Buenos Aires Sheraton Hotel & Convention Center - September 15th - 20 th, 2008

29th. WORLD CONGRESS OF INTERNAL MEDICINE 2008 BUENOS AIRES

29° World Congress of Internal Medicine Buenos Aires 2008

SMI BA

International Society of Internal Medicine

SOCIEDAD ARGENTINA MEDICINA

AMA

GENERAL INDEX / ÍNDICE GENERAL

P-01-01 | ECG SIGNS OF THE ELEVATED RIGHT VENTRICULAR PRESSURE IN ADULTS

Medvegy, Mihály; Simonyi, Gábor; Müller, Gábor; Bedros, Robert J.; Király, Judit

Flór Ferenc Hospital of County Pest, Kistarcsa, Hungary/ International Medical Service, Budapest, Hungary

Introduction: In our previous study study (J Electrocardiol. 1994;27:23-27) using invasive measurements, it was published, that the elevated right ventricular pressure (ERVP) often results only in right and backward direction of the terminal depolarization without abnormality of the QRS in lead V1. In our present study, ECG signs were compared with echocardiographic right ventricular pressure values.

Method: 420 patients from cardiology departments (286 men, age: 42-76, mean: 62 years) and 52 patients with non-cardiovascular disease, showing no abnormalities on the echocardiogram (36 men, age: 38-65, mean: 51 years) were investigated. Various (complete and incomplete) ventricular conduction defects (101 patients) were evaluated separately.

Results: in ECG lead I, the 0,03 sec or wider "S" wave (due to hypertrophy of the right ventricular outflow tract) or the deflection of the QRS with terminal low potential ("terminal delta wave") (due to hypertrophy of both ventricles) as indicator of ERVP (≥ 30 mmMe) resulted in high positive predictivity (89 %) and sensitivity (83 %). The lower negative predictivity (57 %) can indicate, that these ECG signs develop only later, after developing of the consecutive hypertrophy of the right ventricle. In cases of high right ventricular pressure (> 50 mmMe), the negative predictivity increased to 97 % (sensitivity: 92 %), indicating that the lack of these ECG signs is very unlikely in high right ventricular pressure. Various conduction defects indicated ERVP (≥ 30 mmMe) with 87 % positive predictivity.

Conclusion: The investigated ECG signs can give simple, useful information about the ERVP.

P-01-02 | A CASE OF BLUE TONGUE

Goncalves Estevens, J.; Bressan, L.; Duarte, I.; Grade, M. ; Arez, L.

Centro Hospitalar do Barlavento Algarvio, Portimao; Portugal

Addison´s disease is the result of a progressive destruction of adrenal glands resulting in a deficient production of aldosterone and hydrocortisone. Clinical manisfestation is usually very inspecific, diagnosis being most times a real challenge. This condition has a high rate of mortality and morbidity, for what a clinical approach has to be rapid and so has to be the beginning of the therapy.

We describe the case of a 46 years old woman with antecedents of depression and smoking, with a progressive feature of asthenia, anorexia and loss of weight (8 kgs in one month), with a progressive worsening two weeks before the admission for nausea, vomiting and diarrhea, reasons for what he consulted the Emergency Department of our Hospital and was admitted to study.

Physical exam revealed a dehydrated, anxious and confuse patient, her tongue presenting a bluish tonality. Analitically, a hyponatremia (109 mmol/l) and hyperkaliemia (6,19 mmol/l) were found. A cranioencephalic CT scan done did not show relevant alterations. An abdominal CT scan showed and enlargement of adrenal glands, more evident on the right side.

Was, thus, though the possibility of an Addison´s disease as a cause for the feature. The test of stimulation with ACTH showed an incapacity of adrenal glands to release steroids, what confirmed our diagnosis.

Treatment with oral hydrocortisone at a dose of 30mg/day was initiated with a dramatic clinical and analytical improvement, the patient being nowadays followed in our outpatients department.

Primary adrenal failure is rare and may appear at any age affecting both genders with the same prevalence, estimated in 1 to 2 cases for 100.000. development may be silent for what diagnosis is usually difficult.

P-01-03 | USEFULNESS OF A SERIES OF REPEATED OFFICE BLOOD PRESSURE (ROBP) MEASUREMENTS TO EVALUATE ANTIHYPERTENSIVE TREATMENT EFICACY

Crippa, Giuseppe; Venturi, Claudio; Cassi, Antonio; Bravi, Elena; Cavallotti, Pietro

Hypertension Unit, Department of Internal Medicine, Guglielmo da Saliceto Hospital; Italy

Despite the evidence that sphygmomanometric blood pressure (BP) taken in the clinical setting may overestimate real BP status, casual (office) BP measurements still remain the most widely used methods for research and clinical purposes.

Aim of the present study was to evaluate how 3 different types of BP measurements (office BP taken by the nurse, office BP taken by the doctor and by repeated office BP measurement with automated device) compare with ambulatory BP monitoring (ABPM).

We considered 45 patients on stable treatment with one or more antihypertensive drugs, referred to our Hypertension Unit for inadequate BP control. Before setting the ABPM device, BP was measured, in random order, by the physician, the nurse and by using repeated office blood pressure (ROBP) measurement. After 20-minute resting, the doctor and the nurse each took 3 BP readings. ROBP was performed by automated oscillometric device, set to obtain 10 valid readings at 2.5-minute intervals, with the patients sitting alone in the office. The average of the last 2 measurements obtained by the doctor and nurse, the average of the last 6 measurements obtained with ROBP were compared with meandaytime ABP. Mean ROBP measurements highly correlated with daytime ABP values

(TABLE).

Systolic BP Diastolic BP p value

Doctor BP 163.4 ± 13.4 89.7 ± 8.5 NS

Nurse BP 157.4 ± 14.1 87.2 ± 9.3 NS

ROBP 138.8 ± 13.1 83.4 ± 7.2 <0.001

Daytime ABP 136.9 ± 11.2 82.1 ± 6.9

TABLE: Mean BP values (mmHg ± SD) evaluated with the 4 different techniques).

Pearson test, level of significance versus ABP.

ROBP measurement identified 27 out of the 29 well controlled patients (ABP value < 132/85 mmHg).

BP taken by the physician correctly diagnosed a satisfying BP control (<140/90 mmHg) only in 16 subjects while nurse BP did it in 20 patients.

In conclusion, our data indicate that ROBP measurements, performed under standardized conditions in the medical environment, may be extremely helpful for the evaluation of blood pressure control in treated hypertensive patients.

P-01-04 | UTILITY OF BIOELECTRICAL IMPEDANCE ANALYSIS TO PREDICT CARDIAC DECOMPENSATION IN AMBULATORY CHRONIC HEART FAILURE

Parrinello, Gaspare; Torres, Daniele; Paterna, Salvatore.; Di Pasquale, Pietro.; Licata, Giuseppe.

Internal and Specialist Medicine Department. University of Palermo.; Italy

Background: Phases of chronic compensation and acute decompensation alternate in heart failure (HF) and are characterized by neurohormonal activation and fluid overload. In the early phases the interstitial accumulation of fluids is not clinically significant, becoming evident only when the symptoms/signs are manifest. Whole-Body (WB) and Segmental (Seg) Bioelectrical Impedance Analysis (BIA) are an instantaneous non-invasive technique useful to evaluate changes of hydration status. We evaluate the predictive value of BIA for hospitalization due to worsening of ambulatory HF. **Method:** 66 patients (mean age 67.1±8.1, 32 female) with compensated HF (mean EF 36%, NYHA 2.3) afferent to the Internal Medicine Department of Palermo and monitored for a mean of 522±36 days. 6 patients died (3 for cardiovascular death; 3 for other causes) and were excluded from the study. 25 healthy subjects were considered as controls. Clinical, laboratory data, WB and Seg BIA measurements (Resistance R, Reactance Xc, phase angle PA) using BIA-101 pletismograph were taken at recruitment and every a mean of 45 days. The end point was hospitalization due to cardiac decompensation (dyspnea and/or limb edema and/or olyguria). At the end of the study, an expert team blinded to BIA parameters, subdivided the subjects in two groups (A group: 42 stable CHF pts; B group: 14 hospitalized pts) estimating the predictive accuracy of BIA. **Results:** Compared with controls and stable HF patients, hospitalized patients had before hospitalization significant lower bioelectrical data (p<.001) (A group: Seg R 60.5±8.6 , Seg Xc 5.2±3.7 ohm, Seg PA 0.43±0.05, WB R 512.7+56.8 , WB Xc 44.3±5.8 ohm, WB PA 5.8±1.8 ; B group: Seg R 40.2±7.7 Seg Xc 3.1±2.9 ohm Seg PA 0.23±0.02 WB R 438.1+53.4 , WB Xc 34±8.7 ohm ,WB PA 2.2±1.2), lower EF (34+/-4% vs 41+/-3%, p<.01) and serum sodium level (133.9±4.5 vs 141.2±3.9, p<.001), higher C-reactive protein (1.05±0,5 vs 0.65±0.45 mg/dl, p<.01) and a reduced compliance to medical recommendations (diuretic treatment, fluid restriction). In a multivariate analysis, bioelectrical data was independent significant predictor for hospitalizations more than EF, CRP and sodium (respectively p=.012, p=.024, p=.047, p=.02). **Conclusion:** this study suggests that BIA is low-cost, easy-performing, non-invasive, rapidly-executing tool to predict hospital admission due to HF exacerbation among ambulatory HF adults. The early evaluation of a pre-clinical hyperhydration in stable patients with HF suggests the need to modulate the medical treatment and dietary recommendations. BIA may be prospectively a useful method in monitoring HF.

P-01-05 | COMPARATIVE PROGNOSIS AND CLINICAL COURSES OF VIRAL AND IDIOPATHIC DILATED CARDIOMYOPATHY

Kipshidze, Nodar; Nadaraia, K.A
Academician Nodar Kipshidze National Center of Therapy, Tbilisi, Georgia

Introduction: The aim of the present study was to evaluate and compare a long-term prognosis and clinical courses of viral and idiopathic (two of the most widespread and heave forms) forms of dilated cardiomyopathy (DCM).

Material and Methods: In total 144 patients (mean age 43.8±12 years, range 15-68 years, m122/f22) with DCM were enrolled in the Study since 1991. DCM was strictly differentiated from such pathologies as myocarditis of different genesis, specific and systemic diseases of heart muscles, allergo/toxic heart damage, alcoholic, ischemic and other secondary DCM. Beside standard examinations, serologic tests for antibodies to cardiotropic viruses (ELISA method) were performed. The patients were divided into 2 groups (Gr.) according to the results of serologic tests and patient's clinical and history data. In case of lethal outcomes we used existing medical reports and/or interviewed family members to define the cause of death. The Odds and Hazard Ratio, Kaplan-Meyer methods were used for statistical analyses of the data achieved.

Results: In 77 (53.5%) out of 144 patients with DCM, together with acute respiratory infections in anamnesis we observed positive serologic reaction to cardiotropic viruses (Gr.1). 67 (46.5%) patients with idiopathic DCM entered Gr.2. During the 5-year observation period 69 (47.9%) patients died while 75 (52.1%) patients survived. Life-expectancy was 4.1±2.0 and 4.7±2.6 years for Gr.1 and Gr.2, respectively. 3-year mortality rate was 33.8% and 26.9%, 5-year mortality rate - 53.2% and 41.8%, respectively. Survival rates: 3-year survival rate - 66.2% and 73.1%, 5-year survival rate - 46.8% and 58.2% for Gr.1 and Gr.2, respectively.The most common causes of DCM mortality were progressive heart failure and sudden death - 39.1% and 36.2% respectively (in gr.1- 42.5% vs 29.3% and in gr.2 - 35.7% vs 46.4%, respectively.)

Discussion: In contrast with previous studies Georgian patients with DCM have more than 50% 5-year survival and longer life-expectancy in average. More than half of DCM cases are of viral etiology. Viral DCM is characterized by the higher severity of clinical manifestation, more rapid development of progressive heart failure and by the higher mortality rates than idiopathic DCM.

P-01-06 | LONGTERM EFFECTS ON CYTOKINES AND NEUROHORMONES OF A NEW THERAPEUTIC STRATEGY FOR ADVANCED HEART FAILURE

Licata, Giuseppe; Parrinello, Gaspare; Torres, Daniele; Paterna, Salvatore; Di Pasquale, Pietro

Internal and Specialist Medicine Department. University of Palermo; Italy

Background: the role of cytokines, expression of immune-inflammatory activation, in the physiopathology of heart failure (HF) is not fully understood. Previous clinical studies showed that the increased interleukin's plasma levels observed in patients with advanced HF, are associated with HF worsening and a poor prognosis. However, the anti-TNF-alpha therapy for HF (etanercept, infliximab) may be ineffective or induce new-onset heart failure or exacerbate existing disease. Aim of this study was to evaluate the long-term effects of a new therapeutic strategy consisting of normosodic diet (120 mmol of Na), fluid restriction (max 1L/die) and high doses of oral furosemide (125 mg to 500 mg) administration, on interleukin's and neurohormone's circulating levels in advanced HF.

Methods: we recruited 50 compensated outpatients with advanced HF diagnosis (NYHA II, Stage D, EF<40%) in normal hydration state estimated by bioelectrical impedance analysis (BIA). 25 age-, sex-, EF- matched! patients with compensated advanced HF uderwent ceonventional treatment were considered as controls. At entry and at six and twelve months of follow-up in all patients we evaluated brain natriuretic peptide (BNP), aldosterone (Ald), TNF-α, IL-6 and IL-10 serum levels and plasmatic renin activity (PRA).

Results: at 6 and 12 months showed in patients underwent our new therapeutic strategy, in comparison with controls, a statistically significant reduction of BNP (345+155 vs 685+215 pg/ml), PRA (3.60+3.1 vs 3.91+3.71), Ald (152.96+171 vs 189+169.9), TNF-α (12.05+7.78 vs 14.07+7.98), IL-6 (12.85 + 6.56 v 15.2 + 8.7) (p<.05) and significant increase of IL-10 levels (92.13+6.96 vs 74+7.3) (p<.05), an anti-inflammatory cytokine. None of these patients died or were hospitalized for cardiac decompensation during the follow-up.

Conclusion: our findings suggest that the maintenance of dry weight should be a therapeutical endpoint finalized to achievement of congestion freedom in advanced HF patients. The prolonged long-term effects of this new therapeutic strategy are able to maintain clinical compensation and a good hydration status improving the immune-inflammatory and neuroendocrine activation.

P-01-07 | THE ROLE OF BASIC THERAPY IN LONG TERM PROGNOSIS IMPROVEMENT OF DILATED CARDIOMYOPATHY

Nadaraia, K.A.; Vakhtangishvili, L.N.; Davarashvili, T.M.
Academician Nodar Kipshidze National Center of Therapy. Tbilisi, Georgia

Introduction: The aim of the present study was to determine the changes in long-term prognosis in Georgian patients with dilated cardiomyopathy (DCM) that appears during the past 15-20 yrs and to analyze the role of basic therapy in these changes.

Material and Methods: In total 144 patients with the diagnosis of DCM were separated into 2 groups (Gr.): 38 patients (age range 16-68 yrs, mean age - 41.6±9.4 yrs, m31/f7) were studied retrospectively (Gr.1); 106 patients (age range 15-68 yrs, mean age 44.9±12.0 yrs, m91/f15) were studied prospectively, since 1994(gr.2). An attempt to analyse the changes in long-term prognosis, we concerned and compared therapeutic approach between the Groups. In Gr.1 cardiac glycosides, loop diuretics, peripheral vasodilators were included into basic treatment; Angiotenzin converting enzyme inhibitors (ACEI) and Angiotensin-II receptor blockers (ARB) and beta-blockers were rarely prescribed in this group. Their administration was more frequently initiated in 1994-1995. Antiviral and immune-correction therapy was initiated when positive serologic reaction to cardiotropic viruses was revealed.

Results: We found that mean life-expectancy from manifestation of the first symptoms has risen from 3.1±2.1 yrs (Gr.1) to 4.6±2.5 yrs (Gr.2), (P=0.001). 5-year mortality rate has also dropped, and this drop was significant -57.9% vs 43.4%, while survival rate was increased - 42.1% vs. 56.6%, respectively (p=0.037). The frequency of use AGEI/ARB and beta-blockers between the groups increased: 31.5% vs 91.5% and 2.6% vs 62.3%, respectively. Kaplan-Meier analysis showed that 5-year survival rate increased in 20.1% (using AGEI/ARB) and in 32.1% (using AGEI/ARB and beta-blockers). The frequency of use Antiarrhithmics (Ia/Ib class) decreased: 55.3%(gr.1) vs 15.1%(gr.2), while 5-year mortality rate decreased in 24.6%. The use of cardiac glycosides or other drugs had no evident effect on the prognosis changes.

Discussion: During last 15-20 years there are evident positive shifts in long-term prognosis of DCM for Georgian population; 5-year survival rates have increased from 42.1% to 56.6%, and mean life-expectancy has risen from 3.1±2.1 yrs to 4.6±2.5 yrs. The important factor of long-term prognosis improvement in patients with DCM, at list in part, was the wide use of ACEI/ARB and beta-blockers and the restriction of antiarrhythmic (IA/IB class) drugs.

P-01-08 | LESION AND PROCEDURAL CHARACTERISTICS OF CHRONIC CORONARY TOTAL OCCLUSION FOR 20 MONTHS: MULTICENTER STUDY

Chan Seok, Park; Doo-Soo, Jeon; Hee-Yeol, Kim.; Wook- Seong, Chung.; Ki Bae, Seung.

Catholic University Medical College, Seoul, South Korea.

Background: The objectives of this study were to evaluate angiographic and procedural outcomes among patients who underwent percutaneous coronary intervention (PCI) for chronic total occlusion.

Methods: and Results: The subjects were all patients demonstrated CTO during coronary angiogram at 6 hospitals of Catholic University Medical College since January 2006 (Number of patients = 188, number of CTO lesion = 202). Three vessel disease detected in half od the patients. And the RCA was the most commonly involved coronary artery. Procedural success rate was 65% and only one patient expired during the procedure.

Conclusion: We concluded that PCI of CTO is safe procedure although there was no control group. This study could provide clinical characteristics about CTO.

P-01-09 | PREVALENCE OF CARDIAC DISEASE IN PATIENTS ADMITTED TO AN INTERNAL MEDICINE WARD IN 2007 WITH ACUTE CEREBROVASCULAR EVENTS

Calzado, M.; Estevens, J.; Monteiro, L.; Magalhães, P.; Arez, L.

Centro Hospitalar do Barlavento Algarvio- Portugal

Introduction: Cerebrovascular disease is an important cause of death and morbidity, being the first cause of death in Portugal. We analyzed retrospectively all the patients admitted in our Internal Medicine ward for an acute cerebrovascular event, from the 1st of January to the 31st of December 2007. Besides the acknowledged risk factor we looked at the prevalence of cardiac disease. **Methods:** We evaluated 60 patients as by sex, age, risk factors, associated disease, repeated events, therapeutic intervention and mortality. **Results:** 60 patients, with 30 female and 30 male. Ages from 44 to 94 years, most of which between 70 and 80years. 93,4% were ischemic events, whereas 6,7% were haemorrhagic. 8,3% repeated events. As to risk factors 70% had arterial hypertension, 31,7% dislipidemia, 30% diabetes, 26,7% associated hypertension and dislipidemia, 21,7% associated hypertension and diabetes, only 5% associated three risk factors. The electrocardiograph showed that 78,3% had sinus rythm , atrial fibrillation was found in 16,7% with 1,7% being paroxistic fibrillation. 3,3% had pacemakers. The cardiac ultrasound exam revealed 20% of the patients had valvular disease, 8,3% had atrial dilation, 6,6% hypertensive cardiopathy, 3,3% with left ventricular hypertrophy and 1,6% had pericardial effusion. With respect to associated diseases chronic anemia was the most frequent,11,6%, 8,3% had neoplastic disease and chronic renal disease and ischemic heart disease had 6,6% each. ,5% of our patients had thyroid disease. 5% of the patients underwent oral anticoagulation therapy and 85% were submitted to antiagregation medication. The overall mortality rate was 1,6%.

Conclusion: Cerebrovascular disease is an important cause of death and incapacity being the prevention and medical therapy fundamental. Most of the cerebrovascular events are ischemic and the most prevalent risk factor is hypertension. The prevalence or cardiac disease was much less represented than we expected although we found a relation with the severity of the event in these cases. The health policies that intervene on risk factors control seem to be of extreme importance in the solution of this relevant public health issue.

P-01-10 | OUR 2 YEAR MORTALITY OUTCOMES IN THE PATIENTS WITH MYOCARDIAL INFARCTION.

Fatma Alibaz Oner, Zeynep Gurcan, Selen Yurdakul, Mustafa Kemal Arslantas,Mecdi Erguney

Istanbul Education And Research Hospital, Turkey

Introduction: Acute coronary syndromes are still the most important reason of the mortality in all over the world. The mortality rates change in a lot of country according to their possibilities. **OBJECTIVE:** The study was aimed to examine clinical and demographic characteristics, therapeutic interventions, complications, in-hospital, 1-, and 2-year mortality rates of 92 patients hospitalized for acute myocardial infarction (MI) between January 2003 and December 2003 in Coronary Intensive Care Unit (ICU) of Istanbul Training and Research Hospital. **Material and Methods:** Records of 92 patients were reviewed retrospectively. Discharged patients were contacted at the end of 1- or 2-year period following the discharge and information was obtained on their current status. For statistical evaluation s, SPSS 16.0 for Windows software was used. RESULTS AND **Conclusions:** Mean age of 92 patients was 58.1 ± 10.14 years. Seventy-three (79.3%) of the patients were male and 19 (20.6%) were female. 18.4% of the patients had diabetes mellitus (DM), 26.08% hypertension (HT), 60.8% were smoking, 36.9% had AVD and 19.5% had family history. Smoking rate was significantly higher among men ($p < 0.001$). Non-ST elevation MI was found in 8 (9%) patients and ST-elevation MI in 84 (91%). Seventeen patients (18.4%) died at admission, with 11 of them (64.7%) dying within 24 hours and 6 dying later than the first 24 hours. In-hospital mortality was higher among those elder than 65 years old ($P = 0.01$). Forty one (4%%) patients received thrombolytic treatment and 51 (65%) did not due to reaching to the hospital lately or several counter indication. Thirty-three (35.8%) patients developed complication at admission. Of these patients, 19 (57.5%) developed arrhythmias alone, 7 (21.2%) cardiogenic shock alone, 6 (18.1%) arythmia and cardiogenic shock, 1 (0.3%) non-fatal bleeding due to thrombolysis. Seventy-five patients were discharged, with a recommendation of cardiologic outpatient follow-up. Ten patients died at the end of 2 years. Cause of death was coronary artery disease in all of them. 2-years mortality was significantly higher among women ($P = 0.02$). No significant difference was found between the groups receiving and not receiving thrombolytic treatment in 2-years mortality rate ($P = 0.17$). Although cardiovascular death is the most common cause of death, a few centers in our country are able to perform interventions in acute coronary syndromes. This increases the importance of centers performing thrombolytic treatment such as our one. In the current study, a substantial proportion of patients did not receive thrombolytic treatment due to delayed admission to the hospital. Although no significant difference existed between groups receiving and not receiving thrombolytic treatment in our center, in-hospital mortality was significantly lower among those receiving thrombolytic treatment. Hence, the community should be appropriately informed to allow the early admission to the hospital.

Relationship between thrombolytic treatment (TT) and in-hospital mortality

Number of patients In-hospital mortality rate

TT POSITIVE (+) TT NEGATIVE (-) P

41 (45%) 9.76% 51(65%) 25.49% (p=0,045)

Mortality outcomes in the patients with myocardial infarction

One year	2 year	Survivals
9 12	10 13.3	65 86.6

P-01-11 | A FATAL CASE OF SIMULTANEOUS VERY LATE STENT THROMBOSIS

Jang Hyun, Cho; Yjun Yeong, Kim; Myeon ho, Jeong

Sun -Cheon Korea

Late stent thrombosis is one of the most serious complications associated with morbidity and mortality after coronary drug-eluting stent implantation, and is mainly caused by withdrawal of antiplatelet agents.

We report our experience of late stent thrombosis involving three different coronary arteries simultaneously in a young male patient, who was treated by three drug-eluting stents two years ago. The patient stopped medications of antiplatelet agents for several days incidentally.

The patient did not recover from the status of cardiogenic shock, even after repeated thrombus aspiration and ballooning, intra-aortic balloon pumping and temporary pacing during cardiopulmonary resuscitation.

P-01-12 | UHL ANOMALY CASE STUDY

Diana Costa Leite, Francisco Castro Ferreira, Pedro Cunha, Glória Alves, Inocência Machado, Jorge Cotter

Centro Hospitalar Alto Ave-Unidade de Guimaräes.; Portugal

Uhl Anomaly it's a rare condition characterized for almost complete absence of myocardium in the right ventricle.

The authors describe the case of a 20 years-old, male, who was admitted with severe right sided, lower anterior abdominal quadrant pain suspicious of apendicitis. Thoraco-abdomino-pelvic CT scan revealed marked cardiomegaly, moderate hepatomegaly and free fluid in peritoneum. ECG revealed sinusal rhythm with pronounced signs of right atrial hypertrophy and right axis deviation.

While in hospital, remained clinical and haemodinamically stable and temperature within normal limits. Raised D-dimers. Trans-thoracic echocardiography showed marked right hand-side dilation with thin and non-contractile right ventricle free wall, and non-dilated left side; severe depression of FSG in right ventricle and normal FSG of left ventricle; indirect signs of pulmonary hypertension (small diameter of pulmonary artery) despite no significant trans-valvular gradient; dilation of tricuspid valve annulus leading to severe tricuspid insuficiency. Trans-oesophageal echocardiography ruled out interatrial shunt.

No signs of Pulmonary Thromboembolism were visualised on angio-thoracic CT scan. Non-nephrotic proteinuria was quantified but renal function was preserved. Renal biopsies revealed the existence of a mesangioproliferative glomerulonephritis. BAL (bronchoalveolar lavage) demonstrated the presence of lymphocytic alveolitis with predominance of CD8+ and cardiac MRI showed presence of morphofunctional aspects chacacteristic of Uhl Anomaly. Supportive treatment for cardiac insufficiency was instituted and, as an outpatient, he has been followed for the last 5 months as a class II NYHA without any further detioration.

The authors elected to discuss this case since as a rare occurrence (around 100 cases described worldwide and none published in Portugal), has limited available references as well as few described therapeutic options making difficult its diagnosis.

P-01-13 | LONGITUDINAL PEAK SYSTOLIC STRAIN COULD BE USEFUL TO STUDY LEFT AND RIGHT VENTRICLES IN ATHLETES

Laura Stefani, V Di Tante, A De Luca, G Innocenti, L Caselli, N Maffulli, L Toncelli, G Galanti

Sports Medicine Centre, Cardiological. Non Invasive Laboratory, University of Florence, Italy. *University of Trieste, Italy.

Background: Left and right ventricles (LV, RV) play a synergic and synchronized role to determine the stroke volume; however, a simultaneous evaluation of the effective segmental contribution of contractility of both chambers is not yet investigated. Myocardial tracking techniques, also known as speckle or feature tracking, allow to assess in real time longitudinal peak strain (%) of left and right ventricles from B-mode imaging with uniform accuracy in all segments. Myocardial tracking is used here to verify possible dissimilar segmental contributions of the two chambers to contraction in a group of athletes. **Methods:** we evaluated 15 athletes regularly trained and 10 controls (age 25 ± 5) at rest and after hand grip (HG) stress. Echocardiography included the main systolic and diastolic parameters and the peak systolic strain, , in the left and right ventricle at basal and apical segments of interventricular septum (IVS) and lateral wall (LW) at rest and after HG. **Results:** Deformation values in the LW of both the RV and LV are shown in Table I:

		Atheltes rest	Athletes HG	Control rest	Control HG
LV	basal	16.05±12.32	18.46±4.52	19.74±3.84	20.68±3.64
	apical	18.14±4.16	24.07±7.51	18.81±2.64	19.91±5.15
RV	basal	25.04±4.12	24.16±7.38	28.69±4.62	35.28±3.56
	mid	23.87±4.94	26.63±3.72	25.21±4.97	28.15±5.52

Table I. Peak systolic strain (%), in basal and apical segments of the LW.

Strain values of RV are significantly higher than LV in basal and apical segments at rest and after HG (p= .001) in both groups; EF in athletes at rest is 60% and after HG 63%; in controls 61% vs 65%. **Conclusions:** Myocardial tracking allows the simultaneous evaluation of contractility in the left and right ventricles that normally have different workloads; the values of strain at rest and after HG in RV are always significantly higher than in LV.

P-01-14 | PEAK SYSTOLIC STRAIN MEASUREMENT IN ATHLETES WITH BICUSPID AORTIC VALVE

Stefani, Laura; De Luca, Alessio; Mercuri, Roberto; Caselli, Luigi; Toncelli, Loira

Sport Medicine Center, Florence; Italy

Strain (S) is a measure to quantify the regional heart function. S has a role in the early identification of the myocardial dysfunction in presence of valvular disease. Bicuspid Aortic Valve (BAV) is a congenital cardiac disease, common in general population and in athletes. In young BAV trained athletes, with mild valvular dysfunction, the EF is normal for long time. BAV is as an aortic tract disease while few data on the performance of Left Ventricle (LV) in young are available.

This study aims to evaluate if the measurement of S of LV in young BAV athletes adds more information despite normal values of EF.

Methods: Three groups aged 25 ± 3 (20 trained athletes with BAV and mild aortic regurgitation, 20 healthy athletes and 20 sedentary subjects) were submitted to an echocardiographic exam evaluating the traditional systolic and Doppler parameters. From four chamber view, using X-Strain software included in the MyLab 5! 0 echo (Esa Ote –Italy) the Longitudinal Peak Systolic Strain (LPSS) at basal and medium-apical segments of Lateral Wall (LW) and Inter Ventricular Septum (IVS) of LV were calculated. The significance was with P <.005

Results: The S is within the normal range in the segments and without statistical differences among the three groups. However in BAV athletes, the S of basal segments (S %IVSbasal -17.7± 2.7, S%LWbasal -14.2± 2.2 P= ns) tends to be lower with a significant difference form basal to apical(S%IVSmed-apic -21± 3.5, S%LWmed-apic -18.8± 4.2 P =.001) regions. EF is normal for each. In athletes (S %IVSbasal -19.5 ±5.9¸ S%IVSmed-apic -17.71±3.8 with P= NS; S%LWbasal -19.05±4.0 S%LWmed-apic -18.80±3.80 with P= NS) and in controls (S %IVSbasal -18.5±4.8 ¸ S%IVSmed-apic -17.7±3.96¸with P= NS; S%LWbasal -20.28±2.9; S%LWmed-apic -19.82 ±4.7 with P = NS)

Conclusions: The S of LV chamber in young trained BAV athletes confirms the normal LV performance. Despite of this the results showed the tendency in BAV to have S of LV basal segments lower than in healthy subjects. The clinical implication of this will require further investigations

P-01-15 | EVALUATION OF THE EFFECTS OF GREEN TEA (CAMELIA SINESIS) AND YERBA MATE (ILEX PARAGUARAENSIS) ON THE IPID PROFILE GLYCEMIC BMI AND BLOOD PRESSURE OF OFFICIALS OF UNIRIO

Rezende Alvarenga Moulin, Stephanie;Dias Naves, Cleiton; Jurema Medeiros, Fernanda

Universidade Federal do Estado do Rio de Janeiro; Brasil

Introduction: The benefits associated with the consumption of tea has led to its wide inclusion in food processing as to complement and even an alternative to allopathic medicines, is creating the concept of functional foods. Among these are the green tea (Camelia sinensis) and yerba maté (Ilex paraguaraensis). The first, in several studies, has shown to reduce the markers of atherosclerosis and lipid peroxidation, particularly oxidation of low density lipoprotein (LDL), control the glycemic levels, reduce body weight, glucose and blood pressure. The second, it seems to bring similar benefits.

GOALS: To evaluate the effects of green tea and yerba maté on the lipid profile, glucose, body mass index (BMI) and blood pressure of the population studied. Also, check if these teas clinically act on these variables modifiers of risk factors for cardiovascular disease, and thus quantify its effects on cardiovascular disease prevention and promoting quality of life.

METHODOLOGY: randomized clinical trial crossing over a period of 6 months. Sixty employees at University Hospital Gaffreé and Guinle, randomly divided into 2 groups, receiving daily for 3 months green tea or yerba maté. At the end of first 3 months, the patients are of one week wash-out. They are conducted clinical, biochemical and anthropometric at baseline and thenperiodically in order to compare the effect of rolling consummation of teas. You will also calculated the Framingham score of the population. For statistical analysis was used student t test. **Results:** The first analysis of data entry of 60 patients (41 women and 19 men) found that the average age and biochemical examinations of the two groups is not statistically different (p> 0.05). The average BMI is higher in green tea group (p <0.05). The study is in the first period of distribution of tea with results still preliminary.

Conclusions: The group has analyzed similar biochemical tests before the start of the study. Both groups have! good teas acceptance. The final results will be ready for submission in September 2008.

P-01-16 | ARRHYTHMIAS DURING GASTROSCOPY IN PATIENTS WITH ISCHEMIC HEART DISEASE AND ATRIAL FIBRILLATION.

L. Gaspar, M. Makovnik, S. Hlinstakova, A. Dukat

Second Department of Internal Medicine, University Hospital Bratislava, Slovak Republic, Europe

PURPOSE: Atrial fibrillation is a significant indicator for an increased incidence of strokes and also increased mortality. Various randomised clinical studies demonstrated the therapeutical contribution of anticoagulant therapy with warfarin in lowering the risk of stroke and death in patients with atrial fibrillation. For the clinical use of warfarin in this group of patients it is important to exclude possible contraindications of this therapy, e.g. peptic ulcer. The aim of the study was to document by Holter ECG monitoring the incidence of electrocardiographic changes during upper gastrointestinal endoscopy (arrhythmias and ischemia).

PATIENTS AND Methods: We investigated 40 patients with atrial fibrillation before starting anticoagulant therapy. Holter ECG equipment Marquette- Hellige, 3 channel device, with mean monitoring time of 22 hours was used. The gastroscopy was performed with an Olympus GIF Q145 videoendoscope under topical lidocain spray anesthesia. Arrhythmias were evaluated according to Lowns classification, classes III-V were understood as complex forms.

Results: All the patients had during the endoscopy a typical finding of atrial tachyfibrillation with rapid ventricular response. In 19 patients (47,5%) endoscopic procedure induced complex cardiac arrhythmias and in 9 patients (22,5%) also significant myocardial ischemia.

Conclusions: In patients with ischemic heart disease and atrial fibrillation undergoing a gastroscopic survay we found complex cardiac arrhythmias in 19 (47,5%) of them and in 9 (22,5%) also myocardial ischemia. These findings can have serious hemodynamic consequences. Therefore intensified attention and interdisciplinary internistical - gastoenterological - cardiological cooperation is recommended.

P-01-17 | INFLUENCE OF ANTITHROMBOTIC TREATMENT WITH INCLUDING OF CLOPIDOGREL ON ACTIVITY OF FIBRINOLYTIC AND ANTICOAGULATIVE LINKS OF HERMOSTASIS IN PATIENTS WITH UNSTABLE ANGINA

Netiazhenko V.Z., Gontar A.M.

National Medical University Named of O.O. Bogomolets, Kiev, Ukraine

In ESC guidelines for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction (2007) and the Task Force on the Antipletelet Agents in Patients with Atherosclerotic Cardiovascular Disease of the European Society of Cardiology (2004) clopidogrel is recommended as a antithrombotic agent with evidence based efficacy and safety.

PURPOSE: take into account the interrelation between platelet and hemocoagulative links of hemostasis it is impossible to exclude the spreading of clopidogrel influence on other links of hemocoagulation.

Materials and Methods: for elucidation of this question we investigate 36 patients with unstable angina, 21 pts was treated by standart antithrombotic regimen without clopidogrel (ASC and LMWH - enoxaparin sodium), in 15 pts the antithrombotic regimen was extended by clopidogrel. We evaluated the hemostatic parameters three times (on the 1-st day, 8-th day and 21-st day) and found the positive influence of clopidogrel on fibrinolytic and anticoagulative potentials of blood.

Results: the changes in fibrinolytic link included the higher contents of plasminogen on the 8-th day and the activation of fibrinolysis on the 21-st day. Level of PC in groups of clopidogrel and in group without clopidogrel was less than control levels on 10,6% ($p<0,05$) and 14,4% ($p<0,001$), accordingly. Was less than normal level of AT-III, but in clopidogrel group it was significantly higher (81,8±7,5% against 74,2±5,7% in group without clopidogrel using, $p<0,01$), so, activity of AT-III in this patients was retain on higher levels, yet from 8-day of treatment. As a result we have evidence from positive activity of clopidogrel to anticoagulant blood potential.

Conclusion: addition of clopidogrel to antithrombotic therapy in patients with unstable angina was resulted in less depletion of antithrombin activity during heparinotherapy, witch was sustained after discontinuation of heparin.

P-01-18 | QUALITY OF THE DISCHARGE SUMMARIES IN PATIENTS WITH HEART FAILURE

Gandara E MD 1,2, Moniz T PharmD1,3 , Chan-Macrae M1, Schnipper J.L MD MPH1,2

1Brigham and Women's Hospital. USA. 2Harvard Medical School, Boston, MA. USA. 3Massachusetts College of Pharmacy and Health Sciences. Boston, MA. USA

Background: Effective communication among physicians during the hospital discharge process is critical to patient care. This might be critical in patients with heart failure where nearly a third of patients are readmitted due to medication mistakes, non-compliance with treatment or dietary transgression.

Study AIMS: The aim of this study was to evaluate the quality of information transfer regarding heart failure therapy, monitoring and follow up from acute to sub acute facilities across an integrated health care delivery system.

Methods: Evaluation of discharge documentation packets of randomly sampled patients discharged from all 5 acute care hospitals of the Partners Healthcare System to sub-acute facilities.

Results: 177 patients had Heart Failure as an issue to be followed during rehabilitation, and 85% discharged from General Medical Wards/Hospitalist Division. Of these, 53 (31.63%) patients discharged from and Academic Medical Center and 124 (68.34%) from a Community Hospital. None of the patients discharged from the Academic medical centers had all the information required, and only one of the patients discharged from community hospitals. Important deficits where found regarding all the information given to rehabilitation centers. The bigger deficits, over one third of the study sample, where found in the information given about medications discrepancies (missing in 31.61 %), Discharge weight (missing 63.69 %), last pertinent lab " NA+, K+, BUN and Creatinine"(22.35% missing), reason if why the patient was not on Ace inhibitor (57.53 % missing) and reason why not on Beta Blocker (59.52 % missing).

Conclusion: In patients discharge with heart failure greater efforts to communicate the clinically relevant information should be enhanced to the rehabilitation center. Having all the clinical relevant information could lead to a reduction in adverse events.

P-01-19 | COMPLIANCE IS A MAJOR DETERMINANT OF "ASPIRIN RESISTANCE" IN PATIENTS WITH STABLE CARDIOVASCULAR DISEASE

Pasquale Pignatelli,Serena Di Santo,Roberto Carnevale,Lorenzo Loffredo, Francesco Violi

University of Rome La Sapienza. Rome Italy

Background: Poor compliance may be implicated in aspirin resistance but its prevalence as well as the underlying mechanism are unclear.

Methods: In twenty atherosclerotic patients daily monitored for aspirin(100mg) intake, arachidonic-acid (AA)- induced platelet aggregation was measured with or without in vitro addition of aspirin. This exploratory study showed that platelet aggregation <20% was associated with a) inhibition of platelet thromboxane (Tx)A2 , that was not reduced further by in vitro addition of aspirin, and b) serum TxB2 <10 ng/ml. Then, we studied one hundred consecutive aspirin-treated patients with stable atherosclerosis. Patients with platelet aggregation >20% were considered non responders and entered a 7-day follow-up of 100mg/day aspirin intake monitoring (first follow-up). After analysis of platelet aggregation, patients who still had aggregation>20% entered a second 7-day follow-up of 325mg aspirin daily monitoring with repetition of platelet aggregation at the end of the second follow-up.

Results: Among one hundred patients of the prospective study, 69% with platelet aggregation <20% and serum TxB2<10ng/ml were considered responders, while 31% were non responders. Among the 31 patients 26 became responders after the first follow-up and were considered non compliant; the remaining 5 were still non responders after the second follow-up and considered resistant. Logistic regression analysis adjusted for age, sex, cardiovascular risk factors, and anti-atherosclerotic drugs demonstrated that the number of daily pills was an independent predictor of poor compliance (O.R.: 2.509; 95% C.I.: 1.551-4.058; $p<0.001$).

Conclusion: Multiple antiatherosclerotic treatments may cause poor compliance and apparent aspirin resistance. True resistance seems to occur in 5% of patients.

P-01-20 | THE ASSOCIATION BETWEEN BNP TOGETHER WITH ECHOCARDIOGRAPHY AND EXCERCISE PERFORMANCE IN PATIENTS WITH HEART FAILURE

Zbynek Pozdisek,Ondrej Ludka,Viktor Musil,Vaclav Chaloupka,Jindrich Spinar

University Hospital Brno,Department of Cardiology,Czech Republic

Introduction: BNP and echocardiography are known to provide some prognostic information in patients with heart failure. We focused on their potential to predict exercise performance in patients with systolic heart failure.

Material and Methods: 23 patients (17 males and 6 females) with systolic heart failure (LVEF<45%) on the basic of either ischemic heart disease or dilated cardiomyopathy, who were on optimalized therapy according to currently accepted standards. The average age was 59,6±14,3 years (34 to 83 years). Three months of clinically stable state were required for the enrollment. We performed transthoracic echocardiography with determination of the following parameters: LVEF, indexed left atrial volume, degree of mitral regurgitation (ROA), pulsed wave blood pool and tissue doppler with estimation of LV filling pressures and right ventricular systolic function and peak gradient of tricuspid regurgitation. All the patients also underwent maximal exercise test with VO2 peak assessment and postexercise echocardiographic examination to identify posssible exercise induced ischemia and its extent, to determine LV contractile reserve and LV filling pressures. All patients had basic laboratory tests including BNP levels assessment.

Results: Statistically significant correlation ($p<0.05$) with VO2peak was observed for BNP levels (r = -0,54), resting E/e ratio (r = -0,51) and postexercise E/e ratio (r = -0,64). Exercise tolerance (Wmax/kg) correlated significantly with plasmatic levels of BNP (r = - 0,54), resting E/e ratio (r = -0,43) and postexercise E/e ratio (r = -0,53). VE/VCO2 slope reflecting ventilation inefficiency during exercise correlated significantly with BNP (r = 0,66), resting E/e ratio (r = 0,63), postexercise E/e ratio (r = 0,59) and peak gradient of tricuspid regurgitation (r=0.43)

Discussion: BNP is not only a potent prognostic marker but also reliably reflects functional capacity of patients with heart failure. As regards echocardiography, E/e ratio is superior to LV ejection fraction in prediction of exercise capacity in heart failure patients.

This project has been supported by a domestic grant of the Czech Society of Cardiology

P-01-21 | PRETEMED: AN EVIDENCEBASED CLINICAL PRACTICE GUIDELINE FOR PREVENTING VENOUS THROMBOEMBOLISM IN MEDICAL PATIENTS

Calderón, Enrique J.; Navarro, Asunción; Varela, José M.; Vidal, Silvia; Alonso, Carlos

CIBER en Epidemiología y Salud Pública (CIBERESP), Hospital Universitario Virgen del Rocío, Sevilla - Servicio de Medicina Interna, Hospital Universitario de Valme, Sevilla, Spain

Introduction: Venous thromboembolism (VTE) is a major preventable cause of death among medical inpatients. Several consensus guidelines for VTE prevention have been published, but there are not specific evidence-based guidelines for medical patients. The aim was to develop an evidence-based guideline for VTE prevention in medical patients.

Methods: Forty-eight potential risk factors for VTE in medical patients were identified and a systematic search was performed to weigh up the risk and the benefits of prophylaxis for each factor by specific strategies in Medline (1996-2007) and 2006 Cochrane library, as well as manual searches from the studies and clinical practice guidelines found. After reviewing 3845 identified studies, 224 were chosen and evaluated using NICE criteria and Jadad's scale. The study type combined with the assessment of methodological quality determined the level of evidence. All studies related with a specific question were summarized in an evidence table. Each risk factor was matched with a weight based on it empirical measurement of risk for VTE.

Results: Thirty-four out of 48 potential risk factors evaluated were confirmed as such. These risk factors were allocated in a VTE risk scale according with their assigned weight. Six risk factors were ranked as weighting 3; ten as 2; and 18 as 1.

This scale makes it possible for physicians to evaluate the VTE-risk for one patient with concomitant risk factors by means of adding its weights. The threshold for the recommendation of pharmacologic intervention is a total risk value of 4, corresponding to an incidence of VTE of 20%. At this risk value, prophylactic anticoagulation is worldwide recommended on surgical processes. A multidisciplinary expert panel validated the risk weighting and our combination strategy using the RAND appropriateness method. In addition, a total of 49 recommendations for specific situations were formulated based on the strength of supporting evidence, taking into accounts its overall level and the benefit-risk balance of anticoagulant prophylaxis.

Conclusions: An evidence-based guideline for VTE prevention in medical patients has been developed. The implementation of this guideline may decrease the morbimortality related with VTE in medical patients.

P-01-22 | TWIN REVERSED ARTERIAL PERFUSION (TRAP) REPORT OF A CASE AND REVIEW OF LITERATURE

Sierra Pineda, Fátima; Calvario Hernández, Gerardo; Camacho Quiroz, Juan Angel

Hospital de la Mujer SSA Puebla and Benemérita Universidad Autónoma de Puebla, México

The fetal acardia, known as twin reversed arterial perfusion (TRAP) is a congenital anomaly associated with multiple pregnancies, occurs in 1% of monochorionic twin gestations with a frequency of 1:35000 - 48000 pregnancies. It is characterized by the absence of heart in one of the twins, so the normal fetus is responsible for providing blood flow to acardiac.

Case Report: Women with 28 years old with a diagnosis of twin pregnancy of 31 weeks, with a product dead diagnosed at 20 weeks of pregnancy, born for caesarean section product female with weight of 1520 g, 7-8 APGAR without congenital defects, born a second product with multiple congenital defects with weight of 1800 grams. was reported placenta biamniotic, bichorionic.

Conclusion: One of the risks that occur in twin pregnancies is the disruption of normal vascular perfusion and the development of artery-artery anastomosis between the twins causing the sequence TRAP. It is important to make a timely diagnosis to be able to offer the best care and the chances of survival donor twin.

P-01-23 | USE OF BISOPROLOL IN CONGESTIVE HEART FAILURE IN AN INTERNAL MEDICINE POLYCLINIC

Perendones, M.; Dufrechou, Carlos

Clínica Médica "2". Hospital Pasteur. Facultad Medicina.; Uruguay

Introduction: Bisoprolol a beta-1 selective adrenoreceptor blocker it has been shown to be effective in CHF treatment reducing mortality, hospitalizations, improving functional class.

OBJECTIVE: To determine the effect of Bisoprolol in a group of moderate to severe congestive heart failure (CHF) on clinical functional class (FC- NYHA), Left Ventricular Ejection Fraction (LVEF), readmissions to hospital, tolerability and complications with treatments, return to ordinary activities, and mortality.

Material and Methods: Patients with stable moderate-severe CHF, LVEF < 40%, FC II-IV of any etiology, receiving treatment with digoxin – ACEIs (Captopril or Enalapril) and diuretics (loop or thiazide) p.o. at standard doses, we initiated ambulatory treatment with bisoprolol increased stepwise according to patient's tolerance (2.5 mg/day until 10 mg/day).

Patients were followed up controlling clinical and echocardiography parameters at the beginning and over a year of treatment.

Results: 18 patients (4 women - 14 men) with mean age 59,3 ± 16.4 years. Etiology: 7 ischemic and 11 non-ischemic (13 with CACG performed). At the beginning 12/18 had FC- NYHA III- IV and 16/18 FC II, over a year none was in FC III- IV ($p < 0.0001$). At the admission LVEF was <= 30% in 14/18 patients and was 30% in 4/18, over a year of treatment 15/18 were with LVEF 30% ($p < 0,001$).

At the admission 16/18 had a total incapacity to develop their habitual duties, over a year only 4/18 remained incapable ($p < 0,001$). There was a good tolerance, 13/18 were with maximum doses and 5/18 with smaller doses (2,5 mg/day) because of asymptomatic bradycardia. It hasn't been registered treatments complications, readmissions to hospital or deaths during the follow up.

Conclusions: In our Internal Medicine polyclinic the use of Bisoprolol it has shown to be safe and effective with CHF patients with improvement of: FC, LVEF and labor recovery.

Bibliography:

- CIBIS-II Investigators and Committees. The cardiac insufficiency bisoprolol study II (CIBIS- II): a randomized trial. Lancet, 1999;353: 9-13

P-01-24 | KNOWLEDGE OF CARDIOVASCULAR DRUG´S COST BY DOCTORS IN PRIMARY ATTENTION AND INTERNAL MEDICINE IN MALLORCA (SPAIN). DIFFERENTIAL ASPECTS

Sònia Cibrián; María Teresa Rigo; Aitziber Etxagibel; Gaspar Tamborero; Miquel Caldentey; Margalida Servera gtamborero@terra.es

Centre de Salut del Coll d'en Rebassa. Gerencia de Atención Primaria de Mallorca. C/ Vicente Tofiño 34. 07007-Palma de Mallorca (Baleares). Spain.

OBJECTIVE: To determine existing differences in knowledge of most prescribed cardiovascular (CV) drug's cost between doctors in Primary Attention (PA) and Internal Medicine in our reference hospital in Mallorca.

Methods: and materials: Field: Doctors in PA and Internal Medicine in Mallorca island (Spain)

Year: 2008.

Sample: sample by conglomerations, aleatory and representative of PA doctors in Mallorca (N = 236) and all the Internal Medicine Doctors in our reference hospital.

Information source: ad hoc survey, with personal data and professionals, and 14 items addressed to evaluate knowledge of most prescribed CV drug's cost (as 2007 official ranking). The estimated price by the participants was compared with the official price in each drug, to check the possibility of over or infraestimation (that was fixed in >/< 20% from final price, respectively).

Results: Low knowledge about CV drug's cost was detected. About 20% of participants overestimated real cost, while about 25% infraestimate it. There are no large differences between the 14 medicines analized. There are important differences in the estimation error for all 14 CV drugs (more important in cheapest drugs). There are no significant differences in the estimation error degree between PA and Internal Medicine doctors ($p > 0.05$).

Conclusions: Knowledge of drug's cost is an essential element for a rational use of themselves. In Mallorca's PA important deficiencies exist in knowledge of CV drug's cost, by both PA and Internal Medicine doctors, that should be overcome to achieve an efficient use of these drugs.

P-01-25 | CARDIOGENIC UNILATERAL EDEMA A NOT REPORTED COMPLICATION OF A DIGESTIVE ENDOSCOPIC PROCEDURE

Veltri, I.; Mendez Villaroel, A.; Baldessari, E.; Mauriño, E.; Nachman, F

University Hospital. Favaloro Foundation. Argentina

The endoscopic procedures of the gut have a low rate of complications and some of them are life-threating. Unilateral pulmonary edema is an uncommon entity that can be mistaken for other causes of alveolar and interstitial infiltrates. Cardiogenic unilateral edema mostly affects the right lung. There are not reports in literature about unilateral pulmonary edema as a complication of an endoscopic procedure of gastrointestinal tract.

A 79-year-old woman with a history of arterial hypertension and chronic atrial fibrillation developed an anemia. In the study of the cause of the anemia a diagnostic upper and lower digestive endoscopy was performed. Immediately after the procedure she developed chills, dyspnea and cyanosis. The blood pressure was 210/110 mmHg, heart rate 120/min respiratory rate 30/min, axilar temperature 36,6ºC and pulse oximetry of 80% breathing air room. Auscultation revealed diminished breaths sounds and crackles over the lower two thirds of the left lung. Electrocardiogram (ECG) showed subendocardial ischemia in anterior wall, X-ray chest showed unilateral alveolar infiltrates in the left lung. Laboratory test revealed hemoglobin level of 11 g/dL, white blood cells of 12400/uL, creatinine level of 1 mg/dL, urea level of 59 mg/dL, Troponin I of 0,6 ng/dL (normal value less than of 0,01 ng/dl). Echocardiography showed a left ventricular ejection fraction of 70%, left atrium enlargement, s! eptum hypertrophy and impaired relaxation of left ventricle.

The patient was treated with non-invasive ventilatory support with continuous positive airway pressure (CPAP), intravenous nitroglycerin and furosemide. A set of blood and urine cultures was taken. After 72 hours of treatment the symptoms and signs dramatically improved, ECG revealed no alterations of ST segment, a repeated x-ray chest showed resolution of the infiltrates. No rescue on cultures was showed.

Unilateral pulmonary edema due to left heart failure is a distinctly uncommon condition. This case is of particular importance because of the rarity cardiogenic unilateral edema in left lung. These clinical finding was associated with the prolonged rest on the left side during the endoscopic procedure.

P-01-26 | MANAGEMENT OF THE HEART RATE IN MULTIDETECTOR CT CORONARY ANGIOGRAPHY SCANS. IMPORTANCE OF THE PREVIOUS APPOINTMENT IN OUR DAILY PRACTICE

Carrascosa, Patricia; Deviggiano, Alejandro; Capuñay, Carlos.; Martín López, Elba.; Carrascosa, Jorge

Diagnóstico Maipu; Argentina

Introduction: The objective of the presentation is to evaluate the contribution of a previous programmed appointment (PPA) with the cardiologist before the CT exam and the use of metoprolol as the beta-blocker of election in the successful reduction of the HR.

Methods: One hundred fifty-six consecutive patients (78% male; mean age 59.7 years; 28.8% with history of CAD) referred to our institution for 64-row MDCT coronary angiography were included. The PPA with the cardiologist was scheduled 24-48 hs before the exam to check the HR, blood pressure and the patient's medication (use of beta-blockers). Based on these results, premedication with oral betablockers was initiated. If the HR was between 60-69 bpm, 50 mg/day of oral metoprolol was indicated; if the HR was > 70 bpm, 100 mg/day of oral metoprolol was indicated. If the HR 1 hour before the exam is > 60 bpm, the same premedication scheme was used. Finally, the HR was checked when the patient was suited on the CT table. If it was still > 60, 2-10 mg of intravenous propranolol was administered.

Results: 73% of the patients had the scheduled PPA; 52.2% were just medicated with oral beta-blockers (metoprolol 73 ± 42.78 mg). Mean HR at the PA was 67.2; 1-hour before the CT scan 60.8; in the CT room 58.1; during the CT scan 54.1. Reduction of HR was: 12.04, p< 0.0001 comparing the HR at the PPA with the HR during the scan; 5.35, p< 0.0001comparing the HR at the PPA with the HR 1-hour before the CT scan; 2.20 p =0.01 comparing the HR 1-hour before the CT scan with the HR when the patient was suited on the CT table; and 4.32 p < 0.0001 comparing the HR when the patient was on the CT table with the HR during the scan. A 95% assessability of the coronary segments was achieved.

Conclusions: In our experience, the PPA is useful to obtain a low mean HR at the moment the patient was placed on the CT table and to reduce the use of intravenous beta-blockers.

