los ASA III-IV respecto a los I-II. Conclusión: Las complicaciones fueron en su mayoría no-quirúrgicas asociándose a hospitalizaciones prolongadas y de alto costo económico, con alta tasa de permanencia en UPC. Los factores asociados a mayor costo fueron complicación postoperatoria, re-operación, estadía prolongada en UPC y ASA III-IV.

REV MED CHILE 2010; 138: 804-808.

### **COLESTEROSIS Y CÁNCER DE LA VESÍCULA BILIAR.**

Iván Roa E., **Xabier De Aretxabala U.**, Gilda Ibacache S., Sergio Muñoz N.

Background: Cholesterosis is frequently observed in cholecystectomies performed for lithiasis or chronic cholecystitis. Aim: To determine the degree of association between cholesterosis and gallbladder cancer. Material and Methods: In a prospective study of gallbladder cancer, all gallbladders obtained during cholecystectomies were processed for pathological study, following a special protocol. As part of this study, 23304 surgical samples obtained between 1993 and 2002 were studied, looking for a relationship between cholesterosis and chronic cholecystitis, adenomas, dysplasia and gallbladder cancer. Results: Seventy nine percent of patients were women. Cholesterosis was observed in 3,123 cases (13.4%). Cholesterosis was more common in women (14.2%) than in men (10.2%) ( $p < 0.001$ ). In the same period, 29 patients were diagnosed with adenomas (0.12%), 179 cases with dysplasia not associated with gallbladder cancer (0.8%) and 739 gallbladder cancer (3.2%). The frequency of cholesterosis was 13.8% in chronic cholecystitis, 13.7% in adenomas, 12.1% in dysplasias and 1.35% in patients with gallbladder cancer ( $p < 0.01$ ). Of the thirteen cases with gallbladder cancer and cholesterosis, 10 were early gallbladder carcinomas. Patients with cholesterosis were 9.2 times less likely to have cancer than those who did not have cholesterosis. Conclusions: Cholesterosis has a strong negative association with gallbladder cancer.

REV. CHILENA DE CIRUGÍA 2010; 62(3): 293-300.

### **EXPLORACIÓN LAPAROSCÓPICA DE LA VÍA BILIAR: “¿CUÁNDO?, ¿CÓMO?, ¿DÓNDE?, ¿QUIÉN?”**

**Italo Braghetto M, Gonzalo Cardemil H, Juan Carlos Díaz J, Jaime Castillo K, Luis Gutiérrez C, Julio Yarmuch G, Verónica Azabache C, Paula León A.**

El gold estándar de la cirugía actual conlleva la búsqueda de los procedimientos mini invasivos, manteniendo o mejorando la eficiencia sobre los tradicionales. En el tratamiento de la enfermedad litiasica biliar, se han desarrollado técnicas que complementan la colecistectomía laparoscópica para la extracción de cálculos del colédoco. Se sabe que entre el 10 al 18% de los pacientes con enfermedad litiasica vesicular presentan cálculos en el conducto biliar. Para el manejo de la litiasis de la vía biliar, las alternativas son: la extracción de cálculos vía endoscópica con esfinterotomía (CER), que puede realizarse en el tiempo pre, intra o post operatorio y la extracción de cálculos mediante cirugía abierta o laparoscópica, accediendo a la vía biliar principal por el conducto cístico o directamente por coledocotomía. En la actualidad, en muchos centros se considera la vía retrógrada endoscópica como la mejor alternativa para complementar los procedimientos laparoscópicos, y aunque la exploración laparoscópica de la vía biliar se ha desarrollado casi desde los inicios de la colecistectomía laparoscópica, esta técnica no se efectúa muy frecuentemente. En pacientes sometidos a colecistectomía laparoscópica, la exploración a través del cístico o por coledocotomía, es aceptada como técnica apropiada para la remoción de cálculos (Evidencia grado Ib). Si esta técnica falla, el siguiente paso puede ser la cirugía abierta. Se ha demostrado que la exploración laparoscópica del colédoco tiene morbimortalidad similar a la CER pre o post operatoria, con un tiempo de hospitalización menor hasta en un 25%. Sin embargo, posee características particulares que deben ser conocidas antes de su realización. Es fundamental contar con la preparación, planificación, recursos adecuados y experiencia para explorar la vía biliar en forma segura y con las condiciones necesarias, como se analizará más adelante.

