

P-05-62 | CAVERNOUS SINUS SEPTIC THROMBOFLEBITIS. REPORT OF ONE CASE

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Introduction: Cavernous Sinus Septic thrombosis, is highly related to infectious etiologies of facial origin, paranasal sinuses. It may occur at any age, nevertheless it is more frequent in young adults. Even by administering antibiotics, its mortality rate is of about a 30%. A 50% affects cranial pairs.

CLINIC Case: Male, aged 19, healthy. Admitted with a bad clinical picture, 6 days previous to admission, presented in his left hemiface signs of: erythema, edema, necrohemorrhagic spots in upper lip, bipalpebral edema with a left predominance, and purulent secretion in both eyes. When admitted to the ER he had been administered Valacyclovir, oral corticoid and antihistaminics. When clinically examined: patient in a unsatisfactory general health status, febrile, normotense, disoriented.

Presence of facial cellulitis, necrohemorrhagic spots in upper lip, ocular proptosis with a left predominance. Mydriatic pupils, low reactive right pupil, ophthalmoplastic non-reactive left pupil, normal visual acuity. Nuchal rigidity, no meningeous signs, no neurological focus. Normal brain CT. Lumbar Puncture: clear cerebrospinal fluid with 640 predominantly neutrophil cells. Negative culture. Normal Chest X-ray. Administration of antibiotics begins with: Vancomicine, Cefazidime, Rifampicin and anticoagulation therapy under suspicion of CSST. Within 48 hours, right eye VI pair paresia is added. Positive hemocultures for Methicillin sensitive Staphylococcus Aureus. 6th day: patient still febrile reason why antibiotics were rotated to Meropenem instead of Cefazidime.

Chest X-ray shows sings diffuse bilateral infiltrates, right fascio-bronchio-crural hemiparesia, requiring intensive care. CT shows: pansinusitis, periorbital cellulitis with chemosis. MR Angio shows Cavernous Sinus Thrombosis and bilateral cortico-subcortical infarcts. Patient still febrile at day nº 5, due to this Anforterine B is added. Non-reactive viral serologies. Day nº 23 patient shows neurological improvement and ostensible of ocular condition. Sphenoidal sinus drainage was carried out. Day nº 28, patient is discharged with Levofloxacin and acenocumarole. Five months after discharge patient waits for reconstructive surgery of left eye.

Conclusion: One must suspect CSST if facial cellulitis presents alteration of ocular motility. We demonstrated that early empirical Wide spectrum treatment will avoid severe complications. One must consider anticoagulation in cases presenting rapid deterioration and sphenoidal sinus drainage when the response to treatment is torpid.

P-05-63 | LIVER FIBROSIS IN PATIENTS WITH HCV-HIV CO-INFECTION: ASSESSMENT OF FIBROSCAN(FS) APRI AND FORNS INDEXES CONCORDANCE

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OBJECTIVE: Analyze the concordance of the hepatic fibrosis degree using FS in patients with HCV/HIV co-infection and biochemical index such as APRI (aspartate transaminase platelet ratio index) and Forns.

Methods: A total of 286 outpatients were included. Transient elastography was performed to all patients using FibroScan® (Echosens, Paris, France). Liver fibrosis was scheduled (Mé-tavir) as follows: F0 <4.2 kPa; F1 4.5-6.25 kPa; F2 6.26-7.9 kPa; F3 8-13.7 kPa, and F4 >13.8 kPa. Schedule for APRI was <0.5, 0.5-1.5 and >1.5 and for the Forns index <4.2 points, 4.2-6.9 points, and >6.9 points.

Results: 204 men (mean age 42.24±6.07 SD years old) and 82 women (mean age 42.5±5.58 SD years old). In 95 (33%) patients, complete concordance was found. In 25 (8.7%) there was no concordance and in 166 (58.3%) just between two scores. Mostly concordance was reached between APRI-Forns (36%) followed by FS- Forns (11.2%), and FS-APRI (10.8%). In the group of complete concordance, 24% showed high, 47.5% medium and 28.5% low degree. In FS-APRI, there was 1/3 in each group. In FS-Forns, 21.8% showed high, 38.2% medium and 40% low degree. In APRI-Forns, 81.5% showed medium and 16.5% low degree. Only 2% showed high degree. From 84 patients with FS low grade, only 27 (32.2%) showed concordance with APRI and Forns; in 57 (67.8%), they had at least one of these index with high score. From 152 FS high grade cases, only 23 (15.2%) showed concordance with the other index. In 129 (84.8%) cases, there was at least one of these indexes with a lower score.