P-01-27 | POSSIBLE REASONS OF PROINFLAMATORY CYTOKINES ELEVATION IN CHRONIC HEART FAILURE

Kipshidze, Nodar; Talakvadze, T.; Bregvadze, N.; Tabagari, S.

National Center of Therapy. AIETT Medical School.

Background: The role of cytokine network in the pathogenesis of Chronic Heart Failure (CHF) has been recently investigated. Our objective was to study serum tumor necrosis factor (TNF-α) and interleikin-6 (IL-6) in CHF patients take into account etiology and severity of disease, "protein energetical" status assessment clinical-laboratory indexes.

Methods: 95 patients with CHF were investigated and distributed in groups dependence on etiology (ischemic/non-ischemic- 50/45) and functional class (NYHA-FC) II/III/IV – 32/40/23. TNF-α IL-6 level, "protein energetical" status assessment indexes (albumin, total protein, creatinine, iron, ferritin, body mass index, total lymphocyte count), also serum triiodthyronine (T3), thyroxine (T4) and T3/T4 were investigated.

Results: TNF-α and IL-6 were significantly elevating in accordance of NYHA-FC (II/III/IV) increasing (TNF- α – 11.8±2.3 pkg/ml / 18.0±4.0 pkg/ml / 20.8±4.0 pkgl/ml; IL-6 - 3.5±1.3 p pkg/ml / 6.3±0.6 pkg/ml / 10.6±1.6 pkg/ml) and decreasing "protein-status". Metabolic adaptation index (T3/T4) was elevated in II and III FC versus control group (0.01±0.001 and 0.06±0.002 respectively) and decreased ("false improvement") in IV FC patients (0.006±0.001). No differences were displayed of those changes dependence on etiology.

Conclusion: One of the reasons of cytokines expression arise to be protein depletion in cell nutrition.

P-01-28 | COMORBIDITY OF THE PATIENTS ADMITTED FOR HEART FAILURE (HF) IN INTERNAL MEDICINE (IM) AND IN CARDIOLOGY IN A SPANISH HOSPITAL: ARE WE TREATING THE SAME PATIENTS?

Herreros, Benjamín; Barba, Raquel; Palacios, Gregorio; Garmendia, Cristina; Losa, Juan Emilio

Universitary Hospital Fundación Alcorcon. Madrid; Spain

Introduction: The treatment of HF is standardized on the basis of scientific evidence. Nevertheless, comorbidity of the patients makes hat in the clinical practice is not possible to apply the standards guideslines of clinical practice. Our aim is to determine if ifferences exist in the comorbidity among the patients admitted by HF in IM and n cardiology in a spanish hospital.

Material and Methods: The information was obtained from the databasef the University Hospital Foundation Alcorcón. There we will look forll the patients with HF as a principal diagnosis and in addition those ho without having this principal diagnosis have the first HF diagnosis between 01/01/1999 and 31/12/2006. Application of the Charlson Index f comorbidity.

Results: A total of: 5.293 cases (3.746 in IM and 1.013 in cardiology). The parameters of comorbidity analized are the following ones: Hipercholes terolemia in IM 15.2 % and in cardiology 26.3 % (p <0.001), smoking 5.0 % and 12.7 % respectively (p <0.001), arterial hypertension 27.2 % and 28.7 % (NS), diabetes 33.6 % and 32.8 % (NS), obesity 14.1 % and 11.1 % (p 0.013), ischemic cardiopathy 9.8 % and 20.6 % (p 0.001), renal failure 7.4 % and 5.5 % (p 0.04), anaemia 24.1 % and 11.1 % (p 0.001) and dementia 9.5 % and 1.5 % (p <0.001). If it is considered to be the Charlson Index of comorbidity, in cardiology 32 % (324) scored 1 (punctuation explained exclusively by HF, for 28,5 % (1.066) in IM. If we compare those who have Charlson Index of 1 with those who have > 2, a statistically significant difference exists (major comorbiduty in internal medicine, 68 % vs 71.5 % p=0,02).

Discussion: The patients admitted in IM have more diabetes, hypertension, anaemia, obesity, renal failure and dementia, whereas those in cardiology have more hipercolesterolemia, smoking and ischemic cardiopathy. If the comorbidity is compared globally (for Charlson Index), major comorbidity exists significantly in internal medicine. The clinical trials in HF are designed fundamentally for the patients treated by cardiology, with minor comorbidity. For them it turns out more difficult to apply the standards of treatment to the patients admitted in IM.

P-01-29 | CARDIAC AMYLOIDOSIS. SERIOUS PROGNOSTIC SIGN

Alejandro Fernández, Rosario Taroco, Gabriel Pintos, Oscar Bazzino, Gabriel Maciel gamacol@adinet.com.uy

Medical Clinic 1. Cardiology Department. Internal Medicine Departament. Hospital Maciel. Montevideo, Uruguay.

Introduction: Amyloidosis are a group of diseases characterized by an extracellular deposit of insoluble fibrils. It is classified into several groups. Primary amyloidosis is an idiopathic systemic disease or a disease associated with multiple myeloma and often (22 to 34%) compromises the heart tissue. Its presence casts a shadow over the prognosis. It may be asymptomatic or present itself as heart failure, arrhythmia, chest discomfort and sudden death.

CASE REPORTS: 1) Female, 58 years old. Nephrotic syndrome. **Diagnosis:** primary renal amyloidosis by renal biopsy puncture. Multiple myeloma is ruled out. There is evident digestive, autonomic and neuropathic compromise. There are no cardiovascular symptoms. Electrocardiogram and echocardiogram compatible with cardiac amyloidosis. Treatment with chemotherapy.

2) Male, 62 years old. Diagnosis of multiple myeloma. Primary amyloidosis diagnosed by renal biopsy puncture. Echocardiogram compatible with cardiac amyloidosis. It is complicated by extreme bradycardia. Requires orotraqueal intubation, mechanical respiratory assistance and inotropics. It is treated with chemotherapy and bone marrow transplant.

3) Female, 41 years old. Heart failure of 6 months evolution. Atrial fibrillation requiring electric cardioversion. Post-symptomatic bradycardias. Echocardiogram: biventricular hypertrophy, dilated auricle. Proteinuria of nephrotic range. Biopsy of abdominal fat: primary amyloidosis. Treatment with chemotherapy.

Discussion: Two patients showed renal involvement, and one was a first timer. One presented multiple myeloma and the other heart failure and arrhythmic failure. Two of them had clinical cardiac involvement. Two of them were diagnosed by a renal biopsy puncture and another was diagnosed by a biopsy of abdominal fat. The average diagnostic delay was three weeks. They all showed multiparenchymal involvement. Good immediate progress in all. Case 1 was admitted to the chronic hemodialysis plan. Primary amyloidosis causes heart failure, polyneuropathy, purpura, malabsorption, nephrotic syndrome and other symptoms with which the clinical physician is faced daily. It is a very infrequent and sometimes underdiagnosed pathology. The diagnosis of cardiac involvement stems from the clinical suspicion or paraclinical assessment and it may be the first time. It is diagnosed by a histopathologic study of extracardiac tissues. A compromised heart is the leading cause of death with an average survival rate of 4 to 6 months.

P-01-30 | HYPERTENSION DURING PREGNANCY

Masciocchi, Mariano; Abraham, Liliana; Medrano, Juan; Bruno, Carlos; Lowenstein, Bernardo

Clinica y Maternidad Suizo Argentina. Buenos Aires; Argentina

OBJECTIVE: This work is a prospective epidemiologic register ofCyMSA's obstetric population to detect arterial high blood pressure (HBP) intheir different clinical forms, maternal clinical records, differenttreatments and mother health complications and perinatal mortality.

Material and Methods: One hundred and sixty four patients with hypertension during pregnancy were included from May 2006 to February 2008, with follow up control during patient hospital stay. Data of clinical and obstetric history, along with pharmacological treatmentand mother and child health complications were included. Pharmacological indications by the obstetricians were not changed, and the use of IVor PO labetalol was recommended.

Results: Maternal clinical records: chronic HBP: 12 (7.3%), previous pregnancy HBP: 23 (14%), diabetes: 5 (3%), Chronic renal failure: 0(0%), previous miscarriages: 29 (17.6%), previous abruptio placentae: 6(3.6%), twin pregnancy: 13 (7.9%). Ambulatory patient **Treatment:** 88 (53.6%) were admitted with previous pharmacological treatment (72 Alpha metil dopa, 2 Calcium channel blockers, 4 Beta blockers, 7 association of 2 drugs and 1other).Twenty six patients (34%) with diagnosis of preeclamsia were treated with IV magnesium sulfate. Distribution of the population: Pregnancy induced hypertension: 77 (46.9%), Preeclamsia: 75 (45.7%), Overimposed Preeclamsia: 10 (6.1%), Eclampsia: 0 Mortality: there were not maternal deaths in the sample. Three stillborns (1.8%) and one neonatal death (0.6%) were registered.The mean gestational age was of 30.5 weeks (range between 25 and 38 weeks) with a birth weight of 1066.4 gr. (range between 490 gr. and 2496gr.). The mean blood pressure was 128 mmHg. (range between 143 mmHg. and 120 mmHg.).

Conclusions: In this preliminary serie no maternal mortality wasobserved in none of the clinic manifestations. The perinatal mortality (2.4%)is comparable with reports of multicenter studies of developed countries.The absence of eclampsia could have direct relationship with theprecocious treatment and the appropriate control of the blood pressure

P-01-31 | INCREASED INTIMA MEDIA THICKNESS (IMT) AND ENDOTELIAL DYSFUNCTION (ED): ARE CORRELATED WITH INFLAMMATORY MARKERS AS C REACTIVE PROTEIN?

Lopez, Daniel Emilio; Scianca, Gabriel; Sturgeon, Carlos; Avaya, Daniel

Departamento de Medicina Interna, Unidad N° 1 Servicio de Clínica Médica Sección Ecocardiografía Servicio de Cardiología. Laboratorio Central Sección Química. Hospital Gral. De Agudos Dr. Teodoro Alvarez. Buenos Aires, Argentina.

Background: and **PURPOSE:** Increased Intima Media Thickness (IMT) and Endothelial Dysfunction (ED) are early findings in the development of atherosclerosis. A better understanding of the interrelationships between the structure and function of the large arteries with markers of inflammation as high sensitivity C - Reactive Protein (hs-CRP), would lead to optimize cardiovascular disease primary prevention. The aim of this study was to investigate the relationship among ED, IMT, and hs-CRP morover others cardiovascular risk factors in patients without clinical atherosclerosis

Methods: There were studied 135 non diabetic patients, selected between 01/07/06 to 30/06/07 performed in the external offices of the Hospital Gral. de Agudos "Dr. Teodoro Alvarez" GCBA Buenos Aires, Republica Argentina. All patients signed a written informed consent prior to the study. The following variables were analyzed: Age, sex, BMI, Blood Pressure, hs CRP, Total Cholesterol, LDL, HDL, ApoA, ApoB, Triglycerides. Vascular echography was performed to analyze endothelium dependent vascular dilatation in the brachial artery and intima-media thickness in the common carotid artery.

Results: All analyses were performed with SPSS/Windows statistical software. Of the 135 patients included in this study (mean age 52,8, 58,5% women; 40% Hypertensive) 97 (71,8%) had IMT (mm) 0,9; 62 (45,9%) had EF ≤ 4,5% (n:62) and 60 (44,4%) had hs-CRP: 3; hs-CRP: =B54,39; IMT: =B51,1; Endothelial Function (%):=B54,79.Pearson=92s Coefficient and T test for a mean were realized. There was = a significant negative correlation between IMT and ED. The IMT was correlated with LDL and Apo B. Not correlation was find among the level of hs-CRP, IMT and ED.

Conclusions: The no correlation between hs-CRP and the vascular damage parameters, IMT and ED, would be because hs-CRP is more sensitive marker of vascular disease. To study this hypothesis we will performed investigations follow up patients with high hs-CRP without arterial abnormalities or hypertension must be performed in order to determine if the high hs-CRP values precede the vascular damage and it would be a prognosis factor and early marker of cardiovascular disease.

P-01-32 | UNDIFFERENTIATED CARDIAC SARCOMA: CASE REPORT

Rolfo, Verónica Edith; Goncalvez Delgado, María Cecilia; López, Ana Clara; Alves Cordero, Fernando.; Zoratti, Mario.

Servicio de Clínica Médica. Hospital Municipal de Agudos "Dr. Leónidas Lucero", Bahía Blanca, Buenos Aires.; Argentina

Background: Primary heart malignant tumors are unusual. Sarcomas are 95% of them and 10-25% in necropsies series. They are characterized by accelerated growth. Undifferentiated cardiac sarcomas primarily develop on the left side of the heart and cause signs and symptoms related to pulmonary congestion, mitral stenosis and pulmonary vein obstruction. Generally patients die of progressive heart failure, All primary tumors of the heart are potentially lethal; therefore surgery should be performed as soon as possible after it is found.

Case Report: A 71-year-old man, active severe smoker, was admitted to our hospital with progressive dyspnea for 20 days. He had been diagnosed with high grade atrioventricular block three month before and required a pacemaker. On physical examination both jugulars were engorged, with hepatojugular reflux, edema in both legs and findings of right pleural effusion. The chest x-ray and CT showed pericardial thickening with pericardial effusion. He was treated with diuretics for acute heart failure. Transesophageal echocardiogram showed great mass of heterogeneous refringence with cystic areas, occupying much of the atrium and VD, passing through the hole tricuspid of 87 x 49mm which seems to settle on the cross of the heart, invading shaped cuff aortic root and interauricular septum, with important anteroposterior pericardial effusion. The mass biopsy with immunohistochemistry method showed endomyocardial undifferentiated sarcoma. He evolved with deterioration of general statement, dyspnea functional class IV and Cheynes-Stokes, without treatment response. By the time of diagnosis it was locally advanced so palliative treatment was decided. The patient died 28 days after diagnosis.

Conclusion: We present an unusual cause of refractory heart failure, with fulminant clinic course documented by biopsy. The natural history and low incidence of cardiac malignant tumors explains the diagnostic delay, the difficulty to establish a curative treatment such as surgery or chemotherapy and the bad short term prognosis.

P-01-33 | 64 ROW GADOLINIUMENHANCED CT CORONARY ANGIOGRAPHY

Carrascosa, Patricia; Deviggiano, Alejandro; Capuñay, Carlos.; Bettinotti, Marcelo.; Goldsmit, Alejandro. Carrascosa; Jorge ; García; Mario J

Diagnóstico Maipú-. Sanatorio Güemes- Argentina. Mount Sinal Heart NY-USA

Introduction: Gadolinium enhanced 64-row MDCT coronary angiography could be an alternative to rule out coronary stenosis in patients with contraindications to iodine contrast. Our objective was to evaluate the diagnostic accuracy of gadolinium enhanced 64-row MDCT coronary angiography (Gd-64-row-MDCTCA) and compare the results with digital angiography (DA) considered as the gold standard.

Methods: Eighteen patients with known or suspected coronary artery disease underwent DA and Gd-64-row-MDCTCA with gadolinium within the same week. CT parameters were: 0.675mm slice thickness, 0.3mm reconstruction interval, 0.2 pitch, 120kV, 800mAs. A maximum dose of up to 0.4mmoL/kg of body weight of gadolinium was injected. Oral beta-blockers were administered to all patients whose heart rate was above 60 bpm. A stenosis above or equal 50% was considered a positive finding. MDCT results were matched with DA findings. To evaluate renal function, the primary variable was the change in serum creatinine level 48-hours after MDCT angiography. Seventeen segments were analyzed in each patient. The 95% confidence intervals for the proportions were calculated by the exact binomial method. **Results:** Mean baseline and 48-hours serum creatinine in the study patients was 0,95mg/dL (+/-0.2mg/dL) and 0.97mg/dL (+/-0.2mg/dL) respectively. The patient's heart rate ranged between 41-69 bmp (mean 53). There were a total of 289 coronary segments in the 18 patients studied. 283/289 segements were evaluable, 31 of which had a stenosis >50% by DA. The average level of enhancement in the proximal coronary lumen was 201.7 HU ± 22.44 HU. Sensitivity, specificity, positive and negative predictive values were 90,32%, 96.83%, 77.78% and 98.79% respectively. The agreement of coronary stenosis between MDCT and DA was 94,11% (272/289).

Conclusion: These results obtained with Gd-64-row-MDCTCA showed good correlation with DA findings and offer an alternative diagnostic method for patients with iodine contrast contraindications. A larger study is in progress to validate these results.

P-01-34 | CONTRAST ENHANCEMENT AND IMAGE QUALITY ANALYSIS IN GADOLINIUMENHANCED 64MDCT CORONARY ANGIOGRAPHY

Carrascosa, Patricia; Deviggiano, Alejandro; Capuñay, Carlos.; Bettinotti, Marcelo.; Goldsmit, Alejandro. Carrascosa; Jorge ; García; Mario J

Diagnóstico Maipú. Sanatorio Güemes- Argentina. Mount Sinal Heart NY-USA

Introduction: Gadolinium enhanced 64-row MDCT coronary angiography could be an alternative to rule out coronary stenosis in patients with contraindications to iodine contrast. The objective of this work was to evalute the image quality and contrast enhancement of gadolinium-enhanced 64 row MDCT coronary angiography for the assessment of coronary artery disease.

Material and Methods: Twenty three patients with suspected coronary artery disease were studied with gadolinium-enhanced 64 row MDCT coronary angiography (Brilliance 64, Philips Medical Systems). The technical parameters used were 64x0.625 mm collimation, 0.675mm slice thickness, 0.3mm reconstruction interval, 0.2 pitch, 120kV, 800mAs. A maximum dose of up to 0.4 mmoL/kg of body weight of gadolinium (gadopentetate dimeglumine) was injected at a rate of 6mL/sec followed by 40mL of saline injection at a rate of 4 mL/sec. Scanning was triggered once contrast material reached a density equal to or greater than 80 HU at the left atrium. Oral beta-blockers were administered to all patients whose heart rate was above 60 bpm 24 to 48 hours prior the study. Three measurements were determined in each patient at the level of the ascending aorta (initiation of the scan), aortic root (origin of the left main coronary artery) and the descending aorta (cardiac base). Image quality was classified as:1) Excellent if there was adequate coronary opacification with no artefacts; 2) Good: adequate coronary opacification with artefacts in <2 coronary segments; 3) Average: poor coronary opacification with artefacts in < 2 segments; and 4) Inadequate: poor coronary opacification with artefacts > 2 segments. **Results:** Average heart rate during the scan was 53 bpm. There was no patients with poor image quality. There were 16 patients (69,6%) with excellent, 4 patients (17,4%) with good and 3 patients (13%) with average quality.The mean level of enhancement was 196+/-44.5 HU at the ascending aorta, 199+/-30.1 HU at the aortic root and 178.3+/-33.8 at the descending aorta.

Conclusion: Gadolinium contrast allows to obtain adequate enhancement to perform a diagnostic coronary evaluation during 64 row MDCT.

P-01-35 | MALONDIALDEHYDE AND NITRIC OXIDE CONCENTRATIONES IN PATIENTS WITH UNSTABLE ANGINA

Bermudez, Valmore; Ruiz, Gabriel; Rojas, Edward; Finol, Freddy.; Acosta, Luis.

Endocrine-Metabolic Diseases Research Center "Dr. Félix Gómez". Medicine School. University of Zulia. Maracaibo.; Venezuela

OBJECTIVE: The myocardial ischaemia/reperfusion phenomenon carries to several metabolic processes which are capable to reflect the damage extension and therefore, myocardial recovery possibilities. The aim of this research was to determine Malondialdehyde (MDA) and Nitric Oxide (NO) concentrations in patients with unstable angina.

Materials and Methods: we studied 59 individuals of both sexes (Males: 31; Females: 28) with an age average of 57.3 ± 0.8 years whom arrived to an emergency service in a private institution from Maracaibo, presenting signs and symptoms compatible with unstable angina diagnosis, confirmed by electrocardiography and enzyme determinations. Subjects with known acute infectious and inflammatory processes or intake of antioxidant agents on the last two months were excluded. MDA an NO levels were determined on these patients. The normal distribution of variables was confirmed by the Z test Kolmogorov-Smirnov, expressing the results as mean ± DS. Means where compared by T-Student test for independent samples, considering significant when p<0.05.

Results: at patients with unstable angina income, MDA and NO concentrations in were 1,06 ± 0.37 µM and 35,86 ± 5,60 µM respectively, unlike the control group values which were 2,24 ± 0,51 µM and 43,35 ± 9,54 µM. Statistical significant differences on MDA and NO concentrations were observed between the unstable angina group and controls (p<0,029; p<0,001).

Conclusion: our results indicate that MDA and NO levels are significantly lower on the unstable angina group, compared with controls, phenomenon which would be explained by tissue ischaemia seen in these subjects, representing early markers of tissue ischaemia. **Key Words:** Malondialdehyde, nitric oxid, oxidative stress, unstable angina.

P-01-36 | GIANT ATRIAL: FOR SPECIAL CASE

Garcia, M.; Guzman, V.; Ledesma, R.; Kriebaum, M.; Bazan, J

Center Hospital Formosa. Service Medical Clinic Formosa; Argentina

Introduction: The cardiac insufficiency is one of the principal death causes in adults,This problem has been increased in the last years. The rheumatic mitral valvular illness was diminished in developed countries for the diagnostic and advanced treatments. In our country, however it goes on taking possession of an important role and as well as the chagasic cardiopathy it is a factor of comorbility that was impossible to erradicate. This is what motivate the scientists` interest and the presentation of this case.

Clinical Case: Patient of 57 years old who presented Rheumatic Fever, chronic cardiac insufficiency **ANTECEDENTS:** Chagas 1/1024 . This person consulted many times for cardiac insufficiency, a problem that occasionally required him to be confined (spend some days) into the hospital; consult for dyspnea, inferior limbs edemas, palpitations, a thorax telepadiography is done: important cardiomegalia, irregular rhithm in electrocardiogram, no sinusal. Positive: Chagas 1/1024 , ecocardiogram and doppler cardiac. Rheumatic mitral valvular illness, megaurìcula, triscuspide insufficiency. Fraction of ejection 48 %, right ventricle 47%, left ventricle diastolic diameter 54, systolic 30. Mitral valve calcificated, motility of the previous and posterior valve diminished,left auricle, megauricle of 93,right extended auricle, segmental motility,severe dilatation of the left auricle 100 cm2., dilatation of right cavities, moderate dysfunction of the right ventricle, mitral valve with severe signal of assault. Thorax tomography, extended mediastinum Ventricular cavities and left auricles without limit of separation. Ecography transesophagus, rheumatic mitral illness, tricuspidea and giant atrial insufficiency. For its chronic auricle fibrilation it is anticoagulated and the overlook is given with the indication of correcting surgery with medical treatment, enalapril, digoxina, aspirina, espironolactona, furosemida.

Discussion: The case is about a patient with cardiac insufficiency, with valvular origin, that for continuing his illnes, has reached a stadiumn cavities dilatation, left ventricle and left auricle with a giant atrial,which predispose to thromboembolism complications, though it is rare its apparition, contribute interest in the evolution, probably with advanced diagnostic could be prevented to get at this evolutive stadiumn with medical treatment and resolutive surgery.

P-01-37 | INFLUENCE OF USUAL DRUGS AND EXTEND QT INTERVAL

Arena, E.J.F.; Calistro, S.S.; Cataldi Amatriain, R
Departamento de Medicina Interna- Hospital Sirio- Libanés CGBA- Argentina

Introduction: The extend Q-T interval is frequent in young people with structural and normal heart, but there are genetics alterations that may cause sudden death, torsade du pointes is frequent in patients with congenit extend Q-T interval and the second causes is drugs. The extend Q-T interval is consider when it was more than 0.44 msg after done the correction with Bazzet formuly, different authors consider other values after consider heart rate frequency etc.. The torsade du pointes, and the extend Q-T interval may be produced by the use of frequent drugs like : anti-arrhythmic, agents antibiotics, psychotropic and other like pentamidine, terfenadine, etc, advanced heart disease or hypocalcemia, hypopotassium, hypomagnesium, and nutricional factors; intoxication with poison ,IAM, hypothyroidism. The objective of this work is value the incidence of extend Q-T interval with drugs of frequent useful.

Methods: We report 98 patients, oldest than 60 years old, was included during three months, hospitalized in an Internal Medicine Service, whose presents extended Q-T interval, using the Bazzet formuly with 0.44 msg as lower limit of Q-T interval in both sexes. Several variables were studied: use of drugs, metabolic disorders, and poison, previous diabetes, HTA and tonic drinks. **Results:** We reviewed 98 patients, 14 was excluded for IAM hypo potassium, hyponatremic, hypothyroidism, and severe heart disease. 84 patients whose rate 81.76 years old (max 96 - min 60), 62 females (73.80%); 22 male (26.20%). Drugs more frequently used were: Metronidazole, Quinolones, Donepecilo, TM-SM, Fluoxetine, Butirofenonas, Fenotiazinas, Risperidone, Quetiapine, Tamoxifen and associations of psychotropics and antibiotics; psychotropics and anti arrithythmics agents; several psychotropics; and this with antibiotic more anti arrhythmics.

Conclusion: In accordance with the learning that several drugs of frequent use may produce extend Q-T interval, for what may be reconsider the indications of them because of sudden death syncope cardiac arrest may be produced by this.

P-01-38 | PERIOPERATIVES FACTORS INFLUENCING MORBILITYMORTALITY OF PATIENTS UNDER CARDIOVASCULAR SURGERY PRESCRIPTION

Cusatti, M.; Escudero, M.L.; Vargas, E. A.; Lucero, C.M.; Rivero, A.F.
Clínica Privada Caraffa, Córdoba, Argentina

Introduction: and objetives To identify preoperatives variables wich mostly associated to morbility-mortality-causes in patiens under cardivascular surgery prescription in our setting.

Patiens and Methods: A descriptive retrospective study was performed to 96 patiens who underwent cardiovascular surgery between 1st march 2004 to 31st december 2007. Coronary unit post-operative hospitalization average was 7 days. Miocardial revascularation (MRC) 79%, valvular change 12% and combination of both before mentioned 8.4% were carried out. Males 69.8% and females 29.2%, being 69.8% over 65 years old and with body mass index (BMI)< 30, 85.4%.

Results: Arterial hypertension (ATH) was found 64.6%, smoking 42.7%, miocardial acute infarct (MAI) 25%, diabetes 19.8% and angioplasty before surgery 12.5%. Extracorporal circulation (ECC) more than 90 minutes in 28.1% was used. Overal mortality was found to be 6.25%; correspondynd 66% to coronary patients, 33% valvular changing and 1% in combination of both. Male mortality was highter 66%, with BMI <30 67% and dose over 65 year old. 66.7% Amount preoperative variables 83.3 had ATH, with eyeccion fraction < 55 (50%) and smoking 33.3% Three vessels involvement related to mortality (50%) was found to be the most frecuent, single valvular changing (33%), and combination of both 17%. Those patiens having ECC more than 90 minutes had 7% of mortality. More relevant postoperative complicated were: atrial fibrilation (AF) 16.7%, pneumonia 15.6%, postoperative MAI 7.7%, mechanical respiratory asistansse (MRA) more than 48 hs 7.3%, and surgical reintervencion 6.3%

Conclusions: Overall mortality was found to be 6.25%, being lower compared to other settings. Preoperatives variables more related to mortality were male pacient over 65, ATH, EF <55 and postsurgical MAI were found to be more frecuent.

P-01-39 | EVIDENCE BASED THERAPY OF HEART FAILURE: ARE WE FOLLOWING GUIDELINES?

Grana Costa, M.; Escolano Fernández, B.; González Benítez, M.; Barón-Ramos M.; Ruiz Cantero, A
Internal Medicine Department. Hospital La Serranía; Spain

OBJECTIVE: To describe prescriptions at discharge for patients who were hospitalized due to decompensated heart failure (HF).

PATIENTS AND Methods: Patients suffering from acute heart failure were selected among all hospitalized patients in La Serranía Hospital from January 2006 to December 2007. Frecuency of prescriptions of different drugs at discharge (beta blockers, ACE inhibitors, angiotensin II receptor blocker (ARB), spironolactone, loop diuretics, digoxin, amiodarone, antiplatelet agents and anticogulants) was assessed by an independent observer. A descriptive study were performed. Continuous variables were expressed as the average +/- standard deviation. Nominal variables were reported as frequencies +and percentages. Results 489 patients were studied (249 women; 240 men). They were 76.59 +/- 9.07 years old (average age). The average time of hospitalization was 10.97±7.71 days. Frecuencies (and percentages) of prescriptions of the different drugs were the following: digoxin 99(22.9%), ACE inhibitors 231(53.7%), ARB 111 (25.8%), ACE-I or ARB 340(79.1%), loop diuretics 384(89.5%), beta blockers 201 (47.1%), amiodarone 31(7.1%), anticoagulants 166(35.2%), antiplatelet agents 190(43.8%).

Discussion: Several major societies have published extensive guidelines for the treatment of HF, with ACE-I, ARB and beta blockers being the pillars of this therapy, as they improve patients' survival. Nevertheless, ACE-I and ARB are not prescribed in all cases and beta blockers are prescribed in less than a half of patients. Current recommendations are followed in a lower percentage than expected. This may be due to the lack of specific recommendations for elderly population (as patients studied in this work) and the appearance of adverse effects.

P-01-40 | HYPOKALEMIC PERIODIC PARALYSES

Baldomá, F.; Aranalde, G.; Negri, M.; Alfano, S.; Bonnor, A
Hospital de Emergencia "Dr. Clemente Alvarez". Rosario, Argentina

Introduction: The hypokalemic periodic paralyses are an uncommon group of disorders characterized by severe muscle weakness and lower serum potassium levels and can be fatal unless the treatment is started as soon the diagnosis is established. The hypokalemic periodic paralyses can be classified into primary, such as familial and secondary types, like thyrotoxic periodic paralysis. Failure to recognize such disorders may lead to improper management. Hence there are several clinical clues that may help not only in diagnosing but also in managing.

We present six cases of hipokalemic periodic paralyses in males whom presented to the emergency department with a main complaint of severe muscle weakness. All of them were unable to walk and they required the assistance of other person to get to the hospital. They also complained of dull and pain in extremities. Serum potassium ranged from 1.2 mEq/L to 2.6 mEq/L, urinary potassium concentrations were lower than 20 mEq/L and serum cretine phosphokinase (CPK) ranged from 580 mUI/ml to 1110 mUI/ml (upper limit 195 mUI/ml).

All patients received 90 mEq to 120 mEq of potassium chloride intravenously over six to eight hours by a central line, during which time marked symptomatic improvement occurred.

DISCUSSION: and Conclusion: These include electrolytes disorders such as hypokalemia, low urinary potassium excretion, hypophosphatemia, hypophosphaturia, hypercalcemia and normal blood acid-base state. Other findings are systolic hypertension, tachycardia, high QRS voltage and first-degree atrio ventricular blockade. The pathophysiology is related to altered potassium fluxes from extracellular spaces into muscle, abnormalities of calcium kinetics, carbohydrate metabolism, insulin secretion, and hormonal changes, as well as a possible relationship to a hyperadrenergic state. The associated episodic attacks of paralysis with the hyperthyroid state must be taken into account.

This group of diseases is characterized by normal body potassium stores due to increased transcellular shift and hypokalemia, therefore the treatment is aimed to normalize the plasma potassium concentration instead of repairing a potassium deficit. An alternative therapy is non-selective beta blockers based on the hyperadrenergic activity in some forms of this disease.

P-01-41 | PRESENTATION OF A CASE: STUNNED MYOCARDIUM CAUSED BY MIOCARDIAL BRIDGING

Muñoz, Francisco; Livio, Giselle; Tombolini, Gustavo.; Marcolini, Rosmary.

Hospital Naval Puerto Belgrano, Buenos Aires.; Argentina

Miocardial bridging is an anatomical anomaly that consists of muscular fibres that covers any part of the epicardial coronary arteries. And it can constitute a discovery as well as a manifestation of precordial pain, several arrhythmias, acute myocardial infarction and sudden cardiac death.

We present the case of a hyperlipidemic, obese and hypertensive,48-year-old male patient who is admitted by our service with an epigastric, radiation to the precordial area, oppressive pain of 10/10 intensity, with a variable duration and related to physical exercise during two circumstances 48 hours prior to admission. His physical examination did not give us positive data. The ECG done at his admission showed a significant ST segment elevation in leads V2 y V3.

The enzyme laboratory results showed: CK 858 U/L (30-167 U/L), CK-MB 19 U/L (0-24 U/L), normal values of LDH and TGO and negative troponin T test. We presumably diagnosed the patient with Acute myocardial infarction (MI) He is sent to intensive care unit without being able to receive artery revascularization and 48 hours after we examined him again. We did an echocardiogram that showed us apical and anteroseptal wall motion abnormalities. The angiography showed coronary arteries without relevant alterations along with a sistolic miocardial bridging of anterior descending coronary artery.We started a betablocker treatment (atenolol 25 mg/day.)

Ten days subsequent to the beginning of the medication and 24 hours prior to being discharged from hospital, we examined the patient again with an echocardiogram and we determined lack of alterations of the myocardial motility. We understand the medical profile as stunned myocardium caused by miocardial bridging.

The presentation of this case is motivated by the low prevalence of angiographic diagnosis of myocardial bridging (0, 15 a 4 % in international studies) thus being a diferencial diagnosis we should worry about on patients with precordial pain.

P-01-42 | CHRONIC ATRIAL FIBRILLATION: RISK OF BLEEDING

Gordillo, G.; Ghezzi, P.; Scatarella, M.; Martinez Aquino, E.; Giuliani, R.

Sanatorio Franchin and Eritroferon - CABA- Argentina

Introduction: It is recommended in patients with non valvular atrial fibrillation (AF) to maintain antithrombotic treatment as primary and secondary prevention of Stroke and Periphery Embolism (EP). Anticoagulants have proven a clear benefit in reducing these events, but still is the risk of bleeding as an adverse effect. We analyze the factors associated with bleeding.

Material and Methods: This retrospective and descriptive study (from October/99 to October/05) included AF patients under anticoagulation. The optimum range of anticoagulation was INR between 2-3. We analyze clinical risk factors: hypertension, diabetes, previous TIA/Stroke or EP, sex, age and previous episodes of bleeding. With echocardiogram we measure: atrial diameters (mild-moderate and severe dilation) and systolic dysfunction of left ventricle (LVSD) (mild-moderate and severe). We register the bleeding events and classified then in minors (bruising, gingivoragias, nose bleeding), moderate (reduction of <5 points in hematocrite) and major (bleeding of close cavities or requirement of 2 or > blood units). After a bleeding event, the INR was measure. **Results:** 130 patients, mean age 72.2±11.6, 56% male; clinical features: 76.14% hypertension, 20.18% DBT and 16.51% had previous TIA/Stroke or EP. The atrial diameters were: 16.51% mild, 69.72% moderate and 12.84% severe. The LVSD was 22.93% mild, 58.77% moderate and 11.92% severe. The cardiomyopathies associated were: 26.6% ischemic, 27.5% dilated, 19.28% valvular and 23.85% hypertensive. The mean of INR found was 65.5% (INR 2-3), 13.2% (>3) and 20.5% (<2). The episodes of bleeding were: minor 7.03%/patients/year; moderate 0.9%/patients/year and severe 0.3%/patient/year, with a significative difference for minors ($p<0.05$). The moderate or severe bleedings were not associated with INR out of range but other pathologies such as bleeding ulcer, diverticulosis, angiodisplasya with a exception of an intracerebral bleeding in an older patient with previous Stroke and hypertension.

Conclusions: In order to prevent bleeding events, as important as the anticoagulation range is also be aware of clinical antecedents of risk or previous bleeding episodes. The majority of cases of bleeding observed were mild. The major bleeding episodes were seen in patients with pathologies associated and in an adequate range of anticoagulation.

P-01-43 | ANGINA IN WOMEN HYPOTHYROIDISM: DETECTION ISCHAEMIA WITH STUDIES PERFUSION.

Echazarreta, Diego.; Uriarte, Marcelo.; Saparrat, Marta Elena; Ferrari, Eliseo

Diagnostic Institute of La Plata. .Buenos Aires.; Argentina

Objectives: To evaluate the presence of myocardial ischaemia with SPECT triggered in women with chest pain and hypothyroidism.

Material and Methods: 69 women were selected (m), 64 postmenopausal, between January 2004 and December 2005 carrying hypothyroidism with hormone replacement therapy (X age: 51.8 years) and the following comorbidities: 13 hypertension, 42 mixed dyslipidaemia, 10 smoking. Patients were evaluated using a study of Perfusion SPECT triggered with Tc99 MIBI and effort protocol / sleep.

Results: 17 m (24.6%) had ischaemia with an ejection fraction of the left ventricle (LVEF) X: 50% by volume End of Diástole X (VFD): 84 ml volume End of systolic X (VFS): 50 ml (Apical 5, 3 below, 3 septomedial and septoapical, 4 anteromedial, 1 inferolateral and 1 below), 52 m (75.4%) did not show ischemia with LVEF X: 56% VFS X: 37 ml VFD X: 68 ml. The cinecoronariografía of ischemic 17m showed the presence of coronary artery disease in 4 cases (23.5%) whose location was right coronary lesion 1, 2 lesions in the anterior descending artery and 1 injury in the second diagonal.

Discussion: This evidence shows a low prevalence of coronary arteriosclerosis in women with chest pain and hypothyroidism range graphic evidence of ischaemia.

P-01-44 | ASSESMENT OF MYOCARDIAL PERFUSION AND LEFT VENTRICULAR FUNCTION IN PATIENTS WITH SCLERODERMA.

Echazarreta, Diego.; Uriarte, Marcelo.; Saparrat, Marta Elena

Instituto de Diagnóstico, (Diagnostic Institute). La Plata, Buenos Aires. Argentina

Introduction: scleroderma (EC) introduced alterations in myocardial perfusion as a result of alterations inflammatory characteristics of the disease. **Objectives:** To evaluate a population of female carriers of EC tests myocardial perfusion.

Material and Methods: We evaluated 19 women carrying EC through a test of myocardial perfusion SPECT sleep / effort with Tc99 MIBI trigger. We conducted a description of the results conducted an analysis of the variables described.

Results: 19 women with age X 46.42 with angina (16) and dyspnea (4), the alterations ST-T (5), under treatment with corticosteroids (18),aspirin (12), cilostazol (6), diltiazem (2) , Enalapril (1) and immunosuppressants (4). 2 ischaemia segments were found earlier apicales 2, 1 and 1 lower septal. The volume end of systole X was 43.7 ± 7 ml, the end diastolic X 90.10 ± 8 ml and ejection fraction of the left ventricle (LVEF) X 55.26 ± 9%. Presented hipocinesia in front (1), apical (5), lower (7) and septal (6).

Discussion: The sample described us refers to a population with moderate deterioration of LVEF and the presence of ischaemia and anteroapical hipomotilidad apical, septal and bottom.

P-01-45 | EVALUATION OF ISCHAEMIA AND VENTRICULAR FUNCTION IN PATIENTS WITH RENAL DIALYSIS.

Echazarreta D.; Uriarte M.; Saparrat M E

Instituto de Diagnóstico, (Diagnostic Institute). La Plata, Buenos Aires. Argentina

Objectives: To evaluate the performance of left ventricular function (LVEF) and the presence of myocardial ischaemia (IM) in a sample of patients (P) carriers of chronic renal failure (CRF) under evaluation in pretransplante kidney dialysis with no history of diabetes, hypertension or smoking.

Material and Methods: They were considered 18 p (10 men) with 53 years old X carriers IRC secondary amyloidosis, polycystic, glomerulonephritis, systemic lupus erythematosus and Solitary kidney. The p underwent a scan SPECT (GS) with dipyridamole at the time of evaluation pretransplante and 2 years.

Results: 18 p were evaluated with a first test GS not revealed the presence of ischaemia segments. At 24 months observing the same was repeated at 6 p segments ischaemia (30%), namely: 1 apical, 1 septoapical, 1 inferolateral, 1 inferomedial basal 1 anteromedial, anteroapical and 1 septomedial. The group of patients ischaemia submitted the following developments in their LVEF: 58.17 DS3.97 and 2 years 49.83 DS4.26 (p = 0.012); volume End of systolic (VFS): 34.17 DS11.07 and 2 years DS 47.83 8.81 8 (p = 0.03) Volume Final diastolic (VFD): 76.03 DS11.07 and 2 years 93.17 DS10.7 (p = 0.05). The Group of Non-ischaemia: LVEF: 58.08 DS1.74 and 2 years 48.92 DS1.25 (p = 0.001), VFS: 46.83 DS5.71 and 2 years 61.5 DS2.43 (p = 0.001), VFD: 68.08 DS2.93 and 90.72 DS 2 years: 1.48 (p = 0.001)

Conclusion: There is a significant deterioration in left ventricular function and appearance of ischaemia segments carriers IRC subjected to a dialysis program for 24 months.

P-01-46 | INTEGRATIVE ANGIO CARDIOLOGY IN UNO AGENDA 21: EXAMPLE WITH COMBINED THERAPY OF HYPERTENSION.

Neu, E.; Michailov, M.CH.; Traub, M.; Danler- Oppl, H.; Schulz, G.

Int. Umweltmed. c/o ICSD e.V. Austria, Bulgaria and Germany & Univ. Erlangen- Neurnberg & Univ. Innsbruck.

Introduction: High complexity of cardio-vascular pathology and therapy needs in the future new models for better medical research and service within the frames of an integral anthropology and international universities [lit.: Congr. Book Gyn. 152/3 (2006) (FIGO London, eds. Acosta/Lord Patel). Urol., 68/5A-Nov., 254 (2006) (SIU Cape Town). J. Psychosom. Res. 58, 86 (2005). Book Int. Congr. Psychol. 49/587 (2004) (IUPsyS Beijing)]. **Method:** Clinical observations (recent/earlier) on angio-cardial patients/probands.

Results: 1. Combined pharmaco-therapy: Data of patients with arrhythmia and hypertension treated with drugs demonstrate necessity for regular evaluation of efficacy by self-control therapy, e.g. after long-time, an effective angio-cardial treatment by digitalis and Ca-antagonists was ineffective (a) and replaced by ACE-inhibitors and diuretics (furosemid) with good results (b). In other cases individual analysis indicates non-efficacy of ACE-inhibitors and bet! a-blocking agents: Systolic blood pressure during treatment was 151.7±19.1, diastolic 93.9±6.4 mmHg, after break off 150.3±14.4 and 97.2±10.3 resp.; no changes in cardial rhythmicity (n=45) (c). 2. Combined physical therapy: Essentially decreased cardio-vascular/respiratory parameters (pulse, respiratory frequency, blood-pressure) after hypothermia (37-25/15/0°C), climate- (mountains over 2000-3000 m) and sport-therapy (incl. Indian medicine). After yoga-training decreased respiratory (30%) and heart (10%) frequency (n=25). 3.

Combined psycho-somatic therapy: After respiratory and music-therapy decreased heart and respiratory frequency, blood-pressure. The psychic items, e.g. “relaxed”, “tranquil”, “clear”, “motivated” increased up to 50% (acc. to polar-attitude list, p<0.001, n=30). 4. Social therapy could be connected with cognitive and group psychotherapy. Harmony in family and working life supports treatment (1.-3.). **Discussion:** Future integrative angio-cardiology needs ne! w models for treatment by combined drug, physical, psycho-somatic and social therapy in context of total health. Realization of models, e.g. foundation of intern. clinics for angio-cardiology could support UNO-agenda 21 helping for better health, education, ecology, etc. in all countries.

P-01-47 | ON INTEGRATIVE ANGIO CARDIOLOGY: PATHOGENESIS OF HYPERTENSION.

Michailov, M.CH.; Neu, E.; Bauer, H.W.; Werner, G.; Welscher, U

Inst. Umwelted. c/o ICSD e. V. Austria, Bulgaria and Germany & Univ. Erlangen- Nuernberg & Univ. Innsbruck. Med. Fac. Univ. Berlin, Goettingen, Muenchen

Introduction: 400 years after beginning of the Kopernikanian (scientific) revolution in medicine by discovery of blood circulation (Harvey/1628) appeared an enormous information about cardio-vascular physiology, pathology, pharmacology, but till today therapy of arterial hypertension is insufficient. Presently will be given a summary of results (recent/earlier) concerning pathology of blood pressure homeostasis (Cannon) [Michailov, Neu et al.: Acta physiol.scand. (EPHAR Stockholm) 191:49/2007; Urol. (SIU Paris) 70:232-3/2007; Acta pharm.Sinica (IUPHAR-Beijing) Suppl.1:178/2006; Faseb J. (IUPS San-Diego) 19/4:A215/2005; Br.J.Urol. (SIU-Honolulu) 94/2:258-9/2004; Fund.Clin.Pharm. (Oxford) 18:103/2004)].

Method: Rat arterial blood pressure; vascular motor activity (arterial prep.: lit.). **Results:** A. Vascular effector cells (n=50): 1. Hormones. Nor-/adrenaline, serotonin (5-HT), prostaglandins (PG-F2alpha/E1; 1-100nM), vasopressin (0.02-1mU/ml) induce in arterial helical ! strips (human a.renalis, a.uterina; rat aorta) periodic motor and electrical oscillations, i.e. fast phasic (0.5-2/min) and slow tonic (0.1-0.2/min). 2. Drugs. Anesthetics (bupivacaine, fentanyl), LiCl, CaCl2, etc. strongly potentiate X-ray test-contraction (10 Gy). 3. Human v.renalis is high sensitive to angiotensin-II (0.01 nM). B. Sympathetic preganglionic cholinergic neurons (spinal-rats, n=30): 1. Depressor response (dR) to acetylcholine (ACH: 1-5 µg/kg i.v.) is transformed into a biphasic (dR/pR) after nicotine (10-35 mg/kg s.c.) and 2-mercaptoethylguanidine (MEG: 200-400 mg/kg i.p.). 2. Pressor response (pR) of (a) non- (AHR-602: 100, MCN-A343: 25-100 µg/kg) and (b) nicotine-like ganglion-stimulating agents (nicotine, DMPP: 15-170 µg/kg) are potentiated by MEG (inhibitor NO-synthase). Anesthetics inverted pR. C. Central adreno-cholinergic system (myeloencephalon: anesthetized rats, n=50): 1. Aminothiol MEG blocked dR to peripheral, but transformed dR to central vagal el! ectrical stimulation (55Hz/2ms/5s/5V) into dR/pR. 2. MEG converted serotonin-dR (5 µg/kg) into pR (antihistaminics potentiated dR), 3. strongly potentiated bradykinin-dR (2-20 µg/kg) and vasopressin-pR (5-50 mU/kg).

Discussion: Pathophysiological neuro-hormonal interactions, caused by increased excitability of (a) vascular effector cells (incl. mechanosensitive ion-channels), (b) sympathetic neurons (incl. spinal preganglionic-cholinergic), (c) central adrenergic/cholinergic system (nicotinic receptors) probably are primary mechanisms in pathogenesis of genuine (idiopathic) arterial hypertension leading to cerebral apoplexy and cardial angiospasms (biphasic dR/pR?). Future integrative angiocardiology needs new interdisciplinary multidimensional and holistic research models, leading to better specific (causal) antihypertonic therapy (a.-c.).

P-01-48 | EARLY CARDIOTOXICITY RELATED TO BREAST CANCER CHEMOTHERAPY

J Marti, M Escalante, J Hernandez

Hospital Zumarraga. Zumarraga. Guipuzcoa.Spain

Heart failure is an unusual side effect of chemotherapy in patients treated for breast cancer. We present 2 cases of acute heart failure due to ATC chemotherapy: doxorubicin, paclitaxel and cyclophosphamide.

Case 1: 52 year-old woman. No previous cardiopathy. Surgery performed for right breast cancer 9 months ago. Then, treated with hormonotherapy, radiotherapy (RT) and chemotherapy (last dose 2 months before). Clinical: weakness, anorexia, dyspnea and orthopnea for 3 weeks. Physical exam(PE): tachycardia, basal crackles, right lung hypoventilation and bilateral edema in legs. **Laboratory:** ANP 11925 pg/ml. Chest-X ray and thoracic CT: bilateral pleural effusion and diffuse patchy lung shadows. Echocardiography: global severe hypokinesy. Decreased ejection fraction (<50%).

Case 2: 77 year-old woman. No cardiac problems. Operated for left breast cancer 15 months ago. Treatment completed with RT and chemotherapy (last dose 1 week before). Clinical:: dyspnea, sweating and abdominal discomfort. PE: tachycardia, tachypnea and global hypoventilation. **Laboratory:** ANP 8750 pg/ml. Chest-X ray: pulmonary edema. Echocardiography: dilated myocardiopathy. Severe dysfunction of left ventricle (<40%).

Discussion: Anthracycline cardiomyopathy has been a recognized side effect of this class of drugs. Risk factors include age < 18 or > 65 at time of treatment, mediastinal RT and female gender (1). Delayed cardiotoxicity is reported in 5% of treated with doxorubicin (3) and is subclassified as early subacute cardiotoxicity occurring < 1 year after the completion of treatment or late cardiotoxicity occurring > 1 year after the cessation of chemotherapy . Paclitaxel only rarely causes cardiomyopathy as a single agent but may enhance the cardiotoxicity of doxorubicin given in combination. Myocite damage or death leading to decreased ventricular contractility is thought to be responsible for early Anthracycline cardiotoxicity. RT may increase anthracycline toxicity (4).

References

1.Swain SM, Whaley FS, Ewer MS. Congestive heart failure in patients treated with doxorubicin: a retrospective analysis of three trials. Cancer 2003; 97 (11): 2869-79.

2.Bonadonna G, Valagussa P. Contribution of prognostic factors of adjuvant chemotherapy in breast cancer. Recent Results Cancer Res 1984; 96: 34-45.

3.Gremier MA, Lipshultz SE. Epidemiology of anthracycline cardiotoxicity in children and adults. Semin Oncolo 1998; 25 (Suppl. 10): 72-85.

P-01-49 | CHARACTERISTICS OF A MONOGRAPHIC HEART FAILURE UNIT PATIENTS IN A SECOND LEVEL HOSPITAL IN SPAIN

González- Franco, Alvaro; Barragán- González, María Jesús; Gallo- Alvaro, César Manuel; Alfonso- Megido, Joaquín; Lobo García, Julia

Internal Medicine Department, Hospital Valle del Nalón, Langreo, Asturias; Spain

Introduction: Heart Failure (HF) is a major burden in Spanish hospitals, being one of the five most common causes of admission to our hospital. In order to respond more specifically to these patients, and tailor their treatment to the recommendations of the International Guides, a monographic unit of HF was formed. The aim of this study is to understand the demographics, comorbidity, etiology and treatment of patients with heart failure that have been follow-up in the unit.

Methods: Prospective study of patients in the unit during first nine follow-up months.

Results: 95 patients were analyzed, with an average age of 79.96 years (54-92 years), 44 men (46.32%). Regarding comorbidity: 76.84% were hypertensive, 29.49% diabetic and 56.84 had hyperlipidemia; 78.95 had renal insufficiency (as measured by estimated glomerular filtration), 32.63% chronic lung disease, 68.42% were associated with atrial fibrillation and 31.58% had anaemia. Regarding the etiology, 90.53% have done echocardiographic study, showing left ventricular systolic dysfunction (Left Ventricular Ejection Fraction <50%) 35.71% of the series. We found coronary artery disease in the 37.90% of patients (diagnosis of stable angina: 11 patients, silent ischemia: 2, Acute Coronary Syndrome (ACS) with ST segment elevation: 8 and ACS Without ST elevation: 12 patients). 47.67% of patients had some degree of mitral regurgitation and 29.07% of aortic regurgitation. Regarding treatment, 87.61% of patients had been using beta-blockers (29.47% before starting follow-up), and 97.64% h! ad associated ACE inhibitors or angiotensin II receptor blockers (68.42% before follow-up), 93.68% had prescribed diuretics, 43.16% had associated digoxin to control the heart rate, 34.74% had indicated an aldosterone antagonists and 61.11% of the dyslipidaemic patients had a statin.

Discussion: Patients in our series have old age, with significant comorbidity, although it has been achieved rates above what is usually described in the standard therapy for this disease. The creation of a specific unit to follow up these patients, showed that it is an efficient measure to implement the recommendations of the International Guidelines.

P-01-50 | SITUS INVERSUS IN AN ADULT OVER 87 YEARS OF AGE: A CASE OF REPORT

Navarro, J.; Martínez, GD; Gutiérrez, LE; Rojas, PA; Zenteno, RF

Instituto Mexicano del Seguro Social (IMSS) Cuernavaca, Morelos; México

A female aged 87 years refered for pre-operative evaluation of metabolic cataract. Antecedents of type 2 diabetes mellitus and high blood pressure, hysterectomy, cholecystectomy, left saphenectomy, right olecranon and left m

Colles fracture, right knee osteotomy, and right breast carcinoma treated with lumpectomy, chemo-, and radiotherapy. Gestations II. Abortions I. Deliveries I. Physical exploration of prechordial area in right hemithorax. Complete blood count normal, Prothrombin time, normal, Group and Rh AB (+). Glucose 150mg/dl HbG1, 8; Creatinine, 0.8; total cholesterol, 260; high-density lipoproteins, 46; low-density lipoproteins 177.1; triglycerides, 185; creatinine clearance, 38.8. Tele of pulmonary parenchymal thorax with chronic bronchitis-related septum thickening; left ventricular point toward right. Simple x-ray of abdominal contrast and hepatic silhouette in left hypochondrium and gastric chamber in right hypochondrium, ascendant colon situated to left. Scoliosis and osteodegenerative data.

Electrocardiogram. Sinus rhythm, cardiac frequency 68×′, Q in DI, -II, AVL, AVF, V4, V5, V6, and R wave AVR and V1. Abdominal ultrasound: Liver with surgical absence of vesicle, situated in left hypochondrium; intra- and extra-hepatic bile duct, normal; in right hypochondrium, stomach and spleen, normal.

Computed tomography of thorax and abdomen: with 5- × 5-mm cuts from pulmonary apices, to symphysis pubis, to the administration of oral and intravenous contrast. CT projection radiograph (topogram), cardiac silhouette to right of cardiac mean line, confirming with axial cuts, morphology, and normal size, in situs inversus, normal-caliber great vessels with the presence of hyperdense images in walls suggesting atheromatosous plaques. Adequately pneumatized lungs with bronchial wall thickening. Distended stomach by oral contrast, localized to right of mean line, no wall thickening. Normal liver morphology and size in left hypochondrium, homogeneous density, without intra- and extra-hepatic bile duct dilatation. Kidneys in customary form and situation, with simultaneous contrast-medium concentration and elimination. Gall bladder and abdominal loops without changes.

A unique case reported in ninth decade of life.

P-01-51 | USEFULNESS OF BTYPE NATRIURETIC PEPTIDE (BNP) AS DIAGNOSTIC SCREENING TOOL FOR PATIENTS PRESENTING WITH DYSPNEA IN AN EMERGENCY DEPARTMENT

Batista, Ignacio; Ormaechea, Gabriela; Marino, Andres; Sánchez, Fernanda

Grupo U.M.I.C.;Clinical Medicine Department, Hospital de Clínicas, Montevideo. Uruguay

OBJECTIVE: to measure out BNP in patients who presented with dyspnea to the emergency department of Hospital de Clínicas and fulfil Boston`s criteria for Cardiac Heart Failure (CHF) or had previous diagnosed CHF, on the period from August until September of 2007, and show if there is correlation between their plasmatic levels and impairment of Left Ventricular Ejection Fraction (LVEF).