REV. CHILENA DE CIRUGÍA 2010; 62(6): 582-586.

### **GASTRECTOMÍA VERTICAL POSTERIOR A RETIRO DE BANDA GÁSTRICA.**

**Xabier De Aretxabala U, Jorge León C, Gonzalo Wiedmaier T, Fernando Maluenda G, Ricardo Rossi F, Carlos Benavides C.**

Background: Sleeve gastrectomy is replacing gastric banding in the management of morbid obesity. Aim: To report the results of sleeve gastrectomy performed simultaneously with the extraction of a gastric band. Material and Methods: We report ten patients aged 34 to 53 years (nine women) operated between 2008 and 2009. Results: The main indication for sleeve gastrectomy was the failure of the gastric band. No complications were recorded and patients were discharged 72 hours after the procedure. Conclusions: Sleeve gastrectomy can be carried out simultaneously with the extraction of a gastric band, without increasing operative complications.

REV. CHILENA DE CIRUGÍA 2010; 62(6): 576-581.

### **GASTRECTOMÍA VERTICAL LAPAROSCÓPICA TRANSUMBILICAL.**

**Fernando Maluenda G, Juan León R, Iván Turu K, Cristian Cavalla C, Juan Abarca Z, José Miguel Montes S, Jennifer Humphreys M, Carolina González Z.**

Background: The transumbilical route can be used to perform sleeve gastrectomies. Aim: To report the experience with transumbilical sleeve gastrectomy. Material and Methods: A prospective protocol of transumbilical sleeve gastrectomy was

applied among patients with a body mass index of 36 kg/m<sup>2</sup> or less, and a distance between the xiphoid process and the umbilicus of less than 22 cm. Results: Six female patients, with a body mass index between 32.5 and 35.3 kg/m<sup>2</sup> have been operated. The operative time ranged from 90 to 170 min. An additional 5 mm trochar was required in the first two patients. The postoperative barium swallow showed a good distal passage and the absence of stenosis, residual fundus or nitrations in all patients. No patient had complications. Conclusions: Transumbilical sleeve gastrectomy is feasible among patients with a body mass index of less than 36 kg/m<sup>2</sup>.

REV. CHILENA DE CIRUGÍA 2010; 62(4): 382-386.

#### **HEMORROIDECTOMÍA CERRADA Y SEMICERRADA: ESTUDIO PROSPECTIVO ALEATORIZADO.**

**Rodrigo Azolas M, M.,** Ricardo Villalón C, Stefan Danilla E, Andrea Hasbún N, Francisco Gatica F, Jorge Salamanca B.

Background: Grade III and IV internal hemorrhoids have a surgical indication. However there is no consensus about the best surgical procedure since all techniques have drawbacks, especially in terms of pain. Aim: To compare the results of open and closed hemorrhoidectomy. Material and Methods: Patients with grade III or IV internal hemorrhoids were randomly assigned to be treated with open or closed hemorrhoidectomy. Postoperative pain and complications were evaluated during 21 days in the postoperative period. Results: Twenty four patients were assigned to each treatment group. No differences between groups were observed for postoperative pain, complications, operative time or time required to go back to work. Ninety five percent of patients considered the ambulatory surgical procedure as good or very good. Conclusions: No differences between open and close hemorrhoidectomy were observed in this series of patients.

REV. CHILENA DE CIRUGÍA 2010; 62(1): 13-14.

#### **HERNIA INTERNA SECUNDARIA A DEFECTO DEL LIGAMENTO ANCHO.**

José Hola B, **Rodrigo Azolas M, Mario Abedrapo M,** Víctor Avillo, Marcos Sobron B, Rogelio Garrido C, **Gunther Bocic A,** Alvaro Sanhueza S.