Conclusions:

- 1.- Concordance among the three methods was found only in 1/3 of patients. Between two methods this rose to 58%.
- 2.- No concordance among any method was reported in 8.7% cases.
- 3.- Most concordances were found between APRI and Forns middle degrees.
- 4.- In 68% to 85% patients with high or low liver fibrosis degree assessed by FS there was at least no concordance in one of the biochemical indexes.

P-05-64 | LIVER STEATOSIS WITH METABOLIC SYNDROME

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Background: - Recent studies have provided convincing evidence that the Metabolic Syndrome is a serious risk to global. New components include non-alcoholic fatty liver (EHNA). - To determine the prevalence of EHNA (non-alcoholic fatty liver) in the population of patients with metabolic syndrome -

- Evaluate the results of a monitoring programme for a period of three years to control

Materials and methods

During the month of June 2004 an assessment to patients with clinical diagnosis of Metabolic Syndrome to determine the prevalence of fatty liver.

At the group with EHNA diagnosis was clinical tracks for a period of three years.

Statistical Methods: Statistical analysis was performed by using the SPSS statistical software version 8.0 for Windows. Data are expressed as the mean ± SD for continuous variables. Student's t tests for unpaired data were used for the comparison of mean values.

Results: We evaluated 1000 patients with metabolic syndrome diagnosis of whom 489 were women and 511 were men with an age of 59.74 ± 13.95 years (range 16 to 86 years). The 7.5% were below 35 (75pacientes) years. The 4.6% were between 35 and 45 years (46pacientes) 49.1% between 45 and 65 years (491 patients) and 38.8% over 65 (patients).

NASH was found in 168 patients (16.8%) 62/489en women and 106/511 (20%) in men OR: 1.6 (1.2 <2.3) p <0003

The group with EHNA who was admitted to control programme had steatosis grade 1 by 47% (78), Grade 2 with by 32% (53), and grade 3 by 21% (37). As for the therapeutic response after three years of follow-up with a control program supervised, we saw that there was a 49% of patients had greater adherence, 32% had adherence middle and finally 19%con adherence

CONCLUSIONS:

The prevalence of EHNA was 16.8%, the percentage was higher in women.

The movement persistently valued at slightly elevated transaminases along with the ultrasound was good parameter for diagnosis and evaluation

A control program with improvement of Metabolic Syndrome proved beneficial to reverse liver inflammation in early stages, or not happening with the same groups more severely, in which the benefit was stabilizing with no signs of progression or severe complication.

P-06-01 | BURNOUT IN INTERNAL MEDICINE RESIDENTS. (POSTER)

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Introduction: Burnout is a type of response to prolonged job stress, determined in a context of social relations, that encompasses the concept that the person has of itself and of the other.

OBJECTIVE: : Study the prevalence of Burnout and its relation to variable socio-demographic in the totality of the medical residents of Uruguay and in particular, in the residents of Internal Medicine.

MATERIAL AND Method: Cross descriptive study, September 2007. There was applied an anonymous questionnaire, that included socio-demographic variables (age, gender, marital status, year of residency) and the modified Maslach Burnout Inventory (MBI). The operational definition of Burnout was based on 2 dimensions: emotional exhaustion and depersonalization.

The EPIINFO statistical package was utilized 2000.

Results: There were analyzed 446/586 (76.1%) of the total of medical residents, of which 67/446 (15.0%) were of Internal Medicine. Of these, 54/67(80.6%) were women, with an average of 29.6 years ± 1.7. 26/67 were living of 1st year (38.8%), of 2nd year 17/67 (25.4%) and of 3rd year 24/67 (35.8%). 68.2% (39/67) lived together.

There had criteria for Burnout 52.7% (234/446) of the totality of the specialties and 64.2% (43/67) in Internal Medicine.

343/446 (81.3%) they had high values of emotional exhaustion and 55/67 (88.7%) in the group of residents of Internal Medicine. 282/446 (64.5%) they had high values of depersonalization and 52/67 (77.6%) in the group of Internal Medicine. The depersonalization was greater in the 1st year residents 22/26 (84.6%) with regard to the others (p 0,010). It was not statistically significant association among the sociodemographic variables and the Burnout in the group of Internal Medicine.

Discussion: The high found values are correlated with data at the international level and are consistent with the task that the medical residents perform in our country.

Is necessary to continue research as well as to achieve the involvement and to involve the residents, strengthening the ties in the search for improvements of their conditions of health and work in the area of its formation.