Inclusion criteria: patients older than 18 years which consulted by dyspnea secondary to CHF; previously known or diagnosed at admission (Boston's Criteria used). Control Group: subjects 18 years, free of CHF. Exclusion Criteria: dyspnea non secondary to CHF; or deny to participate.

Materials and Methods: a record table was made; BNP test was performed with MEIA; Chest X-Ray; if CHF was diagnosed at admission, an echocardiogram was made, if CHF was previously known an Echocardiogram performed at least earlier than 3 months was required. Four categories of BNP values were defined, to correlate the relation between CHF severity (measured by LVEF and Chest X-Ray) and levels of BNP. Categories: <100 pg/ml was taken as negative for CHF, 100-500 pg/ml low; between 500-1500 pg/ml intermediate; 1500 pg/ml high.

Results: 76 subjects were included, 38 CHF carriers (60,5% men, median age 67,5) and 38 control subjects. All controls had BNP <70 pg/ml. CHF carriers: 30 patients (78,9%) had previously known CHF, with Systolic disfunction 86%, 73% had LVEF <35%, and 28,9% LVEF <25%. All CHF carriers had positive BNP; 78,9% had intermediate and high values; 13 patients (34,2%) had a BNP 1500 pg/ml.

Conclusions: measure of BNP is a highly efficient tool in distinguishing cardiac cause of dyspnea on ED. Our results showed very high predictive value, with 100% on sensitivity and specificity, detecting all patients affected by CHF, and rejecting all controls. A predetermined range of BNP can be correlate with the severity of CHF by radiological stadification and LVEF, a trend was found on favour of this hypothesis, although without statistical significance

P-01-52 | DILATED CARDIOMYOPATHY AND HYPOTHYROIDISM

Graña, Andrea; Pattarino, Cristina; Sosa, Leonardo; Ehrlich, Mónica; Lombardo, Gimena

Departamento Clínico de Medicina. Hospital de Clínicas "Dr. Manuel Quintela". Universidad de la República. Montevideo; Uruguay

Dilated cardiomyopathy includes a large, diverse and heterogeneous group of etiologies, which, in general, progress to heart failure and reduced survivability. It is important to identify their underlying causes in order to improve the clinical symptoms by treating them. As stated earlier, there are a large number of etiologies, and, among these, endocrinologic disorders are the less common. A small number of authors identify prolonged hypothyroidism as a single cause of dilated cardiomyopathy. These reports are based on clinical cases where the treatment of hypothyroidism in young patients led to an improvement in cardiomyopathy . On the other hand, the effects of thyroid hormone action over myocardial failure has been widely demonstrated

We describe the case of a 28-year-old patient with a 10-month diagnosis of dilated cardiomyopathy, displaying no improvement despite alcohol abstinence of over a year and no additional identified cardiovascular risk factors. A referral to the Hospital Universitario for echocardiographic assessment confirmed advanced dilated cardiomyopathy on four cavities, diffuse hypocontractility, LVDD 60mm, LVDD 55mm, septum 8mm, LVEF 15%, cardiac output 1.5lt/min, and no pericardial effusion. During hospital admission, the subject was diagnosed with hypothyroidism, with clinical and humoral confirmation.

We highlight a reduction of echocardiographic signs of dilated cardiomyopathy following two months of treatment with Levotiroxina 100g/day, reaching 55% FEVI. There are no current cardiovascular symptoms or requirement for medication. Currently, only Levotiroxina is been administered.

In conclusion, a clinical improvement and a reversion in myocardial function parameters were only detected following hormone replacement. Due to this reason we propose that the severe hypothyroidism is the cause for his cardiac failure. This validates the approach of identifying and treating thyroidal dysfunction on dilated cardiomyopathy diagnosis.

REFERENCES: Landerson P, Sherman S, Baugham K. Reversible alterations in myocardial gene expression in young man with dilated cardiomyopathy and hypothyroidism. Proc Natl Acad Sci USA 1992;89:5251-5255. Bezdah L, Slimène H, Kammoun M, Haddad A, Belhani A.Hypothyroid dilated cardiomyopathy. Ann Cardiol Angeiol (Paris). 2004 Jul;53(4):217-20. García Martínez M, Rodrigo Jarque I. La insuficiencia cardiaca como primera manifestación del hipotiroidismo primario familiar. Rev Esp Cardiol 1997;50:670-772. Klein I. Cardiovascular effects of hypothyroidism. Uptodate 2007

P-01-53 | UTILITY OF NT PROBNP AS HUMORAL MARKER IN MONITORING OF CLINICAL STATE AND THERAPEUTIC GUIDE IN CONGESTIVE HEART FAILURE (CHF)

Ormaechea, G.; Valverde, M.; Acle, S.; Marino, A.

Unidad Multidiciplinaria de Insuficiencia Cardiaca (UMIC). Departamento Clínico de Medicina. Hospital de Clínicas "Dr. Manuel Quintela". Montevideo; Uruguay

OBJECTIVE: to evaluate the applicability of NT-ProBNP in clinical management of CHF patients. Inclusion criteria: CHF patients with systolic disfunction (LVEF <40%), > 18 years.

Control group: 10 healthy subjects >18 years, free of CHF. Exclusion criteria: Carriers of diseases able to raise NT-ProBNP values (myocarditis; pericardial diseases; lung, kidney or liver severe disease, AMI < 3 months ago).

Materials and Methods: UMIC assists 270 CHF patients, 74 were included in this trial. Randomly selected visit Clinical exam was performed in each patient, by a phisician with wide experience in CHF, assessing clinical status and NYHA Functional Classification. More recent LVEF available was recorded.

Independently, a blood sample was taken and NT-ProBNP measure was made using Cardiac Reader Analyzer (Roche Diagnostics). Physicians were blind to the NT-ProBNP measure. Written consent was obtained in each case.

Results: 74 patients were included, median age 61,5 years, 48 were male.

Patients were classified in Unstable (59,5%) according to: New (12,2%) (just entered in the unit); Titration (32,4%) (progressive adjust of medication); or Re-Titration (14,9%) (acute decompensated patients). Stable patients were defined if they were in periodical consultations group (40,5%). NT-ProBNP results showed: n Stable patients 83,3% had <450 pg/ml., 16,7% 450-1000 pg/ml.

Unstable patients: 32,4% >2500 pg/ml.; 38,2% 1000-2500 pg/ml.; 26,5% 451-1000 pg/ml.; 2,9% <450 pg/ml.

All patients in NYHA classes III-IV had NT-ProBNP higher than 450 pg/ml., 40% of this had >2500 pg/ml.

All patients in NYHA class I had less than 1000 pg/ml.

7 patients had values of more than 3000 pg/ml., of them: 1 died, 1 was admitted in transplant list, 2 went on resynchronization therapy (RCT), 3 were hospitalized by acute decompensation.

Conclusions: Our results showed NT-ProBNP values were a quick, usefull and low cost parameter, for detecting CHF decompensation, with statistical significance (p < 0,001). This reaffirms the evidence of high usefulness of NT-ProBNP as a guide in CHF therapy, as acute decompensation parameter, and for taking therapeutical decisions as RCT.

P-01-54 | ULTRA SENSITIVE REACTIVE PROTEIN C VALUES IN DIABETIC PATIENTS WITH ACUTE COROBARY SYNDROME ALFREDO VAN GRIEKEN HOSPITAL. - JANUARY-MARCH 2007. CORO, FALCÓN.-VENEZUELA.-

Ana Zullys Piña Bueno., Arianni Acosta, Belitza Coello,Deledda Antequera, Wilfredo Guanipa

Francisco de Miranda University. Falcón.-Venezuela

Introduction: Protein C ultra sensitive has proved to be a strong predictor of cardiovascular events. **OBJECTIVE:** With the purpose of establishing the behavior of Reactive Protein C in Diabetic Patients with Acute coronary heart disease, a prospective work was conducted with Subjects of both sexes admitted in the emergency rooms of Hospital Universitario Alfredo Van Grieken, Coro-Falcón, Venezuela, in the period January-March 2007.

Method: 33 patients were evaluated, 21 diabetics and 12 control subjects. From both groups, medical records, glycemia (enzymatic methods AA) cardiac markers (conventional methods) and C-reactive protein (ELISA method) were obtained. Values of glycemia superior to 100 mg in fast were considered abnormal. Protein C Reactive minor of 1mg/l was considered under risk for Cardiovascular Disease, from 1 to 3mg/l moderate risk and greater than 3mg/l high risk.

Results: Out of 21 Diabetic patients under study, 10 of them presented unstable Angina, with values! of Reactive Protein C from 2 to 3,2mg/l. the Myocardium heart attack appeared in 05 subjects, with Reactive Protein C from 2 to 3,7mg/l. In the control group the most frequent pathology was the respiratory infections, with Reactive Protein C averages from 0,7 to 1mg/l.

Conclusion: High levels of Ultra sensitive reactive protein C were present in the Diabetics group with coronary heart disease, while in the control group the values of Protein C were minor. The Important Role of the Inflammation in the origins of the Atherosclerosis, Cardiovascular Diseases, and Diabetes is proved

P-01-55 | RELATION AMONG AGE SOCIOECONOMIC LEVEL SEX AND GEOGRAPHIC DISTRIBUCION WITH ACUTE CORONARY SYNDROME

Ana Zullys Piña , Arianni Acosta

Ministerio de Sanidad y Desarrollo Social. Francisco de Miranda University. University Hospital Alfredo Van Grieken ,Coro-Falcón.-Venezuela

INTRODUCCION: The high indices of morbidity and mortality by cardiovascular diseases demand the necessity of implementing more effective measures for their prevention.

OBJECTIVES: With the purpose of determining the relation among age, socioeconomic level, sex and geographic distribution with coronary heart diseases, a retrospective work was conducted in the Hospital Alfredo Van Grieken, in Coro, Falcon, Venezuela with adults of both sexes admitted in the Emergency service of this hospital with an Acute Coronary Syndrome diagnosis, between December 2006 and February 2007.

Methods: 94 hospital records were reviewed through which Age, Sex, Origin, Occupation, and Diagnosis were determined. Out of the 94 admitted cases, 63 corresponded to males and 31 cases to females with age averages of 46 and 56 years old for both groups. The most frequent coronary pathology was the Unstable Angina with 39 cases (41%), 24 men and 15 women, myocardium heart attack with 30 cases (31%) 21 men an! d 9 women, Stable Angina with 25 cases (26%) 18 men and 7 women. The geographic entities with most frequent coronary pathologies were the urban areas and most involved Occupation was the Working class.

Conclusion: This work confirms the prevalence of coronary heart diseases in forty year old males with low socioeconomic status and coming from populated areas.

P-01-56 | CLINICAL AND EPIDEMIOLOGICAL ANALISIS OF ACUTE PERICARDITIS IN A TERTIARY HOSPITAL

Mao Martín L(1), Muñoz López de Rodas MC(1), Hernando Marrupe L(2), Valle Borrego B(1). Calvo Manuel, E(1). lauramao99@yahoo.es

(1) Servicio de Medicina Interna I. (2) Servicio de Cardiología. Hospital Clinico San Carlos, Madrid

OBJECTIVES: 1. Know the patient profile with the diagnosis of acute pericarditis (AP). 2. To determine whether there any relationship between acute phase markers in the prediction of potential complications of AP. 3. Check the degree of homogeneity in the request for complementary studies and treatment, tailored to the European and Spanish Societies of Cardiology clinical practice guidelines.

Methods: Cross-sectional survey at the Hospital Clínico San Carlos of Madrid in Spain between the years 2004 and 2006 in patients diagnosed of AP.

RESULTS: AND DISCUTION: From 60 selected patients there was more evidence of pericardic effusion in patients with erythrocyte sedimentation rate greater than 20 mm/1st hour that those who did not (p=0,002); As well as patients with elevated C-reactive protein (p=0,001). Therefore, the request of these markers since the income would stratify patients in potentially risk. The patients with pericardic effusion develop more myocarditis (p<0,001) and cardiac tamponade (p=0,004), so, the echocardiogram should be part of the first step of complementary examinations of patients with AP. Idiopathic or viral etiology was attributed in a 60% followed by non-infectious and the infectious causes. It is statistically significant the use of Salicylic Acetil Acid in idiopathic pericarditis (p=0,047), NSAIDs (p=0,035) and corticosteroids (p=0,037), as well the association of corticosteroids and colchicine (p=0,001). The surgery was performed in 28.3%; statistically significant differences were found between the pericarditis of bacterial etiology and the necesity for surgical treatment (p=0,020), pericarditis by mycobacterium (p=0,006) and idiopathic pericarditis (p=0,0026). Compliance of the European and Spanish Societies of Cardiology clinical practice guidelines in terms of complementary application of compulsory indication is very satisfactory.

BIBLIOGRAPHY: 1. Maisch B, Seferovic PM, Ristic AD, et al. The task force on the diagnosis and management of pericardial diseases of the European Society of Cardiology. Guidelines on the diagnosis and management of pericardial diseases. Eur Heart J 2004; 1-28.;

2. Sagristá J, Almenar L, Ferrer JA, et al. The clinical practice guidelines of the Sociedad Española de Cardiología on pericardial pathology. Rev Esp Cardiol 2000; 53: 394-412.

P-01-57 | HOSPITAL READMISSION PATTERN IN PATIENTS WITH HEART FAILURE

Casariego Vales E, López Díaz MJ, Muriel A*, Cerqueiro González JM, Terrón F emilio.casariego.vales@sergas.es

Complexo Hospitalario Xeral-Calde, Lugo, España. H. Ramón y Cajal*. Madrid, España

Introduction: In Spain, Heart Failure (HF) is the first cause for hospital admission in people older than 65. In recent years, admissions in this age group have increased by 71%, with readmissions between 29 and 59% in the following 6 months after hospital discharge.

PATIENTS AND Methods: Cohort study of all patients with at least two hospital admissions to any service of the hospital of Lugo between 2001 and 2007, with main diagnosis of CI. We verified in all them that diagnosis was established at admission, and was not due to a hospital intervention. We registered dates of admission and discharge of consecutive episodes, visits to the clinic, visits to the emergency room, and comorbidities. Statistical analysis was made through a conditional Cox regression model described by Prentice, William and Peterson (PWP Model, 1981), using Stata 10.

Results: A total of 1838 admissions in 349 patients were registered. Their average age was 73,8 (SD 11,2) and 178 (51%) were men. We count at least five concomitant chronic diseases in 133 patients (38,1%). Hypertension (48%), diabetes mellitus (32%), and isquemic heart disease (27,5%) being the most frequent. On average, each patient was admitted 5.3 times, with an average length of stay of 12,3 days (SD 3,1), and visited the hospital consultation 33,2 times. Three patients were admitted more than 30 times. Studying time interval between consecutive admissions, we noticed that it was shorter as the number of admissions grew. Thus, median time between second and third hospital admission was 394 days, between third and fourth was 297 days, 226 between fith and sixth, 195 days between sixth and seventh, 124 between seventh and eigth, 107 between eigth and ninth and, among 52 patients admitted 9 or more times, we counted 87 days between the ninth and tenth episode ($p < 0,001$).

CONCLUSSIONS: Patients with HF, older age, and multiple comorbidities, show a predictable pattern of hospital readmission, with a progresive reduction of the period between consecutive episodes. Knowing it could be useful to assess the impact of newly introduced therapeutic strategies.

P-01-58 | HEART FAILURE PREVALENCE IN A HISPANIC POPULATION

Eglè Silva, Josè J Villasmil, Marìa A Luzardo, Greily Bermudez, Soledad Briceño eglesilvar@yahoo.com

Instituto de Investigación y Estudios de Enfermedades Cardiovasculares, Facultad de Medicina, Universidad del Zulia, Maracaibo, Venezuela

OBJECTIVE: Obtain a fast estimation of the hospital heart failure prevalence (HFP) in Venezuela.

Methods: The data were recorded on the one day field work. The sample (n= 2093, males = 959 and females = 1134) included all the patients [age median = 42 (range = 13-100)] admitted in each of the eight participating hospitals of Venezuela. They were selected using a stratified random sampling. The proportions and 95% CI were used to estimate the HFP. The z test for proportions was used to compare gender and age groups (less than 40, 40-49, 50-59, 60-69 and more or equal to 80).

Results: The HFP was 10.0% (8.7-11.3), 11.8% (9.7-13.8) for males and 8.6% (6.9-10.2) for females, it was detected a significant differences for gender. The prevalence was: 1.6% (0.8-2.3), 11.0% (8.5-13.6), 22.7% (18.6-26.7) and 31.3% (22.8-39.8) for the age groups, respectively; there was a statistical significant different increasing of the HFP as the age increased. It was founded that these increasing were almost similar for males and females except in the more or equal to 60 age-groups, in which 3.7% and 19.5% were the increasing for males and females, respectively.

Conclusions: In Venezuela, the HFP is higher in males than females, perhaps because the males are older than females. It was higher in the older people. This study showed that there is an interaction between gender and age for the HFP because the increasing in the more or equal to 60 year group was higher in females than males.

P-01-59 | MYOCARDIAL INFARCTION IN A 26-YEAR-OLD HEALTHY MAN

Reussi R, Sprinsky H, Olmos F, Blanco A

Reussi Foundation. Buenos Aires. Argentina

Introducction:

Infarction in young people in the absence of cocaine, is very rare

Case Presentation: A previously healthy 26-year-old patient, male, who started at early morning while he was sleeping, with chest pain in the left subesternal region, radiate to both arms and the neck, with 10/10 intensity. He was assisted by medical emergency and was treated with antiespasmodical medication.

As well the pain persisted, he was referred to a private institution at the intensive care unit.. His history had many years of cigarette use, but not hypercholeterolemia or hypercoagulable states. Family history revealed father with an periferic vascular arteriopaty and uncle with coronary artery disease. At this time he was under a severe emotional stress.

On physical examination he appeared well, the chest dyscomfort was in 5/10 intensity and an repeated electrocardiogram showed ST-segment elevation in leads V1 to V5. The cardiac serologic markers showed a rise in troponin T, creatine kinase and creatine kinase MB fraction levels.

Acute myocardial infarction was diagnosed with the three criteria- ischemic symptons, electrocardiographic changes and elevated cardiac enzimes.

A cardiac cathetherization was performed (within 12 hours of sympton onset) and revealed a significant obstruction in the middle segment of the left anterior descending artery. The coronary reperfusion was performed with a primary PCI of the related artery with a non drug eluted stent.

The patient remained sympton-free. Toxicologic screening of the urine was negative for the presence of cocaine. A transthoracic echocardiogram revealed a severe depressed left ventricular function, global akinesis of the anterior, posterior and lateral walls, and a apical diskinesis. Despite the treatment with aspirine, clopidogrel, atorvastatine, beta blocker and an ACE inhibitor, a second transthoracic echocardiogram in the fourth day revealed a left ventricular thombus, so we started anticoagulation with low molecular weight heparin. After eight months he is well and still treated with antithormbotic therapy

Conclusion: We strongly emphasise the importance in all young patients to not dismiss the chest pain like a first sympton of an acute coronary syndrome.

P-02-01 | PREVALENCE OF METABOLIC SYNDROME IN THE ADULT POPULATION OF MAZAPILTEPEC OF JUÁREZ PUEBLA MÉXICO

Calvario Hernández, Gerardo; Sánchez Cuevas, Juan Carlos; González Bonilla, Mezthly Berenice.; Calderón Ibarra, Elsa; Briones Rojas, Rosendo

Facultad de Medicina de la Benemérita Universidad Autónoma de Puebla, México

People with abnormal glucose metabolism, hypertension, obesity, all components of what is now known as metabolic syndrome, is a challenge for health systems in countries both developed and developing.

We were calculated the prevalence of metabolic syndrome in the adult population of Mazapiltepec, Juarez, Puebla.

We made a study Observational, Description, Transversal and Prospective.

Were measured demographic variables (age and gender), anthropometric (abdominal circumference), paraclinical (serum triglycerides, total cholesterol, high-density lipoprotein and fasting blood glucose), and clinics (blood pressure).

It trained medical consultation to collect data in a format designed (medical history) that had the variables of interest.

It standardized technique for measuring abdominal circumference and taking blood pressure with medical personal.

It took the values of triglycerides, total cholesterol, HDL cholesterol and fasting glucose made under standardized conditions in the laboratory multidisciplinary biochemistry of the institution (Faculty of Medicine at the Benemérita Universidad Autónoma de Puebla), under similar conditions of fasting.

The study included to 87 patients: 28 males and 59 females (32.18% 67.81% men and women).

The prevalence of metabolic syndrome of the patients included in the study, using the criterions of the American Heart Association (AHA) was 74.71%, with 67.85% in males and females 77.96%.

According to the definition of the AHA of Metabolic Syndrome, the central obesity with 80.45%, the hyperglycemia with 67.81% followed by low levels of HDL cholesterol with 66.66% were the most common metabolic abnormalities. Hypertension with 58.62% and 57.47% with hypertriglyceridemia were the less common.

The central obesity is more women (51 cases) than in men (19 cases).

In conclusion, the present study shows a high prevalence of metabolic syndrome in the population of Mazapiltepec Juarez, Puebla, Mexico.

P-02-02 | FACT CORONARY RISK AND METABOLIC CONTROL IN PATIENTS WITH TYPE 2 DIABETES

Vega Valdez, Rosa; Aguilar, Fulvia.

IPS Ingavi-Paraguay

Introducción: La presencia de factores de riesgo cardiovascular en pacientes con DM2 aumenta la frecuencia de complicaciones macrovasculares, principal causa de morbi-mortalidad en éstos pacientes. El control metabólico juega un papel preponderante en la prevención de éstas complicaciones.

Objetivos: Estudiar: 1-La presencia de los principales factores de riesgo coronario (FRC) y la frecuencia estimativa de eventos a los 10 años según Framingham. 2- El control metabólico y 3-Tratamiento.

Material y método: Diseño prospectivo, observacional, corte transverso. Pacientes DM2 ambulatorios de endocrinología del IPS-Ingavi, ambos sexos, 30 a 90 años, junio a agosto 2007. Variables: edad, I.M.C., CC, PA, HbA1 , glicemia, lípidos, actividad física, tabaquismo, dislipidemia e HTA. Escala de Framinghan para riesgo coronario a los 10 años.

Resultados: De 200 pacientes, 67% (134) mujeres y 33% (66) varones. Edad promedio 66,7 (30 a 90) años. El 64% (68) con 10 a 20 años de evolución. Los FRC: HTA (76%) 152, sedentarismo (70%) 140, dislipidemia (64%) 128, obesidad-sobrepeso (75,5%) 151 y tabaquismo (14%) 28. Laboratorio fuera de rango: Gluc basal 80% (160), HbA1 64% (128), HDL 50,5 % (101) en mujeres, y 17,5% (35) en varones, LDL 42% (84), hipertrigliceridemia 41,5% (83), hipercolesterolemia 23,5% (47). Tto. a) Fármacos orales 43% (86) b) Insulinoterapia 57% (114). De éstos recibieron Insulina NPH 21,5% (43), NPH + Insulina Cristalina 24% (48), I.C. sola 0,5% (1) y combinado (Fármacos orales + NPH) en 11% (48).

Conclusiones: Un gran porcentaje de los pacientes presentaron FRC , en orden de frecuencia: HTA, obesidad central, dislipidemia y tabaquismo.

La mitad de la población estudiada presentará un 20-39% de eventos coronarios a los 10 años. Dos tercios presentaron mal control metabólico. La insulinoterapia fue el tratamiento de elección en la mayoría de los pacientes. Observando éstos resultados deberíamos implementar firmes estrategias preventivas, que beneficiarían a los pacientes y a la institución considerando los altos costos en el tratamiento de las complicaciones.

P-02-03 | SHORT TERM BENEFICIAL EFFECTS OF SITAGLIPTIN TREATMENT IN SUBJECTS WITH PREDIABETES IN MARACAIBO VENEZUELA

Stepenka, Victoria J.; Asdrubal, Sara; Sindas, Maribel

University of Zulia, Zuliano of Diabetes Institute, General of south Hospital

Background: Prediabetes is an important condition or prior state to diagnosis of Diabetes Mellitus (DM). The lifestyle intervention currently appears to be the most efficient way of preventing the development of type 2 Diabetes. Metformin and PPARS agonists have show important results. Dipeptidyl peptidase 4 (DPP-4) inhibitors, is a new class of therapeutic agents for type 2 Diabetes and could have potential benefits in Prediabetes. **AIMS:** to assess the efficacy and short-term of Sitagliptin treatment on glucose tolerance in individuals with Prediabetes.

Methods: Study design randomized, prospective and clinical trial. We evaluated sixty-two subjects with risk factor for DM and Prediabetes (ADA 2006 criteria), were randomized to treatment with either Sitagliptin 50 mg once daily or matching placebo, both group following standard recommendations of exercise and diet for 6 months. A 75 g. 2-h oral (OGTT) glucose tolerance test were performed at baseline and finished the study. St! atistical

Analysis was realized used NCSS/PASS program, for variables compared used T student.

Results: thirty-two subjects fromintervention group used sitagliptin at 6 months; both fasting and 2 h glucose concentrations were significantly lower compared with (32 subjects)the placebo group: 102 vs. 116 mg/dl for fasting glucose, respectively, P=0.01. The insulin resistance index (HOMA-IR) improved in thesitagliptin group too.

Conclusions: The effects to short-term of sitagliptin in prediabetics proved beneficial results and represent an alternative in the treatment of this important group of individuals in the diabetes prevention, improve the insulin index could be mediated by lowering glucose toxicity.

P-02-04 | GLUCOSE HOMEOSTASIS IN DIABETIC PATIENT UNDER GO BARIATRIC SURGERY

Yuma, M.; Aragona, H.S.; Vainstein, N.; Gutt, S

Hospital Italiano de Buenos Aires- Ciudad de Buenos Aires; Argentina

Introduction: Bariatric surgery may improve and sometimes resolved obesity co-morbility, particularly type 2 diabetes mellitus (DM2) Insulin resistances associated with central obesity and defect insulin secretion are DM2 pathophysiological mechanism. Loss weight enhance DM2 in a variable way depends on surgical procedure. The Roux-en-Y gastric bypass (GBP) has showed to be the most effective in decrease glucose, insulin and HbA1c levels.

OBJECTIVE: Evaluate glycemic profile, weight loss and management evolution in morbid obesity patient with DM2 baseline and 6 month after GBP.

Material and Methods: Obesity grade III patient undergoing GBP with DM2 were included in a prospective way since 2004 to 2006. According anti-hyperglycemic drugs (AHD) or insulin combination treatment we evaluated glucose, HbA1c levels in DM2 at baseline and 6 month after surgery.

Results: All patients achieved significantly weight loss, results in a percentage of excess weight loss (%EWL): 52% at 6 month past surgery (BMI 39,2kg/m2 p< 0,05), and glucose and HbA1c decrease (p<0,001). Before 6 months after GBP 77% patient under anti-hyperglycemic drug(AHD) stopmedication and 7 of 9 with combine treatment still only AHD. Whereas one patient continues insulin and an other with combine treatment

Conclusion: Bariatric surgery particularly malabsorptive compare with standard treatment, may improved DM2 control in morbid obesity patient. GBPappears to work beyond anti-obesity having unknown pathophysiology aspect like anti-incretins factors. Future studies should address the GBP role inDM2 treatment

P-02-05 | A STUDY OF PERIPHERAL COMPENSATORY REFLEX OF SYMPATHETIC ACTIVITY BY USING DYNAMOMETER IN DIABETIC PATIENTS WITH AND WITHOUT AUTONOMIC NEUROPATHY.

Alvarado, Sonia L.; Navas, Trina; Campos, Homero A

Hospital General del Oeste "Dr. José Gregorio Hernández", Caracas. Laboratorio de Neuroquímica Funcional, Escuela de Medicina José María Vargas, Universidad Central de Venezuela

Summary: Three peripheral neurons are involved in this reflex: noradrenergic, neuropeptidergic and histaminergic. The latter inhibits noradrenaline (NE) release.

This reflex appears to be altered in hypertension and it is studied in healthy subjects, patients with type 2 diabetics, hypertension and diabetics and the later ones with or without autonomic neuropathy (AN). Blood samples were obtained at rest (T-0), at one (T-1) or 5 minutes (T-5) after stimulation with the dynamometer in order to measure NE, histamine (HA) and substance P (SP).

The results were: NE: In patients hypertension and diabetics at T-0 levels were higher than in healthy subjects (p=0,02). After stimulation an increase was observed in healthy subjects at T-5. In patients with no hypertension and diabetics NE was increased at T-1 (p=0,01) and in those with hypertension and diabetics the levels were high in all instances compared to healthy subjects (T-0) (p<0,01), while in patients hypertension and diabetics with AN! the levels of NE were lower than in healthy subjects (T-0) (p<0,05). HA: At T-0 no differences were observed among the groups or in diabetic after stimulation. In healthy subjects, there was an increase at T-1 (p<0,003) and a decrease at T-5 (p=0,02). SP: At T-0, no differences were observed among the groups. In patients with no hypertension and diabetics, SP increased at T-1 (p=0,03) and in those with hypertension and diabetics there was a decrease at T-5 (p<0,05). In patients with hypertension and diabetics with AN, no changes were observed.

Conclusion: The high NE levels in patients with hypertension and diabetics suggest sympathetic overactivity. The decrease of substance P seems to be related to sympathetic activity since it diminishes in patients with hypertension and diabetics but not in those hypertension and diabetics with AN. The lack of changes of HA levels in diabetics after stimulation suggests an alteration of the compensatory reflex.

Key Words: Peripheral reflex. Sympathetics. Diabetes. Neuronal histamine. Substance P. Noradrenaline.

P-02-06 | RELATIONSHIP BETWEEN SEDENTARISM AND METABOLIC SYNDROME

Herrera, Ramón N.; Luciardi, Hector L.; Miotti, Julio A.; Gallo Valverde, Pablo F.; Burgos, Mariano R.

Medical Clinic Cencurrency- "Zenón J. Santillan"Health Center Hospital. Tucumán; Argentina

Background: Sedentarism (S) is an important modificable risk factor. The metabolic syndrome (MS) is a group of risky factors that can induce diabetes and cardiovascular disease (CVD), through the genotype-phenotype inadaptation, that produce subcutaneous and visceral abdominal fat store. The International Diabetes Federation (IDF) suggest that measurement of the abdominal waist perimeter (AWP) is an adequate method and a necessary requirement to the diagnosis of the MS. Male AWP >102 cm and female AWP 88cm suggest hiperinsulinism and insulin resistance. The aim of this survey is to find the relationship between S and MS defined according to IDF criteria, in patients evaluated in the external consulting room of our Health Center Hospital.

Methods: The study included consecutives patients that were screened in the external consulting room for MS, since January to May 2007. The study was approved by the local Investigation Research Bureau (IRB). Previous to this study a survey ! was made to know how much the patients knew it about the benefits of physical activity. The measuremts that we take care were: arterial pressure, AWP,weight and size, body mass index (BMI), glycemia and lipid aterogenic profile (triglicerides and cholesterol HDL) in venous blood by conventional methods.

Results: One hundred consecutive adults patients, aged 52 years, were evaluated with suspected diagnosis of MS, most of themales 53%. Only 18% of the patients had information about the benefits of physical activity. Sixty one percent were S. The MS was present in 27% of the cases. Seventy percent of the MS had a BMI >25 and there were S in almost 85% of the cases. Almost 58% of the patients had increased values of arterial pressure. Ninety percent of the abnormal laboratory results had an increased AWP for their sex, with no significant sex according prevalence (males 56%, females 44%).

Conclusion: In our study, we could notice the relation between S and SM according to I DF criteria.

P-02-07 | THE IMPACT OF THE REDUCTION OF METABOLIC SYNDROME COMPONENTS IN A LATIN POPULATION WITH PREDIABETES

Stepenka, Victoria J.; Silva, Eglé; Rivas, Yoleida; Casal, Juan.; Sindas, Maribel.

University of Zulia, Zuliano of Diabetes Institute, University of Miami. USA

Background: Metabolic Syndrome (MS) is a clustering of major cardiovascular disease (CVD) risk factors and Diabetes Mellitus. Prediabetes is an important condition as a risk factor for Diabetes Mellitus. **OBJECTIVE:** To evaluate the efficacy of a lifestyle intervention program in the improvement of MS components, and the repercussion in the progression from Prediabetes to Diabetes in a Latin population.

Methods: Study design randomized, prospective and clinical trial. Data were evaluated on 1159 subjects from primary prevention centers in Maracaibo, Venezuela. The studied population included men and women, age 20 years and older with a body mass index (BMI) > 20 kg/m, with MS and Prediabetes (ADA 2006 criteria). All subjects were randomly assigned in two groups: an intensive lifestyle intervention group (ILS, n = 70), diet and exercise supervised 150 minutes for week and standard intervention group (Control, n = 70), followed for 6 months.

Statistical Analysis of multiples variables was realized used NCSS/PASS program. **Results:** After 6 months of treatment a significant reduction was observed in the means of MS components in the ILS group compared with the control group. The reduction in weight was: 6.3% vs. 1.3% (P< 0.001), respectively. The reduction for the triglycerides was - 19.3 vs. - 2.6 mgrs/dl (P< 0.02), whereas the change in fasting blood glucose was: -10.2 vs. - 1.8 mgrs/dl (P< 0.001) as well as in the arterial blood pressure were significantly improved in the ILS group. There were not new cases of Diabetes diagnosed.

Conclusions: The improvement of Metabolic Syndrome components with Lifestyle intervention reduces the magnitude of risk factor cardiovascular in this Latin population. The impact to short time in this intervention is demonstrated in avoid new cases of Diabetes Mellitus.

Acknowledgments: This work had financial support from the Pan American Health Organization (OPS) VEN/3224 and from the National Fund Science Technology and Innovation (FONACIT) G-2005000383, Venezuela.

P-02-08 | OBESITY: A LEADING CARDIOVASCULAR RISK FACTOR IN OUR COUNTRY

Ferrari, E.; Genchi, C.; Kammelman, M.; Saparrat, M.

Sociedad de Medicina Interna de La Plata.; Argentina.

Introduction: The cardiovascular diseases are the leading causes of death in western world. The obesity is a frequent disease in these days. Sedentarism, dietetic ingestion and adiposity are responsible for more than 70% of chronic diseases. In Europe the presence of overweight and obesity affect almost 50% of people. In United Status of America 97 million people have obesity or overweight, rising its prevalence from 13% to 31% in the later forty years.

Material and Methods: 607 workers of the textile industry in several factories of Buenos Aires and great Buenos Aires were recruited. We took their weight and height in order to calculate the Body Mass Index (BMI) according to the Quetelet´s Index. We took the waist´s perimeter with the habitual technique. We interrogated them about familiar risk factors, personal risk factors and practice of physical activity. Glicemia, total Cholesterol, HDL Cholesterol and Triglicerides were determinated. LDL Cholesterol was calculated with the Friedewald´s formula. Obesity was defined by the WHO´S recommendations in agreement to BMI > 30 kg. /m2.

Results: We included 607 people in the study. Ages oscillated between 20 and 64 years; 187 had BMI between 25 and 29,9 (overweight), representing 31%, whereas in 93 BMI was > 30 kg/m2, corresponding to obesity (15%). When we correlated the metabolic diseases with corporal weight, 19 of them had altered glicemia; 10 of them with a IMC > 25 kg/m2. However, we found 9 people with altered glicemia and normal weight. Only 3 had values of glicemia > 126 mg/dl, with a IMC > 25 kg/m2. Discussion Our results reflect similar numbers to those found in other studies in our country.

P-02-09 | MULTIPLE SYMMETRIC LIPOMATOSIS (LAUMOIS BENSAUDE SYNDROME)

Baldomá, F.; Aranalde, G.; Negri, M.; Alfano, S.; Bonnor, A.

Hospital de Emergencias "Dr. Clemente Alvarez". Rosario Santa Fe. Argentina

Case: A 45-year-old alcoholic man was admitted to hospital for assesment with a 3-month history of diffuse muscle wasting in his upper limbs with mild weakness. Physical examination showed subcutaneous symmetric fat masses distribuited around the neck, shoulders, arms, abdomen and pelvis.

Blood tests showed anemia (hematocrit 7 % and hemoglobin concentration 2 gr per deciliter), macrocytosis (media corpuscular volume 115 fl), thrombocytopenia (22.000 platelels per mm3), increased levels of lactate dehydrogenase, aspartato aminotransferase, alanin aminotransferase, gamma glutamyltransferase, and hyperuricemia (0.54 mmol/l) Electromyography was compatible with peripherial neuropathy.

Computerized tomography scan of the chest revealed symmetric lipomatosis in supraclavicular regions and mediastinal lipomatosis with fat pericardial infiltration. These findings led to diagnosis of multiple symmetric lipomatosis (MSL) (Laumois-Bensaude syndrome, Madelung´s disease). MSL is an uncommon disorder of middle life caracterized by large nonencapsulated lipomas distributed around the neck, shoulders and other axial regions with neurological involment as an integral part of this syndrome. Impotence and abnormalities of sweting are the frequently reported autonomic symptons. It has been suggested that mitocondrial disfunction represents the essential biochemical defect in MSL. Hyperuricemia and gout may occur due to incresead ATP depletion as a direct result of ethanol or as a consequence of a heritable defect in ATP generation.

The most frequently lipid disorders seen are elevated apoprotein A-1 and high density lipoprotein cholesterol fraction (primary type of hyperalphali poproteinemia). Mitochondrial dysfunction provides an attractive unifying explanation for diverse clinical and laboratory features of MSL.

P-02-10 | DIABETES MELLITAS: EXPERIENCE UIT A NETWOEK OF DIABETES CARE IN THE STATE OF ARAGUA VENEZUELA

Carrizalez de Gonzalez, M.E.; Dorta, L.; Perez, R.; Fuentes, P.L.; Tovar, M.

Corposalud Aragua Venezuela.

PURPOSE: Creation of a diabetes care organization in the State of Aragua, Venezuela **Methods:** a census of diabetic patients in the state was carried out. High risk groups were screened in each county by blood glucose determinet by glucometer. Glucometer reading=>200 mg/dl were confirmed with plasma glucose measurements. A special chart was used to include risk factors type of diabetes, acute and chronic complications, degree of disability, and hypoglycemic therapy. Health teams were trained at three levels of diabetes care (primary, secondary, and tertiary) and arrangements were made for coordination of services among the three levels of care. Health centers were equipped with glucometers and test strips, lancets, hypoglycemic medications, manual of policies and procedures, equip HbAlC, Laser, Micraltest. Summary of **Results:** In 1997 1,025 patients with diabetes mellitus were identified in the state. Of these, 227 (22.15%) were type 1 and 798 (77.85%) were type 2. 6,962 subjects at risk were screened: 702 (10.08%) screened positive by glucometer, and of these, 4% were confirmed by plasma glucose testing. Special charts were distributed to health centers at the following levels: 149 primary, 10 secondary, and one tertiary. Health teams from each of these centers were trained and were also provided with the necessary material resources. 6,355 patients have been registgered in the system: 7% are of type 1 and 93% are of type 2. The most important risk factors are: family history of diabetes, age greater than 35 years, obesity, hypertension, and hyperlipidemia. Tha most frequent acute complications are hypoglycemia (6,2%) followed by ketoacidosis. Chronic complications include peripheral neuropathy (35,3%). Diabetic foot (12,14%). Lower extremity amputations occurred in 11,1%. 39,9% Retinopathy, 11% Nefropathy , H BAIC -7: 45,2%, Micraltest + 39,8%, 1799 sesions laser in 450 Patients, 455 RFG, Therapy oral/insulin to 60% Patients The budget for this program has increased from 56 million bolivares in 1997, to 2 millards in 2007 In addition 97 patient clubs have been organized! in the state.

Conclusions: A diabetes care network has established and financed at the state level, which includes different levels of patient care and smooth transition among levels based on patient needs. Patients at risk have bee tested, diagnosed, and bought into the care network. Continuing education of physicians and nurses has been integrated into the program. Community participation has been encouraged in the form of diabetes clubs at the local level.

P-02-11 | ANDERSON FABRY (AFD) DISEASE IN ARGENTINA

Neumann, Pablo1,5; Aggio, Mario2,5; Ebner, Roberto3,5.; Reisin, Ricardo3,5.; Rozenfeld, Paula4,5, Martínez Pablo2,5.

1Hospital Italiano, La Plata, 2Hospital Penna, Bahia Blanca, 3Hospital Británico, Buenos Aires. 4Cátedra de Inmunología, Universidad Nacional de La Plata.; Argentina. 5 On behalf of the AADELFA Investigators

AIMS: To determine the clinical presentation and the existence of statistically significant differences in the distribution of signs and symptoms between males and females in a large group of patients with AFD in Argentina.

METHODS/PATIENTS: We prospectively evaluated clinical symptoms and signs of 78 patients with AFD from 7 different families (39 males, mean age 29.7 years; 39 heterozygous females, mean age 32.6 years). Diagnosis in males was performed by enzymatic analysis and in females by genetic testing. Comparison between groups was performed using Fisher's exact test (Software GraphPad InStat, v. 3.05)

Results:

	Males	Females			
Disease manifestation	N	%	N	%	p
Neuropathic pain	35	89.7	22	56.4	0.0018
Angiokeratoma	30	76.9	10	25.6	< 0.0001
Abdominal pain	24	61.5	13	33.3	0.0227
Proteinuria	31	79.5	19	48.7	0.0088
LVH	20	51.3	14	35.9	0.2535 NS
Vertigo	6	15.4	5	12.8	1.0000 NS
Cornea Verticillata	35	89.7	30	76.9	0.2235 NS
Haemodialysis	6	15.4	2	5.1	0.2626 NS
Headache	16	41.0	12	30.7	0.4793 NS
Hypohidrosis	31	79.5	15	38.5	0.0005
Clearance < 80	11	28.2	8	20.5	0.5986 NS
Short PR	5	12.8	2	5.1	0.4309 NS

Conclusion: in males, neuropathic pain was the most common symptom and was significantly more frequent than in females, as well as small fiber neuropathy (pain and hypohidrosis), abdominal pain, the presence of angiokeratomas and signs of renal involvement (proteinuria). When compared with the FOS registry data, we found in our male population.a higher frequency of small fiber neuropathy, abdominal pain, angiokeratomas and left ventricular hypertrophy (LVH). Our findings confirm that heterozygous females suffer from clinically important symptoms and signs, being cornea verticilata and neuropathic pain the most common abnormalities.

P-02-12 | DISLIPIDEMIA IN NEONATES: SIGNIFICANT ASPECT OF HEREDITARY PREDISPOSES OF ATHEROSCLEROSIS

Kipshidze, Nodar; Nadaraia, K.A.; Khelaia, M.B.; Jabauri, A.T.

Academician Nodar Kipshidze National Center of Therapy, Tbilisi, Georgia.

Introduction: According to the latest data, Atherosclerosis may develop at any age, among neonates as well, what is proved by the revealed lipid exchange disturbances among neonates. The aim of the study was research of dyslipoproteinemia in neonates, their parents and randparents and revealing genetically predisposes of lipid exchange disturbances.

Material and Methods: The levels of total cholesterol (TC), LDLC, HDLC and triglycerides (TG) were investigated among 408 neonates and their parents. Investigations were made on serum of the blood taken from the neonate's umbilical cord immediately after cutting the umbilical cord. Methods we used: CHOD-PAP, HDL-CHC, GPO-PAP, enzymatic colorimetric test. We studied the cardiovascular anamnesis of their parents and grandparents. When recording these anamneses, a particular attention was paid to cardiovascular (CV) diseases which could influence neonatal lipid exchange. Thus, our study represents the results of planned family-genetic and clinical-laboratory investigations in 408 neonates, their parents and grandparents. The genealogic map was made for each neonate (with anthropometric dates, sex, lipid spectrum, ABO blood group and RH), for their parents (age, hereditary burden, ill habits, lipid spectrum, ABO blood group and RH) and grandparents (age, hereditary burden, ill (habits).

Results: The examination showed that neonatal umbilical blood revealed DLP in 49 neonates (12%). All the indices (TC, LDLC, HDLC, and TG) were increased in each case. The character of the neonate's DLP coincided with the mother's one in 51.0%, with father's one-in 34.7% and the character of DLP of the both parents coincided with DLP of the neonates in 14.3%. As for grandparents - among 196 grandparents of above mentioned 49 neonates, 128 (65.3%) died of CV event or had CV disease: myocardial infarction and/or stroke at early ages, angina pectoris, hypertension, obesity or diabetes mellitus.

Discussion: We conclude that one part of neonates have the genetically predispose on lipid exchange disturbances. On the basis of our finding it is possible to make a wide screening-examination of children with hereditary burden to DLP that will enable us to carry out an early prevention of atherosclerosis.

P-02-13 | HOMA AND BODY MASS INDEX (BMI) CHARACTERIZATION IN PATIENTS WITH FATTY LIVER

Medina S. Carlos E.; Pérez Herlimary; Gómez, Carlos; Silva, Elsy; Gómez Alexander

Universidad Centroccidental Lisandro Alvarado; Venezuela

This study was carried out to evaluate the value of HOMA (the homeostasis model assessment) and BMI (body mass index) in patients with fatty liver. Fifty eight (58) subjects referred to Physiopathology Section of the Faculty of Health Sciences of the University Centroccidental "Lisandro Alvarado", Barquisimeto, Lara State, Venezuela during march 2007 - January 2008.

Thirty nine (39) subjects of both sex with mean age of 40.2 ± 11.4 years participated in this study all of them with ecosonography diagnosis of fatty liver and 19 subjects of both sex with mean age of 31.4 ± 0.9 years were on control, who were determined weight, height, Body mass index (BMI), fasting glucose (by the enzyme method color), basal insulin (Elisa) and index of HOMA.

Results: BMI was located at 29.96 ± 4.09 in the group with fatty liver and 23.54±2.44 in the control group (p <0.05), the average blood glucose was 92.71±15.60 mg / dl and 78.26 ± 7.58 mg / dl respectively (p <0.05), the average basal insulin was 16.08 ± 12.48 IU / ml and 9.04 ± 4.47 IU / ml respectively (p 0.05) and the average index of HOMA was 3.62 ± 2.81 and 1.79±1.03 respectively (p < 0.05). **Conclusion:** The average values of BMI, glucose, basal insulin and index of HOMA were significantly higher in patients with fatty liver.

The average value HOMA of greater than 2.5 confirms that the state of insulin resistance is a factor to be considered in the study of patients with fatty liver because they were associated in many cases this condition, as well as alterations in the IMC and basal levels of insulin.

Acknowledgements: CDCHT-UCLA project 001-ME-2007

Keywords: Fatty Liver, HOMA, body mass index

P-02-14 | TYPE 2 DIABETES MELLITUS RISK FACTORS IN UNIVERSITY STUDENTS

Cabrera de Bravo, Mayela Carolina; Reyna, Nadia; Mengual, Edgardo.; Chacín Gonzalez, Maricarmen.; Dowling Enez, Victoria Eugenia.

Endocrine and Metabolic Diseases Research Center "Dr. Felix Gomez". Faculty of Medicine, University of Zulia.; Venezuela

An increase has been detected in the incidence of type 2 Diabetes Mellitus in young populations associated to obesity and other risk factors.

OBJECTIVE: to determine type 2 Diabetes Mellitus risk factors in students at the school of medicine from the University of Zulia (LUZ). **Methods:** A transversal non experimental investigation was carried out in 150 university students. The data is presented as means and standard error.

Results: The anthropometrics parameters found were: Weight 67.35 ± 1.7 Kg, Height 1.62 ± 0.07 Mt. BMI 24.54 ± 0.40 Kg/mt2 and abdominal circumference of 80.62 ± 1.05 cm. The 62 % of the populations had a normal BMI; 22% overweight and 10% obesity according with classification. The Biochemical variables for all ages and both sexes were: basal glucose 88.24 ± 1.5 mg/dl, Post prandial glucose 88.72 ± 0.75 mg/dl., Total cholesterol 158.93 ± 2.79 mg/dl., Triacilglicerydes 75.34 ± 2.41 mg/dl., HDL-cholesterol 46.60 ± 0.99 mg/dl., LDL-cholesterol 98.20 ± 2.53 mg/dl! ., VLDL-cholesterol 15.07 ± 0.48 mg/dl., Basal insulin 14.78 ± 0.75 mg/dl and Post prandial insulin 36.56 ± 1.82 mg/dl., Homa-IR 1.8 ± 0.71 and Homa β cell 148.55 ± 4.01. There were significant differences among the normal individuals and with obesity in basal insulin (p< 0.002) post prandial insulin (p< 0.02) and Homa-IR (p<0.006). The family history for DM2 also revealed important differences in cholesterol (p< 0.04), triacilglicerydes (p< 0.001), LDL-cholesterol (p< 0.04) and VLDL-cholesterol (p< 0.019). The presence of physical activity evidenced a remarkable difference with basal insulin (p< 0.03), Homa β cell (p< 0.01), weight, BMI and abdominal circumference. The consumption of alcohol reveals differences between both groups in basal glucose (p<0.001) post prandial glucose (p< 0.01) and Homa β cell (p< 0.008).

Conclusions: The consumption of healthy food established important differences among LDL - cholesterol (p< 0.04) and the IBM. A large amount of i! ndividuals have risk factors associated with obesity and insulinresistence for type 2 Diabetes Mellitus.

Work keys: Diabetes Mellitus, risk factor, insulinresistence.

P-02-15 | CUTANEOUS LESIONS IN OBESE PATIENTS

Pelli de Sarandría, M.J.; Cormillot, Adrián; Cormillot, Alberto

Clinica Cormillot,CABA Argentina

We will describe the cutaneous lesions found in a serie of 60 obese patients, admited in Cormillot Clinic between 2006 and 2008.We will comment the metabolic conditions that appeared in these patients and we will establish a correlation between both variables.

As a conclusion we will define cutaneous markers of sistemic conditions in obese patients.

Our aim is that physicians are be able to recognize the dermatological conditions that frequently affect obese patients as a tool to predict sistemic impact of obesity.

P-02-16 | LIPOPROTEIN (A) PLASMATIC LEVELS AND LIPIDIC PROFILE ON INDIVIDUALS OF THE AÑU TRIBE OF THE PAEZ MUNICIPALITY ZULIA STATE VENEZUELA

Bermúdez, Valmore; Aparicio, Daniel; Rojas, Edward; Canelón, Roger; Siciliano, Adriana

Endocrine-Metabolic Diseases Research Center "Dr. Félix Gómez". Medicine School. University of Zulia. Maracaibo.; Venezuela

Objectives: Cardiovascular diseases constitute the first cause of death in the western hemisphere. In these diseases physiopathology several studies point out Lipoprotein(a) [Lp(a)] as an independent risk factor, the concentrations of the Lp(a) vary according to the ethnic origin. In our Country, very few studies concerning the determinations of Lp(a) in demographic groups have been made. It is for this reason, that the objective of the present study is to determine Lp(a) plasmatic levels and Lipid profile in individuals of the Añú tribe of the Páez Municipality of the Zulia State, Venezuela.

Materials and Methods: 120 healthy individuals of both sexes were studied, randomly selected, belonging to the Añú tribe, a clinical history was realized, measuring clinical and anthropometric variables, and lipid profile and Lp(a) levels were determined.

Results: overweight was found, arterial pressure, blood glucose and abdominal circumference ratio ciphers were found to be normal (median of 89,6 cmts). When general plasmatic lipids were studied isolated low HDL-c were observed (median: 39,2 mg/dl) with a normal lipid profile. Lp(a) blood levels showed a median of 22,4 mg/dl, without significant differences when age and sex were compared, nor when cardiovascular disease family history was considered.

Conclusions: The individuals of the Añú tribe present isolated low HDL-c, and Lp(a) were found to be in the levels considered as normal. Other studies are needed in the Añú tribe and other ethnic tribes of the Zulia state, with the objective of supporting these findings and comparing if differences exist in individuals of other ethnic origins in this state in relation to the blood levels of Lp(a).

Key Words: Lipoprotein (a), cardiovascular risk, risk factors.

P-02-17 | HIGH PREVALENCE OF LOW HDLC IN PATIENTS CONSULTING THE CENTER FOR ENDOCRINE METABOLIC RESEARCH. "DR. FÉLIX GÓMEZ" FROM JANUARY 2006 TO JANUARY 2007

Yettana, Luti; Sánchez, Deysireé; Bermúdez, Valmore; Cano, Climaco; Mengual Edgardo

Endocrine- Metabolic Disease Reasearch Center. "Dr. Félix Gómez". Medicine School. University of Zulia. Maracaibo; Venezuela

Objectives: Isolated low HDL-c levels or mixed with other dyslipidemia are a risk factor of cardiovascular disease, the goal of this study was to determinate abnormality of lipid profile in patients from CIEM.

Materials and Methods: This report includes 1251 subjects of both sexes (767 women and 484 men) older than 18 years old that consulted consecutively and had clinical history at the Center for Endocrine-Metabolic diseases in a period from January 2006 to January 2007.

Results: are expressed as absolute frequencies and percentage for each kind of dyslipidemia according to ATPIII guidelines. **Results:** 94,1% of subjects present Dyslipidemia, the kind of higher prevalence was: 1) hipertriacilglyceridemia with low HDL-c levels: 31,7% (n=396) 38,4% men (n=186) and 27,4% women (n=210), 2) low isolated HDL-c levels: 26, 1% (n=326) 16,7 men (n=81) and women 31,9%(n=245), 3) Mixed Dyslipidemia with low HDL-c : 11,8 % (n=148) 10,3% men (n=50) and 12,8% women (n=98); 4) case showed Hyper! cholesterolemia with low HDL-c: 10,4% (n=130) 7,2% men (n=35) and women 12,4% (n=95); 5) Hypercholesterolemia: 4,9% (n=61)5,4% men (n=21) and women 2,5% (n=40), 6) finally mixed dyslipidemia with 4,9% (n=45) 5,4% men (n=45) and women 2,5% (n=19). The most frequent abnormality was Low isolated HDL-c with an 80% (26, 1% isolated and 53, 9% mixed).

Conclusion: High prevalence of dyslipidemia in the considered subjects is typical of a center where these pathologies are studied. However, the high prevalence of low HDL-c, justifying the realization of research discover possible genetic and environmental factors. Addition, it is imperative to determinate normal values of plasmatic lipids in our population, in order to create an optimal system of early detection of this kind of lipid profile disorders.

Key Words: Dyslipidemia, Low isolated HDL-c, prevalence, cardiovascular disease.

P-02-18 | RESULTS OF INTERNATIONAL DIABETES MANAGEMENT PRACTICES STUDY (IDMPS) IN ARGENTINA

Gagliardino Juan José, representing IDMPS Group.
CENEXA (UNLP-CONICET) PAHO/WHO Collaborating Center for Diabetes

Background: IDMPS is an observational, multicentre and international study of 5 years performed in countries of Africa, Asia, Eastern Europe and Latin America. The aim of the study is to determine the quality of care for people with diabetes.

Material and Methods: Recording of clinical, metabolic and therapeutic parameters of people with type 1 and type 2 diabetes (T1DM and T2DM), above 18 years old, by generalists and specialized physicians in periods of one year: a cross-sectional study (two weeks) followed by a longitudinal study (9 months only with patients treated with insulin). This presentation belongs to the first endpoint performed in Argentina in the year 2005 with data from 438 patients with T2DM recorded by 46 physicians.