Paciente mujer de 24 años, sin antecedentes médicos, obstétricos ni quirúrgicos previos. Presenta cuadro de 24 horas de evolución sugerente de obstrucción intestinal. La tomografía computada de abdomen y pelvis informa signos de obstrucción de asas de intestino delgado, cuya etiología podría corresponder como primera posibilidad a endometriosis. Escaso líquido peritoneal libre. Se realiza laparotomía exploradora, encontrándose una hernia interna a través de un defecto del parametrio izquierdo por donde protruía un asa de íleon distal, la que presentaba signos de isquemia. Se procede a liberar el segmento de asa comprometida, recuperando una coloración normal y su peristaltismo. El defecto del parametrio se suturó con Vicryl 3/0 a puntos separados. La paciente evoluciona bien y es dada de alta al segundo día postoperatorio. La obstrucción intestinal es una patología frecuente de ver en los servicios de urgencia, representando aproximadamente el 12-16% de los ingresos. Las hernias internas como causa de obstrucción intestinal son extremadamente raras, ocurriendo en menos del 1% de los casos, más aún, si la causa es una herniación a través de un defecto del ligamento ancho, debido a que sólo corresponden a un 4-5% de las hernias internas. En una revisión extensa de la literatura se han encontrado sólo 73 casos de herniación a través de un defecto del ligamento ancho desde que Quain en 1861 describiera el primer caso. En la mayoría de los reportes fue el íleon el segmento intestinal herniado, sin embargo, otras estructuras como colon, ovario, omento, apéndice y uréter también han sido mencionados. El ligamento ancho del útero está formado por peritoneo cubriendo sus dos superficies. Un defecto puede involucrar una o ambas superficies peritoneales y frecuentemente ocurre en ambas. Dentro de los factores etiológicos a ser considerados se incluyen: traumatismo del parto, anomalías congénitas, enfermedad inflamatoria pelviana y, en el pasado, la cirugía de Webster-Baldy como tratamiento de la retroversión uterina, que creaba aperturas en el ligamento ancho. La detección preoperatoria de una herniación a través de un defecto en el ligamento ancho puede ser difícil debido a la ausencia de un cuadro clínico característico, sin embargo, reportes recientes indican que la tomografía computada de abdomen y pelvis puede sugerir un diagnóstico correcto, aunque no preciso.

REV MED CHILE 2010; 138: 605-611.

#### **INDICACIONES DE CIRUGÍA ANTIRREFLUJO: ¿BUENOS Y MALOS CANDIDATOS PARA LA CIRUGÍA? REVISIÓN BIBLIOGRÁFICA Y EXPERIENCIA PERSONAL.**

**Italo Braghetto M., Owen Korn B., Héctor Valladares H., Johanna Silva C., Verónica Azabache C.**

Antireflux laparoscopic surgery has excellent results in terms of improvement of symptoms, esophagitis, gastroesophageal sphincter competence and abnormal acid reflux. Indications for surgery are well established, however some of these are controversial. This is a review of the present indications for surgery in gastroesophageal reflux. The surgical indication should be the result of a complex clinical and laboratory work up. Patients with a clear cut surgical indication should be differentiated from those with

doubtful indications, that require further analysis and those that are bad candidates for surgery. Young patients with macroscopic esophagitis, an incompetent sphincter, abnormal acid reflux test, that have a partial or negative response to treatment with proton pump inhibitors are those with the best surgical results. Bad candidates are patients with a psychiatric background, with atypical symptoms and those with a normal acid reflux test. In our experience with 935 patients, only 23% had a surgical indication.

REV. CHILENA DE CIRUGÍA 2010; 62(4): 348-354.

### **RESECCIÓN DE METÁSTASIS PULMONARES.**

**Gonzalo Cardemil H, Andrés Marambio G, Jorge Salguero A, Gonzalo Fernández R, Mauricio Díaz B, Catalina Jarpa M, Paulina Díaz V, Rodrigo Díaz P, Juan P. Marambio G.**