Results: Values are represented by X ± DE. Age: 62 ± 11 years old; Time from diabetes onset: 11 years; BMI: 30 kg/m2; Annual frequency of visits: 6.03 times; HbA1c: never requested in 40%; requesting frequency: 3.2 times/year; values: 6.51 ± 0.87%; values <7%: 48%; **Treatment:** 27% of patients receive insulin (alone or with oral antidiabetics); 79% of them reach HbA1c <7%; Fasting glycaemia (FG): 121 ± 34.9 mg/dL; FG <100 mg/dL in 22%; Blood Pressure (BP): 62% with hypertension; values of BP 130±15/ 78±10 mmHg; BP <130/80 in 40%; 97% treated with drugs; Dyslipidemia in 51%; 78% treated with drugs; Total cholesterol: 196±38 mg/dL; Triglycerides: 156±93 mg/dL; 1.6% reach the goal of HbA1c <7%, BP<130/80 mmHg and LDL <100 mg/dL. Self-monitoring glucose: 47% do not perform it; monthly frequency: 12±8; Micro and macrovascular complications: not verified in 30%.

Conclusion: Most patients with T2DM do not reach the treatment goals recommended by international guidelines, and will eventually develop chronic complications which will increase the costs of care. Reversing this situation implies changing attitudes from health professionals and patients which may be reached through their education.

Supported by an unconditional grant from Sanofi-Aventis.

P-02-19 | FREQUENCY AND RISK FACTOR DIABETIC MACROANGIOPATHY AND MICROANGIPATHY IN A GROUP OF WOMEN OF REPRODUCTIVE AGE WITH TYPE2 DIABETES MELLITUS

Oñate de Gómez, N.; Rivas, A.; Granella, A.; Guevara, Mary Cruz.
Universidad de Carabobo. "Dr. Enrique Tejera" Hospital City, Valencia, Carabobo. Venezuela.

Type 2 Diabetes Mellitas (2-DM), is an increasingly and highly prevalent chronic disease. It affects small and large vessels causing diabetic macroangiopathy and microangiopathy. Its high morbidity rate from such complications was the motivation behind this cross-sectional descriptive study, with the purpose of determining the risk factors for the disease. 53 women with 2-DM of 4.6-5.7 years of evolution were studied, who were being followed-up at our Diabetes and Pregnancy Unit, and who were participating in an educational program. Mean age was 35.52 years ± 7.13, most were from social and economic strata IV and V. WHO, ADA, and NCEP-A TPIII's criteria for cut-off points of clinical and biochemical variables were used. Regarding life-styles, only 26.8% had inadequate eating habits, 67.65% did not have any physical activity, and 79.41% did not keep negative emotions under control; smoking and alcohol habits were infrequent. 50% had normal BMI, 38.4% were overweight, and 11.54% had obesity. Average waist circumference was 96.84 cm ± 11.3 cm. 7.69% had systolic hypertension. Impaired fasting and postprandial glycemia levels were present in 88.24% and 54.9%, respectively. Average A1c haemoglobin, 8.86% ± 2.38. On average, total cholesterol levels were under 200 mg%, and HDLc was low (39.81mg% ± 13.55), the latter being lower in overweight and obese patients. Average LDLc was 95.57mg% ± 37.63, and Triglyceride levels were 162.22 mg ± 95.03 mg%. The latter increased with BMI. 61% had microalbuminuria > 20 mg/L (Micraltest strips).

Conclusion: Patients presented multiple risk factors for macroangiopathy and microangiopathy, many with several coexisting risk factors, the most frequent being sedentarism, mismanagement of negative emotions, visceral obesity, fasting hyperglycemia, hypertrygliceridemia, and macroabluminuria. Cardiovascu lar risk factors were present in a considerable amount of 2-DM patients, this being a main cause of death among diabetic patients, who are at a higher risk. Early detection and immediate multifactor management is imperative to improve life quality and expectancy in diabetic women of reproductive age.

P-02-20 | LOWER MORTALITY RATE IN DIABETIC PATIENTS WITH HIGH LEVELS OF SELFCARE

Perman, G.; Beratarrechea, A.; Cámera L.; Waisman G.; Litwak L.; Alvarez A; González B.; de Quirós F.

Hospital Italiano de Buenos Aires.; Argentina.

Introduction: Patient's attitudes and behaviors towards the use of health care services are a cornerstone for achieving diabetes control.

OBJECTIVE: To evaluate the effect of proxy variables of self-care behaviors on mortality among diabetics.

Methods: All diagnosed diabetic patients older than 65 years from a Health Maintenance Organization in Buenos Aires, Argentina, were selected for a cohort from 01/01/2001 to 31/12/2004 and followed-up until 31/12/2007. They were invited to a self-management intervention workshop. Attendance to diabetes workshops was recorded and considered as a proxy variable of high self-care. According to basal glycosylated hemoglobin (HbA1c) values patients were stratified in: Group 1: basal HbA1c £6.5; group 2: >6.5 and <8; group 3: ³8; group 4: no values available. Mortality was ascertained from vital status reports. Rates are expressed by 100 patient-years and their 95% confidence interval. Adjusted hazard ratios (HR) were obtained using Cox regression considering current age as time frame. Variables included in the model were: age, sex, basal HbA1c group, hypertension, coronary heart disease, congestive heart failure, peripheral artery disease, stroke, lipid disorders, chronic renal insufficiency, tobacco use and workshop attendance.

Results: We identified 1730 patients and a total of 9426 person-years of follow-up. Median follow-up time: 6.15 years (SD 1.76). Mean age at entry was 75 (SD 5.5) years; 49% were females. Workshop attendance: 479 (28%) patients. We registered a total of 363 deaths. Total mortality rate was 3.87 (95% CI 3.49-4.29). Mortality rate among attendants was 2.25 (1.07-2.08) and 4.53 (4.04-5.07) among those who did not. Workshop attendance's crude HR was 0.49; (0.38-0.65). In a multivariate analysis the only variables still significant were: HbA1c group -number 2: HR 1.38 (1.07-1.78); number 3: HR 1.94 (1.32-2.85); number 4: HR 3.29 (2.47-4.37); male sex -HR 1.51 (1.22-1.87); CRI -HR 1.77 (1.01-3.12); CHF -HR 1.52 (1.01-2.3); tobacco use -HR 1.65 (1.15-2.36); and workshop attendance -HR 0.64 (0.48-0.85).

Discussion: Our cohort shows that workshop attendance is independently associated with lower mortality among diabetic patients. It is probably a proxy variable of patients with high levels of self-care, but still a meaningful tool to stratify mortality risk in this high risk group.

P-02-21 | IMMIGRANT. METABOLIC SYNDROME FOUND IN CHILEAN IMMIGRANTS AND ITS ASSOCIATED FACTORS. RÍO GALLEGOS, SANTA CRUZ, ARGENTINA 2007. A NEW APPROACH IN MEDICINE BEFORE THE PARADIGM CHANGE OF THE MILLENIUM

David, José Alberto; Padilla, Inger Rally

Consulado General de Chile. Río Gallegos, Santa Cruz, Argentina

Summary

Objectives: to research on the development of metabolic syndrome and its associated factors within Chilean immigrants who have resided for over a decade in Río Gallegos.

Methods: we carry out a before-after study; an intervention done in Río Gallegos, the place of residence. Two measurements are considered: one upon entering Río Gallegos and the other, in the year 2007. We follow an aleatory-systematic sampling, also determined by adult who turn up at the clinic consultation. As for Metabolic Syndrome diagnostic criteria we included three or over three risk factors listed next: visceral obesity (abdominal circumference > 88cm in women and > 100cm in men) and/or body mass index (BMI) >30kg/m2, insulin resistance, hypertriglyceridemia, HDL diminished cholesterol and arterial hypertension.

Results: we interviewed 488 adults. Metabolic Syndrome prevalence upon arriving in Río Gallegos was 11.1% with a statistical difference between men (19.8%) and women (2.4%). Metabolic Syndrome augmentation was observed in an 81.4% without statistical differences between both sexes, after having lived in Río Gallegos for at least 10 years; an 85.8% in women and a 76.9% in men. We found out that Metabolic Syndrome prevailed in 88.5% women as from 60 years old, and in 83.8% men as from 50 on. Consumption patterns, having been incorporated upon residence change were found associated to Metabolic Syndrome in over an 80% cases. Along with the development of this study, we identified a seasonal affective disorder associated to Metabolic Syndrome in 18.4% cases, with no difference between sexes; and above 20% as from 60 years of age on.

Discussion: this research is mainly focussed on characterizing Metabolic Syndrome development together with its associated factors, feeding-habit changes and seasonal affective disorder in Chilean adults, after their migration to Río Gallegos.

Key Words: Metabolic syndrome, risk factors, immigration, life style, seasonal affective disorder.

P-02-22 | RESULTS FORM THE IDEA STUDY IN ARGENTINA: PREVALENCES OF OVERWEIGHT OBESITY AND ABDOMINAL OBESITY IN RURAL AND URBAN PATIENTS

Hernandez Morán, P.; Boissonnet, C.; Krauss, J.

Hospital Italiano de Buenos Aires.; Argentina

Background: Obesity is considered to be mainly the result of several lifestyle and social factors, that could be acting in a different way in rural than in urban environment. We hypothesized that, as a result of this, prevalences of overweight, obesity and abdominal obesity should differ between rural and urban males and females.

Material and Methods: The IDEA (International Day for the Evaluation of Abdominal Obesity) was an international (63 countries) cross - sectional study that recruited 168159 consecutive patients aged 18 to 80 years who attended the office of randomly chosen primary care physicians on two pre-specified half days. We report the results on the 2965 patients (urban males 553, rural males 545, urban females 943, rural females 924) included in Argentina. Abdominal obesity was defined according to ATP III cut-off points (males > 102 cm, females > 88 cm), overweight as BMI >= 25 < 0, and obesity as BMI >= 30.

Results: Rural and urban populations were similar in age and proportion of males (age 53.6 ± 16 vs 53.9 ± 16.7; males 37.1% and 37%, respectively; p=ns). In rural men the prevalence of overweight was 44% and of obesity 33.2%, whereas in their urban counterparts the prevalences were 45.8% and 30.4% respectively (p=ns, chi-square for trend). Rural women, as compared with urban women, had significantly higher prevalences of overweight (36.3% vs 32.1%) and obesity (28.5% vs 26.2%), p=0.017, chi-square for trend. With regard to abdominal obesity, the prevalences were similar between rural men and urban men (37.8% vs 38.2%; p=0.9, chi-square), but statistically different between rural women and urban women (57.4% vs 50.3%, p=0.002, chi-square).

Conclusions: In this representative population of patients attending primary care, rural women (but not rural men) might be exposed to higher health risks because of overweight, obesity and abdominal obesity. Among lifestyle and social factors, physical activity supposed to be more important in rural women than in urban ones is a possible explanation for this finding.

P-02-23 | APO E POLYMORPHISM AND VASCULAR INJURY IN TYPE 2 DIABETIC PATIENTS

Fraga, Laura; Raggio, V.; Pisano, A.; Stoll, M.; Alonso, J.

Clínica Médica C, Departamento de Medicina, Hospital de Clínicas, UDELAR Genética Molecular, Comisión Honoraria para la Salud Cardiovascular, Cooperativa Médica Florida, Uruguay.

Introduction: Genetic variations in APO E locus affects plasma lipoprotein concentration and predicts the development of atherosclerosis independently of lipid concentration. Carriers of E4 isoform had high LDL, lower HDL and high cardiovascular risk.

The aim of the study is to determine whether there is an association between the APO E polymorphism and the development of vascular injury, coronary artery disease; the age at diabetes diagnose and its relationship with plasma lipoprotein concentration.

Materials and Method: We studied 78 types 2 diabetic patient in the unit of Diabetes, Hospital de Clínicas, School of Medicine and COMEF, Uruguay. The genotype was determined in 65 patients by amplification restriction techniques. We analyzed demographic data, coronary artery disease, micro vascular disease, other associated risk factors, serum lipid. The variables were analyzed by Chi2 and Fisher test. A p value of< 0, 05 was considered statistically significant.

Results: There were 44/78 males and 34/78 females patients with a mean age 59, 2(+/-11.5 years), 84% had altered serum lipid, 78% hypertension, 19% smoking. They had a media of diabetes diagnose of 10, 74 years (+/- 0.93), theage at diagnosed was 48, 37 years (+/-1, 17). E4 was the more frequent allele in diabetics with vascular injury 43,5% vs. 26, 2%. Coronary heart disease was significantly associated with the E4 allele 56% vs. 25% (Chi2/Pearson <0, 05). E4 was associated to diabetes diagnosed before 40 years old (Fisher< (0,005). Patients E3/E4 were younger (44, 7 Years) compared with E2/E3. The E3/E4 and E2/E4 patient had higher levels in LDL and TGL as is described in literature.

Discussion: These result confirmed that genetic factors like APO E polymorphism, play important role in the pathogenesis and evolution of atherosclerosis in type 2 diabetes, and significantly affects plasma lipoprotein concentrations.

References: Kalina A, Szalai C. Association of plasma lipid levels with apolipoprotein E polymorpfism in Type 2 Diabetes. Diabetes Res Clin Pract 2002 Apr; 56(1): 63-68.

.Oh JY, Rancho Bernardo Study Group. Apolipoprotein E polymorphism and lipid levels differ by gender and family history of diabetes: theRancho Barnardo Study. Clin Genet 2001 Aug; 60(2): 132-137. .

P-02-24 | PREVALENCE OF METABOLIC SYNDROME (MS) AMONG PATIENTS WITH VENOUS THROMBOEMBOLIC DISEASE (VTD)

Elizondo, C.; Giunta, D.; Baleirón, M.; Vazquez, F.; González Bernaldo de Quirós, F.

Hospital Italiano de Buenos Aires, Argentina

Background: There are several pathologic mechanisms of hyper coagulation state and inflammation that might explain the association between MS and VTD.

OBJECTIVE: To determine the prevalence of MS among patients with VTD.

Methods: Cross sectional study. Patients, aged over 17 years old, suspected to have venous thrombosis disease, between July 2006 and June 2007. These patients are prospectively entered to and followed up by the Institutional Registry of Venous Thromboembolic disease of a Community Hospital in Buenos Aires. Cases (VTD) were defined as presenting either deep vein thrombosis or pulmonary thrombosis or both with positive tests (Doppler of lower extremities, angiotomography of the lungs, pulmonary angiography, high probability pulmonary gamagraphy). Suspected patients without positive studies were also described (NonVTD). MS was defined according to the ATP III criteria.

Results: 164 suspected patients were evaluated for VTD. The prevalence of positive tests was 51% (n 83). VTD patients did not differ from NonVTD as to median age (69 vs 63, p 0.19), female proportion (54% vs 58%, p (0.62) Hypertension (53% vs 55%, p 0.59), diabetes (7% vs 16%, p 0.21), dyslipidemia (45.7% vs 30%, p 0.12), coronary disease (6% vs 12%, p (0.23) and present tabaquism (7.2% vs 11%, p 0.68). Neither difference in risk factors for thrombosis was found: oncologic disease (p 0.47), previous thromboembolic disease (p 0.08), immobility (p 0.47), sedentarism (p 0.88), recent travel (p 0.41) and previous major surgery (p 0.29). The prevalence of MS was 25% (IC95% 0.16-0.35) among VTD patients while it was 20% (IC95% 0.11-0.29) for NonVTD patients. Mean BMI in VTD patients was 27.3 (IC95% 25.8-28.7) vs NonVTD patients 27.8 (IC95% 26.3-29-2).

Discussion: MS prevalence seemed to be lower than that reported in other study among ambulatory patients consulting this Hospital; this difference might be explained because former patients are known to be sicker than ambulatory people.

Conclusion: Metabolic syndrome prevalence did not differ among patients evaluated for venous thromboembolic disease according to their final diagnosis. No differences on other variables studied between patients with

P-02-25 | RELATIONSHIP BETWEEN ABDOMINAL CIRCUMFERECE AND BODY MASS INDEX

Reyes S., José M.; Yépes G., Ana C.; Delgado, María Pilar.; Simancas, Mariela

Barquisimeto.; Venezuela

Introduction: Obesity is a chronic disease by complex interaction which has reached epidemic. The majority of overweight or obese people tend to have high cardiovascular risk. It has been found that AC is the best indicator of body fat and abdominal fat mass.

The BMI is a measure of weight that allows people to classify as normal weight, overweight or obese. The AC is very accurate for assessing abdominal obesity, its elevation increases the CV risk independently of BMI, also predicts the diabetes risk. The relationship between AC and HC, provides an index of the regional distribution of body fat. The HOMA index allows estimate Insulín Resistance and function of the pancreatic beta cell. There is a need to understand the relationship between abdominal circumference and BMI with the basal levels of insulin and HOMA-IR index in a group of people who came to Hospital Dr. Luis Lopez Gomez, Barquisimeto, Venezuela, to be taken as a sign of the morphology of the same and to investigate w! hether there analogy with the international literature.

We conducted a field investigation, descriptive correlational. 70 subject, any gender and age, healthy or not. 44 women, 26 men. Averages: Age 45.45 years, AC 94.3 cms, BMI 28.41 Kg/m2, basal levels of Insulin 19.35 IU / lt, HOMA index 4.97.

Conclusion: The relationship AC / HOMA IR presented better correlation. The results match with a large proportion of medical literature.

P-02-26 | ACUTE INTERMITTENT PORPHYRIA A CASE REPORT

Sáenz, Cyntia Aydeé; Martinez Ruiz, Adrián; Camargo Nassar, Jorge Ignacio. adrianmartinezruiz@gmail.com

Universidad Autónoma de Ciudad Juárez, Chihuahua, México

Porphyries are a group of infrequent diseases caused by defects in the metabolism of the hem group.

This is a report case of 34 years old women with a diagnosis of acute intermittent porphyry (AIP) presented in Ciudad Juarez, Mexico. The patient was admitted and treated in a private practice hospital from January 2006 to January 2007.

The AIP is an autosomal dominant disease, characterized by the reduced function of approximately 50% of the enzyme porphobilinogen deaminase. However, 90% of the people affected by the disease have an asymptomatic evolution. It is mainly characterized by abdominal pain (80%), peripheral neuropathy, and neurological abnormalities. Moreover, some studies have been shown that factors such as hypocaloric diets, hormonal therapies, surgery, etc. are triggers in the development of the acute presentation of the disease. The woman/men proportion is 5:1 and the mortality rate is 30%.

The patient in this case report was first admitted (in December 2005) into the emergency room due to abdominal pain and with a likely diagnosis of intestinal obstruction. Afterwards she had an asymptomatic period of almost one year until December 2006 when she was hospitalized again with diffuse epigastric pain, sings and symptoms of intestinal obstruction. She went under exploratory laparotomy. Nevertheless no apparent causes of the abdominal pain were found. In the immediate post operatory period she went into the ICU due to an electrolyte imbalance mainly with hyponatremia (102 mmol/L), she also presented arreflexic flaccid paralysis and meningeal signs. During the period she stayed in the ICU (approximately one month) she developed variable arterial hypertension and tachycardia, also she went under mechanical ventilatory support because of breathing difficulty and awareness state disorders.

The laboratory results showed hyperbilirrubinemia and increased urobilinogen, also! anemia, leukocytosis, thrombocytopenia and hyperglycemia (155 mg/dl). Nonetheless, the diagnosis was made by the measurement of urinary δ-aminolevulinc acid and porphobilinogen (226 mg/24h, 41774.9 mcg/24h respectively). Initially the treatments were steroids, beta-blockers and neuroprotectors. After the diagnostic was made the steroids were gradually withdraw and glucose infusion was introduced as treatment, as well as blood transfusion. Furthermore, the management with hemantin was considered, however it was not used because of patient death due to an active bleeding in the gastric chamber.

P-02-27 | DIABETES MELLITUS MICROALBUMINURIA AND METABOLIC SYNDROME (NCEP CRITERIA BOT NOT IDF CRITERIA) ARE INDEPENDENT PREDICTORS OF RECURRENCE OF ATHEROSCLEROTIC EVENTS: THE AIRVAG COHORT: 5 YEARS OF FOLLOWUP

Guijarro, Carlos; Herreros, Benjamín; Belinchon, Juan Carlos.; González Anglada, Isabel.; Castilla, Virgilio.

Hospital Universitario Fundación Alcorcon. Alcorcon Madrid; Spain

OBJECTIVE: To assess the independent prognostic value of diabetes mellitus (DM), microalbuminuria (µAlb) and Metabolic Syndrome (MetS; both NECP and IDF criteria) in secondary prevention.

PATIENTS AND Methods: Prospective cohort of 269 patients with clinical atherosclerosis (coronary 52%, cerebrovascular 33%, or peripheral 15%). Evaluation of event-free survival by the Kaplan Meier and Cox regression methods (uni & multivariate) with SPSS v.13. Statistical significance p<0.05.

Results: After a median follow-up of 54 months, 60 patients (22%) presented a new vascular event. In univariate analysis DM (Hazard Ratio [HR] 2,5 95% comficence interval [CI] 1,5-4,2), µAlb (HR 3,4 95% CI 2,0-5,8) and MetS [(NCEP HR 2,5 95%CI 1,5-4,2) & IDF HR 1,8 95 %CI 1,1-3,1)] were associated with new events (p<0.05 for all). In Cox multivariate analysis DM (HR 1,8 95%CI 1,1-3,1 P< 0.05), µAlb (HR 2,8 95%CI 1,6-4,8 P<0.001) and MetS (NCEP HR 2,0 95% CI1,2-3,4 p<0.05) but not IDF (p>0.1) remained as independent predictors of new events. Hazard ratios remained essentially unchanged after adjusting for classical vascular risk factors (age, gender, LDL / HDL cholesterol, blood pressure, tobacco) . DM (HR 2.1 95%CI 1,0-4,1, p<0.05), µAlb (HR 3.1 95%CI 1,5-6,4 p<0.001) and MetS (NCEP HR 2,6 95% CI1,2-5,6 p<0.05)

Conclusions: :DM, µAlb and MetS-NCEP are independent predictors of new ischemic events in secondary prevention. MetS-IDF has a poorer prognostic value than MetS-NCEP for recurrent ischemic events.

P-02-28 | LIPID PROFILE MALONDIALDEHYDE AND NITRIC OXIDE BEHAVIOUR IN A YUKPA´S ETHNICITY INDIVIDUALS SAMPLE FROM ZULIA STATE VENEZUELA

Colmenares, Carlos; Urribarri, Jesica; Acosta, Luis.; Rincón, Leidy.; Chacin, Maricarmen.

Endocrine- Metabolic Diseases Research Center Dr. Félix Gómez School of Medicine. University of Zulia. Maracaibo- Venezuela.

Introduction: An abnormal lipidic profile is a risk indicator for cardiovascular disseases associated to arteriosclerosis. On the other hand, alterations of the oxidative profile are as well associated to such dissease. Zulia as a region that counts with a great number of ethnic groups, among them we can find an ethnic group called Yukpa. Their biggest settlement is a village called El Tokuko, located in Machiques de Perija municipality. **OBJECTIVE:** The objective is to study lipid profile, malondialdehyde (MDA) and Nitric Oxide (NO) behavior in yukpa's ethnicity individuals and compare them to mixed race individuals.

Materials and Methods: An exploratory study was held in 55 healthy adults of the Yukpa ethnic group and 55 mixed race individuals that were chosen at random, a blood sample was drawn from each patient with previous informed consent to be used in the determination of variables.

Results: Levels of HDL-c were low (37,1 ± 12,4 mg/dl and 41,3 ± 11,5 mg/dl) in individuals of both races, the rest of the lipidic variables were in the normal level range. On the other hand, significative differences in Nitric Oxide (44,6 ± 27,2 uM and 35,5 ±12,6 uM) were observed in individuals of yukpa ethnic group vs. Individuals of mixed race, with a difference of p=0,027. The MDA levels present a difference of 1,4 ± 1,5 uM in individuals from El Tokuko and 1,0 ±0,9 uM, in individuals of mixed race, not finding significant differences.

Conclusion: Individuals from el Tokuko present low isolated HDL-c, and NO levels, higher tan individuals of mixed race. The difference of ON concentrations between both populations could be caused by factors not yet determined that could be related with the lifestyle of each population, for this reason other epidemiology studies are necessary, having as object to prove these discoveries and compared them if differences between them exist.

Key Words: Lipid Profile, Malondialdehyde, Nitric Oxide, Yukpa.

P-02-29 | LATENT AUTOIMMUNE DIABETES IN ADULTS (LADA): A CASE REPORT

Aparicio, Daniel; Peñaranda, Lianny; Luti, Yettana; Colmenares, Carlos; Gotera, Daniela.

Endocrine and Metabolic Diseases Research Center "Dr. Félix Gómez" University of Zulia School of Medicine Maraciabo, Venezuela

Introduction: LADA is an endocrine autoimmune disorder in which, despite the presence of anti-pancreatic islets antibodies, the progression of -cell failure is slow. It is often confused with other types of Diabetes and accordingly management can be inadequate.

Case Report: We report a case of a 23-year-old man who initially presented two months ago from polyuria, polydipsia, fatigue and weight loss of about 6 kg. History of past illness are all negative, however, relates his mother had provided only breastfeeding during the first 15 days old and then to 6 months was fed with infant formula (S-26) hereafter combined it last with powder milk. Family diseases: It presents first-degree family history (father) of Diabetes Mellitus secondary to steroid treatment for diagnosis of bone marrow hypoplasia. Also presents second-degree family history (uncle, grandfather) of Type 2 Diabetes Mellitus. At physical examination found no pathological findings. Anthropometry and laboratory tests: BMI = 19.66 kg/m2, Basal and postprandial glycemia= 108 and 276 mg/dl, HbA1c= 8.9%, Basal and postprandial C-peptide (2 hours) = 1.9 and 3.2 ng/ml, HOMA cell: 87, 5%, HOMAIR: 1, 6. LADA presumptive diagnosis was confirmed with presence of autoantibodies anti IA! -2 and GAD65. **Treatment:** NPH insulin (70/30), 20 units in the morning and 16 at night.

Discussion: At the time of diagnosis individuals with LADA have age of 35 years and older than 22 years, BMI <25 kg/m2, basal and postpandrial hyperglycemia low magnitude, normal or near normal C-peptide value, and thus not occur with acute hyperglycemic crises. Insulin therapy preserves functionalism of pancreatic cells, to the point that eventually requires the reduction of insulin dose prescribed.

P-02-30 | POSPRANDIAL LIPIDEAMIA VALUES (A QUESTION NOT RESOLVED YET)

Martínez, J.; Miller, A.; Rodríguez, F.; Morante, D.; Morante, M jmar@speedy.com.ar

Servicio Universitario de Medicina Interna. Facultad de Ciencias Médicas. La Plata. Pcia de Buenos Aires. Argentina.

Postprandial hiperlipidemia is a metabolic disorder with an increasing interest in basic and clinical research. Some authors have considered that patients with this alteration can suffer a major risk for the develop of vascular disease, because of an direct or indirect atherogenic effect that can lead to an endothelial dysfunction.

However, the international limit values for the postprandial triglyceridemia are not established. In the present work we try to establish the normal values of postprandial tryglicerides for our region. 234 patients of both sexs were clinically evaluated in order to know blood pressure, waist circunference and body mass index. From this group, 82 patients without cardiovascular disease, diabetes, dislipemia and obesity were selected.

Triglicerides, glucose, HDL and LDL colesterol were measured in fast state, 2 and 4 hours post intake of meal rich in triglicerides. We found, in the control group studied without risk factors for vascular dise! ase, that the average score +/-1 SD value for postprandial triglycerides after 2 hours was 132 +/- 49.9 mg/dl and after 4 hours was 110 +/- 46.7 mg/dl.

We could conclude that basal triglicerides not always represent the real metabolic situation.

P-02-31 | PREVALENCE OF METABOLIC SYNDROME AND DETERMINATION OF CUT OFF WAIST PERIMETER IN PATIENTS WITH DIABETES TYPE 2 THAT CAME TO CLINICS OF THE HOSPITAL SAN LUIS OTAVALO

Trujillo Ronquillo, Byron; Barrera Guarderas, Francisco; Rovayo Procel, Rodrigo.

Universidad Central del Ecuador

Context: The Metabolic Syndrome is an important cause of morbidity - mortality. In the patients with diabetes type 2, together appearance this pathology increases the probability of suffering some cardiovascular event. According to the Federation the International of Diabetes the fundamental pillar for the appearance of this Syndrome is the waist perimeter whose point of cut is based on the ethnic group of the patient. The best therapeutic strategy is to prevent its appearance with the modification in the style with life.

OBJECTIVE: To determine the prevalence of Metabolic Syndrome in patients with Diabetes type 2 and cut off waist perimeter. **Design:** It is a study descriptive, epidemiologist, of cross section. Place and subjects: Greater patients of 30 years old, that came to clinics of the Hospital San Luis de Otavalo. Main measurements: Waist perimeter, lipid profile, blood pressure.

Results: 84 patients were studied: 69 women and 15 men; the obesity was the factor of more frequent risk 98.55% in women (p = 0,73) and 80% in men (p = 0,054). The 93% of women and 67% of the men (p = 0.005) presented metabolic Syndrome, finding a greater prevalence in the ages greater to 51 years as much in men (p = 0.037) like in women (p = 0.67).The ethnic predominant was Hispanic. The cutoff of waist perimeter was of 81 cm in women Hispanic.

Conclusions: Most of studied patients, especially women displayed Metabolic Syndrome, being the abdominal obesity more the frequently found parameter being in almost the totality of patient women. **Key Words:** Diabetes type 2, cholesterol HDL, Arterial Hypertension, waist perimeter, hypertriglyceridemia.

P-02-32 | PREVALENCE OF METABOLIC SYNDROME IN AÑU ETHNIC GROUP FROM MINUCIPIO PAEZ ZULIA STATE VENEZUELA

Bermúdez, Valmore; Rojas, Edward; González, Carmen.; Acosta, Luis.; Canelón, Roger.

Endocrine-Metabolic Diseases Research Center "Dr. Félix Gómez".Medicine School. University of Zulia. Maracaibo.; Venezuela

OBJECTIVE: Metabolic Syndrome (MS) is a major risk factor for cardiovascular disease. It has been poorly studied among Indian groups; by which the main purpose of this research is to determine MS prevalence in Añu population from Zulia state, Venezuela.

Materials and Methods: 136 healthy adults of both sexes were selected randomly whom a clinical history was made. Lipid profile was determined and MS diagnosis was done according to the International Diabetes Federation (IDF) criteria. The variables behaviour was determined using the Z-test of Kolmogorov-Smirnov by which results are shown as median or mean according to the case.

Results: Median of abdominal circumference was 89,74 ± 15,43cm. (Males: 101,7 ± 13,9cm.; Females: 85,5 ± 13,7cm.) showing that 70,6% of the population presents central obesity. Triacilglycerid levels showed a median of 98mg/dl, however 22,8% of individuals showed levels higher than 150mg/dl. 79,4% showed low levels of HDL-col with a median of 39,1 ± 10,6mg/dl (Men: 34,4 ± 9,1mg/dl; Women: 40,8 ± 10,6mg/dl). Median of arterial pressure was 130/90 mmHg, showing arterial hypertension in 40,4% of the sample according to IDF criteria. Serum glucose showed a median of 91mg/dl and 14% of the studied cases are over 100mg/dl. 39,7% of the Añu's population present the minimal criteria for SM according to IDF guidelines, and the most common positive criteria was central obesity, arterial hypertension and low levels of HDL-col.

Conclusions: 39,7% of the Añu's population presents MS according to IDF criteria. Is it necessary to carry out studies relating the presence of SM with cardiovascular disease in this Indian population.

Key Words: Metabolic Syndrome, Risk Factor, Cardiovascular Disease.

P-02-33 | LIPOPROTEIN (A) LEVELS IN PATIENTS WITH UNSTABLE ANGINA PECTORIS

Bermudez, Valmore; Canelón, Roger; Acosta, Luis.; Martinez, Sandra.; Aparicio, Daniel.

Endocrine-Metabolic Diseases Research Center "Dr. Félix Gómez". Medicine School. University of Zulia. Maracaibo; Venezuela

Introduction: and **OBJECTIVE:** Lipoprotein(a) [Lp(a)], is one of the emerging factors for cardiovascular disease, known as an independent risk factor for these pathologies. The main objective of this research was to determine plasma concentrations of Lp(a) in patients with unstable angina.

Materials and Methods: A transversal study was made with 21 patients of both sexes (10 women and 11 men), with an average age of 57,48 ± 6,19 years, that enter to an emergency service of a local private clinic with a diagnosis of unstable angina, confirmed through electrocardiography and enzymatic levels. A complete clinical history and a measurement of plasmatic Lp(a) levels using the ELISA method was made. The results were expressed as arithmetic mean ± standard deviation. The normal distribution of the variables was verified through the Z test of Kolmogorov-Smirnov and the differences between the means were established using the "t" of Student test for independent samples, considering as significant when p<0.05.

Results: No significant differences were found between the age (57,48 ± 6,19; 54,52 ± 8,9 years; p=0,1), total cholesterol levels (185,42 ± 50,12; 196,92 ± 34,64 mg/dl; p=0,22), plasmatic levels of triacilglycerides (177,42 ± 133,62; 121,60 ± 97,42 mg/dl; p=0,71), or cholesterol HDL levels (34,47 ± 15,65; 41,87 ± 11,53; P=0,72); of the patients with unstable angina and control, respectively. Nevertheless, Lp(a) levels showed significant differences (p=0,04) between patients with unstable angina 44,56 ± 17,51 mg/dl and control group 28 ± 7,41 mg/dl.

Conclusion: Lp(a) levels were significantly higher in patients with unstable angina in spite of control group, announce which agrees this most of literature where Lp(a) levels higher than 30 mg/dl are considered as an independent risk factor for cardiovascular disease. **Key Words:** Lipoprotein (a), cardiovascular risk factor, unstable angina.

P-02-34 | LIPOPROTEIN (A) CONCENTRATION IN THREE AFROAMERICAN POPULATIONS IN ZULIA STATE VENEZUELA

Bermudez, Valmore; Mengual, Edgardo; Finol, Freddy.; Aría Graciela.; Aparicio, Daniel.

Endocrine-Metabolic Diseases Research Center "Dr. Félix Gómez".Medicine School. University of Zulia. Maracaibo.; Venezuela

Objetive: Lipoprotein (a) is considered as a risk factor for cardiovascular disease and its behavior in Venezuela remains unknown, reason why the main purpose of this research was to determine Lipoprotein (a) concentration in Afro-American populations in Zulia State, Venezuela.

Materials and Methods: 423 individuals of which 311 were healthy and randomly chosen Afro-American individuals in those who Lp(a) was quantified by the enzyme linked inmunosorbent assay method (ELISA). Comparisons were made by the U Mann-Whitney test or the one factor ANOVA (previous logarithmic conversion) and the tukey post hoc test according to the case, considering p < 0, 05 as a statiscally significant value.

Results: Total cholesterol, triglicerids, VLDL-c and LDL-c concentrations were found in normal ranges in studied populations. Nevertheless, HDL-c level was significantly lower in Bobures population (38, 59 ± 11,65) compared with those in Santa María (51,38 ± 14,46) y San José (46,15±11,99). Using the Kolmogorov-Smirnov Z test we found that Lp(a) is distribuited in a no normal manner, reason by which the results has been shown as medians. Lp(a) concentration was found unusually elevated in the Afro-American groups compared with the white Hispanic group of Maracaibo (Bobures: 59,00 mg/dl; Santa María: 47,00 mg/dl; San José: 41,00 mg/dl; Maracaibo: 28,50 mg/dl).

Conclusions: Lp(a) concentration is higher in our Afro-American groups than the reported in another black race populations natives from U.S. and Africa, fact that could explain the high prevalence of cardiovascular disease within this populations.

Keywords: Lipoprotein(a), risk factor, Apo(a), cardiovascular disease.

P-02-35 | HYPERLIPIDEMIA AND HEPATIC STEATOSIS IN HUMAN IMMUNODEFICIENCY VIRUSINFECTED PATIENTS

(*)Estrada Yánez Darlene, (*)Pereira De Abreu Carlos, Aldana Leyda, Calatroni Maria Inés, Espin Ismariel. darlenestrada@gmail.com

Internal Medicine Department of the Hospital Universitario de Caracas, Venezuela (Universidad Central de Venezuela).

Abstract

The number of Human Immunodeficiency Virus-Infected patients is growing every day worldwide. This endemic disease is now known to be related to many metabolic disturbances, which are multifactorial, involving in many cases the antiretroviral therapy. HIV-patients may have an altered lipid metabolism and this is responsible for the pathogenesis of the hyperlipidemia in the acquired immunodeficiency syndrome (AIDS).

PURPOSE: To establish the frequency of hepatic steatosis and hyperlipidemia in Human Immunodeficiency Virus-Infected inpatiens of the Hospital Universitario de Caracas.

Methods: We conducted a descriptive, correlating, cross-sectional study. Ninety one VIH-inpatients were our universe included 51,6 % naive and 48,4 % treated.

Results: We evidenced incremented tryglycerids levels in 45,1%, HDL cholesterol levels of less than 40 mg/dl in 97,8% and LDL cholesterol of more than 100mg/dl in 15,4% of the studied HIV-patients. Furthermore, we found hepatic steatosis in 49,5% and elevated Alanine Aminotransferase (AAT) and Aspartate Aminotransferase (ASAT) in 68,1% and 26,4% respectively.

Conclusions: We could statistically demonstrate association between elevated tryglycerids and antiretroviral drugs like Protease inhibitors (PIs) and the inhibitors nucleosides of transcriptase reverse (INTRs), the rest of the lipid levels do not seem to be related. Furthermore, we could correlate antiretroviral therapy involving PIs and INTRs with the presence of hepatic steatosis. Additionally, we observed an association between altered hepatic architecture and elevated tryglycerids levels, but we couldn't find any relation with total cholesterol levels and its fractions.

Key Words: human immunodeficiency virus, acquired immunodeficiency syndrome, dyslipidemia, hepatic steatosis, highly active antiretroviral therapy.

P-02-36 | EFFECTS OF AN EXERCISE PROGRAM IN WOMEN WITH DIABETES MELLITUS OR WITH A HIGH RISK OF DEVELOPING IT

Guevara M., Mary C.,Aleida Rivas, B.; Oñate de Gomez, Nancy; Vasquez, Angel; Gonzalez, Julio

Diabetes and Pregnancy Unit. "Enrique Tejera" Hospital, University of Carabobo; Venezuela

The World Health Organization has recognized that currently there's a worldwide growing epidemic of chronic non transmittable diseases (NTD), which causes an important morbidity and mortality greatly related with bad eating habits and sedentary lifestyles. Physical inactivity constitutes one the most relevant risk factors for these diseases such as obesity, diabetes mellitus (DM), and cardiovascular disease.

Objectives: 1) To determine the effects of an exercise program in women with type 2 Diabetes or with a high risk of developing it. 2) To determine the amount of daily physical activity through the International Physical Activity Questionnaire. 3) To determine clinic parameters: weight, size, BMI, abdominal circumference, high blood pressure (HBP), and pulse frequency. 4) To determine laboratory parameters: glycemia, lipid profile, HBA1c, basal and 6 months after starting the program

METHODOLOGY: An observational, prospective, descriptive, and longitudinal! study was carried out. Sample consisted of 2 groups: 1) Non Pregnant women with DM. 2) Non pregnant women with a history of Gestational Diabetes (GD) attending the Diabetes and Pregnancy Unit (DPU) during a period of 6 months, between June, 2007 and March, 2008. All patients were told to carry out an exercise plan of moderate intensity (30-minute walks daily, 5 days a week). Data was collected in a semi-structured survey, and analyzed with the Statistical Package for the Social Sciences (SPSS) for Windows.

Results: A total of 73 patients were studied: 42 women with type 2 DM and 31 women with GD history. Ages were between 21 and 34 years. 79.4% belonged to the social-economic stratum (Graffar) IV, and 20.5% to strata III. 24.7% were hypertensive and 75.3% were not. Both groups had a BMI on the obesity range. 71.4% of women with DM had a level 1of physical activity and 28.6% had a level 2, while women with GD history had 80.6% and 19.4% respectively.

Conclusions: After a 6-mon! th follow up, the anthropometric parameters of both groups showed a similar behavior; weight and BMI weren't modified significantly, but a reduction of the abdominal circumference diameter was observed, which is a prevailing factor for the metabolic syndrome. A decrease in the HBP and arterial pulse figures was observed, being statistically significant in the diabetic group, P< 0.02 and p< 0.0001 respectively. The lipid profile changed favorably in the group of diabetic women, which was statistically significant P< 0.02. Glycemia and HBA1c showed a tendency towards a decrease in both groups.

Key Words: Exercise Program, clinic parameters, metabolic parameters.

P-02-37 | LAWRENCE SEIP SYNDROME. A STRANGE TYPE OF ACQUIRED LIPODYSTROPHY

Ré, M.A.; Magri, S.J.; Cesarini, M.E.; Corvalán, J.M.; Barouille, J.B.

Hospital Italiano de La Plata; Argentina.

Lipodystrophies represent a strange heterogeneous group of syndromes characterized by the absence or decline of adipose tissue.

Clinical Case: A 53 year old female patient with Diabetes Mellitus type 2 diagnosed in the year 2000 treated with normoglycemiants. She developed high glycemia. A treatment with insulin human and NPH insulin in increasing doses was initiated. Glycemia values stay persistently elevated, high doses of insulin were prescribed (having used insulin analogues without positives response) till reaching a dose of more than 800 UI a day of Basal Insulin and 1500 UI a day of Regular Insulin, in February 2007. Although an intensive treatment was performed, it was not achieved an optimum control of glycemia, which fluctuated between 300 and 600 mg/dl without generating ketosis and with HbA1c values: 16 %. Symptoms: the patient presents subcutaneous cellular tissue decrease, more intensely in trunk and limbs, with no muscular decrease, with important weight loss (more than 10 kg in 4 months) weighting 44 kg.

As a complement of insulin therapy, a treatment with Rosiglitazone and Metformin (insulin resistence symptoms), and corticoids in immunosuppressive doses was initiated. An acquired general lipoatrophy or Lawrence-Seip Syndrome was performed based on the clinical symptomatology and the laboratory results (high leptin levels, normal levels of C-peptide, negative anti-insulin antibodies, HIV negative). In May 2007 she presents a spontaneous remission of the clinical symptomatology, requiring decreasing insulin doses. Two months later, the patient's glycemic levels decrease enough to stop administering insulin and, soon after, also to stop administering normoglycemiants. Today, the patient is again under NPH and regular insulin treatment in adequate doses according to requirements. She returned to her normal weight and to normal subcutaneous cellular tissue distribution.

Comments: Generalized acquired lipodystrophy syndrome is a rare disease in world case studies. Lawrence-Seip Syndrome is related to negative anti-insulin antibodies, high levels of TNF alpha and leptin, and adiponectin decrease. Spontaneous remission cases are described in the bibliography. Due to the low rate of this pathology, we decided to share this case and its evolution in order to spread knowledge about this disease.

P-02-38 | CLINICAL MANIFESTATIONS IN 26 PATIENTS WITH FABRY DISEASE: EXPERIENCE OF FABRY STUDY GROUP IN FERNÁNDEZ HOSPITAL BUENOS AIRES ARGENTINA

Politei, Juan Manuel

Juan Fernández Hospital, Buenos Aires.; Argentina

Introduction: Fabry disease (FD) is a rare X-linked disorder caused by deficient activity of the lysosomal enzyme α-galactosidase A. Progressive accumulation of the substrate globotriaosylceramide in cells throughout the body leads to major organ failure and premature death. Symptoms during childhood include: neuropathic pain, which is predominantly distal in the four limbs, hypohidrosis and angiokeratomas. The most serious complications appear during adulthood and include kidney failure, heart failure and strokes. **Aim:** data from a cohort of 26 patients were analyzed in terms of clinical manifestations. **Materials and Methods:** 26 patients with FD (14 men and 12 women) from 7 families participated. All were evaluated by different specialists from the Juan Fernández Hospital, Buenos Aires, Argentina, who form part of the Argentine diagnosis and treatment group for Fabry disease. **Results:** 54% of the patients were male between the ages of 16 and 48, all who presented angiokeratomas, acroparesthesia, abdominal pain during childhood, corneal compromise and hypohidrosis. The audiology studies demonstrated that 53% had some compromise, although in some there were no symptoms. Seventy-eight percent presented proteinuria, 21% cardiopathy and 14% showed signs of cerebral ischemic damage in the MRI. All hemizygotes were found in ERT treatment (85% with agalsidase beta). Forty-six percent of the study population was female between the ages of 22 and 75, only 8% of which showed abdominal pain and hypoacusia, 16% angiokeratomas, 25% hypohydrosis and 83% acroparesthesia. Forty-one percent showed proteinuria, 33% cardiopathy and 8% vascular damage in the MRI. Forty-one percent of the heterozygotes were undergoing ERT, all with agalsidase beta. **Discussion:** Previously, most female patients were thought to be asymptomatic throughout a normal life span or to develop only minor manifestations of the disease. However, several studies have since reported that heterozygous females do develop substantial symptoms and are at risk of premature death. In our study, we found that female 'carriers' frequently suffer from pain, hypohidrosis symptoms, and major organ involvement. With the advent of enzyme replacement therapy, it is important that general practitioners and physicians from a range of specialties recognize the signs and symptoms of FD so that effective treatment can be given.

P-02-39 | CORRELATION AMONG PROTEINA C REACTIVE VSG AND LIPID

Arena, E.J.F.; Calistro, S.S.; Cataldi Amatriain, R.

Departamento de Medicina Interna- Hospital Sirio- Libanés CABA. Argentina.

Introduction: The cardiovascular disease is one of the most frequent causes of death in Argentine. It is the 32% of them, and the 42% of the general people is fat like cardiovascular risk with body mass index over than 25 high levels of low-density lipoprotein cholesterol (LDL-C) and Reactive Protein C (PCR) are higher in those peoples with significant risk of stroke, coronary disease or cardiac death. The levels of PCR shown be more dangerous than high levels of LDL -C (higher value of PCR, higher risk) several authors. The present report was done for value risk of markers in the general population, for make primary and secondary prevention and reduces cost.

Methods: This study was done aleatory, with patients whose come voluntary to the consult, during one year, with laboratory controls (PCR, LDL-C, high-density lipoprotein cholesterol (HDL-C), triglycerides and VSG).

Results: We study 188 patients was included, the rate of age was 58.27 years old (minimum 13 years, maximum 90 years), 65.42% female (123), 34.57% male (65). The must important antecedent of disease was high blood pressure 41.48%, tobaccoism 29.25%, dislipemy 22.34%, hypothyroidism 13.29%, cardiac arrhythmia 12.23%, attract attention that only 7.97% knowing obesity, with BMI elevated (>25) was 40.95%. Several items was studied like: had col-LDL and FRC higher 57.97%; and PCR with col-LDL was more than 26.6 %

Conclusion: There isn't report that study obesity and hypothyroidism. The levels in blood of PCR and the Col-LDL little correlation. But the combination marker will be a good predictor of cardiovascular risk upper than one or another alone. The PCR could be systematic value, economic and with high predictive value for the prevention of vascular disease.

P-02-40 | CHARACTERISTICS AND PREVALENCE OF THE METABOLIC SYNDROME IN THE INTERNAL MEDICINE SERVICE ON THE SAN JUAN DE DIOS UNIVERSITY HOSPITAL IN TARIJA - BOLIVIA

1Miguel Linares Martinez 1Darko H. García Fernández, 1María L. Hinojosa Carvajal, 2Marco Moscoso Aparicio

1Internal Medicine Ward in San Juan de Dios University Hospital in Tarija.

2 INTRAID - Juan Misael Saracho University Tarija –Bolivia

OBJECTIVE: To determine the characteristics and prevalence of the metabolic syndrome in the service of Internal Medicine of the in the university Hospital San Juan of God de Tarija -Bolivia.

Material and Methods: We realise a prospective, descriptive study of cross section, in the room of internal medicine of the hospital San Juan de God, during the period of March of 2006 to March of 2007, to detect patients with metabolic syndrome, taking into account the criteria, proposed by the WHO N.C.E.P- (ATP III). For the selection of the sample they included all the patients majors of 40 years that fulfil 3 or more criteria, according to the WHO N.C.E.P- (ATP III). For the harvesting of the data I make a questionnaire with the following variables: sex, age, reason for consultation, complications and criteria for metabolic syndrome of the WHO N.C.E.P- (ATP III).

Results: Of 652 evaluated patients, was a 28% prevalence (231 patients), being feminine sex with 118 patients (51%), masculine sex with 113 (49%), according to the age the metabolic syndrome I appear in 83 patients (36%) for majors of 65 years, 77 patients (33%) for age between 55-65 years, 71 patients (31%) for ages of 40-55 years. According to reason for consultation 67 (29%) with ICC, 56 (24%) with ACV, 42 (18%) with diabetes mellitus, 26 (11%) with arterial hypertension, 13 (6%) with angor pectoris, 6 (3%) infectious cause, 2 (1%) with IAM, 19 (8%) other causes. According to risk factors, 203 patients (31%) presented/displayed high triglycerides > 150mg/dl, 132 (27%) with central obesity, 145 (22%) with hypertension, 112 (17%) with low HDL and 87 (13%) with hyperglycemia. According to criteria 181 patients (78%) presented/displayed 3 criteria, 38 patients (16%) 4 criteria, 12 patients (5%) presented/displayed the 5 criteria. Within the complications 7 patients with metabolic syndrome (3%) passed away during their internment.

Conclusions: It would deal with the first study realised concerning all Bolivia in which was a next prevalence to the reported one in other studies.

P-02-41 | PREVALENCE OF THE METABOLIC SYNDROME AMONG HYPERTENSIVE PATIENTS IN A COMMUNITY PRACTICE IN ISRAEL

Bar-or, Isaac; Shapira, Helena

Clínica Balfur; Israel

Background: The metabolic syndrome (MS) is a risk factor for cardiovascular disease and DM.Appropriate treatment can reduce cardiovascular morbidity and mortality. However, family physicians in Israel may not routinely diagnosis the metabolic syndrome.

PURPOSE: To measure the prevalence of the metabolic syndrome among hypertensive patients in a community clinic, and to identify the characteristics of this population, including life style habits.

Method: A sample of hypertensive patients were invited by mail to an appointment in which they filled out a questionnaire, underwent a physical exam, and appropriate lab tests. Additional information was obtained from the patient files. Patients who met the criteria for the MS received an explanation of the syndrome.

Results: 200 patients were invited to the clinic, of which 164 participated (82%). The age range of the participants was 28-95 years. 48% were men. 10.3% were smokers. 47.5% reported that they followed a diet and 48.7% reported doing physical activity. 44% were found to have a family history of heart disease or diabetes. 4 patients (2.4%) had been diagnosed with metabolic syndrome before the study. 110 additional hypertensives were found to meet the criteria for the syndrome. A significant correlation was found between metabolic syndrome and life style. Patients on a diet had a lower prevalence of MS (58 Patients - $p<0.008$). Hypertensives without MS smoked less (35 Patients- $p=0.024$). No significant correlation was found to physical activity.

Conclusions: In this sample, 69.4% of hypertensives suffer from metabolic syndrome, but only 2.4% had this diagnosis recorded in their medical file before this intervention.

Keeping to a good diet is associated with less metabolic syndrome, and smoking is more prevalent among those with MS. Interventions should be planned to increase the awareness of family physicians in Israel to diagnose and treat the metabolic syndrome.

P-02-42 | INSULIN OR ORAL ANTIDIABETIC: WHICH CAUSES OSTOPOROSIS?

Yildiz, Mehmet; Kertmen, Neyran; Salman, Hacer; Iliman, Nevzat
Second Department of Internal Medicine, Diskapi Education and Research Hospital, Ankara; Turkey

Osteoporosis is characterized by a decrease in bone mass and a deterioration of the microarchitecture of the bone. This studyevaluated the effects of Type 2 diabetes mellitus treatment on bone mineral density (BMD) and metabolism

Materials and Methods: Sixty premenaposal female patients with type 2 diabetes mellitus (DM) comprised the study population. The drugs used in the treatment of diabetes mellitus, and the duration of the treatment were recorded. The patients were submittedto dual- energy x-ray absorptiometry to evaluate the bone mineral density (BMD) at the lumbar spine and femoral neck. The biochemical markers of bone metabolism (osteocalcin, C terminal telopeptide of type 1collagen, homocysteine) were measured. None of the patients was taking any drugs or hormones that affect the bone metabolism.

Results: The age range of the patients was 30 to 55 years. Of 60 patients, 68.3% were obese. The distribution of treatment regimens of the patients was as follow! s: Diet, 1.6%; acarbose, 1.6%, metformin, 15%; metformin+sulfonylureas , 8% ; metformin+thiazolidinedione , 3%; metformin + meglitinide , 10%; metformin + sulfonylureas + thiazolidinedione , 5%; insulin, 21%;insulin + metformin, 26%; insulin + metformin+ thiazolidinedione , 1.6%; + insulin + metformin + meglitinide , 5%. The incidence rate of osteopenia in the lumbar region was 33%, while it was 16.6% for the femoral area. The incidence rates of osteoporosis in the femoral and lumbar regions were equal (1.6%). No statistically significant relationship wasdetermined between the treatment protocols for diabetes mellitus and lumbar BMD (p: 0.07) or femur BMD (p:0.71) . Similarly, no statistically significant relationship was found between the treatment protocols and homosistein (p:0.08), osteocalsin (p:0.74),C terminal telopeptide type 1 collagen level (p:0.904).

Conclusion: In our study, no relationship was found between the treatment modalities for diabetes mellitus and! osteoporosis incidence rates. Literature presents studies reporting decreased bone mineral density with thiazolidinedione use. The effects of insulin on the bones have also been investigated; however, whether the production of endogenous insulin affects insulin sensitivity andwhether exogenous insulin intake has any anabolic effects on the bones have remained unclear.

Keywords: Diabetes mellitus,osteoporosis

P-02-43 | GLYCOGENOSIS TYPE V A RARE DISEASE

Ferreira, Rosa; Agundez Calvo, María Mercedes; Figueiredo, Ana.
Centro Hospitalar de Coimbra, EPE-HG/ ; Portugal

Introduction: The glycogenosis type V, also named McArdle disease, is a very rare autosomal recessive disorder that results from a deficit of myophosphorylase.

Clinical Case: 28-year-old woman admitted to the hospital with complaints of sudden muscular weakness of legs while climbing stairs, intense myalgia, cramps and dark urine. She was otherwise healthy and was medicated with oral contraceptive. Complete physical examination was unremarkable with no evidence of muscle weakness or neurologic deficit. Laboratory data revealed an aspartate aminotransferase level of 1377 U/L, a alanine aminotransferase level of 338 U/L, a lactate dehydrogenasel evel (LDH) of 26944 U/l, a serum creatinephosphokinase (CPK) concentration of 272430 U/L and serum myoglobin (MYO) level of 22069ng/mL. Renal function and electrolytes were normal.

The urinalyses showed a browish urine and haemoglobin of >1.0mg/dL. Thyroid hormones, serologies of Herpes simplex virus1/2, Varicella zoster virus, Epstein-Barr virus, Cytomegalovirus, echovirus, Coxsackie virus, Leptospira, Brucella, Mycoplasma were normal. Blood cultures, antinuclear and anti-Jo-1 antibodies were negative. The presence of myoglobinuria was tested and appeared positive (546ng/ml).

Electromyography was normal. At this point, suspecting metabolic myophaties a muscle biopsy was performed and revealed a slight overburden of glycogen as result of total deficit of myophosphorylase, suggesting the diagnosis of Glycogenosis type V. The genetic test revealed mutations R49X and W797R, at exons 1 and 20 of PGYM gene, respectively, by compound heterozygotes. The patient was treated with fluids and at discharge CPK, MYO and LDH levels were almost normal.Family study is ongoing.

Conclusion: McArdle disease can be easily diagnosed by genetic test if it is considered and not forgotten.

P-02-44 | METABOLIC SYNDROME AND THE PREVENTIVE WAYS OF DIABETES MELLITUS TYPE 2

Kipshidze, Nodar; Gamezardashvili, Tea; Kapanadze, Ketevan.; Talakvadze, Tamari.; Khosroshvilli, Lía.
Acad. Nodar Kipshidze National Center of Therapy, Republic of Georgia

Metabolic syndrome is characterized by a constellation of diabetes, hyperlipidemia and hypertension and represents a major cause of cardiovascular disease. Insulin resistance and visceral fat accumulation are thought to play causal roles in the development of metabolic syndrome.

197 individuals with 3 or more risk factors of Metabolic Syndrome (MS) (abdominal obesity, arterial hypertension, dyslipidemia and other) were investigated, MS was defined according to the IDF criteria. They consider themselves practically healthy before the investigation. After having performed the standard oral glucose tolerance test (OGTT), impaired glucose regulation (IGR) (fasting hyperglycemia, or “prediabetes”) was observed in 38.3% and already existing asymptomatic type 2 diabetes was observed in 14.9%. 78 patients (mean age 47±14, male/female 34/38) with “prediabetes” were randomly assigned and divided into two groups.

The first group patients (BMI 31.2±1.7; WHR 0.92±0.11; Homa IR 2.9±0.7; TG 143.7±68 mg/dl) were given recommendations about life style modification and the second group patients (BMI 30.08±1.8; WHR 0.93±0.1; Homa IR 3±0.9; TG 148±58 mg/dl) were administered the following medicines: Angiotensine Converting Enzime (ACE), statin (atorvastatin 10 mg, simvastatin 20 mg) and metmorphine (1000 mg/day). Standard OGTT was once more performed in both groups after six months. In the first group BMI and WHR decreased with 15% and 14% correspondingly. In 8 patients (22.2%) glucose metabolism regulated, in 6 patients (16.7%) developed type 2 diabetes and the condition of 22 patients (61.1%) didn’t change. In the first group BMI and WHR decreased with 16.1% and 14.8% correspondingly. In 17 patients (47.2%) glucose metabolism regulated, only in 3 patients (8.3%) developed type 2 diabetes and the condition of 16 patients (44.5%) didn’t change.

Conclusion: MS as the cluster of CVD risk factors is the predictor of type 2 diabetes and its early medicamentous therapy contributes the discontinuation of the above mentioned pathologic processes and prevents the development of type 2 diabetes in those at high risk for diabetes, that contributes to the prevention of cardiovascular disease.

P-02-45 | THE ROLE OF COMBINED TREATMENT (STATINS+OMEGA3 FATTY ACIDS) IN THE CORRECTION OF DYSLIPOPROTEINEMIA

Kipshidze, Nodar; Kapanadze, Ketevan; Gamezardashvili, Tea.; Meskhia, Maia.; Kvitashvili, Merab.
Academician Nodar Kipshidze National Center of Therapy, Republic of Georgia

Data of clinical trials indicate that decrease in LDL-CH levels with statin therapy significantly reduces the risk of cardiovascular disease development, yet patients still have events despite intensive statin therapy. Patients with mixed dyslipidemia present a unique challenge because they have increased triglyceride-enriched lipoproteins and frequently low HDL-C levels. There is strong evidence that omega-3 fatty acids (omacor) protect a person against atherosclerosis and therefore against heart disease and stroke, as well as abnormal heart rhythms that cause sudden cardiac death. Essential to human health, omega-3 fatty acids are a form of polyunsaturated fats that are not made by the body and must be obtained exogenously. The aim of the study was to evaluate the effectiveness of combined treatment with statins (atorvastatin) and omacor (omega-3 fatty acids) in patients with dyslipoproteinemia.

Methods: We studied 30 patients with dyslipoproteinemia (17 males/13 females, age range 43-61 rears, mean age 56±5.2 years). Mean indices of T-C, HDL-C, LDL-C and TG were: 209.46±26.69mg/dl, 33.42±3.21 mg/dl, 163.06±22.4 mg/dl, 178.84±33.74 mg/dl, correspondingly. Patients were treated with 20 mg Atorvastatin and omacor (a capsule twice a day) during 6 weeks.

Results: Analyses of the data obtained revealed statistically evident difference between the results obtained pre-and post-treatment Initiation and target levels of the lipid profile were reached in 81% of patients. For T-C, HDL-C, LDL-C and TG post-treatment levels are: 142.74±19.94 mg/dl, 35.46±5.84 mg/dl, 79.28±18.04 mg/dl, 112.08±19.63 mg/dl, (P<0,001), correspondingly.

Conclusion: While all current lipid-modifying drugs affect multiple lipid fractions, greater benefit on multiple lipid fractions often requires combined treatment and combining agents with complementary mechanisms may provide greater improvements for the entire lipid profile. Hence, in order to reach the target levels of lipid profile, which predicts the discontinuation of atherosclerotic process, combined therapy with Omacor+Statins gives chance atherosclerosis progression to be stopped.

P-02-46 | THE ASSOCIATION BETWEEN NEPHROPATHY AND RETINOPATHY IN TYPE 1 DIABETES MELLITUS

Alves, Francois; Lopes, Ana; Pina, Elsa

Diabetes Unit, Internal Medicine Department. Hospital Central de Faro. Portugal

Introduction: Type 1 diabetes mellitus (DM) is linked to micro and macrovascular long-term complications, with retinopathy being the most common. Patients with diabetic retinopathy have a greater risk ofstroke, coronary heart disease, heart failure and nephropathy. Since retinal and renal vessels are exposed to the same diabetic environment, it is often assumed that progression of diabetic retinopathy and nephropathy occurs at the same time. However, it seems that this may not always be the case. The aim of this study was to analyse the association between diabetic nephropathy and retinopathy in type 1 diabetic patients followed at our unit.

Material and Methods: The 300 type 1 diabetes mellitus patients followed at our unit were identified and their case notes were reviewed.

Results: Results will be presented later based on patients' age, gender, diabetes duration, HbA(1c) levels, incidence of the different stages of diabetic retinopathy and/or microalbuminuria, macroalbuminuria, rterial hypertension, levels of triglycerides and fractions of cholesterol.

Discussion: This study reviews the systemic associations of diabetic retinopathy and discusses their clinical implications

P-02-47 | THE RELATIONSHIP BETWEEN LEFT VENTRICULAR MASS INDEX AND INSULIN SENSITIVITY POSTPRANDIAL GLYSEMIA FASTING SERUM TRIGLYSERID AND ADIPONECTIN LEVELS IN PATIENTS WITH TYPE 2 DIABETES

Cihan Top, Burak ahan, M.Emin Önde

GATA Haydarpa a Training Hospital, Department of Internal Medicine, Istanbul/Turkey

OBJECTIVES: Previous clinical studies have shown that there was a relationship between cardiovascular complications and insulin sensitivity, metabolic control parameters in patients with type 2 diabetes. In this study, we investigated whether there was a relationship between left ventricular mass index and insulin sensitivity, postprandial glysemia, fasting serum triglyserid and adiponectin levels, in patients with type 2 diabetes or not. DESIGN AND **Methods:** We evaluated 70 type 2 diabetic patients (mean body mass index: 28,6±4,1 kg/m² , mean age: 53,6±9,8 years, range 28 to 73 years). The serum fasting insulin, C-peptid, hsCRP, HbA1c, post-prandial glysemia, lipid levels and fasting serum adiponectin analysis were performed in all study patients. The adiponectin assays were performed by methods of ELISA. The electrocardiography and echocardiography at rest were also performed to assess ventricular hypertrophy. The insulin sensitivity were assessed using the homeostasis model assessment (HOMA) indexes. The left ventricular mass (LVM) were assessed by using Devereux formulation. The left ventricular mas index (LVMI) were assessed by dividing LVM to body surface area. **Results:** The study results showed that the mean insulin sensitivity index of study patients was lower than normal ranges (HOMA-IR: 6,7 ± 4,2), serum fasting insulin levels (17,8 ± 7,3 µU/ml) and LVMI (136,2 ± 40,5 g/m²) were higher than normal ranges. The study patients tended to have reduced insulin sensitivity. The study population had a mean postprandial glucose level: 202,5 ± 46,1 mg/dl, mean HbA1c: % 8,1 ± 1,4, mean hs-CRP level: 12,3 ± 22,4 mg/L. The correlation analyses (Pearson) have shown that in type 2 diabetic patients, there was a statistically significant correlation between LVMI and fasting serum adiponectin levels (r=0,35, p<0,01). There was no statistically significant correlation between LVMI and serum hs-CRP levels (r=0,04, p>0,05), HOMA-IR (r=0,06, p>0,05). In study population, there was a statistically significant correlation between fasting serum adiponectin levels and fasting serum insulin levels (r=-0,67, p<0,001), HOMA-IR (r=-0,64, p<0,001), Hb! A1c (r=-0,76, p<0,001), serum postprandial glucose levels (r=-0,79, p<0,001), hsCRP (r=0,28, p<0,01). **Conclusions:** Insulin resistance and related parameters were important risk factors for developing cardiovascular complications in patients with type 2 diabetes. The previous clinical studies have shown an increased prevalance of cardiovascular complications in type 2 diabetic patients with poor metabolic control. In this study, we showed that there were significant correlation between LVMI and fasting serum adiponectin levels. These results have shown the importance of fasting serum adiponectin levels for developing cardiovascular complications such as increased left ventricular mass index.

P-02-48 | BENEFICIAL EFFECTS ON WEIGHT LOSS AND BLOOD PRESSURE OF SIBUTRAMINE TREATMENT IN OBESE PATIENTS

Gabor Simonyi MD, J. Robert Bedros MD PhD, Mihaly Medvegy MD PhD

Ferenc Flor Hospital, Kistarcsa, Hungary

Objectives: of the study The obesity is one of the major risk factor for cardiovascular morbidity and mortality. Moderate weight loss (5-10%) exerts beneficial effects for cardiovascular system. Sibutramine is one of the choice for treatment of obesity. We investigated the short term effect of sibutramine on body weight loss and cardiovascular parameters.

Methods: We involved 137 obese (BMI≥30 kg/m2)patients in this study. Before weight loss medication we investigated the parameters include: body weight, BMI, waist and hip circumference, the waist/hip ratio, blood pressure (BP), heart rate, serum cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides, serum glucose levels, body fat percentage. Then patients was treated by 10 mg of sibutramine once a day and were educated for their diet (-500 kcal than earlier). Every second week were patients controlled. At the end of 3 month we repeated the start time investigations.

Results: The involved patients parameters: men 47, age 43.45±11.23 y. The initial body weight was 106.35±21.43 kg, the BMI was 38.24±5.49 kg/m2. Waist circumference was 116.34±21.16 cm, hip circumference was 119.31±5.47 cm. Systolic BP was 142.94±18.36 mmHg and diastolic was 89.92±15.82 mmHg. The heart rate was 77.46±11.36 beat/min. After 3-month of sibutramine treatment body weight (94.56±23.57 kg, p<0.0001), BMI (32.13±5.54 kg/m2, p<0.0001), waist circumference (102.56±16.74 cm, p<0.0001), hip circumference (114.55±8.23 cm, p<0.0001) and systolic blood pressure (128.22±123.34 mm Hg, p<0.001) decreased significantly. The diastolic blood pressure decreasing was not significant 84.8±8.42 mmHg the heart rate was a little higher 83.47±11.73 beat/min, but the change was not significant.

Conclusions: The short term of sibutramine treatment exerts beneficial effects for weight loss and thus exert a decreasing effect for other risk factors.

P-02-49 | METABOLIC SYNDROME IN INTERNAL MEDICINE PATIENTS: THE PILOT NIMEC STUDY (NATIONAL INTERNAL MEDICINE EQUIVALENT/COMPLEX C-V-@ RISK)

R. Nardi1, I. Blasi1, I. Iori4, S. Di Rosa3, G. Scanelli5, S. Corrao2; for the NIMEC Investigators Group s.corrao@tiscali.it

1 Medicina Interna, AUSL di Bologna, Italy; 2 Dipartimento Biomedico, Medicina Interna, Policlinico "P. Giaccone", University of Palermo, Italy; 3 Struttura Complessa di Medicina Interna, AO "Villa Sofia Whitaker", Palermo, Italy; 4 Medicina Interna I, AO Arcispedale "Santa Maria Nuova", Reggio Emilia, Italy; 5 Medicina Interna, AO Universitaria di Ferrara, Italy

Background: Metabolic Syndrome (MetS), currently defined as slight differences in the criteria of diagnosis - depending on which authority is quoted [i.e.: NCEP-ATP III (National Cholesterol Education Program/Adult Treatment Panel III); WHO (World Health Organization); IDF (International Diabetes Federation); AACE (American Association of Clinical Endocrinologists)], designates a cluster of metabolic risk factors that come together in a single individual, leading to cardiovascular disease. MetS is quite common, approximately 20-30% of the population in industrialized countries being affected. However, most of epidemiological data regarding MetS are derived from populations consisting mostly of middle-aged and younger subjects.

AIM OF THE STUDY: To assess the prevalence of the MetS in Internal Medicine wards and to determine its related comorbidities, including other clinical forms of atherosclerotic disease such as CHD risk equivalents. METHODS Our study was performed in patients admitted in Internal Medicine wards and selected as a randomization list in 12 Emilia Romagna-Marche FADOI centers. 1.316 patients were registered. According to explicit inclusion/exclusion criteria, we studied overall 902 participants (50.6% men, mean of age: 71-73 years).

Results: According to NCEP-ATP III and IDF criteria the prevalence of MetS was 45.3% (IC 95%: 41.6-49.1) and 38.6% (IC 95%: 34.9-42.3), respectively. Patients with MetS presented a higher significant rate of ALT increase, syncope, atrial fibrillation, COPD, unstable angina, chronic kidney disease, cancer, valvular heart disease, peripheral arterial disease and carotid plaques. A strong association between IDF-MetS and congestive heart failure was observed, suggesting a role of central obesity as an independent risk factor in the elderly.

Discussion: World-wide populations are becoming older. Aging and MetS are two conditions that represent an important part of health-care spending. Trunkal fatness increases in old age, potentially increasing existing abdominal fatness prevalent during middle age which is already related to Increased size, cardiovascular disease and the metabolic syndrome. In this study we sought to assess the high impact of MetS.

P-02-50 | DIABETES MICROALBUMINURIA AND CARDIOVASCULAR RISK FACTORS

Ergita Nelaj; Ilda Lilaj; Margarita Gjata; Edite Sadiku; Mihal Tase dr_ergi@yahoo.com

Department of Internal Medicine,UHC, Tirane, ALBANIA

Background: Microalbuminuria was originally established as a predictor of renal failure in patients with diabetes mellitus and an indipendent risk factor for cardiovascular disease. The aim of our study is to assess the relationship between microalbuminuria and the other risk factors in diabetics and their prevalence.

Methods: 65 patients with type 2 diabetes, were hospitalized at the Internal Medicine in the University Hospital Center "Mother Teresa" in Tirana, Albania, during the period of March 2007 to February 2008. Patients were divided in two groups: with and without microalbuminuria and for each group we evaluated cardiovascular risk factors such as : left ventricular mass index (LVMI), body mass index (BMI), glycosylated hemoglobin (HbA1C), lipidic profile, intima media thickness (IMT).

Results: Prevalence of microalbuminuria in our study is 32.3%.Prevalence of microalbuminuria among males was 37.5 and among females 62.5%. The microalbuminuric patients were older and had a longer duration of diabetes compared with normoalbuminuric patients.(p=0.01) The microalbuminuric patients had significantly increased LVMI compared with normoalbuminuric group.(p= 0.02) Prevalence of obesity (BMI >30kg/m2) in type 2 diabetics patients was high. In our study this prevalence is 44.6%. In microalbuminuric group the mean value of BMI (30.13) was higher than the other group (28.00)(p= 0.04) Presence of retinopathy was significantly higher in patients with microalbuminuri. (33.3% vs 14.6%) (p=0.05) In patients with microalbuminuria the mean value of IMT was higher than the other group (1.28 vs 1.09) (p=0.03)

Conclusion: The prevalence of microalbuminuria in patients with diabetes is high. In microalbuminuric group LVMI, IMT, BMI, duration of diabetes is significantly higher than normoalbuminuric group.

P-02-51 | ASSESEMENT OF NUTRITIONAL STATUS AND COMORBIDITIES IN INTERNAL MEDICINE INPATIENTS FOR THE ALIMENTA INVESTIGATORS

Corrao S., Di Salvo L., Di Rosa S., Calvo L., Caleca M., Amico S.

Biomedical Department of Internal Medicine, University of Palermo, Italy

Backgroud and AIM OF THE STUDY: Nutritional status of inpatients is not very well-known. In particular, scanty data exist about inpatient population of internal medicine wards. The A.L.I.M.E.N.T.A. Study aimed to evaluate nutritional status and relationships with comorbidities in internal medicine inpatients by a multicenter observational cross-sectional study.

Methods: Fifteen Units of internal medicine of Sicily Region (Italy) recruited 297 consecutive inpatients (48.6% men) in an index-day. Median age was 72 years (upper-lower quartile: 62-78 yrs).

Results: a high frequency of comorbodities was observed. Here, data are shown as relative frequencies (%) of categorical variables of the study sample. Distribution of weight classes: underweight 4,5%, normal weight 35.1%, overweight 37.2%, I class obesity 13.2%, II class obesity 7.0%, severe obesity 2.9%. Plasmatic albumin < 2.5 g/dl: 7.8% (10.2% if 2.5 is included). Lymphocytes below the value of 1.500 microl: 3.6%. Plasmatic transferrin < 200 mg/dl: 39.2%. Plasmatic Ferritin < 20 mg/dl: 7.6%. Weight gain (> 2 kg) during the last six-month before admission: 8.1%. Weight loss (> 5 kg) during the last six-month before admission: 16.8%. Nutritional therapy during hospitalization: 8.9%. Relationships among variables were investigated.

Conclusions: this preliminary study points out a high frequency of nutritional status impairment among internal medicine inpatients and a inadequate care about nutritional support of this kind of patients.

P-02-52 | PLAQUE CHARACTERIZATION IN METABOLIC SYNDROME PATIENTS

Gaetano Vaudo, Donatella Siepi, Matteo Brozzetti, Abdalkader Alaeddin, Daniel Hijazi, Rita Lombardini, Matteo Pirro, Massimo Raffaele Mannarino, Giuseppe Schillaci, Elmo Mannarino (gvaudo@unipg.it)

Medicina Interna, Angiologia e Malattie da Arteriosclerosi, S. Maria della Misericordia Hospital, University of Perugia 06100 Perugia-ITALY

Metabolic Syndrome represents a cardiovascular risk condition and is associated with increased coronary atherosclerosis. everal evidences suggested that in metabolic syndrome the atherosclerotic damage may be distinguished by a selective involvement of vascular tree.

Aim of the study was to examine in metabolic syndrome patients the atherosclerotic lesions in different arterial districts, the plaque morphology and the potential relationship to several lipid and inflammatory markers. It has been enrolled 237 patients (60±3 years, 156 males) affected by metabolic syndrome; all subjects underwent to carotid and femoral ultrasound and laboratory assessment of metabolic and inflammatory parameters.

A control group of 123 mild hypertensive subjects was recruited. In metabolic syndrome patients the occurrence of plaques was higher at femoral site than at carotid site and the plaques of femoral arteries were more echolucent than the plaques of carotid arteries.

In a multiple logistic regression model with the plaque echogenicity of the carotid and femoral artery as a dependent variable and LDL cholesterol, triglycerides, HDL cholesterol, waist, insulin, hs-CRP (levels above the median) and white blood cells as covariates, HDL cholesterol hs-CRP and white blood cell count were associated with echolucency of plaques at femoral site [OR 0.7 (95% CI 1.0-2.3), p < 0.05; OR 0.47 (95% CI 0.2-0.9) p<0.05; OR 0.73 (95% CI 0.6-0.94) p<0.05].

Finally, in metabolic syndrome femoral arteries seem to be mainly affected by atherosclerotic process with "unstable" feature; under this aspect the role of leucocytes is crucial, and this could suggest a new potential significance of white blood cell count in the valuation of metabolic syndrome patients.

P-02-53 | CARDIAC MAGNETIC RESONANCE (CMR) IN ANDERSON FABRY DISEASE (AFD) PATIENT.

Dragonetti, L.; Corbella, F.; Rivas, C.; Eyheremendy, P.; Adellfa

Hospital Alemán de Bs. As, Diagnóstico Médico Argentina.

AFD is a genetic disorder caused by the deficient activity of the alpha-galactosidase A, and results in accumulation of glycosphingolipids in cardiac, cerebral and renal tissues. The cardiac involvement is common and patient with hypertrophic cardiomyopathy (HCM) have abnormal areas detected by gadolinium CMR. **Aim:** The detection of abnormal myocardial areas which could represent interstitial abnormalities, including myocardial fibrosis and it´s associated with heart failure and sudden cardiac death. The importance to differentiate AFD from other HCM is that AFD is now a treatable disease.

Method: A blinded prospective study of 13 patients with AFD, 8 were females heterozygotes, 5 had classical variant, 10 had the same mutation G463C) and 9 had left ventricular hypertrophy. CMR was performed with Somatom Symphony 1,5T by Siemens using cine and late Gad sequences.

Results: Myocardial hyperenhancement was found in 6 (47%) of patient, always in the same place with predilection for the basal lateral segments of the left ventricle. The hyperenhancement was mild myocardial and unlike myocardial infarction.

Conclusion: Myocardial Hyper-enhancement is found in AFD, it's common and shows an specific pattern. These findings may be useful to make a difference from other HCM, helping in the diagnosis and risk stratification taking into account that the abnormal myocardial areas are associated with clinical manifestations. The myocardial imaging using gadolinium-DTPA in cardiomyopathy is a new area of study, and the clinical and prognostic implications are promising.

P-02-54 | MULTIORGAN SEVERE TOXICITY INDUCED ANTIMONIALES PENTAVALENT DURING TREATMENT OF CUTANEOUS LEISHMANIASIS IN THE COLOMBIAN MILITARY POPULATION.

Rincon Arango, C. A; Triana, A; Vanegas D; Lemus, J; Paipilla, R.

Servicios Medicina Interna y Cardiología del Hospital Militar Central Colombia

The mucocutaneous leishmaniasis is a global public health problem, according to WHO reports 12,000,000 people are currently infected in Latin America, Africa and Asia. During the years 2006 and 2007 were diagnosed approximately 18,000 new cases of leishmaniasis in the Colombian military population, being this vulnerable population group in its occupational hazard to enter the jungle life cycle of the parasite. The antimoniales pentavalent (meglumine / estibogluconato) despite its adverse effects related to dose, duration and number of treatments administered, are the treatment of choice for leishmaniasis. Of the adverse drug reactions caused by these, the most feared by fatality and morbidity are the toxicity cardicaca, commitment inflammatory visceral hepatobiliary and renal injury

The present study reviewed medical records of 10 cases of severe toxicity by Glucantime diagnosed and treated at the Central Military Hospital during the years 2006 and 2007. All patients received pharmacological management for the first time and with minimum Glucantime for 3 weeks at the time of documenting toxicity, one case was diagnosed a week after treatment associated with pneumonia, all patients were referred by soldiers jungle regions, there were nine patients Skin disease, mortality was registered in 2 cases, one for electrical cardiac compromise, the other by toxic mixed (pancreatic / cardiac). In three patients showed ventricular tachycardia polimorfa triggered by prolonged QTc interval, two cases received therapy on stimulation with a temporary pacemaker transvenoso thunderstorms (twisted ends), requiring one type device implanted cardiodefibrilador, two patients with pancreatitis and one with hepatitis, inflammatory pictures that resolved within two weeks of diagnosis. Only one patient with ongoing kidney injury (nephrogenic diabetes)

It is worrying that in front of the exponential increase in the incidence of leishmaniasis in Latin America are not available therapeutic alternatives safer than the pentavalent antimoniales, drugs with high potential toxic. The commitment electric heart is primarily responsible for alterations paraclinical in all patients treated pharmacologically against leishmaniasis, in addition to becoming the leading cause of mortality in patients who have drug toxicity by using antimoniales (meglumine).

P-02-55 | PERCEIVED HEALTH AND QUALITY OF LIFE IN PATIENTS WITH TYPE 1 AND 2 DIABETES: PROFILES OBTAINED BY F THE QUESTIONNAIRE OF HEALTH SF36.

Pecci, C.; Ruiz M.L.; Lombardo, F.; Ferrari, N.

Hospital de Clínicas "José de San Martín". Argentina

Introduction: The state of health is an important component of the quality of life. The study of the perceived state of health gives useful information to reinforce changes of attitudes and of habits in different dimensions of life and to nourish programs of constant education in diabetes. **AIMS:** Evaluate the profile of health perceived of a group of diabetic patients and to compare it with the profile of another group of diabetics and with the general population. Methods and Materials: An observational design, a sample was took of patients not probabilistic selected in the clinical ambulatory consult of the Service of Diabetes of the Hospital de Clinicas, UBA. It was administer the Argentine version validated of the Questionnaire of Health SF-36 and asked social and demographic items. The information tried with the statistical package SPSS version 11.5. There were calculated the average, the median, the percentiles, the standard diversion (GIVES) of the punctuations, When it was necessary the averages and his diversions were compared using the test of significance of Student's Test. The level of meaning established was alfa=0.05. **Results:** It was analyzed the information of 99 diabetic patients. The average of age was 54, 2 ± 16, 2. 28, 3 % had diagnosis of Type 1 Diabetes and 71, 7 % of Type 2 Diabetes. The average punctuations of the profile of each one of the dimensions, in the scale of 0 a100 of the SF-36, changed of 71, 3 in the physical function, to 48.8 in the emotional role. In all the dimensions a percentage of patients were observed by maximum punctuation (100). The major score means better state of health perceived. As for the range, there were obtained minimal punctuations (0) in the physical role, social function, emotional role and mental health; in other dimensions (physical function, pain, general health and vitality) the lowest punctuations changed between 10 and 15. In the dimensions vitality and mental health the mean values of punctuations were significantly better among males in comparison with females. Finally, they present the average punctuations normalized for the diabetic patients of this study, and the comparison with average punctuations normalized of a sample of diabetic patients of the United States and the punctuations normalized of the general population (without medical conditions) of The United States (both, of the year 1998). **Conclusions:** The objective recognition is important, by standardized methods, of the state of health perceived by the patients. In this study, the group of diabetic patients interviewed showed values of the mean normalized punctuations superior to that of the group of diabetics of the sample of USA in five dimensions (physical Functioning, physical role, corporal pain, general health and mental health); equal value in social functioning and minor values in vitality and emotional role. It showed, in all the cases, minor punctuations that the general population. This information favours interventions to improve the quality of life in diabetes.

P-02-56 | METABOLIC SYNDROME IN PATIENTS WITH RENAL FAILURE CHRONICLE OF EXTERNAL CLINIC

Dennis Bueno dbueno@imagine.com.ar

Diaverum Jujuy- Argentina

OBJECTIVE: To assess the prevalence of the metabolic syndrome in CRI patients in this population.

Materials and Methods: We evaluated 320 patients (196 male-124 female) with chronic renal failure (criteria of the Spanish Society of Nephrology), with a mean age of 64 years (26-86), during 84 months (May 2000-April 2007) who were control parameters of Metabolic Syndrome as the International Diabetes Federation (IDF).

Results: we saw that the 54% of men had waist circumference greater than 90 cm. and 40% greater than 80 cm. in women. The 64% of men had HDL less than 40 mg / dl and 76% of women were less than 50 mg / dl. 47% of the study population had triglyceride levels equal to or greater than 150mg/dl or were receiving lipid lowering treatments. 64% of the patients had systolic blood pressure greater than or equal to 130 mmHg and 31% greater than or equal to 85 mm Hg diastolic pressure and / or were receiving antihypertensive therapy. The 34% had blood-glucose equal to or greater than 100 mg/dl.The 46% of the study population showed criteria for the metabolic syndrome according to the IDF.

Conclusion: We observed a high prevalence of criteria for the metabolic syndrome (IDF)in patients with chronic renal failure.

P-02-57 | SYNDROME METABOLICO IN FAMILIES OF PATIENTS IN HEMODIALISIS

Dennis Bueno

Diaverum Jujuy- Argentina

OBJECTIVE: To assess the prevalence of metabolic syndrome in relatives of patients in Hemodialysis.

Materials and Methods: We evaluated 170 relatives (parents, siblings, children) of hemodialysis patients with a mean age of 48 years (18 -82), for 12 months (June 2005-May 2006), who held a metabolic control according to the International Diabetes Federation (IDF).

Results: The study population was 89 children, 50 brothers and 31 parents of patients undergoing hemodialysis whose main cause of income dialysis was diabetic nephropathy (35%) and hypertensive nephropathy (22%). 41% of men had abdominal circumference greater than 90 cm and 48% of women had circumference greater than 80 cm. 28% of the relatives had blood pressure greater than 130/85 mm Hg (57% were brothers), and none was medicated. 61% of men had HDL less than 40 mg / dl and 55% of women had HDL under 50 mg / dl. 61% of men and 43% of women had triglycerides over 150 mg / dl, none was medicated. 18% of men and 14% of women had fasting blood glucose greater than 100 mg / dl, none had the diagnosis of diabetes.

Conclusion: We noted 42% (38% in men and 44% of women) had metabolic syndrome parameters according to the IDF. No hypertensive patient and / or dyslipidemic knew of his illness or was on medication.

P-02-58 | PERINDOPRIL EFFECT ON INSULIN RESISTANCE AND PANCRETIC BETA; CELL FUNCTION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

María Auxiliadora Vargas Guerrero1, Valmore José Bermúdez Pirela2
1Universidad Nacional Experimental "Francisco de Miranda"-Hospital Universitario Dr. Alfredo Van Grieken-Coro. Estado Falcón. 2Universidad del Zulia -Maracaibo-Estado Zulia-Venezuela

Type 2 Diabetes mellitus is characterized by a combination of peripheral insulin resistance and pancreatic beta cell disfunction, and its progression inhibition has been related to the angiothensin coverting enzyme inhibitors administration.

A prospective, comparative, analytical study was made, in wich perindopril administration effect on insulin resistance and pancreatic beta cell funtion was evaluated through HOMAIR and HOMA β cell in 15 patients with diagnosis of Type 2 Diabetes mellitus, twin with a control group to whom verapamil was administered by 12 weeks period.

Perindopril administration diminished significaltly insulin resistance from 10,41+ 6,88 to 4,86 + 1,96 and increased the pancreatic β cell function from 52,20 + 34,97 to 116,98 + 94,89. Nevertheless, these finds also were demonstrated by the verapamilo, without statistically significant difference between the groups.

This study concludes that there was not in HOMA IR and HOMA b cell ! value to go significant differences between the group treated with an angiothensin coverting enzyme inhibitor and the group treated with a calcium antagonist.

Key Words: Insulin resistance, beta cell disfuntion, Type 2 Diabetes mellitus, HOMA, Perindopril.

P-02-59 | QUALITY OF LIFE IN PATIENTS DIABETICS TYPE 2 OF THE UNIT OF PRE DIABETES AND DIABETES. UNIVERSITY HOSPITAL OF CORO "DR. A. VAN GRIEKEN

María Auxiliadora Vargas Guerrero, Ariel Enrique Marín Zambrano
Universidad Nacional Expérimental Francisco de Miranda- Hospital Universitario Dr. Alfredo Van Grieken,Coro-Estado Falcón-Venezuela

Chronic diseases and their treatment has been assessed in terms of morbidity and mortality, as has been Diabetes Mellitus; however is not only the organics changes, but the impact on the quality of life. We conducted the study prospective - cross, no pilot, whose overall **OBJECTIVE:** to assess quality of life in Diabetics type 2. Consultation Pre Diabetes and Diabetes General Hospital University Choir, from August to October 2007, with sample of 155 patients aged 18 to 80 years for both sexes.

The results identified: Age = X ± 2DE: 51.08 ± 13.05 years, with prevalence among 41 to 60 years (90/58%) in favor of male (97/63 .%) and exclusivity of low socioeconomic strata. The metabolic control introduced majority percentage in the category regularly given by: HbA1c (91/59%), Glycemia (81/52%), LDL (106/68%), HDL (105/67%), Body Mass Index (81/52%), Blood Pressure (58/37%). Triglycerides (90/58%) and Circumference Abdominal (81/52%) was at a good level.

The chronic complications: retinopathy (139/90%), neuropathy (117/75%) and nephropathy (37/24%). The co morbidities presented dominance cardiovascular disease more than 2/3 of the sample. The weather did not provide diagnosis Diabetes prevalence in age groups.

The quality of life reported: Energy and Mobility: X ± 2DE: 43.64 ± 1.61; Control Diabetes: 52.92 ± 7.05; Anxiety and Concern: 62.2 ± 1.26; Social Burden: 23,87 ± 8.19; Functionalism Sex: 52.28 ± 11.39; Total score: 47 ± 4.51; Quality of Life: 50.43 ± 1.11; Severity Diabetes: 65 ± 3.47. **Conclusion:** Diabetes Type 2 with its clinical manifestations and complications of chronic, adverse effects on the quality of life.

Keywords: Diabetes Mellitus, Quality of Life.

P-02-60 | SUBCUTANEOUS EXENATIDE IN THE TREATMENT OF DIABETES TYPE 2: A SPANISH EXPERIENCE

C. Trescoli Serrano, Carmen Fajardo Montañana, Mar Garcia Zarco , Angeles Martorell Barraque
Diabetes Unit, Hospital de la Ribera, Alzira, 46600-Valencia, Spain

Exenatide is an incretin mimetic recently commercialised for the treatment of type 2 Diabetes Mellitus (T2DM). Exenatide has several glucoregulatory functions that are similar to glucacon-like peptide 1 (GLP-1), including glucose-dependent insulin secretion, suppression of inappropriately elevated glucagon secretion, slowing of gastric emptying, and reduction of food intake. It is administered at a fixed dose of 10 mcg subcutaneously before breakfast and dinner. Dietary habits are different in Spain compared to Anglo-Saxon countries, e.g., the main meal of the day is taken at lunch time instead of at dinner.

METHODOLOGY: The present study assessed the ability of exenatide versus insulin glargine to improve glycaemic control in a sub-group of Spanish patients with T2DM that was suboptimally controlled with a maximal dose of metformin and sulphonylurea. The primary outcome was the change from baseline in HbA1c level. Other outcomes were body weight, fasting and postprandial blood glucose level and any adverse events. Spanish sample data come from a multicentre study which results were already published (1).

Results: Thirty nine patients with T2DM were treated with exenatide 10 mcg twice daily. At baseline mean age was 60.8 years, 59% were female, mean body weight was 74.1 kg (mean BMI: 28.8) and mean HbA1c was 8.12 %. After 26-week treatment, exenatide reduced Hb1Ac level (mean decrease: -0.93%) and body weight (mean weight loss: -1.25 kg). At endpoint, 46% of patients achieved HbA1c values < 7%, and 30% had HbA1c values < 6.5 %. Mean fasting and postprandial blood glucose was 8.84 and 10.49 mmol/L respectively before treatment and 7.88 and 8.34 mmol/L after treatment. Fifty three percent reported mild-moderate nausea, which was transient and tend to resolve over time, and 28% experienced mild hypoglycaemia, mostly at the beginning of the study, which may be due to concomitant use of sulphonylurea.

SUMMARY In this study, the addition of exenatide was associated with improved glycaemic control and reduced body weight in patients with T2DM that was suboptimally controlled with metformin and sulfonylurea. (1) Heine et al. Ann Int Med 2005; 143,8: 559-569

P-02-61 | PELLAGRA: A PREVENTABLE DISEASE. A CLINICAL CASE PRESENTATION

Drs. Gabriel Maciel, Jorge Menoni, Alejandro Fernández gamacol@adinet.com.uy
Medical Clinic "1", Internal Medicine Department, Hospital Maciel, Montevideo, Uruguay

We present the case of a 34-year-old man, a severe alcoholic, HIV-positive under no treatment, schizophrenic, malnourished. During the last 6 months he has shown generalized skin lesions: erythematous, desquamative, crackled, rough, itching skin with well delimited areas of healthy skin. Diarrhoea during the last four months. Behaviour disorders increasing since then. The examination also shows that the patient has evidences of insomnia, confusion, irritability and malnutrition . He was diagnosed pellagra and put under treatment with niacin and vitamins B1, B2 and B6, quickly improving the diarrhoea and slowly improving the skin lesions. Slight improvement of the psychiatric disorders.

Pellagra is a niacin deficiency disease 1, endemic in countries with corn-based diets. The patient presents favouring factors such as his alcoholism, malnutrition and psychiatric pathology. The first clinical symptoms are: anorexia, asthenia, adynamia and irritability followed by cutaneous-mucous lesions and diarrhoea.

Pellagra was described by the Spaniard Gaspar Casal in 1735 2. Niacin is part of NAD and NADP coenzymes, which participate in different oxidation-reduction reactions. It is absorbed in the stomach and the small intestine and eliminated renally. For the development of the disease it is also necessary the deficiency of proteins and other vitamins such as B1 and B6 required in a series of reactions for the niacin synthesis from tryptophan 1,3,4,5. An author posed the hypothesis that the HIV infection produces niacin depletion 6.

Since the above mentioned deficiencies are the reason of existence of pellagra, their restitution through a diet and vitamin replacement, produce - as in our patient – a quick disappearance of the diarrhoea and a slower recovery from the skin lesions. There was a slight improvement of the irritability in a schizophrenic patient.

This disease, once denominated the "disease of the poor", should be eradicated through adequate nutritional programs affordable to all.

P-02-62 | USE OF POLYUNSATURATED FATTY ACIDS (OMEGA3) IN PATIENTS WITH EVIDENCE DYSLIPIDEMIA OR ALTERATION OF POSTPRANDIAL LIPID.

Troncone O, María G.; Lozano, Kati; Paiva, Alberto.; Oberto, Carlos.; Colmenares, Aristides.

Military Hospital "Dr. Carlos Arvelo." Caracas, Venezuela

Introduction: Due to cardiovascular disease (CVD) represents the leading cause of death worldwide and being one of the factors risk for the disease dyslipidemia, it is important to make work research demonstrating the existence of drugs that reduce the values of total cholesterol and fractionated, triglycerides and help to reduce the risk for CVD.

Material and Methods: A study randomized, prospective, simple blind, type control case , six-month, with 29 patients older than 18 years of either sex, with 13 patients with dyslipidemia and POSTPRANDIAL LIPID alteration. The experimental group received treatment with Omega 3 and diet and Control group that received only diet measurements of total cholesterol and frationated cholesterol and triglycerides, at the beginning and after 30 and 45 days and POSTPRANDIAL LIPID in the group with altered tolerance, fats test at the beginning and 45 days. Results In the experimental group of dyslipidemia was obtained reduction of all variables with a $P \leq 0.05$, these findings and statistically significant in the group with evidence of tolerance fats were altered reduction in the value of triglycerides at 6 and 8hours after the test, VLDL cholesterol at 8 pm and fall of value of abdominal circumference with $p \leq 0.05$

Conclusion: 1) Markers of cardiovascular risk HDL and LDL-C amending favourably to 30 days of starting treatment with fatty acids omega-3. 2) The weight was reduced in patients who received fatty acids omega-3 at a dose of 1g / d associated with a diet low in saturated fat: but not in those who received only diet . 3) Therapy with omega-3 fatty acids could change so favourable concentration postprandial triglycerides, however that profit be of lapse in treatment longer than 45 days 4) Perform POSTPRANDIAL LIPID Patients with values fasting triglycerides normal but with 1 or more risk factors cardiovascular, to establish treatment so as early as changing style life. 5) In patients with dyslipidemia or proof of tolerance fats altered, making measurement of total cholesterol and fractionated and triglycerides, as well as POSTPRANDIAL LIPID within 45 days starting treatment with omega-3.

P-02-63 | DOUBLE VSHAPED RELATIONSHIP OF ADMISSION BLOOD GLUCOSE WITH MORTALITY IN ELDERLY PATIENTS HOSPITALIZED WITH ACUTE DISEASES WITH AND WITHOUT RECOGNIZED DIABETES.

Breitling, G.; Benzaquen, D.; Rodríguez, L.; Fuentes, S.; Klein, M

Servicio de Clínica Médica, Clínica Modelo de Lanús, IMAGMED. Pcia. de Buenos Aires.; Argentina.

Introduction: In patients who are admitted with acute clinical diseases, often, the finding of hyperglycemia at admission is called "stress hyperglycemia. The relationship between admission glucose levels and outcomes in older diabetic and non diabetic patients with acute conditions is not well defined. The aim of this study was to analyse the relationship between mortality and admission glucose in patients 64 years and older, diabetic and non diabetic hospitalized with acute diseases. **Material and Methods:** We evaluated a sample of patients older than 64 years (n=1608), hospitalized with acute diseases (acute stroke, heart failure or pneumonia) from 2001 to 2002. Admission glucose was analyzed as a categorical (<60, 61 to 127, 127 to 200 and >200) and continuous variable for its association with mortality in patients with and without recognized diabetes, calculating in each case the Odds Ratio (OR). **Results:** Higher glucose levels (>200 mg/dl) were associated with greater risk of mortality and was similar in patients of both groups, diabetics and non diabetics. In diagnostic discharge stroke, the presence of hyperglycemia (16/70: 22.8%) compared to non hyperglycemia (9/89: 10.1%) associated with death in a meaningful way in the entire population analyzed OR: 2.68 (1 <7.1) p <0.02. The diabetic on the non diabetic population admitted with blood glucose 60-127mg% showed a significantly higher mortality, OR: 1.99 (1.01 <3.88) p <0.02. In the population with admission glucose <60mg%, mortality was 0% in diabetics (0/7), and 37% in non diabetics (6/15). The non diabetic on the diabetic population admitted with blood glucose between 127 and 200 mg % showed a significantly higher mortality OR: 1.54 (1 <2.45) p <0.05. **Discussion:** Our findings demonstrate that normoglycemia in diabetic population hospitalized with acute diseases associated with increased mortality risk. Admission mild-moderate hyperglycemia associated with increased mortality risk in non diabetic population, while severe hyperglycemia associated with increased mortality risk, both in diabetic and non diabetic population. These findings suggest that the definition of "glycemic stress" in diabetic patients is different from that used for non diabetic population.

P-02-64 | SPECIFIC CARDIOMYOPATHIES AND CARDIAC MAGNETIC RESONANCE.

Dragonetti, L.; Corbella, F.; Rivas, C.; Eyheremendy, P.

Diagnóstico Médico- Hospital Alemán-.Buenos Aires.; Argentina

PURPOSE: Patients with specific cardiomyopathies have abnormal myocardial areas of fibrosis can be detected by gadolinium CMR.

Methods: and Materials: We present 18 selected cases of hyperenhancement in specific cardiomyopathy. 7 females and 11 males (mean 48 years) scanned on a 1,5T Somatom - Symphony. As part of routine clinical assessment of cardiomyopathy, after cine imaging, gadolinium-DTPA late enhancement CMR is performed using IR-True-Fisp. The patients had the following conditions: post myocarditis (5), amyloid (1), Chagas cardiomyopathy (5), sarcomeric cardiomyopathy (3), Anderson-Fabry disease (3) and toxic cardiomyopathy.

Results: Hyperenhancement is found in all patients with specific cardiomyopathy, and 2 patterns of hyperenhancement were present: focal and diffuses. a- Focal (limited to the septum in basal area): characteristic in 3 Hypertrophic cardiomyopathies patients. b- Focal (limited to the lateral and basal wall): characteristic in 3 Anderson-Fabry´s patients. c- Focal in the apex in 1 toxic cardiomyopathy and associated with aneurism in 2 Chagas disease and 1 myocarditis. 2 - Diffuse and multifocal (which may include the papillary muscles) in 1 amyloid, 3 Chagas, 4 myocarditis. The areas were located at the middle of the myocardium but unlike myocardial infarction, it was not sub-endocardial .

Conclusion: Myocardial Hyperenhancement was found in specific cardiomyopathy. This finding may be useful helping in the diagnosis and risk stratification, considering that this abnormality is associated with present or potential clinical manifestations. The myocardial imaging using gadolinium-DTPA in cardiomyopathies is a new area of study, and the clinical and prognostic implications are promising.

P-02-65 | GLUCOSE METABOLISM ASSESEMENT IN WOMEN WHO DELIVERED BIG BABIES

Reniela Cesín, Viviana Rosales, Julmery Cermeño (jjcervi@yahoo.com)

Universidad de Oriente, Venezuela.

Introduction: Several factors influence the birth weight of the offspring; however birth of large infant is considered risk factor to maternal diabetes. We aim to determine prevalence of altered glucose metabolism in women who delivered big babies and compare two periods postpartum.

Material and Methods: In a transversal study, the clinical and obstetric history of 150 women who had given birth to infants weighing greater than or equal to 3800 g (large baby -LB-) either eight or two years before were studied. Only 83 women were disposal to evaluation. They were asked about presence of diabetes and those with unknown diabetes underwent to fasting glucose and a 75-g oral glucose tolerance test (OGTT) when indicated and were classified according to American Diabetes Association (ADA) criteria.

Results: The 50.6% of 83 women who had delivered large babies had altered glucose metabolism: 21 (25.3%) had known diabetes, 9 (10.8%) were diagnosed with diabetes (8 with LB delivered 8 ye! ars before and 1 with LB delivered 2 years before); 11 (13.2%) had impaired glucose tolerance (6 with LB delivered 8 years before and 5 with LB delivered 2 years before) and 1 (1.2%) had impaired fasting glucose. Pre-pregnancy obesity and familiar diabetes were frequent between these women.

DISCUSION: Prognostic significance of birth of large infant for subsequent development of maternal type 2 diabetes mellitus is not well determined but our results show that these women frequently have obesity and familiar diabetes both related to the risk of type 2 diabetes mellitus and its presentation frequency seems to occur some years after the LB delivery. This study showed the necessity of careful long time follow-up of women with macrosomic babies as a contribution to the early diagnosis of type 2 diabetes mellitus and other alterations in the glucose metabolism.

P-02-66 | INFLUENCE OF ALA54THR POLYMORPHISM OF FATTY ACID-BINDING PROTEIN 2 ON WEIGHT LOSS AND ADIPOCYTOKINES IN OBESE PATIENTS TREATED WITH TWO HYPOCALORIC DIETS

E. Romero, D. A de Luis, A Jimeno, R. Aller, H F. Ovalle
Institute of Endocrinology and Nutrition, Medicine School and Unit of Investigation. Hospital Rio Hortega. University of Valladolid. Valladolid Spain.

Background: and **OBJECTIVE:** A transition G to A at codon 54 of FABP2 results in an amino acid substitution (Ala 54 to Thr 54). This polymorphism was associated with high insulin resistance and different dietary response. The aim of our study was to investigate the influence of Thr54 polymorfism in the FABP2 gene on weight loss and adipocytokines secondary to a low fat versus a low carbohydrate diet in obese patients.

Design: A population of 76 obesity (body mass index >30) non diabetic was analyzed in a prospective way. Before and after two months of hypocaloric diet, a nutritional evaluation was performed. Patients were randomly allocated to two groups: a) diet I (low fat diet) and b) diet II (low carbohydrate diet).

Results: Seventy-six patients were enrolled in the study. With diet Type I (low fat) and in wild group (Ala54/Ala54), BMI, weight, fat mass, waist circumference, waist to hip ratio, systolic and dyastolic blood pressures, total cholesterol, triglycerides and insulin levels decreased. In mutant group (Ala54/Thr54 and Thr54/Thr54), BMI, weight, waist circumference and fat mass decreased. In wild group with diet Type II (low carbohydrate), BMI, weight, fat mass, waist circumference, waist to hip ratio, systolic and dyastolic blood pressures glucose, total cholesterol, triglycerides and insulin levels decreased, too. In mutant group, BMI, weight, waist circumference and fat mass decreased. Only leptin levels have a significant decrease in wild group with both diets (diet I:30.7%:p<0.05) and (diet II:15.85%:p<0.05).

Conclusion: Weight loss is associated with changes in serum leptin concentration due to 2 months intervention with both diets. Two months of both hypocaloric diets improved in a different way nutritional parameters in wild patients than mutant patients.

P-02-67 | DIABETES MELLITUS AND AUTOLOGOS BONE MARROW DERIVED PROGENITOR CELL TRANSPLANT (A-BMDPCT)

Novoa JE, Medina MA, Gordillo F, Pérez Chavez F, Soto Valdez M, Pérez Chavez A, Ortega A, Cazares R, Estela R, Olivet C, Caride R (novoa.je@gmail.com)
Hospital Policial, Montevideo, Uruguay. Universidad Autónoma de Nuevo León, Monterrey, México. Hospital de San Carlos, Maldonado, MSP, Maldonado, Uruguay

Introduction: diabetes mellitus accounts for more than 250 million people around the world. **AIMS:** improve the quality of life of diabetic patients obtaining its metabolic control and eventual side effects of the(A-BMDPCT).

Methods: from july 2004 to march 2008, 165 diabetic patients were evaluable for this study.85 men and 80 women Median age 66 years old (8-92).65 patients from Uruguay (Hospital Policial, MSP) and 100 from México (UANL).Type 1 39 patients and type 2, 126. All signed informed consent. Were excluded patients with cancer in the last five years, IV degree diabetic retinopathy, active smoking, morbid obesity and life expectancy less than 6 months. Cell concentration was obtained by gradient of density. Movilization with filgrastim was employed, 5ug/kg/weight in two doses 48 hs before transplantation. Local anaesthesia 161/165 for harvest and transplantation in the gastrocnemius muscle. In four patients was employed intra venous anaesthesia with propofol. Unmanipulated bone marrow progenitor cells were implanted applying the Conzi's effect in one of the lower limbs in two ml aliquots. Mean volume of harvest was 2,8 ml/kg/body weight. The mean number of implanted mononuclear cells was 2,4x109/kg body weight. 24 hours after transplant the patients received nadroparine 3800 IU anti-Xa s/c, clopidogrel 75 mg p/o daily and pentoxiphilin 400 mg p/o daily, during 30 days. Each patient was evaluated regularly for glicemia, A1c hemoglobin, C peptide, and BMI (body mass index).

Results: The mortality related to the A-BMDPCT was 0%. The only complication was hematoma in the transplanted leg (4,5%). **Results:**85% of type 2 and 44% of type 1 diabetic patients obtained metabolic control, discontinuing the oral or insulin treatment for more than 180 days.

Conclusion: autologous bone marrow derived progenitor cell transplant applying the Conzi's effect, can be performed safely and appears to be a benefical complemantery therapy for human diabetes mellitus

P-02-68 | CARDIOVASCULAR RISK IN PATIENTS WITH CENTRAL OBESITY

Roxana Lenkovich, Bobadilla Godoy Fanny, Pires Paula, Svriz Cecilia, Pires Juan C. (roxanalenko@hotmail.com)
Residencia de Clínica Médica- Sanatorio Frangioli, Resistência (Chaco) Argentina

OBJECTIVE: To compare the risk of cardiovascular diseases in patients with abdominal obesity and normal body mass index (BMI), versus those within standard weight and waist values.

Background: It has been done a prospective transverse study with a total of 536 patients evaluated for a year. It has been analyzed antropometric measures; also, it was taken into account cardiovascular diseases which were diagnosed either prior or during the in-hospital stay.

Four groups of patients were considered:

* Normal weight and waist: BMI ≥18,5 and ≤ 25, waist measure lower or equal than 80 cm in women, and lower or equal than 94 cm in men.

* Metabolic obesity: normal BMI; waist > 80 cm in women and> 94 cm in men. *Overweight: BMI> 25 and < 30

*Obeses: BMI ≥ 30

Results: It was included a total of 484 patients (46,7% men; 53,3% women)with ages between 35 and 99 years. We found 144 n (23,5%) who were obeses; 140n (29%) with overweight; 117n (24%)whose weight and waist were normal and 79n (16,3%) had normal BMI with increased waist. Among what we denominate "metabolic obeses": 30% were diabetic, 69% hypertenses and 35% had ischemic cardiomyopathy. Among patients with normal weight and waist perimeters: 12% presented diabetes, 58% hypertension and 23% ischemic cardiomyiopathy.

Conclusions: The abdominal obesity constitutes a cardiovascular risk factor per se, indepedently of the patient´s weight, consequently the measure of waist perimeter is useful as a predictor of metabolic and cardiac disease.

P-02-69 | COMPARISION OF THE EFFECTS OF ORAL AND TRANSDERMAL ESTROGEN REPLACEMENT ON BLOOD PRESSURE GLUCOSE STIMULATED ISULIN SECRETION. LIPOPROTEINS AND SEX HORMONES IN HYPERTENSIVE POSTMENOPAUSAL WOMEN

Gregoria O. Cerrada, Adriana del C. Bravo, Elsy Velazquez M., Gabriela Arata B. (adrianabravo@ula.ve)
Hospital Universitario de los Andes, Mérida Venezuela

This clinical and observational study designed o evaluated the effects of hormonal therapy (HT) on blood pressure, lipids, lipoproteins, sex hormones and insulin sensitivy in postmenopausal hypertensive women.

Material and Methods: Nineteen hypertensive postmenopausal women, aged 45-60 years were studied. All patients initiated hormonal therapy with oral (CEE: 0,625 mg) during 8 weeks off, they changed to transdermal patches (17 BE2, 50µg). Medroxiprogesterone acetate was administrated for 12 days in both HT regimens. At baseline body mass index and blood pressure was measured; blood samples were taken for lipids, lipoproteins and sex steroids. Oral glucose tolerance was performed; plasma glucose and insulin were measured. Insulin resistance indexes such repeated after 8 weeks of treatment regiment.

Results: independently of route of administration, HT decreased significatlly blood pressure, particularly, diastolic pressure; no significant changes in body weigth were observed. Oral treatment caused a significant decreased of total cholesterol while increased HDL cholesterol. Transdermal therapy had neutral effect on these variables. Triglycerides concentration decreased significantly with both treatment regimens. Insulin sensitivity indexes changes towards an improvement of insulin resistance.

Conclusion: HT has therapy has a favorable effect on blood pressure and glucose and lipoprotein metabolism. These effects may decrease the risk of cardiovascular disease.

Key Words: hormonal therapy, blood pressure, postmenopausal

P-02-70 | TO ANALYSE THE PREVALENCE AND FACTORS RELATED TO NON-TRAUMATIC VERTEBRAL FRACTURES (VF) IN PATIENTS WITH TYPE 2 DIABETES MELLITUS (T2DM)

Rozas-Moreno P1, Varsavsky M2, Etchegoren BM, Alonso G2, Varsavsky CA[3], Muñoz-Torres M2 (marie_varsa@hotmail.com)

1Endocrinology Department, University Hospital Virgen de la Salud, Toledo, Spain. 2Endocrinology Department, University Hospital San Cecilio, Granada, Spain. 3 Evita Hospital. Lanús. Buenos Aires. Argentina.

PATIENTS AND Methods: Case-Control study including 118 subjects, 72 patients with T2DM and 46 healthy controls. The presence of prevalent VF was evaluated in lateral-view conventional X-Rays of the thoracic and lumbar spine (T4-L5). The severity of vertebral deformities was graded according to Genant's criteria. The relationship between the main risk factors of VF in general population (age, gender, bone mineral density, previous fragility fracture, smoking, body mass index) and the observed prevalent VF was determined. Likewise, the association between the presence of VF and the principal cardiovascular risk factors linked to T2DM (arterial hypertension, dyslipidemia, abdominal obesity, diabetic retinopathy, ischemic heart disease, pathologic carotid intima-media thickness). Lumbar spine and femoral BMD were measured by dual X-Ray absortiometry (Hologic QDR 4500).