Introduction: Surgical treatment of lung metastases (LM) is a therapy used for several types of metastatic cancers. However, the type of surgery and its outcome is controversial. Aim: To describe a series of patients with LM undergoing surgical treatment, their results and long-term follow up. Material and Methods: We retrospectively reviewed all the medical records of patients with the diagnosis of LM, of whatever origin, operated at our hospital between the years 2002 and 2008. We analyzed their clinical characteristics, treatment, morbidity, mortality and results. Results: During this period 24 patients with LM were operated. The mean age was  $52.8 \pm 16.6$  years. Most patients had kidney cancer as primary tumour. The usual clinical presentation was multiple bilateral nodules. The surgical approach was in general a video-thoracoscopy (40.9%) associated with a wedge resection of the lesions (81.8%). In 83.4% of cases, there were no post-operative complications. Seventy six percent of the patients relapse, in an average of  $16.7 \pm 12$  months and 68.7% were reoperated for a new resection. The probability of surviving more than 3 and 5 years post metastasectomy was 57% and 36% respectively. Conclusions: In this series the LM were mostly secondary to renal cancer. The video-thoracoscopy is an emergent and safe technique in the treatment of LM, being the main type of surgical approach in our patients. Despite the high percentage of reoperations, the survival rate is comparable to the rest of the published series.

## **IMAGENOLÓGÍA**

REV MED CHIL. 2010 APR;138(4):470-2.

### **CUERPOS EXTRAÑOS EN LA VÍA AÉREA: UNO A CADA LADO EN FORMA SIMULTÁNEA. CASO CLÍNICO.**

**Cortés A C, Horwitz Z B, Díaz JC.**

Inhaled foreign bodies can be a life-threatening emergency and requires immediate intervention. We report a 40-year-old man who came to the ER complaining of chest pain and cough. He had lost his dental prosthesis. Chest X-Rays showed two foreign bodies, one at the intermediate bronchus and the other at the left posterior basal segmental bronchus. By fibrobronchoscopy, porcelain fused to a metal dental crown of six teeth was extracted from the right side, and a cast of metal from the left side.

REV MED CHILE 2010; 138: 742-745.

### **PÓLIPO FIBROVASCULAR ESOFÁGICO. ESTUDIO POR IMÁGENES MULTIMODALIDAD.**

**Claudio Cortés A., Juan Carlos Díaz P., Claudio Navarrete G., Cecilia Castillo, Marcela Gallegos, Claudio Silva F.**

We report a 47 years old woman presenting with dysphagia. A chest CAT scan and barium swallow showed an endoluminal mass that extended to four vertebrae. An endoluminal sonography localized the pediculum of the mass, that was excised endoscopically. The pathological study disclosed a fibrovascular polyp. After 18 months of follow up, the patient is asymptomatic.

## **DEPARTAMENTO DE MEDICINA**

### **ENDOCRINOLOGÍA**

REV MED CHIL. 2010 JAN;138(1):15-21.

### **ALTA FRECUENCIA DE ANTICUERPOS ANTI-TIROPEROXIDASA (ATPO) POSITIVOS EN SUJETOS ADULTOS, SIN PATOLOGÍA TIROIDEA CONOCIDA, DE SANTIAGO DE CHILE.**

**Lanas A, Letelier C, Caamaño E, Massardo T, González P, Araya AV.**

Background: Anti-thyroid peroxidase antibodies have a pathogenic role in Hashimoto thyroiditis. Between 10 and 19% of individuals without thyroid disease, have positive titers of these antibodies. Aim: To study the frequency of positive titers

of anti-thyroid peroxidase antibodies in healthy individuals. Material and Methods: A blood sample, to measure anti-thyroid peroxidase antibodies and thyroid stimulating hormone (TSH) by chemoluminescence assay, was obtained from 67 women and 62 men aged 45 +/- 14 years, without a personal or familial history of thyroid diseases and normal thyroid palpation. The cutoff point of the manufacturer to consider positive a titer of anti-thyroid peroxidase antibodies was set at 35 IU/ml. Results: Twenty-eight women and 28 men had positive antibody titers (43% of the sample). Subjects in the upper tercile of anti-thyroid peroxidase antibody titers had a higher TSH than those in the second tercile, although within normal limits (1.73 +/- 0.74 and 1.37 +/- 0.59 mIU/L, respectively p = 0.02) Conclusions: Forty three percent of the studied subjects without personal or familial history of thyroid diseases had positive titers of anti-thyroid peroxidase antibodies. Further prospective studies should evaluate whether this observation discloses an increase in thyroid autoimmune disease in a population with increased iodine intake.

REV MED CHILE 2010; 138: 168-174.