Results: Mean age was 56,7± 6,8 yr (57.8± 6.4 and 55,1± 7,1 in T2DM and control group respectively; p=0.024). Among the T2DM patients (n=72), 47.2% were females (n=34) and 52.8% males (n=38). In the control group 56.5% were females (n=26) and 43.5% males (n=20). Prevalent VF were detected in 27.7% of T2DM group and 22.2% of controls (p=0.46). In the T2DM group prevalent VF were significantly related to the presence of diabetic retinopathy (c2 4.09; p=0.043) and ischemic heart disease (c2 5.02; p=0.025). The waist circumference was significantly greater in T2DM patients with VF compared to T2DM patients without VF (110.8 ± 11.76 vs 103.9 ± 11,18 cm respectively; p=0.024). No significant relationship was observed between the other analized variables and the presence of VF (age, gender, BMD, previous fragility fracture, smoking, body mass index, arterial hypertension, dislipidemia, pathologic carotid intima-media thickness).

Conclusions: In patients with type 2 diabetes mellitus the presence of vascular complications was associated to increased risk of vertebral fractures. The classic vertebral fracture risk factors were not predictive of the presence of vertebral fractures in this group of patients.

P-02-71 | CURRENT SITUATION OF THE CONTROL OF THE IODINE DEFICIENCY IN PARAGUAY. RISK OF IODINE EXCESS

Jorge A. Jara Yorg, Elsi Ovelar, Eduardo Pretell (jorgeantoniojara@yahoo.com)

ICCIDD, INAN,Paraguay. Asuncion,Paraguay

ANTECEDENTS: The main indicator of the nutritional state of the iodine and of the impact of the iodation of the salt for human consumption is the urinary concentration of iodine. The TSH neonatal is also a good indicator when the program exists in a country. The program of control of the DDI in Paraguay begin 1991 with the implementation of the "iodine plan " which included the distribution of iodized oil to protect immediately at the same time to the most vulnerable population's groups that it was looked for to improve the quality of the iodized salt until reaching the levels recommended by the international organizations. The levels above 300 ug/l indicates that the intake of iodine is excessive, reason why the risks for the health with hyper and hypothyroidism (autoimmune illnesses of the thyroid gland) it is very high

OBJECTIVES: To determine the state of nutrition of the iodine, by measuring the urinary levels in the Paraguayan school population in 17 departments of ! the country.

Material and Methods: In 2006 were evaluated 4487 scholars, 3198 in the rural area and 1289 in the urban area, collecting you casual urine samples in each one of them, for the determination of the content of iodine. At the same time, it was carried out a survey of consumption of salt in the same scholars and 3844 samples of salt were collected for the analysis of the content of iodine. **Results:** The results of the urinary level show that the national mean it is 437 µmg/L, and 94% of the mean in 17 Departments of the country is above 300 µgm/L.

Conclusion: The results demonstrate that almost the 100% of the mean of the urinary level is above 300 µcg/L, which implies the excess risk in the consumption of iodine for the population and the consequent risk of autoimmune thyroid illnesses and the appearance of hyper and hypothyroidism.

P-02-72 | INTERNATIONAL DIABETES MANAGEMENT PRACTICES STUDY (IDMPS) IN ARGENTINA: RESULTS IN T2DM

Gagliardino Juan José, representing IDMPS Group.
CENEXA (UNLP-CONICET) PAHO/WHO Collaborating Center for diabetes

Background: IDMPS is an observational, multicentre and international study of 5 years performed in countries of Africa, Asia, Eastern Europe and Latin America. The aim of the study is to determine the quality of care for people with diabetes.

Material and Methods: Recording of clinical, metabolic and therapeutic parameters of people with type 1 and type 2 diabetes (T1DM and T2DM), above 18 years old, by generalists and specialized physicians in periods of one year: a cross-sectional study (two weeks) followed by a longitudinal study (9 months only with patients treated with insulin). This presentation belongs to the first endpoint performed in Argentina in the year 2005 with data from 438 patients with T2DM recorded by 46 physicians.

Results: Values are represented by X ± DE. Age: 62 ± 11 years old; Time from diabetes onset: 11 years; BMI: 30 kg/m2; Annual frequency of visits: 6.03 times; HbA1c: never requested in 40%; requesting frequency: 3.2 times/year; values: 6.51 ± 0.87%; values <7%: 48%; **Treatment:** 27% of patients receive insulin (alone or with oral antidiabetics); 79% of them reach HbA1c <7%; Fasting glycaemia (FG): 121 ± 34.9 mg/dL; FG <100 mg/dL in 22%; Blood Pressure (BP): 62% with hypertension; values of BP 130±15/ 78±10 mmHg; BP <130/80 in 40%; 97% treated with drugs; Dyslipidemia in 51%; 78% treated with drugs; Total cholesterol: 196±38 mg/dL; Triglycerides: 156±93 mg/dL; 1.6% reach the goal of HbA1c <7%, BP<130/80 mmHg and LDL <100 mg/dL. Self-monitoring glucose: 47% do not perform it; monthly frequency: 12±8; Micro and macrovascular complications: not verified in 30%.

Conclusion: Most patients with T2DM do not reach the treatment goals recommended by international guidelines, and will eventually develop chronic complications which will increase the costs of care. Reversing this situation implies changing attitudes from health professionals and patients which may be reached through their education.

Supported by an unconditional grant from Sanofi-Aventis.

P-03-01 | PRIMARY HYPERPARATIROIDISM REPORT OF A CASE

Alvarez, M.; Farinella, M.; Signetti, M.; Dos Santos, N.; Carvallo, H.

Internal Medicine, Ezeiza Hospital; Argentina

Case Report:

Female, 28, with history of progressive diminution of muscular strength (leading to postration), intense bone pains, pathological fractures of hip and forearm, in which Primary normocalcemic Hyperparatiroidism (HPPTP) due to Parathyroid Adenoma was diagnosed.

Discussion: 30 new cases out of 100,000 people. More frequent in women (3: 1), between 30 to 70 years. Prevalence: 1/1000. Etiology: adenomas (85%), hyperplasia (14%) and carcinoma (1%) Familiar cases (MEN type I). There is history of moderate constipation, hypertension, increased diuresis, pruritus, gastrointestinal alterations, emotional lability (depression), psychosis, dementia and comma. The signs and symptoms are due to:

1) Hypercalcemia (neurological , muscular, gastrointestinal, dermatological, renal and cardiac alterations, including ventricular hypertrophy).

2) The effects of the HPPTP on the bone (inflammation, fractures, ectopic calcifications, condrocalcinosis).

3) The propensity to nefrocalcinosis, and the calcification of myocardium, endocardium (mitral valve) and aorta.

4) The local findings (swollen parathyroids, very infrequent) There is elevation of PTH and serum calcium, increase of alkaline phosphatase and urinary excretion of calcium, reduced serum bicarbonate (tubular acidosis by PTH), reduced serum magnesium, etc. The normocalcemic variety of HPPTP is associated with vitamin D deficiency. Radiology: litiasis , demineralization, ectopic calcifications. The location studies are:

a- Ultrasonography of neck

b- TAC or RMN of neck

c- SESTAMIBI dual-sustraction scintigraphy.

Comments: review of a pathology the incidence of which increases with the age, but is seldom considered as initial diagnosis.

P-03-02 | PRIMARY HYPERPARATHYROIDISM BY ECTOPIC ADENOMA

Cédola, Federico; Cédola, María Cecilia; Simonetto, Raúl; Del Valle, Mónica; Cédola, Norberto

Postgraduate Chair in Nutrition and Endocrinology. Chair in Image Diagnosis and Therapeutic. Facultad de Ciencias Médicas. Universidad Nacional de La Plata; Argentina

The causes of the primary hyperparathyroidism (HPTP) are the unique adenoma (AP) (85%), the hyperplasia (12%), the double adenoma and, rarely, carcinoma cases. The parathyroid adenomas are localized usually next and rear to the thyroid gland, but they can be intrathyroid or ectopic along the embryological distance of the parathyroid.

We present three patients of feminine sex with HPTP for ectopic AP with osteoporosis like motive of consultation. They were evaluated the phosphocalcic metabolism, the parathormone and plasma vitamin D to confirm the existence of hyperparathyroidism. The ultrasound scan of neck, the gammagraphy of parathyroids with sestamibi and the magnetic resonance, they were not conclusive in the presurgery location of the injuries, in all the presented cases. In the first case, with parathyroideal negative gammagraphy, the AP simulated to be a thyroid nodule cytologically compatible with autoimmune thyroiditis.

In the second case, a polynodular goiter appeared by ultrasound scan with gammagraphyc location to cervical low level and without AP's evidence for RM with conventional technologies. The surgical exploration identified inside the swindle.

In the last case, there was no evidence of parathyroid injury in the neck studies, for that reason it was decided to extend the exploration to the thorax allowing the location of an AP level of superior mediastinum.

The surgery allowed in all the cases the resolution of the hyperparathyroidism. In two of the cases the thyroidectomy was realized also by the coexistence with histologically benign nodular thyroid disease.

Finally, the location of an intrathoracic AP needed the resection for thoracostomy and allowed to avoid an unnecessary surgical cervical exploration

P-03-03 | INSULINOMA IN A PATIENT WITH PREESXISTING TYPE 2 DIABETES

Cédola, Federico; Degaetano, Daniel; Nitti, Nicolás; Ortiz, Enrique; Caino, Héctor

Servicio de Clínica Médica, Hospital Interzonal General de Agudos " Gral San Martin" de LA Plata.; Argentina

Insulinomas are islet cell tumors of the pancreas that produce hypoglycemia due to inappropriate insulin secretion. They appear generally as solitary adenomas and less commonly as multifocal microadenomas or malignant insulinomas. Their incidence is approximately one case per 1 million population per year and they appear mostly in patients above thirty years old. Insulinoma occurs extraordinarily rarely in patients with pre-existing diabetes mellitus.

We report a case of a 59 year old woman with type 2 diabetes and recurrent hypoglycaemia despite to interrupt oral antidiabetic therapy. The patient underwent an in-hospital prolonged fast. Plasma glucose was 41 mg/dLplasma insulin 53 uUI/ml and C-peptide 3.83 mmol/L in the absence of sulfonylurea. A tumour was detected by MR and confirmed by a selective intra-arterial calcium stimulation with hepatic venous sampling for preoperative localization in pancreas.

An insulinoma was removed by laparoscopic enucleation with subsequent recurrence of insulin-requiring diabetes.

Although hypoglycemic agents are the most common cause of hypoglycemia in type 2 diabetes, insulinomas may occur in these patients. This possibility should be considered if the hypoglycemia persists despite cessation of these drugs

P-03-04 | PRESENTATION OF A CASE: PANHYPOPITUITARISM AS MANIFESTATION OF EMPTY SELLA TURCICA SYNDROME

Livio, Giselle; Muñoz, Francisco ;Marcolini, Rosmary; Sardiña, Mario

Hospital Naval. Puerto Belgrano. Argentina

Empty Sella Turcica Syndrome (ESTS) consist of a partial or total occupancy of the sellar cavity by cephalorachidian liquid, causing either an absent hypophysis parenchyma (Total ESTS) or a reduced parenchyma that is placed closed to the bottom of the sella (Partial ESTS). With a prevalence of 1% in general population, its clinical correlation is associated with a normal hypophysis function in most of the cases. Panhypopituitarism as initial manifestation of empty Sella Turcica syndrome (ESS) represents an atypical presentation (its prevalence has not been stated).

We will present the case of a 57- year- old female patient, without any relevant pathological record, who has diminished consciousness (developing to coma), hypothermia, hypotension , bradycardia, severe hypoglycemia and hydroelectrolyte contraction. With a positive response to the initial treatment, during her diagnosis we obtained plasma insulin < 0,224 uU/l (VN:2,6 a 24,9) and plasma- C- peptide < 166 pmol/l (VN:364 a 1650) results that made us search for endocrine illness associated with disorders in homeostasis glycemia control. We confirmed TSH: 1,23 uUI/ml (0,27-4,2), T4 < 0,42 ug/dl (4,2-12), TRH-TSH Test: negative, Prolactin 5,0 ng/ml (6-29), FSH 7,05 mUI/ml (25,8-135), LH 1,05 mUI/ml (7,7-58,5), Testosterone 0,05 ugr/ml (0,06-0,82), Cortisol AM 2 ugr/dl (5-25), ACTH 16,8 pgr/ml (20-80), GH 0,19 ng/ml (0,5-17). A sellar radiography showed us a double outline in rear clinoideus apophysis. A Magnetic Nuclear Resonance showed us a sellar diaphragm fall and a s! everely diminished hypophysis placed close to the sellar bottom.

Considering clinical, biochemical and radiology discoveries, we diagnosed panhypopituitarism associated with Idiopatyc Empty Sella Turcica Syndrome (partial subtype) and started an hormone sustitute treatment with hydrocortisone and L-thyroxine that has had positive results.

Our case presentation is based on the low prevalence of panhypopitutarism as manifestation of idyopatic empty sella syndrome as well as on its diagnosis related to homeostasis glycemia disorder

P-03-05 | HYPOTHYROIDISM AND HIPERPROLACTINEMIA IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS AND RHEUMATOID ARTRITIS

Ruiz Dominguez, Rosario; Gonzalez Gallegos, Max

Hospital Obrero Nº1, Caja Nacional de Salud. La Paz; Bolivia

Purpose.

A study was carried out in order to determine the associationbetween systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) with autoimmune hypothyroidism and the presence of hyperprolactinemia.

Methods:

A prospective and transversal study was carried out in 30 SLE patients and 99 RA patients.

Results:

Of the 30 patients with SLE, 9 (30%) patients developed hypothyroidism ($p<0,05$) and 5 (16,6%) had hyperprolactinemia ($p < 0,05$).

Of the 99 patients with RA, 10 (10,1%) had hypothyroidism and 2 (2,02%) had hyperprolactinemia

($p > 0,05$).

Conclusions.

There is a significant association between SLE and autoimmune hypothyroidism, SLE and hyperprolactinemia. It is not the same with rheumatoid arthritis.

Keywords:

Systemic lupus erythematosus, rheumatoid arthritis,hypothyroidism, hyperprolantinemia, autoimmunity.

P-03-06 | A CHALLENGING DIAGNOSIS FOR THE INTERNIST: THE MESTASTASIC CARCINOID TUMOR OF UNKNOWN ORIGEN WITH NORMAL URINARY EXCRETION OF 5HIAHH AND SOMATOSTATINRECEPTOR NEGATIVE

Arnáiz García, A.; Nuñez Viejo, M.; Pardo Gutierrez, MV.; Cruz Vicente, JM; González Macias, J.

Department of Internal Medicine. University Hospital Marques de Valdecilla.; Spain

Introduction: Carcinoid tumors account for less than 1% of all malignancies. The majority arise in the gastrointestinal system. A significant percentage of these tumors present as metastatic disease of unknown primary site. The diagnosis of these tumors is often made late and the protean symptoms are easy to overlook.

Case: A woman of 67 year-old with antecedents of appendectomy was admited to our hospital with a picture of episodic flushing involving the face and neck, associated with a burning sensation and epigastric pain. Laboratory findings showed a discrete anemia, dissociated cholestasis and increased concentrations of chromogranin A and gastrin.Rest of chemical parameters, including hypothalamic-pituitary hormonal function, glucagon, C peptide, PTH, vitamin D metabolites and vasoactive intestinal polypeptide were normal. Urinary excretion of 5-HIAA(u5-HIAA), catecholamines and serotonine were also normal.CT-scan demonstrated multiple liver metastases. A echocardiography, a complete endoscopic study, an octreoscan and 18FDG-PET-scan were made, and were also completely normal. Finally a biopsia of one of the metastases was perfomed and confirmed the diagnosis of carcinoid tumor. Symptomatic and long-term treatment with lanreotide was administred with a good clinical response. The patient died 2 years after admission.

Discussion: Metastatic carcinoid tumors are occasionally found at metastatic sites without an obvious primary. In this situation, metastases almost always involve the liver, and clinical syndromes from the production of bioactive substances may be apparent. In some patients, the primary sites are subsequently found in the intestine or the pancreas. No references in the literature about the combination of normal u5-HIAA, negativity for somastotatin-receptors and a completely normal imaging study with PET-scan, CT-scan and endoscopic studies have been found. Further researches in this way are needed to get an early diagnosis and improve the prognosis of these patients.

P-03-07 | PAGET´S DISEASE OF BONE

Betancur, S.; Conserva, A.; Perez, C.

HCFFAA/Hospital Maciel Rou- Montevideo; Uruguay

Abstract: Paget's disease of bone (PDB) is named after Sir James Paget, who first described it in 1876. It is the most frequent bone metabolism disorder after osteoporosis. It affects people over 60, being more common in men han women, with a ratio of 1.8/1.

The incidence of Paget's disease is higher in northern countries and certain geographic areas such as England, the United States, New Zealand and Western Europe, where the disease affects 4% of the population. In South America it is present in less than 1%[1]. The etiology of PBD is unknown. It is suggested that some environmental exposure, as well as genetics, is important in the development of Paget's disease.

The characteristic histological lesion is in the osteoclasts, with increased production of disorganised, hypervolemic and frail bone. The most common symptom is bone pain and bone deformity. PBD can be diagnosed by X-ray and bone scan. The treatment is based on antiresorptive medication, bisphosphonates and analgesics. The disease is benign in nature, and the incidence of osteosarcomas is estimated at less than 1%[2].

Clinical presentation: 56-year-old female patient, reason for consultation: mechanical lumbalgia with a two-year-evolution, that won't respond to treatment with nonsteroidal anti-inflammatory drugs, no general repercussion. Physical examination shows good general state, pain upon diffuse palpation of the lumbar spine, no bone deformities, and no gibbosity. Paraclinic examinations: Radiology of lumbar spine: osteoblastic pattern with dense or ivory vertebra Blood biochemistry test: Alkaline phosphatase (ALP) 576 IU/mL, deoxypyridinoline (DPD) 9.4 nM/nM (3.0-7.4) in urine. Given the clinical presentation, with the radiological pattern observed in the patient and the figures shown in bone turnover markers, PDB is diagnosed. Treatment is begun due to vertebral compromise and disabling pain, with alendronate, calcium, Vitamin D, calcitonin and analgesia.

[1] Tiegs RD, Lohse CM, Wollan PC, Melton LJ Long-term trends in the incidence of Paget's disease of bone, 2000; 27:423-7 [2] Ruddy S, Harris Jr. ED, Sledge CB, Budd RC Kelley's Textbook of Rheumatology, 6th edition, 2003

P-03-08 | ANAPLASTIC CARCINOMA OF THYROID ASSOCIATED WITH GRAVES DISEASE

Serra, Diego; Cédola, Federico; Degaetano, Daniel.; Espeche, Walter.; Caino, Héctor

Servicio de Clínica Médica. Hospital Interzonal General de Agudos "General San Martin" de La Plata. Buenos Aires. ; Argentina

The anaplastic carcinoma of thyroid is the less frequent of the carcinomas developed in this gland (2%), it's also the greater aggressiveness and worse prognosis of the thyroid tumors. There're only 6 cases reported in literature in association with Graves disease.

We presented a patient of 51 years of age, with diagnosis of hyperthyroidism by Graves disease, that consulted to present dyphagia and dysphonia with a month of evolution, accompanied by loss of weight and muscular weakness. The patient also showed a diffuse goiter with 15 mm nodule in the left lobe, ophthalmopathy and hyperthyroidism.

The echography valuation demonstrated a diffuse increase of the thyroid gland with predominance of the left lobe, with solid manifolds formation nodular confluences. In the left lobe, solid dominant nodule of diffuse contours is observed, and multiple bilateral laterocervical adenopathies.

The anatomicpathological study of the nodular injury was realised, being observed undifferentiated thyroid cells, compatible with anaplastic carcinoma of thyroid. The patient died in the term of 2 weeks with progression of the size of the goiter and cervical adenopathies not being able to pactised thyroidectomy. The association of thyroid nodule and Graves disease increases therisk of differentiated thyroid carcinoma.

Some series recommend the thyroidectomy like definitive treatment. The unfavorable evolution of our patient was similar to the cases reported previously of this infrequent association.

P-03-09 | PANCREATIC INSULINOMAS: RESULTS IN OUR SERIES OF 15 CASES

Bravo Blanco, A.M.; Alvarez Muñiz, M. Luisa; De Toro Santos, Manuel

Complexo Hospitalario de Ourense.; Spain

Introduction:- Insulinomas (MI) are a rare pancreatic islet cell tumors with an incidence of four cases per million per year. About 10% of all insulinomas are malignant. The authors identified all patients with Malignant Insulinoma (MI)identified in our hospital.

Methods.- Clinical presentation, laboratory data, imaging studies, surgical technique, complication rates ans folow-up were analyzed.

Results.- Most of patients are elder and presented symptoms and laboratory signs of hipoglycemia and hiperinsulinemia.In all of cases,the lesion was identified preoperatively with Abdominal CT or MRI.(Table)

Discussion.- Malignant Insulinoma is a very rare disorder specially under 40 years or over 70 years old. Patients suffer from severe sypmtoms, lost of conciouness and sweating. Pancreatic resection were the most frecuent surgical procedure. Malignancy is demostrated by lymph node involvement, metastases or local invasion. Management is unsatisfactory and prognosis is poor, with 10-year survival estimated al 29%.

P-03-10 | EXTRAPANCREATIC INSULINOMA. DIAGNOSIS AND TREATMENT DIFFICULTIES: A CASE REPORT

Pérez Papadópulos, Amalia Verónica; Batista, Esteban; Caride, Rubén.
Departamento de Medicina Interna. Hospital Policial. Montevideo- Uruguay

Insulinomas are functioning neuroendrocrine tumors of pancreatic islet beta-cells.Incidence is one to four cases out of one million inhabitants; average age of presentation is 47 years old with light female predominance. Ninety percent are benign and isolated, the majority less than 2 cm diameter.More than 99 percent are pancreatic located and have been exceptionally found in other locations such as stomach, duodenum, lungs, among others.We reported a case of a 51 year-old male patient, with several months evolution medical history of profuse perspiration episodes, dizziness, clouded vision, rapid heart rate which improve with sugar intake.

On the date of the appointment, capillary glycemia measurement was 0.30 g/l. General clinic examination was normal. Patient is suspected of suffering from Whipple's triad and is admitted to hospital to go under studies. Laboratory tests were asked. With blood glucose concentration less than 45 mg per deciliter, serum insulin concentration was inappropriately high (more than 6 ug/ml). This results suggested the presence of an insulinoma.

Further studies were performed to determine tumor location. Abdominal ultrasonography was normal. Computed tomographic scan of abdomen showed duodenal walls thickening and dilatation of intra and extrahepatic biliary ducts. Endoscopic retrograde cholangiopancreatography showed a swollen ampulla of Vater which was biopsed. MRI scan, octreotide scan and angiography were normal. Initial medical therapy consisted of a glucose-rich diet, somatostatin analogs and diuretics. However, symptomatic hypoglycemic episodes persisted. Biopsy results were compatible with a neuroendocrine tumor.

Surgical exploration guided by intraoperative ultrasound confirmed a 20x18x15 mm tumor of the duodenal papilla which was removed. Pathology findings confirmed the neuroendocrine origin of the tumor and the benignity feature. After the surgical resection, the patient has a favourable evolution. We present a very unusual case of a young patient with several hypoglycemic episodes and diagnostic and therapeutic difficulties. The surgical diagnosis confirmed an extrapancreatic insulinoma. After the tumor removal, patient evolution was satisfactory.-

P-03-11 | ACTH SECRETING CARCINOID THYMUS' TUMOR

Ruffinelli, J.; Riveros, A.;de Hollanda, A.; Silva, A.; González, T
Hospital de Clínicas - Asunción.; Paraguay

Case Presentation:

A 29-year-old man came to the clinic with a 20-day history of right chest oppressive pain. Five days before he enter to the clinic he came to the ER a worsening pain and a blood pressure of 260/160, plus facial blushing, palpitations, shortness of breath, a 13 kg weight loss, polydipsia, polyuria, and polyphagia. Physical examination showed a BP of 200/100,, buffalo hump, facial flushing, thorax acne, acanthosis nigricans and also striaes in the lower abdomen. Labs showed WBC 21.300, N 92%, L 8%, Glucose 290mg/dl. Chest X-ray showed a mediastinal enlargement. Chest CT showed an anterior mediastinal mass.

Diagnosis: 1- Secondary HBP, 2- Cushing Syndrome, 3- Diabetes, 4- Mediastinal Mass. **Treatment:** Enalapril 40 mg/d, Amlodipine 20 mg/d, Carvedilol 50 mg/d obtaining a good blood pressure control; plus insulin infusion. Metanephrines: 1,1, VM acid: 13,7 (normal until 13,6 mg/24hs), Urinary cortisol: 399 (normal until 90 ug/24hs), Serum cortisol 8 am: 50 ug/d (5-25), ACTH: 78,70 (not detectable-46). The patient was evaluated by surgeons that suggested a resection of the mediastinal tumor by left thoracotomy.

During the surgery they found an anterior mediastinal tumor, fluid inside the pleural cavity and also that the tumor invaded both phrenic nerves, superior vena cava, aorta. Patient received hydrocortisone 150 mg/d, Insulin infusion and serum cortisol 18 hs after surgery: 20ug/dl (5-25). Histological Examination revealed a carcinoid tumor with a suspected thymus origin. Cytology of the pleural fluid showed neoplastic cells with a background of inflammatory and reactive mesothelial cells. 5HIIA: 2,9 mg/24 hs (2,0-10 mg/24 hs) and metanephines: 0,8 mg/24 hs(until 1,0 mg/24 hs).

The patient was discharge with enalapril 40 mg/d, carvedilol 25 mg/d, prednisone 15 mg/d, insulin sc and on diet for diabetes. At the first follow up appointment carvedilol 12.5 mg/d, enalapril 5 mg, prednisone 15 mg/d. Insulin was stopped because hypoglycemia and keep doing well without it. After 4 months medication was enalapril 5 mg/d and ASA 125 mg/d. Metaiodobenzyl guanidine scintigraphy to show if there is residual disease will be done.

P-03-12 | PREVALENCE OF HYPOGONADISM IN MALE PATIENTS AT THE GENERAL HOSPITAL

Dr. Dufrechou C. , Dr. Cedrés S. , Dr. Arroyo C., Dr. Decia R. , Dr. Montes J. (santiagocedres@yahoo.com)
School of Medicine- Pasteur Hospital – Uruguay

Introduction: Hypogonadism is defined as deficient or absent male gonadal function that results in insufficient testosterone secretion (Free testosterone (FT) ≤7,2 ng/dL between 55-60 years old and ≤ 5,6 ng/dL in patients > 60 years old,). It can exert diverse effects on the well-being.This condition is fairly common in certain populations . Once diagnosed, Hypogonadism is usually easily treated by testosterone replacement therapy. The contraindication are: prostate cancer, severe benign prostate hyperplasia, severe dyslipemia and polycythaemia (1).

AIMS: To estimate the prevalence of Hypogonadism in men aged ≥55 years assisted (for any reason) in the Internal Medicine and Urology rooms of the Hospital. A second objective was to correlate the presence of Hypogonadism with select comorbid conditions and symptoms, study the impact on sexual function and verify how many of them could be included in androgen therapy.

Methods:A blood sample was obtained between 8 am and noon and assayed for FT, haematocrit, lipids and liver function test and PSA. Sexual dysfunction, quality of life and comorbid conditions were recorded. All the patients had digital rectal examination by urologist.

Results: Of 52 patients: 27 (RF=0,52) had significantly low FT levels and another 11 (RF=0,21) had low-normal levels. Only 14 (RF=0,27) had normal level. Odds ratios for having Hypogonadism were significantly higher in men with anemia (1.64), hyperlipidaemia (1.29), diabetes (1.99), chronic renal failure (1.45) and smokers(2.38). All patients with Hypogonadism had erectile dysfunction, and half of them had quite sexual activity for over a year. The testosterone replacement therapy was contraindicated in 10 patients because of severe urinary symptoms and prostate exam with grade 3 enlarged prostate (in 5 of them prostate cancer was confirmed). No one had hematology contraindications.

Conclusions: We found high prevalence of hypogonadism in hospitalized patient and studied its impact on quality of sex life. We should screen this groups of patients to offer specific treatment.

References: 1. Vermeulen A. Androgen replacement therapy in the aging male. A critical evaluation. J Clin Endocrinol Metab 2001; 86: 2380 - 2390.

P-03-13 | A CASE OF RESISTANT GRAVES DISEASE AFTER 2 SESSIONS OF RADIODINE TREATMENT AND ONE OPERATION

Yildiz, Mehmet; Karkose Dogan, Hatice; Kertmen, Neyran; Liliman, Nevzat
Second Department of Internal Medicine, Diskapi Education and Research Hospital, Ankara; Turkey

Graves disease (GD) is one of the most important causes of hyperthyroidism between 20 and 50 years of age.

Case: A 50-year-old Female patient was diagnosed with GD at the age of 23 and was started on antithyroid treatment. Then the patient had undergone radioiodine treatment. After the hyperthyroidism symptoms of the patient increased, the patient was operated. In the postoperative follow-up of the patient with USG,there was progressive growth in the right lobe. The scintigraphy evaluation at the time showed hyperplasia and hyperactive involvementin the right thyroid lobe, and the patient applied to our out-patient clinic with increasing complaints. Upon evaluation of the findings in the earlier tests of the patient, a decision was made to repeat the radioiodine treatment.

Discussion: Hyperthyroidism is currently treated by using anti-thyroid drugs, radioiodine treatment, and surgical interventions.

The outcome of radioiodine treatment is affected by factors such as the dose of radioiodine used, thyroid autoantibody presence, the etiology of hyperthyroidism, earlier history of anti-thyroid treatment, and the size of the goiter. In GD , the incidence of hyperthyroidism after radioiodine treatment is approximately 40-80%; euthyroid development, 12%; and persistent hyperthyroidism , 14-18%. In an earlier study, it was reported that 82% of the patients with GD who received radioiodine treatment after a 25-year follow-up developed hypothyroidism. Although hyperthyroidism is common after radioiodine treatment, hyperthyroidism may also persist as did in our patient. The predictive factors for failure of radioiodine treatment are the size of the goiter (> 50 gr), a very high result of test for radioactive iodine uptake (> %90), and significantly high serum T3 level (>500 ng/ml).In our patient, hyperthyroid persisted after radioiodine treatment and thus, the patient was surgically treated.

The surgery for hyperthyroidism is planned by keeping in mind the factors such as the age of the patient, size of thyroid gland, contraindications of radioiodine. The incidence rate of persistent hyperthyroidism after surgery is 2-5 %, and permanent hypothyroidism,4-30%.

KEY WORDS : Resistant Graves=92 disease

P-03-14 | THYROTOXIC HYPOKALEMIC PERIOD PARALYSIS: FOUR CASES PRESENTATION

Viola, Rocío; Quiroga, Rosario; Aporta, Liliana.; Morón, Graciela.

Servicio de Medicina Interna, Hospital Central de Mendoza.; Argentina

Thyrotoxic hypokalemic periodic paralysis (TPP) is a rare complication of thyrotoxicosis and a medical emergency that is characterized by recurrent episodes of muscle weakness and hypokalemia associated with hyperthyroidism.

Four cases detected in our Hospital between 2003 and 2008 are herein described. All the patients were male, Hispanic or Indoamerican origin, with ages between 29 and 39 year-old. One of them showed tetraplegia, two showed tetraparesis and one showed inferior limbs paraparesis. Two of them have previously manifested similar episodes. Only in one patient cramps were present as a prodromic symptom.

The acute episodes were not related to physical exercise, but in one patient the episode coincided with a large food and alcohol ingestion. The patients concurred to the emergency service between 2 and 24 hours after the episode start. In the four patients, plasma potassium levels were less than 2 mEq/L, TSH levels were less than 0.2 mIU/L. T4 ranged between 2 and 22 ug/dL and 3 between 3 and 6 ug/dL.

After potassium replacement, the condition improved in the four patients. In our series, previously described complications such as arrhytmias and/or respiratory failure, were not present. We conclude that in patients with hypokalemic paralysis, an associated altered thyroid function must be investigated.

P-03-15 | TWO CLINICAL CASES OF PAGET'S DISEASE WITH DIFFERENT EVOLUTION

Ferreira, Paulo; Carvalho, Anabela; Cotter, Jorge

Servicio de Medicina Interna, Centro Hospitalar Do Alto Ave, E.P.E - Unidad de Guimaraes- Portugal

First **Case:** male, 83 years, followed in consultation since 2002 by intense and persistent back pain that started after effort which led him to the emergency service. Lumbar spine and pelvis radiography: strengthening of the bone trabecula at the basin; basin computed tomography(CT) and magnetic resonance imaging (MRI): hit across the wing of the right ilium; alkaline phosphatase (ALP): 236 IU/l (34-104); bone scan (CO): ilium, sacrum and pubis at the right, and lumbar spine (L1), with aspect compatible with the clinical suspicion; urinary hydroxyproline excretion (in urine 24h)(UHE): 29 mg/24h (10-60); Electrocardiogram: First degree atrioventricular nodal block; echocardiography - slight expansion of the cavities of the left heart. He was medicated with Nonsteroidal antiinflammatory drugs and then with alendronate.

He improved pain comp! laints. In 2005 aggravation of back pain. Lumbar CT: sequelae of fracture L1; electromyography - unchanged. Decompressive surgery was not necessary. He is being medicated since 2006 with alendronate and cholecalciferol. In 2007 improved of osteoarticular complaints. ALP: 99 IU/l; UHE: 17 mg/24h.

Second **Case:** male, 77 years, farmer, with cyphosis, since 1985 with bone pain at spinal column (regions: thoracic and lumbar), worsening over the years leading to that 10 years later was sent for observation by Internal Medicine. Spinal column radiography: degenerative changes; lumbosacral spinal cord CT: caudal stenosis in L4 and L5; ALP: 2624 IU/l; CO: changes suggestive of Paget's disease (T9 till T12 and L1 till L5); bone biopsy: bone trabecula with a mosaic aspect of the lines of cementing, surrounded by osteoblasts and osteoclasts and intertrabecular fibrosis; UHE: 6,1 mg/24h.

He was medicated with indomethacin and calcitonin and then etidronate and calcium. It had been done seri! al control of ALP and UHE. In 1999 UHE: 557.7 mg/24h. In 2003 began alendronate. In 2007 improved of osteoarticular complaints. ALP: 272 IU/l; UHE: 19,6 mg/24h; Lumbar CT - with no signs of relevant stenosis.

Medicated with alendronate and cholecalciferol. Both patients currently asymptomatic.

P-03-16 | MYTH OR REALITY? FALLOPIAN TUBES OCCLUSION AS A CAUSE OF INFERTILITY: ROLE OF VIRTUAL HYSTEROSALPINGOGRAPHY

Carrascosa, Patricia; Martín López, Elba; Capuñay, Carlos.; Vallejos, Javier; Baronio, Mariano.

Diagnóstico Maipú; Argentina

Introduction: Fallopian tube occlusion is a major cause of infertility. The amount of damage can vary in extent, anatomical location and nature. CT Virtual histerosalpingography (CT-VHSG) may play a role with less invasiveness and better tolerance. The objective of this work was to evaluate the frequency of tube occlusion in patients with diagnosis of infertility and determine the degree of severity in positive cases.

Material and Methods: Two hundred nine patients (mean age: 34.9  4.7 years old) with diagnosis of infertility were studied. All patients underwent CT-VHSG with a 64 row multidetector CT scanner (Brilliance 64, Philips Medical Systems) using 0.9-mm slice thickness, 0.45-mm reconstruction interval; pitch 0.64; gantry rotation 0.5 sec, 3-4 sec scan time, 120 kV, 100-250 mAs. A volume of 10-15ml of a dilution of low-osmolality iodine contrast agent was instilled into the uterine cavity. The studies were performed and evaluated independently and in a blinded way by two radiologists. The 95% CI of the proportion was calculated by the exact binominal method for the identification of clinical pathology.

Results: Thirty six (17.22%) patients presented tube pathology. Of 418 fallopian tubes evaluated, 45 (10.77%) were not completely visualized, whereas 373 (89.23%) showed adequate tube patency. Twenty one (5%) tubes presented hydrosalpinx, 2 with intratube synechiaes. Out of 36 patients with tube occlusion, 18 (50%) presented risk factors for tube pathology, whereas out of 173 patients with normal tube patency, 30 (17.32%) presented risk factors at moment of study (p<0.0001, 95% CI 16 to 49 %). In patients with primary infertility (59.33%), tube occlusion was detected in 16 (12.9%). In patients with secondary infertility (40.66%) tube occlusion was detected in 20 (23.53%) (p=0.04, 95% CI 1 to 22%).

Conclusion: CT-VHSG showed 17% of tube pathology in our series. This technique can determine the exact of the severity of tube pathology with additional information as intratubal synequiaes. Additionally we showed that tube occlusion was more frequent in patients with risk factors and secondary infertility.

P-03-17 | GADOLINIUM CT VIRTUAL HYSTEROSALPINGOGRAPHY: AN ALTERNATIVE FOR ALLERGIC PATIENTS?

Carrascosa, Patricia; Capuñay, Carlos; Martín López, Elba.; Baronio, Mariano; Vallejos, Javier

Diagnóstico Maipú; Argentina

Introduction: In patients with history of iodine or other severe allergies, another contrast agent is required and gadolinium is an alternative. The purposes of this presentation are to determine the usefulness of gadolinium as a contrast agent to perform CT Virtual Histerosalpingography (V-HSG), and to evaluate the intraluminal enhancement, image quality and patient discomfort in comparison with iodine-enhanced V-HSG.

Material and Methods: Fifty patients with diagnosis of infertility were studied with iodine V-HSG (n=25) with gadolinium V-HSG (n=25) using a 64-row CT scanner. The iodine-enhanced studies were performed with a dilution of 15% in saline solution, whereas the gadolinium-enhanced studies with a dilution of 40%. Quantitative analysis was assessed by tracking intraluminal density of the cervix, isthmus, corpus and fundus area using region of interests. Image quality was evaluate by the radiologist in a 0 to 10 scale. Each patient completed a questionnaire for discomfort assessment.

Results: The mean peak attenuation during iodine-enhanced V-HSG in cervical area was 1090.15 HU whereas during gadolinium-enhanced V-HSG was 722 (p<0.0001). The mean peak attenuation during iodine-enhanced V-HSG in endometrial cavity was 1127.2 HU whereas during gadolinium-enhanced V-HSG was 877.39) (p<0.0001). The mean image quality grade for iodine V-HSG studies was 9.29 and for gadolinium V-HSG studies was 8.83, with a difference of 0.46 (p=0.07). No differences were found in patient discomfort between both groups.

Conclusion: Our experience showed that gadolinium-enhanced V-HSG studies had lower intraluminal attenuation, but no difference was found in image quality and patient discomfort in comparison with iodine-enhanced V-HSG.

P-03-18 | ADENOMYOSIS: ROLE OF VIRTUAL HYSTEROSALPINGOGRAPHY

Carrascosa, Patricia; Capuñay, Carlos; Martín López, Elba.; Vallejos, Javier; Baronio, Mariano.

Diagnóstico Maipú; Argentina

Introduction: adenomyosis affects women in late reproducible years and presents as abnormal uterine bleeding, dysmenorrhoea, or occasionally as infertility. Uterine enlargement is a common finding and may be a result of associated muscular hypertrophy. The objectives of this paper are to recognize the typical findings of adenomyosis in virtual hysterosalpingography (V-HSG) and to perform the differential diagnosis with other pathologies.

Material and Methods: two hundred nine patients (mean age: 34.9 ± 4.7 years old) with diagnosis of infertility were studied. All patient underwent V-HSG with a 64 row multidetector CT scanner (Brilliance 64, Philips Medical Systems) using 0.9-mm slice thickness, 0.45-mm reconstruction interval; pitch 0.64; gantry rotation 0.5 sec, 3-4 sec scan time, 120 kV, 100-250 mAs. A volume of 10-15ml of a dilution of low-osmolality iodine contrast agent was instilled into the uterine cavity.

Results: presence of single or multiple focal cavities within the uterine wall is a common finding. V-HSG can show clearly the affected wall in multiplanar and thee-dimensional reconstructions. Also virtual images allow to identify the image of each cavity. These cavities are usually small and can be placed at the fundus of the uterus or in the anterior or posterior wall. The differential diagnosis has to be done with dilated glands. In general they have similar appearance but they are located near the isthmus. VHSG can also evaluate the uterine wall which in many cases is compromised.

Conclusion: V-HSG a new method in the evaluation of uterus disease useful in the evaluation of adenomyosis.

P-03-19 | PREVENTION DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS IN HIP FRACTURES HOSPITALIZED PATIENTS

Mayan, John Charles; Xynós, Georgina; Izcovich, Ariel; Tortosa, Fernando; Falabella, Verónica

Sanatorium "Dr. Julio Méndez", Clinical Residency; Argentina

Introduction: Osteoporosis is a skeletal disorder characterized by low bone mineral density and architectural deterioration of bone tissue, leading to an increase of fracture risk. According to the OMS, it is the second major public health problem. In Argentina, there are more than 24000 fractures per year, one every twenty two minutes. Studies show there is great difficulty in preventing, diagnosing ant treating osteoporosis, even for those patients who had suffered a fracture. We performed a study that evaluates the prevention, diagnose and treatment of osteoporosis in our health service

Objectives: To evaluate the screening and ambulatory treatment of osteoporosis in hip fracture hospitalized patients. To analize the in-hospital morbidity. To evaluate the implementation of treatment once the patient is discharged

Materials and Methods: Observational cross-sectional study. Fifty-three over fifty-year-old pacients, both male and female, diagnosed with atraumatic hip fracture between June, 2007 and February, 2008 have been evaluated. Bone screening and osteoporosis treatment recommendations by national foundation osteoporosis have been followed.

Results: The average age in patients was eighty-one years old (DS 8), predominantly female patients (81,1% IC 95 71-92). The average stay in hospital was 15 days (DS 9). 100% of patients had prior indication for bone screening, and only 5,7% (IC95 0-12) had undergone the test. 36% (IC95 23-49) of patients had prior indication for treatment. Only 21% of them (IC95 3-40) were in treatment with calcium y vitamin D. Nontheless, non of them included antiresorptive treatment / therapy. During the stay in hospital, 39.6% (IC 95 27-53) showed some serious complications. Intrahospital mortality was 9.4% (IC 95 2-17). Up to the patients discharge, only 7,5% (IC95 0.4-14) of them left the institution on treatment for osteoporosis, yet only 3.8% (IC 95 0-9) included antiresorptive treatment.

Conclusions: The results show a similar tendency with national and international bibliography. Even tough it is clear how to prevent, diagnose and treat osteoporosis, the percentage of patients in which it is really made is quite insignificant. That is the reason why we need to raise awareness about this, not only among people in risk, but also among physicians.

P-03-20 | ATRIAL FIBRILLATION AND EMACIATION INITIAL MANIFESTATIONS OF GRAVES DISEASE

Rocha, Margarida; Sarmento, Helena; Cotter, Jorge

Hospital de Guimarães- Portugal

Graves disease is a thyroid-specific autoimunne disorder in which the presence of antibodies against the thyroid stimulating hormone receptor

(TRAbs) leads to hyperthyroidism, due to an abnormally strong release of thyroid hormone. Is the most common cause of hyperthyroidism affecting mostly women aged between 30 and 60 years. Is typically characterized by a particular ophthalmopathy (exophthalmus), pretibial myxedema and rarely thyroid acropachy, however these manifestations may not be present.

We report a case of a 62 year old male, referred to emergency room for evaluation, with a story of weigh loss> 10% in last 3 months associated with weakness, palpitations, dyspnea on exertion and diarrhoea for more than 5 weeks. Physical examination showed emaciation with a body mass index of 14.71, pallor of skin and mucous membranes, a left cervical non tenderness adenopathy, tachycardia and bilateral ankle oedema.

Tests: ECG- atrial fibrillation 150 bpm (started digoxine ev). Chest! radiogram: blunting of right costophrenic angle; Cervical ultrasound:multiple cervical adenopathies parcially calcified, diffuse goiter without nodules. Tyroid function: hyperthyroidism. He started propylthiouracil 100mg 3id and propanolol 20mg 3id. Gastric acid bacillocopies were negative. Fine needle aspiration of cervical adenopathy- unspecific reactive lymphadenitis. Anti-thyroid antibodies positive: TPO 905 e TG>1000. TRAbs- positive.

Diagnosis: Graves disease. He was discharged clinically improved 12 days after initiation of propylthiouracyl. One year after onset of **Treatment:** weigh 60Kg, thyroid function- normal. Initiates taper of propylthiouracyl and remains inder clinical and analytical surveillance.

P-03-21 | CUSHING SYNDROME SECONDARY TO ADRENAL CORTEX CARCINOMA

González, H.; Rojas, L.; Britez, G.; Arrúa, N.; Riveros, R.

Hospital de Clínicas Paraguay

Introduction: Suprarenal gland carcinoma presents a great malignant potential, its incidence being 1-2 cases per million. It grows in a rapid fashion, presents steroid hypersecretion symptoms y 60 % of the cases and has an early metastasis. Median survival is 14.5 months. The treatment of primary suprarenal tumors is surgical, with a poor prognosis.

Case: 18 year old woman, no relevant history data, complains off 22 day edema in lower limbs, abdominal enlargement and face edema. 72 hours before admission, epigastralgias and vomiting, reason why she comes to our service. She is asked a abdominal CT scan, shoving a suprarrenal mass. Physical examination, BP 150/90 mmHg, Cushingoid facies, tumor in right upper quadrant and epigastrium, lower limb edema. Laboratory results, 24 hs. Cortisoluria was 192 ug/24 hs. (Normal value of 20 to 90 ug/24 hs.), 24 hour urine metanephrine was normal.

She was operated, and the suprarenal tumor and lymph nodes were extirpated. She went to ICU afterwards, were she presented seizures, and images compatible with metastasis in head CT. She had a bad evolution, and passed away while in UCI. The Pathology department informed adrenal cortex carcinoma (550 grams), with extensive necrosis and vascular and capsular invasion. liver parenquima with multiple foci of metastasic adrenal carcinoma.

Discussion: The presented case had a complete tumoral resection, nevertheless metastases were found in the liver and tomographical images compatible with brain metastases, which corresponds to a TNM Stage IV, along with its poor prognosis

P-03-22 | 26-41% OF PRIMARY ALDOSTERONISM WITH APPARENT CT-POSITIVE UNILATERAL ADRENAL NODULES IS BILATERAL HYPERALDOSTERONISM ORCT-NEGATIVE UNILATERAL MICRO-APA ON THE CONTRALATERAL SIDE OF THE NON-FUNCTIONAL NODULES -ROLE FOR ADRENAL VENOUS SAMPLING

Fumitoshi Satoh; Morimoto, Ryo; Sadanyoshi, Ito;

Nephrology, Endocrinology and Vascular Medicine. Tohoku University Hospital, Sendai.; Japan

Objectives: Accurate localization of aldosterone producing adenoma (APA) is essential for the proper surgical treatment. Bilateral hyperaldosteronism (BHA) may be associated with a unilateral non-functioning nodules. To confirm the clinical usefulness of adrenal venous sampling (AVS), we studied 106 cases of PA with unilateral adrenal nodules found on CT with AVS conducted.

Methods: Bilateral AVS simultaneously underwent before and after ACTH stimulation for aldosterone (A) and cortisol concentration (C). Based on values of A/C of one side over the contralateral side (Lateralization Ratio: LR) before and after ACTH stimulation, we classified 106 cases in the following four groups:

group 1; LR before ACTH<2 (Rossi et al. J Clin Endocrinol Metab 2001) and LR after ACTH<3 (Young Jr. Surjery 2004):

group 2; LR before ACTH>2 and LR after ACTH<3:

group 3; CT-negative unilateral micro-APA were surgically proven to be present on the contralateral side of the non-functi! onal nodules visualized on CT:

group 4; CT-positive unilateral APA were surgically proven.

All the surgically proven APAs were confirmed by immunohistochemical analysis for steroidogenic enzymes of 3b-HSD and P45017a.

Results: 19 of 106 cases (18%) were strongly suspected BHA (group 1) with the low LR of 1.34±0.24; range, 1.0-1.95 before ACTH: 1.44±0.42; range, 1.0-2.6 after ACTH. 16 of 106 cases (15%) were likely suspected BHA (group 2) with the LR of 4.69±3.26; range, 2.0-15.3 before ACTH: 1.31±0.19; range, 1.0-1.67 after ACTH. So, 20-36% of PA with CT-positive unilateral adrenal nodules is possibly BHA. In eight cases (8%), CT-positive non-functional unilateral adrenal nodules were present on the contralateral side of surgically proven micro-APA not visualized on CT (group 3). In 63 in 106 cases (59%), CT-positive unilateral APA were surgically proven (group 4).

Conclusion: AVS can distinguish between unilateral APA and BHA with non-functional adrenal nodules found on CT.

P-03-23 | PAINLESS THERAPY OF THE CYSTIC AND SOLIDS THYROID NODULES WITH INJECTIONS OF ETHANOL AND MEDIVACAINE UNDER ULTRASOUND GUIDANCE

Jara Yorg,J.A,Jara M.,Jara Ruiz J.M. (jorgeantoniojara@yahoo.com)

Centro de Diagnostico y Tratamiento Nuclear,CEDIN, Genaro Romero 174, Asuncion, Paraguay

ANTECEDENTS: The thyroid nodular illness is a frequent pathology with nodules of 1.0 cm or more. In general population the nodularity prevalence varies from 17% to 67% and the simple, mixed or hemorrhagic cysts are 15-25%. When the fine needle biopsy is negative being the cysts or solid thyroid nodule benign, the option of the treatment of the same ones using the injection of the low ethanol under ultrasonography guide is always an alternative to surgery, constituting a procedure much less invasive. One of the difficulties of this therapy is the pain of the patient referring in the injection place due to the esclerosing tissue by the ethanol that which is avoided by adding an anesthetic, so that the patient feels more comfortable during this treatment. We have used ethanol with mepivacaine, an anesthetic liquid that contains less than 1% epinephrine which presents very small allergic effects during its administration avoiding the pain during the injection of the nodule givi! ng the sensation to be a procedure less invasive.

OBJECTIVE: To treat cystic and solids thyroid nodules using injections of ethanol plus mepivacaine under ultrasonography guidance.

MATERIAL AND Method: We present 80 patients of both sexes in ages between 22 and 68 years, mean 46 years, being the feminine sex in the great majority (85%) with cysts and solid benign thyroid nodules with more than 1.0 centimeter treated with intranodular injections of ethanol plus mepivacaine.

Results: The cure (considered the volume of the cyst smaller than 1 ml. at the end of the treatment) was obtained in 85% of the patients with cystic nodules, the mixed nodules decreased in 76 % and solid nodules decreased in size to a volume of 1-1,5 cc per injection in 52%.

Conclusion: The injection of ethanol plus mepivacaine to avoid the pain in the injection site is an useful method in the therapy of the benign thyroid nodules

P-03-24 | BROWN TUMOR IN HYPERPARATHYROIDISM

Bruno Lococo, Martín Ortemberg, Gabriela Rosende, Lautaro Albarracín, Silvina Rosende (martinortemberg@yahoo.com.ar)

Servicio de Nefrología. Hospital Fernández. Buenos Aires. Argentina

Introduction: The brown tumor is a localized form of fibrous-cystic osteitis found in the presence of hyperparathyroidism. Histologically, brown tumors are made up by a cell population consisting of mononuclear stromal cells mixed with multinucleated giant cells, among which recent haemorrhagic infiltrates and hemosiderin deposits (hence the brown colour) are often found. Brown tumor is an unusual but serious complication of renal bone disease.

Case Report: A 25-year-old man with end stage renal disease in dialysis secondary to obstructive uropathy. He developed secondary hyperparathyroidism and brown tumor in palate that distorted his features. Laboratory testing showed: alkaline phosphatase 9067 U/L; Ca+2 ionic 0,996 mmol/L; serum calcium 6 mg/dl; phosphatemia 2,6 mg/dl; serum magnesium 1,8 mg/dl. The patient was referred to parathyroidectomy. The surgery removed three of the parathyroid glands, histologic specimens showed parathyroid hyperplasia . He had symptomatic hypocalcemia that improved with intravenous calcium.

Discussion: Brown tumor is one of the lesions that develop in patients with hyperparathyroidism. Any of the skeletal bones can be affected including the cranio-maxillofacial ones. Most of the time the brown tumor appears when the diagnosis of hyperparathyroidsm was already made. However, it can be the first clinical manifestation of the disease.

Sometimes brown tumors appear in patients with hyperparathyroidism secondary to end-stage renal disease. Parathyroidectomy should be considered when medical treatment fails, specially in complicated brown tumors.

Conclusion: Brown tumors are unusual but serious complications of renal osteodystrophy, and can be successfully treated by parathyroidectomy or by pharmacological treatment of hyperparathyroidism . Although vitamin D therapy has been beneficial in several cases of secondary hyperparathyroidism complicated by brown tumors, we propose that henever regression of the tumor bulk is urgently needed, as in our case, parathyroidectomy should be the first treatment choice.

P-03-25 | GITELMAN'S SYNDROME. A CASE

Díaz, Rosana; González Paula Alejandra; Fedullo María Jesús.; Ferreño, Diana Claudia.; Vega, Aníbal

Hospital de Agudos Dr. T. Alvarez, Buenos Aires City, Medical Clinic.; Argentina

Introduction: The hypokalemia is commonly found in medical clinic, its prevalence is estimated in approximately 20% of the patients admitted at a service of general internal medicine. Gitelman's syndrome is a distal tubulopathy of autosomal recessive inheritance, whose alteration at level of cotransporter Na / Cl in the distal tubule that produces an inability to reabsorption of sodio. It is usually asymptomatic until adulthood.

Case Report: 17-year-old female patient, Argentine, consults due to muscle weakness, functional impotence in lower limbs, hands and feet spasm in 12 hours of evolution. This clinical profile is repeated on several occasions in the past year, at rest and with physical activity and it diminishes without treatment

Background: younger sister with muscle weakness. Physical Exam: lucid, normal blood pressure, regular health state, dark skinned, short and low weighed, weakness and functional impotence in both lower limbs and spontaneous bilateral Trousseau's Sign. **Laboratory:** hypocalcemia, hypokalemia, hypomagnesemia, high creatine fosfokinasa (CPK), metabolic alkalosis, hypocalciuria y hyperchloruria. Electrocardiogram: no alterations. Renal Echography: Both kidneys normal shape, size and state, defined contours, homogeneous cortical echostructure. Skull and chest x-ray with no alterations. TRH - TSH test: normal. Discharged with treatment of oral potassium and magnesium! and indomethacin 75 mg.

COMMENTARY: the causes of hypokalemia and metabolic alkalosis with normal blood pressure are: abuse of diuretics and laxatives, Bartter?s Syndrome (without hypocalciuria), Gitelman's Syndrome, chronic vomiting and cystic fibrosis. Gitelman's Syndrome is a tubulopathy characterized by hypokalemia, metabolic alkalosis, hypomagnesemia, hypocalciuria. Clinically, it shows very little and it is even silent until adulthood, the diagnosis is made by exclusion. Although it may often have a more benign evolution than the Bartter's Syndrome, up to 75% of the cases may have severe complications such as convulsions or tetany or convulsions by spontaneous hyperventilation. **Treatment:** potassium, magnesium, NSAID (Non-steroidal anti-inflammatory drug) and potassium-sparing diuretics.

P-03-26 | SUB ACUTE THYROIDITIS FOR INFECTIOUS MONONUCLEOSIS. A CASE REPORT

Jara Yorg, J.A.; Jara, M.A.; Jara Ruiz, J.M.

1st Cathedra of Medical Pathology, Faculty of Medicine, National University of Asunción, Nuclear Center of diagnosed and Treatment (CEDIN). Asunción.; Paraguay

The infectious mononucleosis is an infection caused by the virus of Epstein-Barr. The virus is disseminated through the saliva and it is called "illness of the kiss." The mononucleosis happens with more frequency among people from 15 to 17 years. However, one can have to any age. The symptoms include: fever, pain of inflamed lymphatic, sore throw, lymph nodes in cervical region. An analysis of blood (Reaction of Paul Bunnel - Davidson) can detect it. Most of people get better in two to four weeks; however, it can feel fatigue during some months after. The treatment is focused in improving the symptoms and it includes analgesic and inflammatory medications.

Case: We present a 30 year-old patient, feminine sex, with antecedents of pain of abrupt beginning in the neck 1 week before with fever and inability to carry out lateral movements of the neck for the pain and the appearance of painful lymph nodes in both lateral regions of the neck. To the physical exam painful hypertrophy the gland thyroid in both lobes, painful lymph nodes with hypertrophy in neck. Laboratory findings: ENDOCRINOLOGY: FT4: 2.7 mg/dl VN (0.8-2.0) ng/ml;FT3: 5.0 pg/ml VN (1.4-3.4) pg/ml;TSH: 0.04 uUI/ml VN (0.4-5.0) uUI/ml TPO ab. (MEIA): 4uI/ML VN (<to 12 UI / ML) TG ab (IgG)(MEIA: 154 UI/m VN (<to 34 UI/ml IMMUNOLOGY Protein C Reactivates Latex 12 mg/ml VN (< 6) Paul Bunnel - Davidson: Positive THYROID ULTRASONOGRAPHY demonstrates increased dimensions of both lobes with heterogeneous eco-structure with multiple hypoecogenic nodular images of dimensions 5,8 x 5,3 mm and 5,5 x 3,8 mm in the left inferior with cervical lymph node. SCINTIGRAPHY: with Tc99m shows thyroid uptake absence in both lobes.

TREATMENT AND EVOLUTION: She was treated with prednisone 5 mg/daily, antinflamatory, propanolol and analgesic with improvement in the 3 weeks and reduction of the glandular size. There is no mention in literature of similar case.

P-03-27 | THYROID STORM. SERIES OF SIX CASES

Beltramino, G.; Chavero, I.; Palou, B.; Piombino, D.; Kantor, B. Cera; D. Celentano; A.

Hospital de Emergencias Clemente Alvarez, Rosario, Santa Fé.; Argentina

Introduction: Thyroid storm is the extreme manifestation of Thyrotoxicosis. Its diagnoses is made based upon clinical manifestations and its mortality rate remains high despite treatment. **Objectives:** to know the incidence, underlying precipitating causes, clinical evolution and response to treatment in a third level hospital in Rosario.

Methods: retrospective analysis of medical records of patients admitted to Internal Medicine Service at Hospital de Emergencias Clemente Alvarez, between 2002-2006. Inclusion criteria: Burch - Wartosky's score of 45 or more. **Results:** the study included 6 patients (5 females, mean age 31 years old, range 20-41 years old). Four of them had been diagnosed with Grave's Baesedow disease. Four of them presented with dyspnea. Cardiovascular signs and symptoms were prominent and 100% of patients had signs of congestive heart failure at admittion. All of them had palpable goiter. As precipitating causes we found: sepsis (4 of 6) and discontinuation of treatment (3 of 6). The clinical evolution once treatment was begun was good, and only one patient died.

Conclusion: Thyroid storm is a rare but severe disease, fatal if not treated. Its clinical manifestations are not specific, and differential diagnoses includes congestive heart failure and sepsis. Outstanding features were personal history of Grave's disease, palpable goiter, youth and female sex.

P-03-28 | KALLMANN'S SYNDROME:A CASE REPORT

Pineda, Carlos; Urribarri, Jesica.; Pirela, Mónica; Ruiz, Gabriel; Rojas, Edward

Endocrine and Metabolic Research Center "Dr. Felix Gomez" School of Medicine, University of Zulia Maracaibo; Venezuela

The Kallmann's syndrome is a pathological entity belonging to the group of hypogonadotropic hypogonadisms, characterized by the absence of primary and secondary sexual characters, anosmia caused by abnormal olfactory bulbs development and synkinesia (mirror movements). Often renal agenesis and cleft palate are associated with this entity. It is transmitted by different modes of inheritance with an incidence of 1:10.000 for men and 1:50.000 for women, (5:1 ratio tmale dominance). **Case Report:** 22 years old male patient who consulted to the Endocrine and Metabolic Research Center "Dr. Félix Gómez" with nonappearance of puberty characters. In physical examination no axillary hair, anosmia, decreased libido, sharp voice, small muscle development and bimanual synkinesia were found. Genital development is classified as stage 1 according to Tanner classifying sistem; absence of testicular structures in right scrotal bag and soft scrotal structures no seemed to left testicle were impressed. Paraclinical examinations: TSH: 3.0 ULU / ml; free T3: 2.8 pg / ml; free T4: 1.0 ng / ml; LH: 0.20 MLU / ml; FSH: 1.6 Mul / ml; Free Testosterone: 0.05 pg / ml; Total Testosterone: 0.04 ng / ml; Cariotipe: 46, XY; abdominal echography: left renal agenesia; Testicular echography: Hypogonadism, left cryptorchidism located in lower third of the inguinal canal. Presence of right testicle is questioned. **Discussion:** Kallmann syndrome is diagnosed based on clinical findings and additional paraclinical examinations, the latter being important to make differential diagnosis with other types of hypogonadism. It was discarded pathologies with chromosomal abnormalities such as Klinefelter's syndrome by karyotype, observing normal 46, XY. In the isolated deficiency of gonadotropins diagnosis is often done by exclusion, to rule out other causes of hypothalamus-pituitary dysfunction, administration of GnRH restores the normal response of the pituitary by production of FSH and LH, Indicating unequivocally that the disorder is hypothalamic and compatible with Kallmann's syndrome. The therapeutic management of this syndrome is aimed to induce development of primary and secondary sexual characters, the decline in cases with testicular cryptorchidism and induction of spermatogenesis in the case of reproductive desire.

Keywords: Kallmann syndrome, Hypogonadism, anosmia.

P-03-29 | BILATERAL ADRENAL INFARCT AND SUDDEN DEATH

Antón E.; Escalante M.; López A.; Marti J.

Department of Internal Medicine. Hospital of Zumarraga (Guipuzcoa); Spain

Introduction: Acute adrenal insufficiency (AAI) is an uncommon cause, frequently overlooked, of sudden death. Here, an unsuspected case of AAI due to bilateral adrenal infarct (venous thrombosis) is described.

Case Report: A 45-year-old man presented with a 3-day history of progressive general malaise, cough, dark expectoration, and polymyalgia in the lower limbs. Past medical history was remarkable for chronic alcoholism, chronic hepatitis and pancreatitis, sprue, chronic atrophic gastritis, and diabetes mellitus. Physical examination revealed: BP 90/60 mmHg, HR 60 bpm, Temp. 35.5 ºC, rales in both pulmonary basis, light abdominal distension with ascites, and oedema in lower extremities. EKG: s.r. 50 bpm. Chest X-ray: moderate bilateral pleural effusion. Biochemical tests: leucocytes count 12.4 x 109/l (neutrophils 86%), Hb 10.8 g/dl, thrombocytes 86 x 109/l. Coagulation tests: INR 1.2, APTT 44 sec. (27-35), ratio APTT 1.4 (1-1.3). Glucose 42 mg/dl, total proteins 4.9 g/dl, electrolytes and renal function test were normal. A treatment with amoxicillin-clavulanic intravenous (1g/8h) and infusion of dextrose-saline solution was started. Hypoglycemia and hypotension were controlled. He was discovered dead in bed, 19 hours after admittance. Necropsy findings: generalized oedema (pleural and pericardic effusion, ascites), chronic hepatitis, chronic atrophic pancreatitis, extensive bronchopneumonia (Candida albicans), and bilateral adrenal infarct due to venous thrombosis, with no features of vasculitis or sepsis.

Discussion: The majority of cases of AAI caused by adrenal venous infarction occur in adults with severe infection, usually of the respiratory tract. Symptoms of AAI are nonspecific: the patient appears affected with hypotension/shock, hypothermia, and hypoglycemia. Death may be extremely rapid, often sudden, unexpected and unexplained. AAI usually occur during long-term Addison disease. However, this patient had not clinical, biological or pathological features of chronic AI. Histological examination of the adrenal glands did not reveal findings of autoimmunity, tuberculosis, tumour, infiltration or atrophy. The cause of venous thrombosis in the adrenal glands is obscure in most cases of venous infarction. In this patient, absence of other venous/arterial thrombosis did less probable a primary antiphospholipid syndrome diagnostic.

In **Conclusion:** AAI has to be taken in account in sudden death, and rutinely examination of the adrenal glands is mandatory. 349w

P-03-30 | INSULINOMA: A RARE DISEASE AND INNOVATIVE LOCALIZATION METHOD

Brodsky, P.; Princz, M.; Tisi Baña, M.; Gonzalez Ibañez, L.; Grassi, D.

Hospital Universitario Austral / Argentina

Introduction: Insulinomas are rare neuroendocrine tumors. Even though they are uncommon, they are the most common type of tumor causing hypoglycemia. Over 99% of insulinomas originate in the pancreas, with rare cases from ectopic pancreatic tissue. They might be localized using ultrasound, CT scan, or by MRI techniques. A positron emission tomography is the most sensitive method for detecting these tumors.

Clinical Case: A 56 year old woman was admitted to our hospital because of symptomatic hypoglycemia. She came to the emergency department because of an episode of nausea, dizziness and sweating. She was afebrile, normotense, with a glycemia of 35 mg/dl. A hypertonic dextrose solution was administered, with a posterior glycemia of 64 mg/dl. Even with the continuous dextrose solution, the patient persisted with symptomatic hypoglycemia.

She had a history of intermittent episodes of syncopes without a clear etiology, which initially were interpreted as vasovagal. Two years before admission she was admitted to another hospital because of an episode of symptomatic hypoglycemia. During her hospital stay a fasting test for 72 hs was performed which had the following **Results:** 24 hs= 83.03 mUI/ml of insulin, C-peptide 0.87 mmol/L. 72 hs= 65.7 mUI/ml of insulin, C-peptide: 0.87 mml/L. With these results an insulinoma diagnosis was made. Abdominal MRI was normal, with no evident tumors.

Since it was undetected and the clinical suspicion was still high a PET scan with FDG-F was performed which indicated a hypermetabolic lesion in the head of the pancreas. The ecoendoscopy showed a hyperecogenic lesion in the body and tail of the pancreas. A surgical procedure was recommended, but the patient refused it because of personal reasons, so diazoxide 100 mg/12hs was administered. Localization of the underlying insulinoma may not be easy.

We present a case of insulinoma successfully localized by the use of positron emission tomography

P-03-31 | ACUTE ADRENAL INSUFFICIENCY INDUCED BY SINGLE DOSE ETOMIDATE.

Lisgelia Santana

University of Puerto Rico.

Introduction: Adrenal insufficiency secondary to the use of Etomidate infusion in the Intensive Care Units is well described, especially in critically ill patients. Few cases of adrenal insufficiency after a single dose of Etomidate (Amidate, Abbott Laboratories, IL) have been described. The use of Etomidate for induction of anesthesia is common for the hemodynamically unstable patient or in patients who may not tolerate wide variance in heart rate or blood pressure.

Clinical Case: We present a 52-year-old male patient with past medical history of high blood pressure, chronic smoker and a cerebral vascular accident on 1994 who was schedule for abdomical aortic aneurysm repair of 6.0cm. After several minutes post extubation patient become hemodinamically unstable, hypotensive and dyspneic. Patient developed adrenal insufficiency.

Discussion: Before induction we placed an epidural catheter both for intraoperative anesthesia and postoperative analgesia. The patient was premedicated with Midazolam and induced with Fentanyl (2mcg/ml) and Etomidate (0.3mg/ml). During the intraoperative period the patient was hemodinamically stable. The patient developed hypotension with poor response to inotropics and crystalloids after surgery was completed and ten minutes after extubation. Hemodinamic instability of patient was attributed to adrenal insufficiency after a single dose of Etomidate due to low cortisol levels. Patient's critical condition improves drastically after exogenous glucocorticoids treatment.

Conclusion: Patient on this case developed acute adrenal insufficiency Cortisol levels founded low during stress. Patient hemonidamically instability resolved with exogeneous glucocorticosteroids. Patient discharge home after several weeks on stable condition.

P-03-32 | PARATHYROID ADENOMA OF ECTOPIC LOCATION. A CASE REPORT.

Karem Velasquez; Gustavo Fernandez; Braulio Vargas; Marianella Suarez; Richard Scalonna. . karessita1@hotmail.com

Department of Internal Medicine, Miguel Perez Carreño General Hospital. Caracas, Venezuela

Case: We report a case of a 59-year-old female patient with history of hypertension, renal lithiasis, with no prior bone fractures; who consulted because of generalized bone pain and muscular weakness of one year of evolution associated to emotional lability and irritability. In the presence of normal physical examination, blood tests were performed reporting serum calcium 17.2 mg/dL, alkaline phosphatase 381 IU/L and intact parathormone (PTHi) 2500 pg/mL, as well as a high 24-hour urine calcium content (398.6 mg/24h), so primary hyperparathyroidism was diagnosed.

Parathyroid scintigraphy with sestamibi Tc99 demonstrated the presence of round cleared area of approximately 3 cm of diameter, located in anterosuperior mediastinum, suggestive of ectopic parathyroid; corresponding with CT-scan findings of an image of density compatible with soft tissue ahead and to the left of the trachea with intratoracic extension. Anterior cervicotomy with ressection of tumor was performed, to which biopsy was made concluding parathyroid adenoma. Patient's evolution was satisfactory and at discharge, serum calcium level was 7.4 mg/dL, becoming normal at 6-month follow-up as well as PTHi did. At present time the patient is asymptomatic.

Conclusion: We review this interesting case of ectopic parathyroid adenoma, whose incidence is very low (3-5%) together with parathyroid carcinoma (1%), compared to adenomas (80%), and hyperplasia (10-15%). Proper diagnosis was favorable for this patient since she only underwent resection of ectopic tissue, preserving her glandular function, preventing further morbidity, hence improving life quality.

P-03-33 | DETECTION OF SUBCLINICAL HYPOTHYROIDISM IN A POPULATION OF WOMEN OVER 60 YEARS.

De Medicis, Patricia; Aboud, Mario.; Iannuccilli, Jose Luis.

Fundación Funbioge Ciudad de Buenos Aires, Argentina

Introduction: The hormonal imbalance is more evident commencing the postmenopausal. Hypothyroidism is the most frequent, the subclinical form of presentation it's evident by the elevation of TSH (thyrotropin) and the thyroid hormones values are normal. The diagnosis is difficult because the patients are asymptomatic. **OBJECTIVE:** The objective of this work is to establish the prevalence of subclinical hypothyroidism in women over 60 years and their relationship with defined variables.

Material & Method: We made a descriptive transversal study. It included a sample of 60 female patients between 60 to 80 years that assisted during the period from January 2006 to January 2008 to the consulting room of Clinical Medicine of Fundacion Funbiogens. Exclusion criteria: previous sickness or dysfunction of thyroid & or treatment with Lithium & or Amiodarone. We analyzed the clinical histories and questions according to biodemographic variables. We determined the TSH, T4, ATPO (antibody antiperoxidase), total cholesterol, HDL & LDL. (**Methods:** electroquimioluminisence & enzymatic). The obtained results were put into a data base of Excel that permitted to make the tables and graphics for the retrospective analysis.

Results: The average age was 70 years. 31,3% presented hormonal values of subclinical hypothyroidism. 7,5% presented antithyroid antibodies and 50% presented increase values of cholesterol. Only 5% of the patients with subclinical hypothyroidism referred some type of minor symptom. **Discussion:** In the year 2000, The American Thyroid Association recommended the control of TSH in women over 35 years. In Argentina the Programa Medico Obligatorio (PMO) Obligatory Medical Program instructs to request TSH for women over 50 years. However the general practitioner or the primary attention doesn't include it in the checkup thyroid function test, regardless of the association with cardiovascular sickness, dyslipidemia and risk of evolution of a manifested hypothyroidism. We have to take conscience that the subclinical hypothyroidism is a pathology that has to be detected, most of the time the appearance is hidden at the physical examination.

P-03-34 | POLYGLANDULAR AUTOINMUNE SYNDROMES TYPE II (SCHMIDTS SYNDROME). PRESENTATION OF CASE

Mendez S. Lisbeth, Villamil H. Karen, Calderon B. Liz, Zambrano Perla, Rodríguez Oswaldo (karenyise@hotmail.com)

Servicio de Medicina Interna. Hospital Miguel Pérez Carreño. Caracas - Distrito Capital.. Venezuela

The Polyglandular Autoinmune SyndromeType II also known as Schmidt's Syndrome, are rare immune polyendocrinopathies, characterized by the coexistence of at least two endocrine gland insufficiencies with autosomal dominant inheritance, HLA associations and presence of pancreatic cells, tiroglobulin, thyroid microsomal antibodies, adrenal and gonadal cells autoantibodies.

The prevalence is estimated to be 1:20000 and incidence of 2:100000, occurs in adulthood mainly in the third or fourth decade and females are affected three times more frequently than males. It is characterized by primary Adrenal Failure (Addison's disease) with Autoimmune Thyroid Disease and/or type 1 Diabetes.

CLINIC Case: Female patient of 35 yeas old with antecedents of Hypertiroidism in irregular treatment and Vitiligo, it consults to emergency room of our hospital in February of the 2006 to present fever, decrease of the muscle force and palpitations, entering with the diagnostic of: Thyroid S torm and Diabetes of recent diagnostic in Hiperosmolar State.

Physical exam: BP: 120/70mmHg HR: 160x. RR:28x. T: 40 ºC . Patient in regular conditions with fever, discreetly dehydrated, with depigmented maculae and blush face. Bilateral Exoftalmo to right predominance. Neck with visible and concrete thyroid of bilobed surface and increased consistency without nodule in its surface. Apex in 5th. intercostals space with midclavicular line, Arrhythmic heart sounds without heart murmurs. EKG: AF RVR. Thyroid ultrasound: Multinodular Goiter. Thyroid functionalism: TSH: 0.48 T3: 484.3 T4: 2,90.

Treatment with insulin in scheme begins and treatment adjusts for Hypertiroidism with Propanolol and Metamizol with clinical improvement.

Keywords: autoimmune polyglandular syndrome, thyroid autoimmune disease, diabetes mellitus.

P-03-35 | DIFFERENTIATED THYROID CARCINOMA (DTC). SIMULATION OF THE ENDOGENOUS TSH WITH MULTIPLE DOSES OF TRH AND ITS TREATMENT WITH 131I. A 3 YEAR EXPERIENCE

Jara Yorg J.A.,Jara M.A.,Jara Ruiz J.M. (jorgeantoniojara@yahoo.com)

Centro de Diagnostico y Tratamiento Nuclear,CEDIN,Genaro Romero 174,Asuncion,Paraguay

The search of an alternative method to the rh-TSH to stimulate endogenous rising of TSH previous to thyroid ablation with 131I in patients with CDT operated. The purpose of the work began in 2001 in Paraguay using multiple dose of TRH IV (200µU of TRH Threlea® Argentina) to stimulate the own TSH of patients previous to 131I ablation.

Material and Methods: Two hundred patients operated for DTC were studied by this method, 120 were papillary and 80 follicular cancer, 180 did not have distance metastasis and 20 presented metastasis in thorax, pelvis and dorsal spine. Total thyroidectomy was carried out in 120 and total lobectomy with itsmectomy plus hemilobectomy of the other lobe in 80. All were treated with ablative dose of 100 mCi (3.700 mBq) of 131I, except those with metastases which receive 150 mCi (5.500 mBq) with the previous stimulation with TRH IV with two daily dose for three days with previous suspension of L-tiroxine for 25 days and replaced by triyodotiroxine 25 mcg/d for 15 days with suspension 10 days before the stimulation with TRH and treatment with 131I, 2 patients with metastasis received another extra dose of 150 mCi (5.550 MBq) 6 months later.

One presented uptake in thyroid bed one year after the ablation received a new ablative dose of 100 mCi (3.700 mBq) of 131I.TSH was measured during the stimulation with TRH in all patients All the patients without metastasis achieved the total ablation at 6 months except one that was depicted previously with 131I with a single administration of TRH and that the total ablation was achieved later on.

Our results suggest that multiple dose of TRH could be a new tool to be used in the stimulation of the endogenous TSH in patients with (DTC) previously operated that they should be treated with radioiodine.

P-03-36 | THE PSYCHOBIOLOGICAL PROFILE OF STRESS

Daniel López Rosetti, Dr.Saúl Polisky, Lic. Cecilia Pili (d.lopezrosetti@fibertel.com.ar)

SAMES Sociedad Argentina de Medicina del Estrés. Ciudad Autónoma de Buenos Aires - Argentina

The stress syndrome develops when any overload overcomes the individual´s capacity to endure it. This endurance depends on the person´s physical and psychological vulnerability.

The psychobiological profile of stress is the diagnostic procedure we use to classify the person´s vulnerability based on their physical reactions to a standard mental stress. We complement these findings performing afterwards some cognitive psychological tests.

During this diagnostic procedure we correlate the findings of their physical reactions with the type A personality (Type A behaviour- Rosenman-Friednman) measured with the Test of Jenkins C. D. Zysanski S. J. y Rosenman R. H.

When the mean arterial blood pressure is 107 mm. or more we diagnose him as a "Tense physical reactor" and when it is 106 mm. or less we diagnose him as a "Calm phisycal reactor".

Either one, the tense or the calm, can have a type A or type B personality, according to the results of the cognitive psychological tests.

Mixing these four variables with have four sub-groups. There is an extensive bibliography that associates the tense physical reactor and the Type A personality with cardiovascular disease. This is the sub-group whose sympathetic component is predominant and has higher physical reactions and a higher physical and psychological vulnerability to the daily stressors.

They should benefit with specific treatment.

P-03-37 | PLURYENDOCRIN SYNDROME

Maria Jose Giménez; Daniela Pierantozzi; Cristian Villarroel; Griselda Alvarez; Alejandro Dain

Hospital Militar Córdoba-Argentina

Aim: Pluryendocrin Syndrome is a rare syndrome

Case Clinic: Patient female 53años with ant: DBT 1. Chronic gastritis. Dupuytren's Disease. Pathological fracture of the left clavicle and anaemia 1 year of evolution. MC: Asten Syndrome. Pruritus. Initial **Laboratory:** 27% hematocrit, hemoglobin 8.3mg/dl, leucocitos.8100/ml FAL: 1263 GGT87, GPT63. ESR 120 mm Hg.

Eco abdominal: increasing the size of the cephalic portion of the pancreas and stomach with thick walls. Laboratory hematimétrico: VCM 90fl, ret 5%, FE125mg/dl, transferrina183 mg / dl, sat 68%. Faced with chronic anaemia is required laboratories and metabolic hormones: TSH 3.74; T4 1.21; T3 180; calcemia 7.25 Calcium ion 0.90; fosfatemia 1.89; magnesium 2.2. It asks viral serology (IGM AGsVHB CMV negative)

ECO RENOVESICAL imaging **Method:** hepatomegaly discreet, kidneys SP. TAC abdomen and pelvis: microlithiasis bilateral renal. TAC column lumbosacra: unchanged. There is a treatment for anaemia without results, continuing with intense itching and FAL high so it is done to rule out colangioresonancia cholestasis being normal. The patient is placed in Grade III with diabetic foot **Laboratory:** HB: 8.6 HTO: 26 Gl: 315 FAL: 2600, LDH: 726

It is suspected hyperparathyroidism: CA Ionic: 0.96 phosphorus: 3.5 PTH: 484 and 25OHD3: 19. CENTELLOGRAMA SBI: hipercaptante shows lesions in the right ankle, left foot, multiple arches sacks and left collarbone injury that biopsy report mucoid material without neoplastic ilk. Antibodies are asked to evaluate autoimnune hepatitis, primary biliary cirrhosis: ANA, ANCA, ANTI DNA, ANTI LKM, ANTI smooth muscle, AC AND ANTI mitochondrial were negative. Supplement and circulating immune normal. Ecografía thyroid gland and parathyroid: normal. It performs Cam range of parathyroid glands positive for inflammation and hyperfunction.

Fibroduodenoscopia with villous atrophy. Request: Ig A, AC ANTI endomísio, AC ANTI gliadin (IG) with positive results. Protein by EF with hypoalbuminaemia (albumin 2.6) and 2.3 gamma globulin. There are no detectable oligoclonal bands or M component in blood or urine 24hs. kidney function always preserved. Cortisoluria in urine 24hs was normal Cortisol basal serum 15mcg/ml.

Syndrome patients PLURIENDOCRIN autoimmune type II (subclinical hypothyroid dism, secondary hyperparathyroidism malabsorption BY A celiac disease.

P-04-01 | MASSIVE PULMONARY EMBOLISM RELATED TO ESSENTIAL THROMBOCYTOSIS AND TREATED WITH THROMBOLITIC

Alibaz Oner, Fatima; Gurcan, Zeynep; Uzunhasan, Isil; Emin Piskinpasa, Mehmet; Erguney, Mecdi

Ministiry of Health, Istanbul Education and Research Hospital, Clinic of Internal Medicine, Turkey

Introduction: Essential thrombocytosis(ET) is a disorder that causes persistent increase in the platelet count. Thrombotic and haemorrhagic complications are the main causes of morbidity in ET. We present a case with massive pulmonary embolism related to essential thrombocytosis and treated with streptocynase(STK).

Case Report:A 41 year-old woman presented complaining of progressive dyspnea ,cough. The blood pressure 127/70mmHg, pulse 104/minute, respiration 30/minute. The heart examination was normal except tachycardia. Pulmonary vesicular sounds were lowered in the basal of portion both hemitorax. White blood count:16700/mm³ with left shift, hemoglobin:11,4 gr/dl, hematocrit:34,8%, platelet count:3384000/mm³, $p0_2$: 43 mmHg,pCO_2:25 mmHg, sO_2: 81%, Ph:7,48, D-dimer:1100 ug/ml. The chest X-ray findings were in the normal. The diagnosis of pulmonary embolism was made on the basis of clinical,laboratory and computorize tomography(CT) findings. Heparin perfusione and aspirine were started. Because of clinical worsening; clopidogrel, diltiazem and STK perfusion were added to therapy. The diagnosis of essential thrombocytosis was made by the hematology. The patient was discharged from the hospital with aspirine, warfarine, clopidogrel, hydroxyurea, allopurinole.

Conclusion: We presented a case with massive pulmonary embolism related to ET. We had to decide whether we would make agressive treatment (expecially thrombolitic therapy) or not. For Fatal bleeding complications could occur in ET as well as thrombosis. We presented this case, because We used succesfully thrombolitic agent in the therapy of massive pulmonary embolism related to ET.

P-04-02 | ACUTE ONSET SEVERE BACK PAIN IN A PETIENT WITH BETATHALASSEMIA

Konstantinos Kritikos; Eleftheria Kagkelari; Georgia Pinna.; Theodore Gounaris; Evangelia Sioula

1st Department of Internal Medicine. Evangelismos General Hospital, Athens, Greece

We report the case of a 29-year-old-woman with a known diagnosis of beta-thalassaemia that presented with acute onset, severe, low-thoracic and lumbar back pain radiating to the abdomen.

She reported no other symptoms and her past medical record was free of other diseases. A computed tomography, as well as a magnetic resonance imaging was performed, that revealed diffuse thoracic paraspinal masses suggesting extramedullary haemopoiesis. Extramedullary haematopoiesis is a physiological response to chronic anemia observed frequently during homozygous thalassemia. Beta-thalassaemia is an inherited, multisystem disorder, described by Cooley et al. in 1927.

The disease has the highest prevalence in the Mediterranean countries, where up to 15% of the population carry the beta-thalassaemia gene. Beta-globin chain synthesis may be absent or reduced, resulting in thalassaemia major (homozygotes) or the less severe clinical condition of thalassaemia intermedia (heterozygotes). The abnor! mal globin chain synthesis leads to anaemia, hepatosplenomegaly and extra-medullary haematopoiesis with secondary skeletal deformity.

Conclusion: The present case shows the importance of CT and MRI imaging in the identification of the cause of back pain in patients with haemoglobinopathies. Extramedullary haematopoiesis, is rarely localized in the spinal cord. Clinical awareness of this phenomenon is essential for optimizing the neurological outcome of these patients. This information enabled the radiotherapist to plan treatment with small dose radiotherapy as extramedullary haematopoiesis masses are sensitive to irradiation.

A screening of extramedullary haematopoiesis should be performed in high risk thalassaemic patients.

P-04-03 | CHRONIC LYMPHOCYTIC LEUKEMIA APPEARING AS SKIN LESIONS

Goncalves Estevens, J; Rodriguez Vera, J; Vylchez, J; Ferreira, M. L.; Arez, L.

Centro Hospitalar do Barlavento Algarvio, Portimao; Portugal

Aim:

Cutaneuos lesions are not common in CLL, and that is the reason why we chose this case for its rarity

Case Clinic:

We present the case of a 75 years old man who consulted to the Emergency Department of our Hospital for a bleeding lesion with spontaneous intermittent remission in the frontal region from 4 months.

He also refered having found not painful enlarged lymph nodes in the axilar and cervical regions from one month.. Blood test taken at admission showed a leucocytosis of 133.200/µl, with 9,5% of neutrophils, 63,7 lymphocytes (35% pro-lymphocytes); platelets 149.000/µL; β2-microglobulin of 5,02, LDH 1799UI/L; ESR 1. Peripheral blood smear showed nuclear shadows. An excision of the axilar adenopathy was done, biopsy being reported as a lymph node involvement for a chronic lymphatic leukaemia B, CD5+ and CD20+ .

Cutaneous biopsy showed a scamous lesion with acantosis, focal spongiosis, edema of the papilar dermis and a nodular and anexial prominent lymphocytic involvement with abundant eosinophils in all the extension of the dermis and fat paniculus up to the limit of the sample. Lymphocytes were small, with positivity to CD 5, CD 20 and CD 43. The above mentioned data might be interpreted as an exaggerated reaction to an athropode bite in the context of a lymphoproliferative disease, most common in chronic lymphocytic leukaemia.

A sample of the skin biopsy was sent to Prof. L. Cerroni, in Graz , Austria, who confirmed the diagnostic hypotesis done.

Treatment with oral fludarabine was initiated, with a good clinical course.

Presently, the patient is on treatment in the Hemato-Oncology outpatient department of our hospital.

P-04-04 | CERVICAL MASS: A DIAGNOSTIC CHALLENGE

Goncalves Estevens, J.; Duarte, I.; Arez, L

Centro Hospitalar do Barlavento Algarvio, Portimao;Portugal

Differential diagnosis of cervical mass is difficult, and are a diagnostic challenge for the Internist.

WE present the case of a 29 years old Dutch man living in our country from 10 years who consulted his physician for a non painful right cervical mass appearing one year before, for what he was referred to the consult of Internal Medicine in September of 2007 for study.

We observed an asymptomatic patient with a right cervical mass of about 30x30mm, not painful, without lumps and adherent to deep plains. The rest of the physical exam did not reveal significant alterations.

A cervical CT scan showed a nodular lesion on the right carotid area, located in the carotid bifurcation, that compressed and dislocated the internal and external carotid, suggestive of a glomic tumor.

A cervical Magnetic Resonance Image (MRI) and an angioMRI showed am expansive right cervical lesion with 46mm of vertical diameter ,27 mm of transversal diameter and 35 mm of anteroposterio length, located on the right carotid bulb and causing a dislocation of the right internal and external carotid arteries, appearing heterogeneous capitation of paramagnetic intravenous contrast. An Angiography study with sequence 3D TOF confirmed the hypotesis of carotid glomic carotid tumor.

The patient was referred to Vascular Surgery to Hospital de Santa Maria for surgical treatment.

Glomic tumors are uncommon, having a prevalence of 1/1.300.000 people, with a slow growing, hypervascular and in almost 90% of cases are benign.

The authors present a review of the literature available about this tumors.

P-04-05 | USEFULNESS AND COSTEFFECTIVENESS OF COLORECTAL STENT FOLLOWED BY CURATIVE RESECTION FOR LEFTSIDED MALIGNANT COLORECTAL OBSTRUCTION

Man Yoon, Soon; Jeong-Sik, Byeon; Jin-Ho, Kim

Asan Medical Center, University of Ulsan College of Medicine; Korea

Background/AIMS: We aimed to evaluate the cost-effectiveness of preoperative stent insertion in left-sided malignant colorectal obstruction.

Methods: Patients with left-sided malignant colorectal obstruction were included. Stent group (ST, n=24) was those treated with preoperative stent insertion followed by curative surgical resection.

The clinical course and management cost of ST was compared to those of emergency operation group (EO, n=22). **Results:** Age (60.6 ± 3.1 yrs vs. 62.1 ± 3.2 yrs, p=0.74) and male to female ratio (12:12 vs. 15:7, p=0.25) were not different between ST and EO. Distribution of postoperative pathologic stage was also not different. All patients in ST underwent only one surgical operation while 6 patients (27.3%) in EO underwent 2 or more surgeries (p<0.01). Mean hospital stay in ST was 22.0 ± 0.8 days compared to 26.3 ± 2.4 days in EO (p=0.09).

Postoperative care in intensive care unit was necessary in one patient (4.2%) in ST while 7 (31.8%) in EO (p=0! .02). Postoperative complication developed in one patient in ST while 6 in EO (p=0.04). Mean total cost was 7,974,236 Korean Won (about 7,974 US dollars) in ST while 9,271,630 Korean Won (about 9,271 US dollars) in EO (p=0.06).

Conclusion: Preopreative stent insertion in left-sided malignant colorectal obstruction is more cost-effective than emergency operation.

P-04-06 | CERVIX CANCER AND SARCOIDOSIS CASE REPORT

Custodio, Sandra; Joaquim, Ana; Canhola, Anabel

Sao Sebastiao Hospital; Portugal

Case Report: A 46-year-old woman, with no relevant past history,presented coital hemorrhage since july 2006. The histology of a colposcopy biopsy (october 2004) revealed an invasive squamous carcinoma. The staging CT presented paratraqueal and mediastinic lymphadenopathy. By the suspicion of secondary lesions she made a PET Scan: hypercaptation of FDG in the correspondent locations of CT. In multidisciplinary group meeting it was decided to do radiological control of the lesions (too small and in a location with difficult access) and treat cervical cancer as a stage IB2. She underwent radical radiotherapy with concomitant chemotherapy (cisplatin 40mg/m2 weekly) with curative intent, completed in February 2005. In may 2005 control PET Scan revealed "extensive nodal metastatic involvement in the mediastinum and spleen"; complementary CT "multiple adenopathy in different mediastinic nodal groups, forming a conglomerate in the paratraqueal region." Then she made a broncofibroscopy (with aspiration) followed by a rigid broncoscopy with biopsies, all inconclusive. In February 2006 after multidisciplinary discussion she underwent mediastinoscopy. Histology revealed "nodal involvement by granulomatous inflammatory process, sarcoidotic reaction like. Without malignant involvement." At the present moment she is in follow-up of the two diseases, with no evidence of malignant disease and with stabilized sarcoidosis, without need of therapy.

Conclusion: This case report alerts for the importance of making a histologic diagnosis of suspected lesions, in order to treat the disease/diseases accordingly (even in the presence of a strong suspicion).

P-04-07 | COMPARATIVE EVALUATION OF VORICONAZOLE VERSUS POSACONAZOLE VERSUS NO SYSTEMIC AGENT FOR PRIMARY PROPHYLAXIS OF INVASIVE FUNGAL INFECTIONS DURING INDUCTION AND CONSOLIDATION COURSES OF ADULT ACUTE LYMPHOBLASTIC AND MYELOBLASTIC LEUKEMIC PATIENTS

Ojeda Uribe, Mario; Berg, Catherine; Gravet, Alain.; Bouderont, Dominique

Département d' Hématologie, Hôpital E Muller; France

Invasive Fungal Infections (IFI) are a well known cause of severe morbidity and mortality in leukemic patients with chemotherapy induced neutropenia. From the beginning of 2007 to date we have administered during the induction and consolidation chemotherapy courses a primary prophylaxis with new azole agents against IFI in either de novo or relapsed adult patients treated for acute lymphoblastic leukaemia (ALL) or acute myeloblastic leukaemia (AML) (n=61 ; age range: 17-75y).

A second category of patients included a two-year historical control without systemic primary prophylaxis (n=65).Thus, three therapeutic periods are compared: pA) jan2005-feb2007 where only no systemic primary prophylaxis was administered (n=65), the principal agent used was amphotericine deoxycholate (AMBD) in oral suspension ; pB) feb to sep2007 where voriconazole (VOR) was administered either orally or intravenously 200 mg bid (n=21) and pC) oct2007 to date where posaconazole (POS) is administered or! ally at the standard dose of 5 ml thrice a day (n=40). All patients started their prophylaxis since the beginning of the neutropenia until absolute neutrophil recovery (PNN count>1x109/L for at least 3 days). Most patients also received daily G-CSF (lenogastrim) (150 mg/m2) from the send of chemotherapy in ALL patients and from an intermediate marrow control at day15 in favour of complete remission in AML patients. The incidence of IFI was assessed upon EORTC criteria since the start of prophylaxis until 90 days post-chemotherapy.

Preliminary results and analysis: pC group 3/40 (cases of IFI (2 proven: c krusei, c albicans) (1 probable: aspergillus (sp)) ; pB group 1/21 cases (1 probable: aspergillus sp) ; pA group 11/65 (9 proven: 2 aspergillus fumigatus, 3 aspergillus sp, 1 c krusei, 2 c albicans (2 probable: candida sp, aspergillus sp). All the IFI in the POS group were observed in relapsed (n=2) or refractory patients (n=1) as in most other patients of the pA and pB groups. ! No proven aspergillosis was observed in pB and pC groups, compared to 5 out 11 IFI cases in the pA group. Moreover, empirical antifungal therapy was more frequent in the pA group (the principal agent used was caspofungin). Cost-effectiveness analysis is in favour of primary prophylaxis with new azole agents in leukemic patients.

P-04-08 | KIKUCHIFUJIMOTO DISEASE: A CASE REPORT

Bustabad, Estefania; Oliveira, Natalia; Cotter, Jorge.

Hospital de Guimaraes.; Portugal

Introduction: Kikuchi-Fujimoto disease (KFD), also known as histiocytic necrotizing lymphadenopathy, is a being and self-limiting disease.The entity was first described in 1972 by Kikuchi and Fujimoto in Japan independently. KFD is prevalent in Asia, although it may been in a wide geographic distribution. It commonly affects young women. Cervical lymphadenopathy is the most prominent sign and should be differentiated from lymphoproliferative, autoimmune, and infectius diseases.

Case: We report a case in a 23-year-old woman who consulted the emergency of our Hospital for asthenia, fatigue, malaise, appetite and weight loss. She presented cervical, submandibular and axillary lymphadenopathy.. Nodes measuring up to 1cm in diameter were found upon physical examination.

The ultrasonographic finding showed a conglomerate of hypoechogenic lymph nodes, whith a few enlarged lymph glands. Findings were negative from serological tests for rubella, hepatitis B, hepatitis C, HIV, toxoplasmosis, Epstein-Barr virus, Herpes virus, as well as from tests for tuberculosis.

All microbiological investigations performed were negative.The autoimmune study was also negative. The biopsy of a cervical lymph node showed histological findings including necrotizing changes with cariorrhesis, partial loss of ganglionar architecture and foci of histiocytic infiltrates in the cortical and paracortical zones of the lymph nodes and absence of neutrophil granulocytes in the inflammatory infiltrates.All these were consistent with KFD.

No treatment was given, the pacient evolved spontaneously with a favourable outcome. Lymph node enlargements resolved in less than three months.

P-04-09 | CUTANEOUS METASTASIS: THE GREAT THREAT OF CANCER CASE REPORT (POSTER)

Freitas, J.M.; Santos, D.; Jardim, M.; Chaves, A.; Vieira, R.; Capelinha, F; Viera A P ; Araújo ; J N.

Internal Medicine 1- Funchal Central Hospital; Portugal

The appearance of cutaneous metastases is relatively uncommon in clinical practice, but its recognition is of extreme importance as they may herald the diagnosis of internal malignancy. They constitute the initial presentation for cancer in 20% of the cases. The neoplasms that more frequently produce cutaneous metastasis are: in males, lung (24%), in females, breast (69%) and in both genders, large intestine (9-19%), kidney and melanoma (45%). These metastasis are classified as adenocarcinoma, epidermal carcinoma or carcinoma with little differentiation. Patients may present a rapidly developing, painless nodule or mass with a solid or elastic consistency, adherent, and more frequently in the chest.

The case report presented involves a 56-year old man that appeared in the emergency department with a 6-month weight loss, asthenia, anorexia and abdominal pain associated with rectal bleeding. His physical examination revealed pale skin and mucosa and a mass of solid consistency in the right infra-clavicle region.

The pulmonary auscultation disclosed a marked reduction of the vesicular grumble with crepitant rales in the upper third of right hemithorax. The laboratorial evaluation showed a normocromic-normocytic anemia (Hb 8,5 g/dl; Htc 26,5%; VGM 82,6 fl; leukocytosis and neutrophilia (GB 46 500 103/mL ; neutrophils 82,9%). An ecotomografy of the right infra-clavicle mass disclosed: "a solid lobated mass, with invasion of the muscular structures", its biopsy and histological study confirmed it to be carcinoma with little differentiation, being imunohistochemically compatible to pulmonary origin.

The thoraco-abdominal CT scan showed "mediastinic masses, a solid mass ! in the right infraclavicle region, and two cavitary lesions to the right lung". The patient was transferred to the Oncology Department where he died. The authors enhance that in males, the tumor that more oftenly produces metastasis to the skin is the lung cancer, that these injuries are frequently subcutaneous nodules with little histological differentiation and that, in the presence of cutaneous metastasis of unknown origin its primary location is, in therapeutical terms, of little benefit as patients often survive only for a short period.

P-04-10 | PANCREATIC METASTASES OF MERKEL´S TUMOR

Agüera, Darío; Lewin, Laura; Méndez Uriondo, Asunción; Gentile, Santiago; Cherjovsky, Mariana

Hospital Municipal Ramón Santamarina, Tandil; Argentina

Introduction: Merkel's tumor is a rare neuroendocrine neoplasm of the skin. It's an aggressive tumor with high rate of local, regional and long distance relapse. Metastases in almost all organs have been described, but pancreatic localization is extremely infrequent.

Clinical Case: 56 year-old man with no relevant clinical history. He consulted presenting jaundice, asthenia, polyuria and polydipsia. On physical examination, jaundice, pallor and a red violaceous exophytic painless lesion of 10 cm in diameter over right tight skin were found. **Laboratory:** Hct: 17% microcytosis WBC: 20800/ mm3 Glucose: 549 mg% Total Bilirubin: 8,8 mg% Direct Bilirubin: 6,9 mg% Indirect Bilirubin: 1,9 mg% AST: 40 U/l ALT: 62 U/l Alkaline phosphatase: 501 U/l Gamma glutamyl transpeptidase: 232 U/l Abdominal ultrasound: A 36x36x31 mm mass lesion in pancreatic head was found Abdominal CT scan: A 4 cm of diameter mass lesion in pancreatic head, and two images compatible with adenopathies adjacent to minor gastric curvature were found

A biopsy procedure was undergone in tight and head pancreatic lesions. Pathology report: Compatible with Merkel's tumor. Immune-histochemical analysis: CD 20 negative. Keratin 7 negative. Keratin 20 positive with nodular paranuclear pattern.

Discussion: Merkel's tumor is an aggressive neuroendocrine tumor of the skin. At the moment the diagnosis is made 12-45 % of patients have already local or regional metastases and 36-60% long distance metastases. 5 years survival rate is 35-64%. Lymphatic and hematogenous dissemination occurs in 50% of patients. Organs most often affected are: liver, bones, central nervous system, lungs and skin. Only 6 cases have been described with pancreatic localization. Merkel's tumor could be misdiagnosed with neuroendocrine tumors and lymphoma in microscope examination; immune-histochemical analysis showing positive keratin 20 has a great sensitivity and specificity for Merkel's cells. An association with lymphoproliferative diseases has been described.

Conclusion: An infrequent case of pancreatic metastases of Merkel's tumor with secondary diabetes as clinical manifestation is presented.

P-04-11 | POEMS SYNDROME: CASE REPORT

Perrotti, Pablo; Grabre, Pedro; Palma, Daniel; Navarro, Viviana; Pepermans, María

Dpto. de Medicina Interna. Servicio de Clínica Médica, Hospital Escuela "J. F. de San Martín", Corrientes; Argentina

Clinical Case: Case 1: Female, 42 years of age, consulted because of abdominal pain, 10 month long inferior limbs weakness, patellar and aquillian arreflexia, Reynaud, facial rubicite, amenorrhea and polyadenophaties. **Laboratory:** 1.5 d% IgG lambda monoclonal gammapathy, Hematocrit 51%, VSG 15 mm, TSH 10UI/ml, T4 3.40 ug%, free thyroxine 0.42 ug%. Bone narrow punction and bone biopsy: normal. X-rays: osteolytic images in the temporal, coxal and in the left femur's head.

Electromiogram: dismyelinating distal sensitive-motor compromise of all 4 limbs, severe in both legs. Treatment started with prednisone 60 mg/day for 4 weeks, improving pain, without changes in muscular strength inside the laboratory. **Case 2:** Male, 47 years of age, consulted because of 12 month long weakness and pain in inferior limbs, Gynecomastia, testicular hypertrophia, skin hyperpigmentation, drumstick fingers, watch-glass nails, polyadenophaties, hepatoesplenomegalia, bimalleolar edema and scarce left pleu! ritic effusion. **Laboratory:** 2.74 g% Ig A monoclonal component, hematocrit 32%, VSG 57mm, TSH 9.20 UI/ml, free T4 0.7 ug%, GCH less than 3 mUI/ml, LH 3.78 mUI/ml.

Bone narrow punction: normal. Abdominal CAT-SCAN with adenopathies and retroperitoneal mass, with punction that revealed Castleman disease and plasmatic cells variant. Treatment was initiated with CHOP plan (cyclophosphamide, doxorubicin, vincristine and prednisone), achieving partial pain and muscle strength improvement.

Conclusions: POEMS syndrome is considered as an entity that can be both, idiopathic or associated to plasmocitarian dyscrasias, low-grade lymphoma, and Castleman disease or angiofollicular hyperplasia in 11 to 30 % of cases. For its diagnosis 2 mayor and at least one minor criterion are required. Our patients presented polyneuropathy, monoclonal disorder, organomegalia, endocrinopathy and skin changes.

Every patient with unexplained polyneuropathy should have an electrophoretic protein study as part of the diagnostic evaluation.

P-04-12 | HEPATOTOXICITY BY ANTIMICROIALS IN A SPANISH HOSPITAL

Lescano, M.L.; Manzano Badía, C; Escribano Dueñas, AM; Creagh Cerquera, R.

Hospital Perrando. Chaco. Argentina. Hospital Juan Ramón Jimenez, Huelva. Spain. Hospital Costa del Sol, Marbella.; Spain

Introduction: Antimicrobial could cause liver lesions. The incidence of toxic hepatitis through amoxicillin-clavulanic has been described in 1.7 per 10.000 prescriptions

OBJETIVE: We analysed the cases of toxic hepatitis that we had detected during the past four years, that an antimicrobial could be the reason. We studied the type of hepatic reaction, its gravity and evolution.

RESULTS: We studied 14 patients and 15 cases of toxic hepatitis. There were 9 male (64.2%) and average age was 53 years old. There were 28% who were alcoholics drinking on average 32 gr per day. There were no patients was previous with a hepatic diagnosis. Only 2 patients had biliary pathology and 3 patients had a hipersensivite reaction to drugs but no hepatic lesions. 66.6% of the antimicrobial was amoxicillin-clavulanic, 13.3% amoxicillin, 6.6% claritromicin, ampicillin, cotrimoxazol, cloxacillin y azitromicina. No recommended daily dose was exceeded. The reason for treatment was oropharynx problems 40% and pulmonary infections 26, 6%. The average day of treatment with amoxicillin-clavulanic was 5.5 days. The antimicrobial was added to other drugs in 11 cases, the most frequent was anti-inflammatory not steroids. Nine patients had general symptom, jaundice 13/15, choluria 12/15, abdominal pain 5/15 and pruritus 4/15. We used abdominal ultrasonography to **Diagnosis:** was normal in 2 cases, hepatic steatosis 5/14, hepatomegalia 4/14 warbles biliary 3/14. 3 patients had abdominal scans and 2 cases had cholangioresonance. In the blood test of 14 patients we detected in 3 cases hepatitis cytolysis, in 11 cases (73.3%) cholestatic hepatitis and mixed in one case (6.6%). The average stay was 10.8 days. The average time to normalize the blood analysis was 114 days. There were 2 complications: gastrointestinal bleeding and renal insufficiency , both recovered.

CONCLUSIONS: The antimicrobial that most frequently produces toxic hepatitis is amixicillin-clavulanic It is frequent the administration added to anti-inflammatory In general, the prognosis is good.

P-04-13 | A CASE OF A THORACOABDOMINAL PERI-AORTIC LYMPHOMA

Fox, Laura; Young, Pablo; Wallberg, Martín E.; Finn, Barbara C.; Bruetman, Julio E.

Hospital Británico de Buenos Aires.; Argentina

Case: We report the case of a 70-year-old woman in whom a systemic non-Hodgkin's lymphoma was diagnosed late after she presented with the clinical features of an acute aortic syndrome.

A CT scans showed the presence of a large thoracoabdominal periaortic soft tissue mass without aneurism or dissection.

Later a biopsy of the mass was performed which showed a non-Hodgkin's lymphoma.

Chemotherapy with CHOP-R was effective, with complete initial resolution of the mass, developping in the follow up chylothorax, malnutrition and death. The systemic lymphoma that compromises the aorta it is called periaortic lymphoma, and may be misinterpreted clinically or in CT scan mimicking a thoracic aortic aneurysm, dissection, penetrating ulcer or an intramural haematoma. Insome cases both situations may coexist, in others the lymphoma it is the underlying cause.

To our knowledge, only 42 cases (including ours) of periaortic lymphoma have been reported in literature.

Unusual morphology on CT scans and MR images, such as a skip area or unusual circumferential encasement of the aorta, as in this case, should suggest a neoplasm.

P-04-14 | PSOAS HAEMATOMA AN UNUSUAL SIDE EFFECT OF WARFARIN THERAPY

Marti, Juan; Escalante, Mikel; Larrea, Igor; Ramella, Jorge; Hernandez, Jeronimo

Hospital Zumarraga, Zumarraga.; Spain

Introduction: Spontaneous haematomas of the iliac psoas muscle are rare lesions seen in patients receiving anticoagulant agents or suffering from clotting disorders. We report the case of a spontaneous iliac psoas haematoma in patient with warfarin therapy

Case 82 years-old women. Medical history, chronic therapy with warfarin by atrial fibrillation. Was admitted by respiratory infection disease, (fever, coughing, spit and dyspnea). On physical examination. Temperature 39ªC.BP 90/60 mm/Hg. Cardiac rate 100/m. Laboratory findings: haemoglobin, 14.0 g/dl; hematocrit, 40 %; red blood cell count, 4,440,000/mm3; white blood cell count, 21,200/mm3, INR 4. A new control revealed drop of haemoglobin to 9 g/dl. CT abdominal. Large haematoma in psoas muscle, multiples adenopaties in celiac trunk and metastasis in liver of possible gastric carcinoma. Patient was treated conservative warfarin was stopped, treatment, fresh frozen plasma, and transfusion of 3 units of red blood package cell and enoxaparine 40 mg. once a day. Follow-up unfavourable and patient died 6 months later related with your underlying disease.

Discussion: Haematomas of the iliac psoas muscle are rare. A MEDLINE search under 'psoas' and 'iliac psoas haematoma' covering 1965 to 2000 found 68 articles pertaining to haematomas of the iliac psoas muscle Most of the patients were on acute or chronic anticoagulant therapy, specifically heparin and it appears that with increased use of anticoagulant agents, spontaneous haemorrhage within the iliac psoas muscle has become a more frequent clinical problem .The clinical diagnosis may be confirmed by sonography but computed tomography and MRI provide better visualisation of the iliac psoas compartment. Treatment of spontaneous iliac psoas haematomas depends on the speed of onset, volume and neurological impairment. For smaller haematomas and moderate neurological symptoms a conservative approach with bed rest is justified whereas large haematomas and severe motor function inhibition require mandatory surgical treatment by decompression and drainage.

References: Marquardt G Barduzal S, Leheta F, Seifert V Spontaneous haematoma of the iliac psoas muscle: a case report and review of the literature. Arch Orthop Trauma Surg (2002) 122 :109–111.

P-04-15 | CASE STUDY OF CENTRAL NERVOUS SYSTEM (CNS) INVOLVMENT AS INITIAL PRESENTATION OF MULTIPLE MYELOMA (MM)

Montero Labat L.; Orlando S.; Malacalza J.; Saba S.; Canepa C

Servicio de Haematología. Hospital Dr. Rodolfo Rossi UTMO CUCAIBA. Argentina

CNS involvement is an uncommon complication of MM. Intracraneal plasmacytoma is rare and almost always represents extensions of MM lesions of the skull but can arise from calvarium, dura or cranial base. Also when CNS is compromised, the disease is already at an advanced stage.

We report on a 54-year-old woman hospitalized for multiple right cranial nerve impairments, headache, visual changes, and fatigue. The patient consulted previously about headache, VII right palsy and progressive fatigue. Her symptoms had begun two months before. The physical exam showed pale skin and mucosa, widespread edemas, VII cranial nerve palsy, hypoesthesia in right cheek (V cranial nerve impairment), VI right cranial nerve palsy, and tongue dysfunction. Blood and urine tests detected anemia (Hct 15%), high proteins (8,6gr%), high ESR (135mm), hypercalcemia (13.3 mg %), high uric acid (9,9 mg%) and kidney dysfunction (creatinine 4,1mg % and urea 135mg%). Protein electrophoresis showed albumin 2.0 gr/dl, a paraprotein typified as IgG 6913 mg/dl, IgA 31,6 mg/dl, and IgM 92 mg/dl, B-2 microglobuline was of 85 mg/l. Bence Jones protein was positive with Lambda light chains of 600 mg/24hs. Bone Marrow examination revealed plasma cell interstitial infiltration. An MRI scan revealed subcortical punctiform images (swollen Virchow-Robin spaces) and sphenoidal sinusitis. Angio-MRI was normal.