#### **DETERMINACIÓN DE LOS NIVELES DE CORTISOL SALIVAL EN UNA MUESTRA DE SUJETOS DE SANTIAGO DE CHILE.**

**Macarena L pez, Egardo Caama o, Carmen Romero, Jenny Fiedler, Ver nica Araya.**

Background: Salivary cortisol measurement is recommended as a screening measure when a Cushing Syndrome is suspected. The proposed cut-off point for a probable diagnosis is 0.16 ug/dL. Aim: To determine salivary cortisol concentrations during the day in patients with and without Cushing syndrome and with depression. Material and Methods: Salivary cortisol was measured by competitive enzyme immuno assay (EIA), in samples obtained at 8:00, 15:00 and 23:00 h in 78 patients without Cushing syndrome, aged 40 ± 15 years (28 males), 30 patients with depression aged 40 ± 12 years (nine males) and four females with Cushing syndrome aged 42 ± 17 years. Results: Salivary cortisol was higher among patients with Cushing syndrome than the rest of patients. A salivary cortisol over the cut-off value of 0.16 ug/dL was found in 42% of subjects without Cushing syndrome and in 33% of patients with depression. Median values among patients without Cushing syndrome, depression and with Cushing syndrome were 0.21 (range < 0.1-1.42), 0.2 (range 0.12-0.9) and 0.58 (range 0.37-1.1) ug/dL, respectively Conclusions: Salivary cortisol measured by EIA method was higher among patients with Cushing syndrome but there was a great overlap with values obtained in subjects without the syndrome.

## **GEN TICA**

REV MED CHILE 2010; 138: 1530-1534.

#### **C NCER HEREDITARIO DE COLON: APORTES DEL DIAGN STICO GEN TICO MOLECULAR.**

**Teresa Aravena, Crist bal Passalacqua, Silvia Castillo Taucher.**

Background: About 30% of cases of colon cancer (CC) have a family history of CC, and only 5% are hereditary forms. Hereditary forms have an increased risk of CC and other tumors. Aim: To report the molecular and genetic study in two families with hereditary CC. Material and Methods: Molecular analysis of the adenomatous polyposis coli (APC) gene of familial adenomatous polyposis (FAP), was done in a patient with multiple benign polyps and his children. Molecular analysis was performed for MLH1 gene mutation of hereditary non-polyposis colon cancer (HNPCC) in an asymptomatic patient with family history of multiple cancers and his mother with a confirmed mutation in the MLH1 gene. Results: The patient with FAP had an insertion of 17 base pairs in exon 9 of the APC gene and two of his children had the same mutation. The patient with history of HNPCC did not have the family mutation on MLH1. Conclusions: In the case of FAP, molecular study was performed in his children since manifestations in carriers of the mutation may begin in childhood. If the second patient would have had the mutation, the study of his children could have been postponed until the age of 18, when the risk for CC is increased.

REV MED CHILE 2010; 138: 767-772.

#### **MARCADORES GEN TICOS EN HIPERTENSI N ESENCIAL.**

**Crist bal Passalacqua, Silvia Castillo Taucher.**

Essential hypertension (HTA) is a multifactorial disease and in Chile, its prevalence is 33.7%. There is a genetic predisposition to develop hypertension, whose magnitude is approximately 30 to 50%. At present, some factors are known to increase the risk for cardiovascular disease, but widely accepted biomarkers for screening are missing. The first studies that looked for candidate genes have focused on the renin-angiotensin - aldosterone, aducina, adrenoreceptors β, G protein subunits, G protein signaling regulators, kinases associated with G proteins and Rho kinases. Studies of DNA sequencing, search for polymorphisms and variants through single nucleotide polymorphisms, have been used to seek partnerships with complex or

multifactorial diseases, like HTA. Examples of these are: components of collagen proteins, genes related to cell myocardial proteins belonging to cytochrome P450 and growth factors, among others. It is still unlikely to count in a near future with a universal marker. Most probably, a series of markers that confer susceptibility to a specific individual will have to be used in prevention programs or personalized therapy.

## **INFECTOLOGÍA**

REV CHIL INFECT 2010; 27 (1): 34-39-

### **ACCIDENTES DE RIESGO BIOLÓGICO ENTRE ESTUDIANTES DE CARRERAS DE LA SALUD. CINCO AÑOS DE EXPERIENCIA.**

Alberto Fica C, **M. Irene Jemenao P, Gloria Ruiz R., Milton Larrondo L, Carmen Hurtado H., Gabriela Muñoz G. y Cecilia Sepulveda C.**

Undergraduate healthcare students are exposed to bloodborne pathogens, and data from developing countries is scarce. We report the experience of a comprehensive program dedicated to the management of this risk. The program includes financial coverage, a 24-hour attention system, HIV, HBV, HCV testing, and free provision of post-exposure antiretroviral drugs. During 2003-2007, incidence rates of these exposures reached 0.9 per 100 student-years. Events were only observed among medicine, nursing, and midwifery students, with rates highest among nursing students (RR 3.5 IC95 1.93 - 6.51). Cuts and needle stick injuries predominated (74.7% of accidents). Three students were exposed to HIV patients (1.9%), all of them received prophylactic drugs, infection was discarded after follow up, and also discarded after exposures to HBV or HCV (0.6% of all accidents). Cost per 1000 student-year was less than 2000 USD. Healthcare students are exposed to biological risks during their studies and a comprehensive program is feasible in a developing country.

## **INMUNOLOGÍA**

REV MED CHILE 2010; 138: 669-676.

### **PREVALENCIA DE RESISTENCIA PRIMARIA EN PACIENTES CON INFECCIÓN RECIENTE POR VIH-1 EN CHILE.**

**Alejandro Afani S.,** Carlos Beltrán B., Ana María Gallardo O., **Patricia Roessler V., William Acevedo M.,** Patricia Vásquez T.

Background: The main cause of virological failure during AIDS treatment is the resistance to antiretroviral medications (ARV). Aim: To search for mutations associated with ARV resistance in recently HIV-1 infected patients naïve to treatment, in Chile. Material and Methods: Patients over 18 years old with HIV-1 infection, naïve to antiretroviral drugs before the study were included. Patients with CD4 cell counts less than 200 cells/mm<sup>3</sup>, viral load below 2.000 copies/mL or any condition indicative of advanced AIDS were excluded. Criteria for diagnosis of recent infection (< 18 months) were a previous negative test for HIV antibodies or a history of an acute retroviral syndrome in the past 18 months. Resistance to drugs was analyzed using the TRUGEN<sup>tm</sup> HIV-1 assay from Bayer and the OpenGene DNA sequencing system. Results: Ninety nine percent of patients had at least one mutation, 27% had 4 or more mutations, but high level resistance to ARV was found only in 2.7% of cases. Point mutations for non nucleoside reverse transcriptase inhibitors (NNRTI) were detected in 4.1% of cases (K103N in 1 patient, V179D in 2 patients), for nucleoside reverse transcriptase inhibitors (NRTI) in 8.1% of cases (T215S in 1 patient, V118I in 4 patients, M41L in 1 patient) and for protease inhibitors (PI) in 1.3% of cases. All mutations detected in the protease gene were secondary. Of these, the most common were L63P/T (38 patients), L10I/V (27 patients) and V77I (26 patients). Resistance to two or more antiretroviral classes was not detected. Conclusions: This study supports that, by now, primary resistance has a low prevalence in Chile. Therefore, a genotyping test before starting antiretroviral therapy is not necessary.

## **MEDICINA FÍSICA Y REHABILITACIÓN**

REV MED CHIL. 2010 FEB;138(2):243-50.

### **¿PUEDO CONDUCIR UN AUTOMÓVIL, DOCTOR? EVALUACIÓN PARA EL MANEJO DE AUTOMÓVILES EN PERSONAS CON DISCAPACIDAD Y SU IMPORTANCIA EN LA REHABILITACIÓN.**

**García P D.**

One of the main objectives in the rehabilitation of people with disability is to give them the possibility of mobilizing independently and a car is a modern and effective tool for achieving this objective. It is essential to make a specific assessment that includes at least the visual, cognitive and motor area before determining whether the individual can drive a car, or also what kind of adaptations may be required. It is also essential to properly know the Traffic Law in force in our country to be able to guide the

steps that the patient has to follow to obtain a driver's license. The objective of this review is to study deeply this interesting subject and all the edges that have been mentioned above.

REV MED CHIL. 2009 DEC;137(12):1602-6.

### **ROMBOENCEFALITIS POR LISTERIA MONOCYTOGENES. PATOLOGÍA EMERGENTE EN RELACIÓN AL BROTE EPIDÉMICO. PRESENTACIÓN DE TRES CASOS CLÍNICOS.**

**Miranda González G, Orellana P P, Dellien Z H, Switt R M.**

An unusual number of cases of rhomb encephalitis have occurred in Chile because of the increased frequency of infections caused by *Listeria monocytogenes*. We report three females aged 36, 40 and 55 years, with the disease. All presented with a prodrome characterized by headache, nausea, vomiting and fever, followed by ataxia and unilateral palsies of the third, seventh and twelfth cranial nerves. One patient presented also a hemi-hypoesthesia. Magnetic resonance showed lesions in the posterior aspect of the brain stem, specifically in relation to the floor of the fourth ventricle. Blood cultures were positive for *Listeria monocytogenes*.

## **DEPARTAMENTO DE OBSTETRICIA Y GINECOLOGÍA**

REV MED CHILE 2010; 138: 567-572.

### **38 AÑOS DE VIGILANCIA EPIDEMIOLÓGICA DE LABIO LEPORINO Y PALADAR HENDIDO EN LA MATERNIDAD DEL HOSPITAL CLÍNICO DE LA UNIVERSIDAD DE CHILE.**

**Julio Nazer H, María Constanza Ramírez R, Lucía Cifuentes O.**

Background: Orofacial clefts are common and have a great medical and social importance. The Latin American Study of Congenital Malformations (ECLAMC), has maintained an epidemiological surveillance of congenital malformations since 1969, allowing the evaluation of trends in the prevalence of malformations. Aim: To evaluate the evolution curve of prevalence rates of orofacial clefts from 1971 to 2008. Material and Methods: All cases of orofacial clefts, occurring in newborns from the maternity of a university hospital from January 2000 to December 2008, were recorded as part of the ECLAMC. Historical information about the rates of the malformation between 1971 and 1999, was obtained from previous manuscripts of the authors. Results: In the study period, 15,635 children were born and 46 had cleft lip-palate (3%). This rate is significantly higher than those observed previously, that fluctuated between 1.5 and 1.7%. The prevalence rates of cleft lip remained stable from 1971 to 1999 and suffered a brisk and significant rise in the period 2000-2008. When the period is analyzed year by year, the increase in rates is observed in the last two years. The rates of cleft palate suffered a slight non significant rise until 2000. Conclusions: The increased rates of cleft lip palate observed in the last two years of the observation period may be a random result and should be monitored in the future.

REV CHIL INFECT 2010; 27 (6): 505-512.

### **HEPATITIS AGUDA VIRAL DURANTE EL EMBARAZO.**

**Enrique Valdés R., Alvaro Sepúlveda M., Paula Candia P., Karina Lattes A.**

Acute hepatitis has a very low incidence disease during pregnancy. However, it may be an important cause of jaundice during gestation which in cases of viral etiology can have a very high morbidity and mortality risk to the mother and the fetus. The purpose of this review is to update the available knowledge regarding viral hepatitis during pregnancy including description of the main etiologies, transmission route, maternal-fetal risk and possible management.

## **DEPARTAMENTO DE OFTALMOLOGÍA**

REV. CHIL. INFECTOL;27(2):148-152, ABR. 2010.

### **QUERATOCONJUNTIVITIS POR ADENOVIRUS GENERADAS A PARTIR DE UNA CONSULTA OFTALMOLÓGICA.**

**Romero C, Pablo; Vogel G, Marlene; Solanes, Federica; Luchsinger F, Vivian.**

Introduction: Eye infection is a common cause of ophthalmologic consultation. Adenovirus keratoconjunctivitis outbreaks are common worldwide but its impact and clinical characteristic in Chilean population is unknown. Objective: To describe a series



of adenovirus keratoconjunctivitis cases. Patients and Method: The Index case and contacts received medical care in the Hospital Clínico Universidad de Chile between April and August 2006. A complete ophthalmologic exam and microbiologic evaluation was performed. Results: Nine patients presented a pattern of characteristic epidemic keratoconjunctivitis. In x cases sub-corneal epithelial infiltrates were observed for a period of more than six months. Three affected patients were ophthalmologists, staff at the Hospital. In seven patients ADV was isolated all belonging to type D genus. Conclusions: Adenovirus type D caused epidemic keratoconjunctivitis in a series of Chilean individuals. Ophthalmologist may have transmitted the virus to patients.

REV CHILENA INFECTOL. 2010 DEC;27(6):525-32.

#### **SÍFILIS OCULAR: PRESENTACIÓN DE DIEZ CASOS Y REVISIÓN DE LA LITERATURA.**

**Romero C P, Urzúa S C, Gallardo V P, Verdaguer T J, Lechuga C M, Hernández N H, Sanhueza Z F, Andaur L M, Donaire V E.**

INTRODUCTION: Ocular manifestations in patients with syphilis may involve almost any of the structures of the eye. OBJECTIVES: To describe ten new cases of syphilis with eye involvement and to briefly discuss the management and therapy of such condition. MATERIAL AND METHODS: Ten cases were retrospectively studied over 13 years. Demographic factors, ophthalmologic examination, and laboratory tests were assessed. RESULTS: Seven of the 10 cases were male and 3 were female. The mean age of patients was 39,7 years. Disease presentation included: panuveitis (6 patients), optic neuritis (3), retinal vasculitis (1) and Argyll-Robertson pupil (1). Cerebrospinal fluid VDRL test was positive in 6 patients and 3 patients were HIV (+). CONCLUSIONS: Syphilis is able to display diverse ophthalmologic manifestations. Not in all the cases the CSF-VDRL test was positive. Antitreponemal therapy generates a fast and effective response in the affected patients.

## **DEPARTAMENTO DE PSIQUIATRÍA Y SALUD MENTAL**

REV MED CHILE 2010; 138: 536-542.

#### **CARACTERIZACIÓN DE MADRES DEPRIMIDAS EN EL POSPARTO.**

**Graciela Rojas, Rosemarie Fritsch, Viviana Guajardo, Felipe Rojas, Sergio Barroilhet, Enrique Jadresic.**

Background: Postpartum depression (PPD) is a mood disorder that occurs during a specific period of women's lifetime: puerperium. The prevalence of PPD ranges from 8% to 30%, and a three-fold increase is seen in emerging as compared to developed countries. Aim: To characterize women consulting in primary care facilities for PPD. Material and Methods: Social and demographic features, obstetrical history, clinical symptoms and puerperal care of 440 postpartum women that sought help in primary care and were diagnosed as depressed, are described. Results: These women had no paid employment (82.7%), had unplanned pregnancies (62.5%) and lacked adequate social support (59.4%). From the clinical viewpoint, most of these puerperal women had a family history of depression (64.2%) and 31% had suffered from previous depressive episodes. The clinical symptoms of these patients consisted of depressed mood (93.2%), anhedonia (87.9%) and fatigue (87%). Conclusions: Women depressed postpartum form a group that requires more clinical attention due to its great biological vulnerability, active depressive symptoms, and enormous psychosocial risk. The mother and child program, which benefits them, needs to be combined with a mental health component that can offer them a treatment adapted to their psychosocial context.

REV MED CHIL. 2010 JAN;138(1):117-23.

#### **LOS DIAGNÓSTICOS DE GERARD DE NERVAL: LA INFLUENCIA DE LA LOCURA EN LA GENIALIDAD LITERARIA.**

**Miranda C M, Bustamante C ML.**

Gerard de Nerval was a French writer, poet and essayist, precursor of surrealism that used for the first time this word in literature and influenced many modern writers. Since the age of 32, Nerval had recurrent psychotic episodes mixed with a severe depression, leading to many hospitalizations, and finally to his death. This mental disease clearly influenced his works and provided originality to his prose and poetry. However no clear explanation has ever been given to his mental disorder. We analyzed the clinical data available from his own works and the opinion of his close friends and postulate the hypothesis that Nerval had a mood disorder.