A stage III (ISS) and stage III-B (Durie-Salmon) MM was diagnosed. The patient received high doses of DMT and Thalidomide for 30 days. A reduction of the M component of 70% was obtained, but there was no improvement of CNS symptoms. A 2nd MRI showed a tumor of the cranial base and calvarium with soft tissue component which determined compromise of cranial base holes, right cavernous sinus and extradural bihemispheric front-parietal spaces. There was no brain involvement. A cycle of VAD was done. The patient had a negative evolution, with need of dialysis, pneumonia, and digestive tract bleeding. Rectum biopsy showed no amylodoisis. Finally the patient passed away. We stress the unusual way of presentation of the disease and the bad prognosis of MM with CNS involvement.

P-04-16 | LANGERHANS´CELL HISTIOCYTOSIS IN ADULTS. PRESENTATION OF FOUR CASE REPORTS.

Ganon, J.; Taroco, R.; Griot, S.; Maiche, M.; Curbelo, P.

Hospital Maciel.; Uruguay

Introduction: Langerhans' cell histiocytosis (LCH) is a disease of the mononuclear phagocytic system characterized by clonal proliferation with infiltration of one or more organs. It is rare on adults, of unknown world incidence.

CASE REPORTS: Three male patients of 16, 26 and 29 years old were analysed. Smokers, with exertional dyspnea, spontaneous pneumothorax, chronic respiratory insufficiency and malnutrition. The fourth case was a 39-year-old female smoker, admitted because of pneumonia. In the first three cases, the radiographs confirmed the pneumothorax; and in the fourth case, the pneumonia. The evolution showed interstitial involvement, honeycomb lungs and bilateral and diffuse cystic images. The respiratory insufficiency persisted despite the thorax drainage. The high-resolution CAT scan revealed cystic formations and bilateral micronodules in the four cases. Three patients presented obstructive pattern, one of them associated with restrictive pattern. The fourth case did not present functional alteration. In all cases, the lung biopsy confirmed the diagnosis. During the evolution, a patient added diabetes insipidus and another presented pulmonary hypertension. A patient received lung transplantation with favourable outcome, another patient improved the pulmonary function after smoking cessation.

DISCUSSION: AND COMMENTS: The LCH has varied presentations. Pulmonary involvement with spontaneous pneumothorax is the most frequent symptom. Other relevant symptoms are dry cough and dyspnea. Tobacco is probably a determinant factor in the etiology of the disease (as these case studies show). The diagnosis is anatomopathologically confirmed through the visualisation of Langerhans' cells, positive for proteins S100 and CD1a with immunohistochemistry techniques and Birbeck granules in electron microscopic images. When images are conclusive, the need of biopsy is analysed. Studies of respiratory functionality, gaseous exchange analysis, and tomography lesion length have prognostic value. There is no specific treatment for the LCH. The response to smoking cessation is variable and can lead to the remission of the pulmonary disease. Glucocorticoids and cytostatics can be used although their effectiveness has not been proved. For advanced stages of the disease, lung transplantation is considered. The prognosis essentially depends on patients' age and the dysfunction of involved organs.

P-04-17 | ANALYSIS OF DIFFERENCES OF PROGNOSTIC FACTORS BETWEEN MULTIPLE MYELOMA PATIENTS OLDER OR YOUNGER 75 YEARS

Molina Garrido, M.J.; Guillén Ponce, C.; Guirado-Risueño, M.; Mora, A.; Carrato, A.

Elche University Hospital. Spain

Background: Most patients with multiple myeloma (MM) are diagnosed when they are older than 65 years. Survival remains unacceptably low in elderly patients with MM. The purpose of this study was to compare prognostic factors (clinical and laboratory variables) of patients with multiple myeloma (MM) aged 75 yr at diagnosis with those of younger patients. We also applied the recently proposed International Staging System (ISS) for MM in these patients.

PATIENTS AND Methods: Retrospective analysis of demographic data and clinical features of 30 patients with MM, collected between June 2003 and January 2007 in a single institution.

Results: 16 (53,3%) were >75 yr of age. Median age: 73,11 years; average age: 75,88 years (range 51,35-88,99 years). 51,7% had an IgG myeloma, 41,4% hadand IgA and 6.9% had light chains myeloma. 31,3% of them had ECOG 3. According to Durie and Salmon staging system (DS), 33.3% were in Stage III, and according to the ISS, 51,9% of all patients were in Stage III. 37,9% had a serum creatinine over 2 mg/dL, 38,5% had low levels of serum albumin, 88,5% had high levels of b2-microglobulin, 53,3% had high levels of LDH, and 43,6% had high levels of PCR. Thirty percent of patients with hypoalbuminemia (<3,5 g/dL), 56,5% of patients with high levels of b2-microglobulin (>5,5 mg/L), 50% of patients with high levels of PCR and 75% of patients with elevated levels of LDH, were elder than 75 yr. Sixty percent of patients with DS stage III were older than 75 years, and so were 64,3% of patiens with ISS Stage III. There were no significative differences in these parameters betweenboth groups of age: p=0,063, p=0,440, p=0,306, p=0,155, p=0,450 and p=0,170 respectively.

Conclusions: More than a third of cases were diagnosed at an advanced stage (stage III) according to DS and more than a half according to the ISS. 64,3% of patients with ISS stage III and 60% of patients with DS stage III were older than 75 y, but it was just a trend (p<0,05). Very elderly MM patients showed similar features and clinical and prognostic factors than younger patients.

P-04-18 | HEMOPHAGOCYTIC SYNDROME ASSOCIATED WITH HERPES 8KAPOSI´S SARCOMA

Xynos, Georgina; Izcovich, Ariel; Sabatini, Cesar; Figliuolo, María José; Mozzi, Patricia

Sanatorium Dr. Julio Mendez, Buenos Aires, Argentina

Introduction: Hemophagocytic syndrome is an infrequent desease distinguished by histiocytosis and hemophagocytosis. Two forms are described: familiar and reactive (commonly associated with infections, neoplasias or rheumatologic diseases). For diagnosis, 5 criteria are needed: a) fever b) splenomegaly c) cytopenia (> 2 cell lines) d) hypertriglyceridemia or hypofibrinogenemia e) ferritine level >500 f) absence of NK activity g) CD21 >2400 U/ml. Treatment is based on controlling the primary cause at the reactive form.

Case: 38-year-old male, HIV diagnosed in 2001 (CD4 191, CV: 93500), hepatitis B, homosexual. He started HAART (AZT + 3TC + nevirapine). Anemia was developed, and AZT was changed to d4T. Fever appeared later associated with skin rash. There was no bacteriological agent identified. It was considered caused by HAART, so it was suspended. Fever persisted together with a progressive decrease of haematocrit. The presumptive diagnosis was: autoimmune hemolytic anemia. Corticoids were initiated with good response. Fever started again together with violet papular lesions at neck and scalp (to which biopsy was performed). He was hospitalized. Study **Results:** •blood cultures: negative

•PCR parvovirus B19: negative

•Serology: CMV, Epstein Barr, VDRL and Toxoplasmosis, Negative

•TC: homogeneous hepatomegaly, splenomegaly 19 x 7 cm, small nodes at jugular chain and mediastinum. •BMA: reactive hypercellularity and erytrophagocytosis.

•**Laboratory:** Hb:8,2 Hto:25 WC:9200 Plat:107000 U:67 Cr:1,2 Na:138 BT:3 LDH:247 FERRITINE:600 TG:375 •Herpes-8 PCR: positive

•Skin biopsy: Kaposi's Sarcoma

He persisted with fever, and pancytopenia. The diagnosis was reactive hemophagocytic syndrome (presence of 6 criteria) associated with herpes-8 and Kaposi's Sarcoma. Chemotherapy (Doxorubicin) and Hyperinmune gamma-globulin were provided with very good response. HAART treatment was restarted. Patient was sent home.

Conclusion: HS is an infrequent desease mostly triggered by viruses. The Herpes group is well-known and is the most frequent cause of HP (especially EVB). However, the connection with HHV-8 has been rarely described. HS should be taken into account at differential diagnosis of patients having fever and refractory anemia, due to its high mortality. We report this case because it is an infrequent illness hardly known by most physicians, especially its association with Herpes-8

P-04-19 | SCHÖNLEINHENOCH PURPURA IN AN ADULT PATIENT WITH PULMONARY CARCINOMA

Ulibarri, María Florencia; Cesaroni, Estefanía; Martinez del Sel, Juliana; Sehtman, Ariel; Allevato, Miguel.

Hospital de Clínicas José de San Martín. Ciudad de Buenos Aires. Argentina

Schönlein-Henoch purpura is a small vessel vasculitis that occurs mainly in children but also affects adults. In this group, an associated disease should be investigated, due to the risk of a subjacent tumor, usually lung cancer.

Case. A 61-year-old woman with a medical history of squamous cell carcinoma of the lungs who had received surgical treatment two months earlier, was admitted for skin lesions. On physical examination she presented palpable purpuric lesions localized on her trunk and limbs. She complained about wrist and knees arthralgia, associated with renal failure. Laboratory blood tests showed: anemia, leukocytosis, thrombocytosis and creatinine levels of 2.5 mg/dl. Urinalysis showed a high level of protein sediment, microscopic hematuria and cellular casts.

Proteinuria was 7.2 g/d. ANA, complement, cryoglobulins, ANCA, HIV, HCV and HBV, were negative. A skin biopsy was performed, showing leukocytoclastic vasculitis. The renal biopsy specimen showed IIIB grade IgA nephropathy with fibrinogen deposits, necrotic areas and crescents. A diagnosis of Schönlein-Henoch purpura was made. Treatment was started with intravenous metilprednisone, 1 g/q/d for 3 days, with complete clearing of skin lesions and improvement of renal function tests. Adult Shönlein-Henoch purpura is infrequent. A complete interrogation, physical and laboratory screening should be done in order to rule out triggering factors such as drugs, infections or neoplasms as in our patient.

Key Words: Schönlein Henoch Purpura, vasculitis.

P-04-20 | BACILLARY ANGIOMATOSIS WITH CUTANEOUS AND LYMPH NODES INVOLVEMENT: CASE REPORT

Azevedo, M.V.Z. of; Ramos, HL; Basilio-of-Olveira, CA; Pereira, GC; Azevedo, MCVM de.

University Gaffrée e Guinle Hospital - UNIRIO, Brazil

Introduction: Bacillary Angiomatosis is an infection characterized by angioproliferative lesions that affects skin and visceral organs. It occurs primarily in patients infected with the human immunodeficiency virus. The etiological agents are Bartonella henselae and Bartonella quintana.

Case Report: Man HIV +, CD4 140 cells / mm =B3, without antiretroviral treatment, 28 years old, ex-homeless, with complaints of injury in scrotum. In December of 2007, signs and symptoms began, such as: fever, decrease in general health status, abdominal pain and inguinal adenomegaly, mainly on the left lymph node. Moreover, a vegetative skin lesion on the wall of the right scrotum was found, which developed pain and purulent secretion. The patient sought medical care in some hospitals, where he was treated with intravenous hydration and antipyretics. On 20/02/2008, he went to the outpatient clinic of Immunology, at Universitary Gaffr=E9e e Guinle Hospital in Rio de Janeiro, with the signs and symptoms as described above. The doctors considered a number of diagnoses, including Kaposi's sarcoma, Piogenic Granuloma, Lymphoma, disseminated Tuberculosis, Histoplasmosis, and Paracoccidioidomycosis. After the initial support treatment, a biopsy of the skin on the scrotum was run. The histological examination of the skin lesion showed proliferation of blood vessels with endothelial lining and epitheloid aspect.

Furthermore, the images indicated typical Angiomatosis Bacillary involvement. The doctors also diagnosed chronic lymphadenitis in the left inguinal lymph node, also caused by Bacillary Angiomatosis.

The therapeutic choice had been clarithromycin, and important improvement of the patient's status was achieved within one week of treatment. Currently, the patient is asymptomatic in outpatient monitoring.

Conclusion: Discussion of this clinical case is relevant, because the early identification and treatment of Bacillary Angiomatosis provides better prognosis and prevents more serious complications that can lead death

P-04-21 | UNICENTRIC CASTLEMAN´S DISEASE CASE REPORT

Costa Leite, Diana; Laguna, Pilar; Sarmento, Helena; Cotter, Jorge

Centro Hospitalar Alto Ave-Unidade de Guimaräes; Portugal

Unicentric Castleman's Disease (CD) is a rare and benign lymphoproliferative disorder of young adults generally curable with surgical resection, but may be associated with an increase risk of lymphoma.

We report a case of Unicentric Castleman's disease –Hyaline vascular variant that was misdiagnosed initially as an Inespecific Linfadenite Reactive.M. A. G. C., female, 48 years of age, domestic. Sent to the Internal Medicine Appointment in January 2004 by "Multiple cervical and axillary lymphadenopathy" with an evolution of approximately 15 months, with non clarified etology.

The patient referred having for the previous 18 months pain in the right half of the neck, in which detected a node. The patient incurred in a cervical ultrasound that revealed: " multiple lymphadenopathy along the right jugulo-carotid axis with a diameter between 45X15mm and 10X5mm..." In 18/12/2002 made a core-needle biopsy that revealed to be inconclusive.

In January 2003 made a Cervicotomy with Lymphadenectomy (CL) which histological result revealed it was reactive nodes. In February 2003, as the patient kept having the cervical pain and began clinic case characterised by asthenia, anorexia and weight loss, repeated the CL which hystologycal result was: "unspecific reactive lymphadenite , but the existence of hiperplasya of monocytoide beta cells tends to suggest infectious case by toxoplasma? HIV?". At this time the patient referred asthenia, anorexia, weight loss but no fever.. It was started a study of the infectious and neoplasics causes that were inconclusive.

In July 2004 made a cervical node excisional biopsy that revealed: Castleman's Disease – Hyaline Vascular Varian". The patient is watched every six months and have no complaints. Imaging studies without lymphadenopathy.

P-04-22 | ABCIXIMAB INDUCED THROMBOCYTOPENIA

Neves, Clarinda; Dias, Paula; Friöes, Fernando.; Araujo, Joäo Paulo.; Almeida, Jorge.

Hospital Säo Joäo, Porto- Portugal

Drug induced thrombocytopenia, although uncommon, may have fatal consequences. Abciximab is widely used in patients undergoing percutaneous coronary intervention. The incidence of abciximab induced thrombocytopenia is around 1%, but different courses have been identified.

Case: A 69 year old male attended at the hospital with prolonged chest pain. His initial ECG showed supra ST in leads V1-V4, and was medicated with isosorbide dinitrate, aspirin 100 mg and morphine, with no relief of symptoms. He was submitted to coronary angiography (CA), which revealed an occluded anterior descendent (AD).

Angioplasty and stenting were performed on the AD, and a weight adjusted bolus of unfractioned heparin and bolus of abciximab followed by a 12 hour infusion was administered. After 48 hours, he developed auricular fibrillation with rapid ventricular response. He received bolus of amiodarone and perfusion, and enoxaparine for 24 hours.

The platelet count previous to the procedure (5 days before) was 303x109/liter, and at baseline, 4 and 12 hours and day 3 were 462, 476, 497 and 413x 109/liter. He was discharged on day 6 with ambulatory medication which included aspirin 100 mg and clopidogrel 75 mg. 12 days after the procedure he was readmitted with malaise and petechial rash on the lower limbs and body.

His platelet count was 13x 109/liter. A peripheral blood swab and coagulation screen was normal and myelogram suggested peripheral platelet destruction. He developed epistaxis, and on day 3 the platelet count was <10 x 109/liter. Platelet infusion was initiated. On day 6 he was dysartric and with right hemihypostesia. The CT scan showed an intracerebral thalamic haemorrhage. He became rapidly comatose, maintaining platelet infusion. On day 8 the CT scan showed hydrocefalia and it was placed an external ventricular derivation without clinical improvement. Brainstem reflexes were negative on the following day.

The cases of delayed thrombocytopenia are scarse, but raises the question of needing a routinely platelet count few days after the procedure. The patients should be advised for surveillance of symptoms associated with this complication.

P-04-23 | MULTIPLE ANTIPLATELET THERAPY AFTER DRUGELUTING STENT IMPLANTATION: HOW LONG AND HOW MANY?

Chan Seok, Park; Doo-Soo, Jeon; Hee-Yeol, Kim.; Wook- Seong, Chung.; Ki Bae, Seung.

Catholic University Medical College, Seoul, South Korea.

Background: The patients underwent DES implantation should take antiplatelet drugs. There is no definite recommendation for adequate combination and duration of the antiplatelet drugs.

Methods: and Results: Since May 2005, we recruited the patients at 8 hospitals of Catholic university medical college. The patients were divided into two groups. Protocol-1, SES or ZES in simple lesion; Protocol-2, SES or ZES in complex lesion and PES in all coronary lesion) Patients of protocol 1 took 2 of three antiplatelet agents. And those of protocol 2 took 3 or 2 antiplatelet agents for 6 months and took 2 antiplet agents indefinitely.(aspirin, clopidogrel, cilostazol). The primary end point was death, MI and stent thrombosis.

The secondary end point was TVR or TLR and side effects of drugs including major bleeding, stroke and hepatic dysfunction. Total 1035 patients were enrolled until July 2007. Mean duration of follow up was 5.9 months. 578 patients followed more than 6 months were subjected to analyze.

Conclusion: There were no differences of outcomes between the groups. It should be notified that there was only one death due to sepsis in protocol 1-3. We planned to recruit more pateint for further analysis.

P-04-24 | GESTATIONAL OUTCOME IN THROMBOPHILIC WOMEN WITH RECURRENT PREGNANCY LOSS TREATED BY ENOXAPARIN

Brazão M.L.; Silva A.S.; Pereira H.; Araújo J.N

Department of Internal Medicine I and Obstetrics , Funchal`s Central Hospital Madeira Island Portugal

Abstract: Acquired and inherited thrombophilia are associated with recurrent pregnancy loss (RPL). Antithrombotic therapy could restore hemostatic balance and improve early placentation and gestational outcome. **OBJECTIVE:** Evaluated the efficacy and safety of the treatment with Low Molecular Weight Heparin (LMWH) for prevention of pregnancy loss (PL) in 25 women (W) with RPL and thrombophilia. **Design:** Clinical trial SETTING: Thrombofilic women with previous unexplained adverse outcomes. PATIENT(S): 25 women (W) with RPL and thrombophilia. Previous to the diagnosis of thrombophilia, these patients had one to three pregnancies that ended in PL. After diagnosis of thrombophilia, 25 subsequent pregnancies were treated during and after pregnancy. INTERVENTIONS: Low fixed dose (40 mg/day) of LMWH (enoxaparin) throughout gestation until 4 weeks after delivery Aspirin, 75 mg daily was given in addition to enoxaparin to 5 w with antiphospholipid syndrome. MAIN OUTCOME MEASURE(S): Fet omaternal outcome. RESULT(S): In 25 w, (mean age 29 +/- 3 years) with RPL (> or =3 losses in 1st, > or =2 losses in 2nd and > or =1 loss in 3rd trimester) who were found to harbor thrombophilia. 23 had a solitary thrombophilic defect, (40% Antithrombin deficiency, 20% Antiphospholipid Syndrome, 20% Protein S deficiency. 8% Factor V Leiden and 4% Protein C deficiency) and 2 women had combined two thrombophilic defects:. Following diagnosis of thrombophilia, 25 subsequent pregnancies were treated with the LMWH . Overall, Among 25 treated pregnant w, 23 (92%) had a good obstetric outcome. Two fetal losses <14 weeks gestation were registered. Only one thrombotic episode were noticed during enoxaparin therapy All babies were discharged in good clinical status. CONCLUSION(S): Heparin prophylaxis at fixed low doses and possibly aspirin is safe and could be efficacious in preventing adverse outcomes in women carrying inherited thrombophilia with previous poor obstetric outcomes. Key-Words: recurrent pregnancy loss, gestational outcome, low molecular weight heparin, thrombophilia.

Bibliography: 1- Benner B. Inherited thrombophilia and pregnancy loss. Thromb Haemost 1999; 82 .635-40

2- Federman D.G.; Kirsner R.S.: An Update on Hypercoagulable Disorders. Arch Intern Med 2001; 161:1051-1056.

3- Kiekebusch, G.; Perucca, E.P.: Trombofilias hereditárias. Rev Chil Obset Ginecol 2003; 68(5): 424-429

P-04-25 | PERIODICAL DISEASE ASSOCIATED WITH MONOCLONAL GAMMAPATHY WITH BENCE JONES PROTEINUTRIA: 16 YEARS AFTER WITHOUT AMYLOSIS

Jean-Paul Ory, Olivier Messica, Cyril Faure, Simona Barbat, Catherine Merle

Internal Medicine Department ,CHI de Haute Saone, Vesoul-70014 FRANCE

Discovery of monoclonal gammapathy about a patient, 41 years old, with collapse of physical condition, fever, diffuse algetic syndrome, first must lead to look for multiple myeloma. But initial clinical presentation, with this fever taking its course for periods of 2 or 3 days and spontaneously giving up before reapparing 1, 2 or 3 months later, induces to evoke a periodic disease.

Here's the case report of Mr B. hospitalised in December 1991 because of fever (39° C) severe and recent asthenia with diffuse abdominal pains, slowing down of transit and dyspnea, stage 2. A polyserositis is identified of weak abundance but clinically noisy labelled inflammatory syndrome(VS > 100, fibrinogen at 6.5g/L). Monoclonal dysglobulinaemia is diagnosed with 35g/L of Immunoglobulin G and a monoclonal lambda spike.

Diagnosis of periodic fever seems plausible, all the more because the first episodes of fever date from the age of 11 years and treatment by colchicine, is begun, rapidly efficacious. The research of "MEFV" gene will be effected in 2000 = heterozygote "composite". The monoclonal gammapathy has been explored (myelogram, skeleton's radio (1991)= normal, considered as being a "M.G.U.S" (Monoclonal gammatpathy of undetermined significance") and followed every 6 months.

Now Immunoglobulin G rate is of 18g/L, Immunoglobulin M rate of 0.6g/L, and Immunoglobulin A rate of 1 g/L, light chain serous free lambda, at 148 mg/L with urinary passage of 16.1 mg/L. The renal function is strictly normal. Periodical disease and MGUS don't seem linked with each other. The reduction of light chain serous free Immunoglobulin G lambda after treatment's start by colchicine is not expected (Immunoglobulin G gone down from 35 to 18 g/L).

Two greaters causes of amylosis are joined together. 16 years later, the patient is all right. Periodical disease has never clinically manifested itself again since treatment by colchicine. "MGUS" is completely stable. Every information about this observation or the same kind of observation interests us.

P-04-26 | NEED DICTATES TYPE OF CAM TREATMENT USE IN CANCER PATIENTS

Ann Vincent

Mayo Clinic, Rochester, MN. USA

Introduction: To characterize the pattern of use of Complementary and Alternative Medicine (CAM) treatments in cancer patients undergoing radiation treatment.

Materials and Methods: The sample consisted of 49 subjects from a rural U.S. town with a variety of cancer diagnosis currently undergoing radiation treatment. Subjects were given the Mayo Complementary and Alternative Medicine Use Survey (MCAMS) and a formal measure of coping i.e., Coping Inventory for Stressful Situations (CISS). The MCAMS asks for use of CAM treatment in three categories: CAM therapies (e.g., acupuncture, biofeedback, spiritual healing), Vitamin/mineral use, and Herbs/dietary supplement use. The CISS is a self-report measure that classifies emotion-oriented coping, task-oriented coping, or avoidance-oriented coping.

Results: The majority of the sample used CAM therapies (83%) and vitamins/minerals (78%) use. A smaller proportion (24%) reported use of herb/dietary supplements. The most commonly used CAM therapy was spiritual/prayer and the most common form of vitamin/mineral use was multivitamin. Three herb/supplements (flaxseed, fish oil & green tea) were equally commonly used. Interestingly, the subjects reported different reasons for choosing the varying types of CAM treatments. The most common reason for CAM therapy use was to treat emotional symptoms. The most common reason for vitamin use was physician recommendation; whereas, the most common reason for herbal/dietary supplement use was history of previous herb/supplement use. Contrary to our hypothesis, there was no difference in coping styles and use of CAM treatments.

Discussion: Cancer patients appear to selectively choose type of CAM treatment based on their needs (e.g., emotional symptoms) rather than their personal coping styles.

P-04-27 | ACUTE MYELOBLASTIC LEUKAEMIA - A LESS FREQUENT PRESENTATION

Brito, V.; Fonseca, A.G.; Amaro, M. (mc.amaro@sapo.pt)

Garcia de Orta Hospital - Almada – Portugal

Acute Myeloblastic Leukaemia affects both adults and children, but has an increased incidence in older people. There are several presentations usual with one abrupt onset mainly with vague symptoms of lassitude or malaise. Presentation with infection is less common but patients may develop bacterial infections from skin.

Authors present a case of a 82 years old lady that complain of a painful tumefaction localized at upper abdomen, associated with anorexia and ponderal waist. No report of fever, bleeding or bone pain. CT scan show a large para-median abscess of abdominal wall.

She went under surgical drainage. CT also show a right pneumonia with pleural effusion and athelectasia. Laboratory findings revealed anaemia, neutrophilia without leukocytosis. Normal platelet count. Uric acid and DHL were normal. Pleural effusion study was compatible with a transudate, normal ADA, bacteriologic exam was normal and no neoplasic cell were find. Blood culture were negative. VIH serology negative also.

We assisted a worsening of clinical conditions with range of inflammatory parameters and compressive athelectasia. Bronchoscopy was normal. And upper tract endoscopy revealed bulbar angiodisplasia. She was treated with Tazobactam/Piperacilin with improvement. After resolution of infection we assisted of progressive pancytopenia with presence of 4-8% of peripheral blasts and cells of Pelger-Huet.

Bone marrow aspirate compatible with acute Myeloblastic leukaemia with maturation (AML M2, FAB Classification). Authors resume recent findings, classification and aims of treatment of this pleomorfic pathology.

P-04-28 | TO ASSESS THE INCIDENT OF RISK FACTORS OF ISCHEMIC HEARTH DISEASE AS WELL AS CARDIOVASCULAR RISE ACCORDING TO WHO HEART SCORE IN PROFESIONAL MEDICAL POPULATION

Viktor Musil*, Zbynek Pozdisek*, Ondrej Ludka*, Pavla Balcarkova**, Martin Plachy** (vmusil@email.cz)

*Dpt.of Cardiology Universty Hospital Brno, **St. Anne's University Hospital Brno. Czech Republic

Aim: To assess the incidence of risk factores of ischemic hearth disease as well as cardiovacular risc according to WHO Heart Score in professional medical population.

PATIENTS AND Methods: We studied 1008 subjects (682 women, 326 men), the average age of 40,8±13,5years, in each of them was examined blood pressure, glucose, total cholesterol, triglycerides and HDL cholesterol in serum and hip/whaist ratio. The cardiovascular risc of each subjekt was determined by HeartScore.

Results: In personal history we found following prevalence of diseases hypertension (12,2%), diabetes (2,2%), dyslipidaemia (13,7%). 21,7% of men and 17,1% of women had abdominal obesity (via NCEP/ATPIII), 13,2% of men and 19,5% of women had cigarette abuse. The average value of glucosis was

5,27±1,0mmol/l in women and 5,4±1,1mmol/l in men, total cholesterol was

4,79±1,1mmol/l in women and 4,78±1,1mmol/l in men, HDL cholesterol was

1,47±0,42mmol/l in women and 1,15±0,3mmol/l in men, LDL cholesterol was

2,49±1,1mmol/l in women and 2,56±0,9mmol/l in men, triglycerides were

1,27±0,7mmol/l in women and 1,9±1,2mmol/l in men in average. Average BMI was 23,27±3,8 in women and 26,31±3,6 in men, hip/whist ratio was

78,6±10,9cm/99,9±9,4cm in women, in men it was 95±11,5cm/105,7±7,8cm.

Average systolic blood pressure in our group was 135±16,7mmHg, average diastolic blood pressure was 81,58±9,4mmHg. The cardiovascular risk over 5% had 18 (2,7%) women and 44 (13,5%) men.

Conclusions: Incidence of high cardiovascular risc in professional medical population was 2,7% in women and 13,5% in men in our cohort. There was lower incidence of high cardiovascular risk for subjects older 40years compared with common population.

Project was promoted by grant of Czech Society of kardiology.

P-04-29 | GNRH AGONIST THERAPY IN MEN WITH PROSTATE CANCER AND LEVELS OF BIOCHEMICAL MARKERS OF BONE TURNOVER AND SEX HORMONES

Varsavsky M(1); Quirosa Flores S(2); Etchegoren BM; Alonso G(1); Gonzalez Ramirez AR(3); Varsavsky CA(4); Muñoz Torres ME (1).

(1)Endocrinology Department, University Hospital San Cecilio, Granada, Spain.(2)Rheumatology Deparment, University Hospital San Cecilio, Granada, Spain (3) FIBAO. University Hospital San Cecilio, Granada, Spain.(4)Internal Medicine Department, Evita Hospital. Lanús. Buenos Aires. Argentina.

GnRh agonist therapy in men with prostate cancer and levels of biochemical markers of bone turnover and sex hormones. Men with prostate cancer (PC) receiving androgen deprivation therapy (ADT) are at higher risk of bone loss and osteoporotic fracture compared with men without PC, but there are a few previous studies that have compared men with PC on ADT with men with PC without ADT.

We compared bone mass, biochemical markers of bone turnover (C-telopeptide of collagen cross links (CTX), bone specific alkaline phosphatase (BSAP), osteocalcin, osteoprotegerin and sex hormones (total and free testosterone, estradiol, DHEA-S and androstenedione) in men with PC and ADT (GnRH agonist) and with PC without ADT.

Materials and Methods:

Results: we studied 50 men with PC (23 without GnRH agonist ADT, 24with ADT and 3 on who ADT was stopped). Mean age 70.89 +/- 5.89 years. They had received ADT for a mean time of 33.88 months (4-96 months). Levels of total testosterone ($p<0.001$), free testosterone ($p=0.001$), estradiol ($p<0.001$), DHEA-S ($p= 0.05$) and androstenedione ($p= 0.027$) in men with ADT were significantly lower than in men without ADT. CTX and BSAP were significantly higher in men who had received ADT ($p =0.016$ and $p=0.09$, respectively), but there was no statistically significant difference in osteocalcin and osteoprotegerin.

There was a linear correlation between bone loss and duration in months of GnRh agonist therapy (femoral neck (g/cm^2): r: -0,5; p:0,013 femoral neck t-score : r:-0,52; p:0,01, femoral neck z-score: r:-0,42; p:0,04, total hip BMD (g/cm^2): r:-0,427; p:0,037 and total hip t-score: r: -0,38; p:0,026. In the lumbar spine analysis, the values did not reach statistical significance, but there was a trend to the same findings.

Conclusions: The GnRH agonist therapy results in decreased BMD and lowered testosterone, estradiol, DHEA-S and androstendione serum levels; this playing perhaps, an important role in the pathophysiology of bone loss. The biochemical markers of bone turnover in men with ADT show an increased bone turnover. The use of GnRH agonist in men induces bone loss proportional to the months of therapy received.

P-04-30 | THE SYNDROME KLIPPEL TRENAUNAY ASSOCIATED WITH HEMATOLOGIC ALTERATIONS. ABOUT A CASE

Nuñez, I.; Cardozo L.

Servicio de Hematología. Hospital Central del Instituto de Previsión Social. Asunción.; Paraguay

The Klippel Trenaunay Syndrome is slightly frequent, of unknown etiology. It presents capillary, venous or lymphatic malformations of low flow and shunt arteriovenoso. The capillary, injury present from birth, has distribution dermatomeral and is limited by the average line. It is located in an extremity, preferably low, in the anterolateral face in 95 % of the cases. Generally only one extremity is a affcted, being ipsilateral to the capillary malformation. There can be serios complications, surgical treatment doesn't exist.

I target: to present a slightly frequent clinical case, with complications of difficult management. Woman, 28 years of age, history of irregularity in the menstrual cycles and metrorragia from adolescencent year, besides varicose veins in low members. At the age of 26,she initiates hormonal treatment. This controls the intense bleeding , but worsens the varicose expansions and makes evident an asymmetry of lower members to the predominance of the left-side. The injury progresses rapidly and compromises the whole area of soft parts and things with changes in the skin coloning (winish) and difficults the deambulation.

Echo – Doppler studies, arteriography: vascular malformations generalized in both low members, more in the left-side with shunts arterio-venous. **Diagnosis:** Klippel – Trenaunay Syndrome. **Laboratory:** moderate anemia, microcític, ferropénic. Blood smear: acantocitosis. Tests of coagulation: CID. ANA, antiDNA, hipocomplementemia, antibodies antifosfolipidos: negatives. The chronic CID was interpreted as a result of the arterio-venous shunt of low members. She received treatment with 40 mg of HBPM, with higer dosage she presented bleeding Sporadically required PFC transfusion.

She was kept stable for approximately 1 year. 1 month ago decrease of hemoglobin up to 70 g/L, hemólisis with test of direct positive Coombs. PAMO: signifacant acantocitosis . Treatment begins with Prednisona. She improves her hemoglobin and the laboratorial sing of hemolisis are eliminated . But, her cuagulogram is deteriorated with indosable TP and consumed fibrinogen. The patient becomes dependent on PFC's transfusions.

The management of the patient becomes difficult. She has a slightly frequent pathology, there is not a specific treatment of the vascular malformation, and this one unleashes all the complications.

P-04-31 | HODGKIN´S LYMPHOMA AND LUNG

Vieva, Noelia; Iglesias, Alicia; Fedullo, María Jesús; Ferreño, Diana Claudia; Vega, Aníbal

Hospital Dr. T. Alvarez; Ciudad de Buenos Aires. Argentina

Introduction: The pulmonary Hodgkin's Lymphoma is rare and it appears as nodular infiltrations with irregular edges. The toxicity of Bleomycin in skin and lung cancer occurs in the absence of such bodies of Bleomycin hydrolase and its toxicity is dose-dependent, however, there are risk factors that increase the likelihood of injury in the lung.

Clinical Case: A 67-year-old woman, a history of hypertension, femur surgery in 1006. November 2006, consultation by itching and chills and axillary adenomegalies Diagnosis Hodgkin's disease (HD), nodular sclerosis variety by right axillary node biopsy in November 2006. AFL and LDH increased. CAT Of **Diagnosis:** adenomegaly conglomerate in both armpits, right dominance, adenopathy in aorticopulmonary window, small nodule in outer segment of lung lobe half right. Pulmonary Scintigram Ga67, attracting bilateral lung in left lung higher external area, middle external and lower external. Bone marrow biopsy: not infiltrated. HD stage IV, in March 2007 she began chemotherapy treatment scheme ABVD (Adriamycin, Bleomycin, Vinblastine, Dacarbicine). Adverse events: neutropenia and tracheitis, mucositis and constipation. At the beginning of the 3rd. Cycle, Bleomycin total dose 70 mg, he begins dysnea CF IV and dry cough. Admission to medical clinic: orthopnoea, tachycardia, distal cyanosis, costal tirage, hypoventilation, dry rales. Gases in blood: severe hypoxemia, respiratory acidosis and desaturation with minimal effort. She requires continuous oxygen. Chest x-ray with bilateral infiltrates. Chest CAT: Hiliar and axillary adenomegalies are not observed, pulmonary parenchyma with thickening of septal and peribronchialvascular interstitium, mostly in peripheral areas and bases. Pulses with corticosteroids with partial response, demand for home oxygen.

Conclusion: patient with Hodgkin's lymphoma, escleronodular variety, stage IV by extranodal lung commitment, start CT without fibrosis and gallium with pulmonary and axilliary capture, without other antecedents and that there was a favourable response to chemotherapy in her evolution by disappearance of adenomegalies, presenting idiosyncratic reaction to Bleomycin

P-04-32 | IMAGES OF A PATIENT SUFFERING FROM FIBROSARCOMA IN THE NECK WITH EXTENSIVE LOCAL AFFECTION

Moreno, G.; Vazquez, J.; Soto, R.; Labora, C.; Barra, M

Hospital Central de San Isidro, Bs. As.; Argentina

Fibrosarcoma is a mesenchymatic tumor that mostly affects patients in their third and sixth decades of life.This neoplasia has the tendency to extend itself locally, infiltrating the mediastinum and neighboring structures. In general this atypia is aggressive with an elevated rate of recidivation and low response to radiotherapy and chemotherapy.

Materials and Methods: it is a clinical case of a patient of 21 years old with a previous history of cavum lymphoepithelioma (1999), with complete remission with radio and chemotherapy. Two months before being admitted, he started to suffer from progressive dyspnea, paresis of the left upper limb and homolateral laterocervical tumor. Thorax X-ray showed an opacity in the base and in the medium field of the left lung together with mediastinum deviation towards the right side of the patient. Bronchofiberscope showed extrinsic compression of the airways. CT demonstrated left laterocervical heterogeneous formation infiltrating vascular structures, the cavum, the maxilar sinus and the lung apex. These images were reinforced with contrast. Cervical vertebrae showed signs of erosion and lysis due to invasion of the soft neighboring structures by the fibrosarcoma. The trachea was deviated to the right side of the patient. There were consolidations in inferior lobes together with billateral pleural effusion. Peripheralis lung images compatible with metastases were found in the right lung. NMR showed bone marrow alteration in body of vertebrae 6 and 7, and homolateral foramen and epidural occupation. The patient began a treatment with corticoids and antibiotics. Tumoral biopsy demonstrated advanced fibrosarcoma. Outcome: the patient had bad evolution. He needed a cervical collar to be table to walk and opioid drugs to treat the pain. The paresis worsened. The patient died after a few days of his admission to hospital.

Discussion: fibrosarcoma is an aggressive tumor that affects patients at any age. It spreads locally and produces metastases in 50 % of the cases, affecting mainly to the lungs and bones. Survival is inferior to 30 % in 10 years. In this case, we found a patient that consulted while suffering the disease in an advanced state. This was why he could receive palliative treatment only.

P-04-33 | RICHTER'S SYNDROME: TRANSFORMATION OF CHRONIC LYMPHOCYTIC LEUKEMIA INTO BURKITT'S LYMPHOMA

Grosso, M.; Sosa, L.; Oliva, M.; Iglesias, P.; Tortosa F.

Clinical Medicine. "Dr. Julio Méndez"Sanatorium.; Argentina

Introduction: Chronic lymphoid leukemia (CLL) is an indolent lymphoproliferative process, derived from mature B cells. About 3-10 % of CLL cases develops a highly aggressive lymphoma, naming this phenomenon as Richter's syndrome. Usually, this transformation goes with a rise of B symptoms, organomegaly or progression of adenopathies.

Clinical Case: 72-year-old male patient, having antecedents of CLL of 20 years of development without treatment, iron deficiency anemia and prostatic hyperplasia. 7 days before medical consultation he had a rise of lower limbs diameter and asthenia, physical examination showed cutaneous-mucous pallor, indolent elastic-hard right laterocervical adenopathy adhered to deep planes of 1 x 1cm; edemas of members; simple radiology revealed a rise of cardiac shadow and bilateral pleural effusion. First laboratory results showed hypochromic microcytic anemia, VSG 110, LDH 284 U/l, hypoxaemia, decrease of total proteins and hypoalbuminemia. Sustenance and diuretic treatment is provided having a good result.

Echocardiogram: moderate pericardial effusion; pleural liquid compatible with transudate (negative culture and cytologic aspect); bone marrow biopsy showing diffuse infiltration by CLL; CAT from thorax/abdomen/ pelvis revealing bilateral renal masses. Kidney needle biopsy was performed and purulent material was drained having positive culture of E. coli, no neoplastic inflitration was revealed, thus antibiotic treatment was provided. The patient developed a rise of the size of cervical adenopathies, the biopsy performed revealed ganglionic structure replaced with diffuse pattern by mid-size cells CD 20 +, having prominent nucleoli with starry-sky appearance compatible with Burkitt-type non Hodgkin's lymphoma. Specific chemotherapeutic treatment is started having a good initial response.

Discussion: Richter's syndrome happens to between 3-10 % of CLL patients. The most frequently histological type is large B-cell lymphoma followed by Hodgkin's lymphoma. Transformation into a high grade Burkitt's or lymphoblastic lymphoma does not happen frequently. Moreover, this patient did not show a rise of LDH, which is an alteration found in 82% of the patients suffering from this syndrome.

P-04-34 | ASSOCIATION BETWEEN SICKLE CELL ANAEMIA AND HAEMORRHAGIC DENGUE. CASE REPORT

Marcano, Adelimer; Pérez, Maribel; Madriz, Duranci; Cendón, Ilene

Instituto Clínico Infantil. Puerto Ordaz.; Venezuela

The infections that affects haematology series in patients with haematology illness, are the worse prognostic in these patients than in patients with previously healthy. The Physicians should work in teams, to obtain a wider vision of the pathology and a better diagnosis.

We reported a case, 19 years old previously healthy girl, Who was admitted in the Gynaecology Service at the Hospital, She had 38 weeks of pregnancy and history of a 3 days fever, with myalgias and arthargias. Her haemoglobin was 6,9 gr/dL (normal 11.5 - 16,5 gr/dL) white cell count, 6,8 x 10/L; platelet count, 48 x 10/ L; (later dropped to 150 x 10 /L) Dengue test positive, urine exam: white cell + 50 x c, piocity 7 - 8 x c; HIV negative, Giemsa stained negative , VDRL negative. Therefore, the clinical diagnosis was: Dengue grade II and urine infection. During her hospitalization, she had hypotension and uterine contraction. The physicians decided to realize a Caesarea because of fetal suffering (Bradycardia). The new exam reported: white cell count increase and platelet count low. The patient decided to go against the medical opinion and consulted in another clinic. She was in regular conditions PA: 120/80 mmHg, dehydrated, with petechiae generalized; neurology: consciousness, without meninges sign, **Laboratory:** white cell count, 60,5 x 10/L neuthrophile: 76% and platelet 66 x10/L. Bilirubin Total 5,05 , Calcium 7, Albumin 2,6 liver enzyme TGO 1262 TGP: 370. She was evaluated by Haematology: Exam drepanocytic: positive homozygote. The 3rd day she had bleeding by surgery injury, besides tonic clonic convulsion. RMN cerebral: vasculitis temporal-parietal and micro infarct periventricular. Electroencephalogram normal, and APL antbodies positive. She recovered progressively; and was dicharged with the following

Diagnosis: Hemorrhagic dengue, Sickle -cell anaemia, Antiphospholipid syndrome.

Conclusion: Patients with anaemia drepanocytic illnesses, when affected by tropical illness can present complications, although the clinic symptom uggested a pathology, we should think in another possibility, before giving a definitive diagnosis.

P-04-35 | PERICARDIAL TUMOR

Taconelli, H.; Saluzzi, Irene; Kuschner, P.; Salvo, C.; Tartaglia, P.

Hospital Dalmacio Velez Sarsfield. GCBA; Argentina

Introduction: Incidence of cardiac tumors is quite low. Mixomas are the most frequent and their prevalence is higher in women. 25 % of them are malignant (Sarcoma). Symptoms of their presence are dependent on size and occupation of cardiac cavities. Information obtained from imagenological studies (such as echocardiography, MRI, and cardiac CT) is sufficient to indicate surgical treatment.

Case Report: This is a paraguayan female patient, 63 years old, with history of tabaquism, complete surgical resection of thyroid gland due to a goiter. She was admitted in our department with a functional grade I dyspnea and anasarca started 3 months before. Physical exam showed generalized edema, muffled cardiac sounds, without murmur, reduction of basal intake of air and bilateral basal crepitant noises. Normal laboratory results and negative serology for Chagas disease. Chest X rays showed enlargement of cardiac silhouette and redistributed blood circulation and pleural effusion. EKG: Sino atrial rhythm, septal fibrosis. Diagnostic Pleural puncture: not complicated exhudative effusion. Bacteriological exam showed no common bacteria nor M. Tuberculosis. Cytological exam negative for atypical cells. 2 D Echocardiography: normal size of cardiac cavities. Heterogeneous Tumor on visceral pericardium located in the joint between right ventricle and right atrium, size: 21 by 21! mm. Diastolic dysfunction. Left pleural Effusion. Cardiac MRI: severe pericardial effusion, engrossment of parietal and visceral pericardium, adherent masses to the visceral pericardium at free wall of the right ventricle level and in pre aortic area. These clinical manifestations were assumed as Congestive Heart failure associated to cardiac tumor. Symptomatic treatment was performed. Patient was referred to the Cardiovascular surgical department of Hospital Rivadavia for surgical treatment, in which tumorectomy was performed. It was diagnosed a serosa with sclero hialinosis and fat tissue. Patient underwent massive pericardial effusion which was cause of death.

Conclusion: Case of Female patient with Congestive Heart failure secondary to a cardiac tumor with hystopatological diagnosis compatible with a lypoma. It is a non frequent etiology which can be easily diagnosed by imagenological studies

P-04-36 | CASTLEMAN´S DISEASE POEMS SYNDROME AND AMYLOIDOSIS

Carvani, A.1, Castilla, A.2, Chico, G.1, Mandrile, L., Wilson, R.2

Unidad de Hematología, Servicio de Clínica Medica1 . Servicio de Anatomía Patológica2 . Hospital Interzonal General de Agudos "Dr. D. Paroissien". La Matanza. Pcia. Bs. Aires

We present the case of 50-year-old female patient who first consults in 2004 for diffuse bone pain and wasting. The physical examination showed cervical and axilar adenopathies, hepatosplenomegaly, hyperpigmentation and polyneuritis. A cervical node biopsy diagnosticated hyalin-vascular Castleman's disease, and positive HHV-8 test. Laboratory showed monoclonal IgA with lambda light chain. Normal IgG and IgM. Positive urinary lambda light chains. Negative antiglobulin test and cryoglobulins, and positive crioaglutinins. Low T3,T4. Negative HIV test. Normal bone marow biopsy. Thorax ACT:axilary and mediastine adenopathies.

Right paravertebral space occupied by soft tissue. Osteosclerotic lesion in one of de right ribs. Abdomen ACT: diffuse hepatosplenomegaly, iliac and retorperitoneal adenomegalies. Gum biopsy showed amiloydosis. EMG: peripheric motor sensitive neuropathy. The patient was kept underperiodical controls. Eighteen months after diagnosis, treatment was begun with melphalan- prednisone after wich she improved, hyperpigmentation withdrew and so did the pain in the legs. Four years after diagnosis, new cervical adenopathie appeared;the biopsy showed a mixed Castleman's disease, 30% hylin-vascular and 70% plasmocitoid. Corticotherapy is kept because of the favourable clinical evolution in spite of the histological progression.

The present case is submitted, because its outstanding features makes it interesting,i.e:the association of Castleman's disease with POEMS syndrome and amyloidosis and the favourable clinical course despite the progressive histologic evolution.

Laura Mandrile: lauramandrile@gmail.com

P-04-37 | ERYTHRODERMIC BULLOUS PEMPHIGOID

Martinez del Sel, J.; Perazzo, L.; Allevato, M.; Cabrera, H.; Deves, A
Hospital de Clínicas José de San Martín. Cátedra y División Dermatología.; Argentina

Introduction: Erythrodermic Bullous pemphigoid is a very uncommun variant of bullous pemphigoid in wich patients develop an erythroderma along with blister formation.This patients demonstrate the typical histological and inmunolgical diagnostic features for bullous penphigoid. We describe a case of erythrodermic bullous penfhigoid in a woman of 40 years old, a very uncommon age of presentation of this illness.

Case Report: A 40 year old woman was admitted in our hospital with a generalized erythroderma, large areas of denudated skin, tense vesicles, fever and a bad general state. She had a history of receiving permetrine 5 % 7 days before. At fisical examination she had erythroderma, tense vesicles, fever and a bad general state. A skin biopsy was taken which revealed a contact dermatitis. The patient was treated with metilprednisolone at 60 mg daily. The laboratorial studies showed anemia, leucocitosis, plaquetosis, eosinofilia and VSG of 30 mm/h.

A second biopsy was made wich demonstrated a dermo epidermal detachment and an infiltrate containing eosinofils in dermis. Direct inmunofluorescense showed a linear deposit of Ig G and C3 at the epidermal basement membrane zone. Also the indirect inmunofluorescense revealed positive in a titer of 1/2048. Based upon this findings the patient was diagnosed as having a erythrodermic bullous pemphigoid. Within 20 days with metilprednisolone! at 120 mg daily and azatioprine 150 mg daily there was significant improvement in the patient´s skin.

INTEREST OF PRESENTATION: To show a very uncommon variant of bullous pemphigoid (there are only 4 cases described in the literature). The unusual age of presentation .

P-04-38 | THROMBOTIC THROMBOCYTOPENIC PURPURA ASSOCIATED WITH RANITIDINE

Lanari Zubiaur, E.A.; Castillo, I.E.; Thompson, C.; Fernandez Céspedes, NA.; Acosta Felquer, ML.

Servicio de Clínica Médica Hospital J.R. Vidal. Corrientes.; Argentina

Introduction: Thrombotic thrombocytopenic purpura (TTP) is an acute syndrome characterized by microangiopathic hemolytic anemia, thrombocytopenia, neurological disorders, kidney failure and fever. Only 30% presents the classic pentade. This condition has multiple etiologies recognized. One of the less frequent is associated with drugs.

Case Report: A 23 year-old female without prior medical history who consulted for asthenia and adinamia since two weeks accompanied by palpitations, spontaneous petechiae and bruises on his lower limbs. In addition she presented headache for the last 7 days. She received ranitidine 300 mg/day in the last month medicated for gastritis. Physical examination: Haemodynamically stable. Skin and mucous pallor, widespread bruising of the lower limbs and petechiae. Lab: Hematocrit 14% Leucocyte count: 7000/mm3 Platelets 60.000/mm3 Total Billirubin 1.5gr/dl (0.94 indirect, 0.56 direct) LDH 1743 IU/L, haptoglobin 5 mg/dl, direct Coombs negative. Peripheral blood smear with schistocites. TTP was diagnosed. VIH, ANA, Anti DNA and ANCA were negative and Brain TC was normal. Ranitidine was discontinued and therapy with plasma exchange and prednisone 1 mg/kg/day was started. Due to the poor response in first 5 days (decrease in platelet count and increased LDH 3559 IU/L), Rituximab 375 mg/m2/week (2 doses) was added. We continued with daily plasma exchange until normalization of haemolysis parameters and platelet count. The patient was discharged on day 14 with complete remission.

Discussion: TTP has been asociated with drugs as Quinine, mytomicin C, cysplatine, tacrolimus, ticlopidine, clopidogrel and oral contraceptives. We didn´t find any case report asociated with Ranitidine, only a few cases of thrombocytopenia. Nevertheless, Kallal and cols described in 1996 a case of TTP associated with the use of famotidine.

P-04-39 | BONY DYSPLASIA MAJEWSKI TYPE II: ABOUT A CASE AT THE HOSPITAL FOR WOMEN

Sierra Pineda, Fátima; Calvario Hernández, Gerardo; Camacho Quiroz, Juan Angel
Department of Genetic Hospital de la Mujer SSA Puebla and Benemérita Universidad Autónoma de Puebla, México.

The skeletal anomalies are unique in the birth defects. Although many dysplasia are lethal, some individuals affected survive. The syndrome of short-rib polydactyly Majewski type, is a lethal skeletal dysplasia is characterized by shortening of the limbs, chest narrow, horizontal ribs, heart and kidney abnormalities besides lip and cleft palate.

Case Report: This patient newborn that died at birth. Born product for caesaerean section with polyhydramnios and multiple defects detected after 32 weeks of pregnancy using ultrasound. It is a product of the first pregnacy of a mother aged 17 and father of 19 years, healthy without history of consanguinity or inbreeding.

A physical examination presents height of 30 cm, weigth 1630 grams, extensive anterior fontanelle, palpebral fissures horizontal broad nasal bridge, bilateral cleft lip and palate, chest asymmetrical, ambiguous genitals, imperforate anus, limb shortening, polydactyly, syndactyly bilaterally.

Conclusion: According to the clinical and radiological characteristic, was established the diagnosis of syndrome short ribs - polydactyly Majewski type II, an autosomal recessive entity with a risk of 25%, whose diagnosis can be to performed during the pregnancy.

P-04-40 | EXTRANODAL NK/T CELL LYMPHOMA, NASAL TYPE

Levaggi, Andrea Rita; Dure, Roberto; Valdes, Josefina; Olenchuck, Alejandro; Debarnot, Andres Ignacio

Hospital Bernardino Rivadavia. Ciudad de Buenos Aires; Argentina

Introduction: Lymphomas are neplastic transformations of normal lymphoid cells. they are morphologically subdivided into two categories: non/hodgkin lymphoma and hodgkin lymphoma. some patients with lymphomas have general symptoms: fever, night sweats and weight loss.

Case: We present a 63 years old female patient who was admitted to the hospital because of fever, malaise and cought (with production of sputum) for the previous six months. she had a lung endoluminal mass and an solid ecografic image in the left kidney. after ruling out the most prevalent diseases, the diagnosis of extranodal nk/t cell lymphoma, nasal type (angiocentric limphoma) was made.

Discussion: The extranodal nk/t cell lymphoma, nasal type (historically called angiocentric lymphoma) has a very low prevalence in the general population. it is aggressive, and it is located mainly in the nose and upper airways mucose, skin, gastrointestinal system, lung and kidney. it is characterized histologically by a polimorfic lynphomatoid conglomerate which invades the vessel's wall and occludes its lumina, causing tissue damage which ranges from ischemia to necrosis. the clinical presentation is malaise, fever, lung and kidney symptoms, skin (30%) and central nervious system involvement (30%).

It predominates in males between 40 and 50 years old. the clinical course depends on the giant cell proportion and the degree of agressivity. the differential diagnosis are: inflammatory diseases, neoplasia, tuberculosis and wegener's disease. because of the few cases reported in the literature.

We present this patient and make a revision of this infrecuent disease.

P-04-41 | PRIMARY BONE LYMPHOMA: REPORT OF A CASE

Lanari Zubiaur, E.A.; Castillo, I.E.; Thompson, C.; Fernandez Céspedes, NA.; Pomares D

Servicio de Clínica Médica Hospital J.R. Vidal. Corrientes.; Argentina

Introduction: Bone lymphomas are rare but has a favorable prognosis with survival rates close to 70% at 10 years. Treatment is based in therapy with CHOP and radiotherapy.

Case Report: 27 year-old man that refers pain in the right buttocks irradiated to homolateral lower limb, both hips and lumbar spine since 9 months, accompanied by fever with night sweats. Lab: Hematocrit 37% ESR: 100 1ºhour, leucocyte count: 6800/ mm3 Platelets: 260,000/ mm3 FAL 314 U/L, LDH 2324 IU/L Calcium 9,9 mg/dl Thoracic, Abdominal and pelvis CT: Osteolytic lesion in L4 without commitment of the channel structures and extensive osteolytic lesion on left iliac bone. Total bone scan: Hipercaptation of L3 and both iliacs. Puncture CT guided biopsy was performed reporting trabecular bone fragmented, surrounded by necrotic bone marrow, with nuclear remnants. Pan-keratina immunohistochemistry with negative and positive 45 CD compatible with non-Hodgkin bone lymphoma. 8 cycles of CHOP chemotherapy were done with poor response. Then we continued with Radiotherapy and ESHAP. Dorsolumbar spine MRI showed disease progression committing vertebral bodies L3-L4 and sacral segment with collapse. It evolves with signs of intracranial hypertension. Brain MRI showed brain tumor in left temporal region with brain edema. Craneal radiotherapy was started with poor response and finally the patient dead.

Discussion: Primary lymphoma of bone is a relatively uncommon entity, comprising approximately 5% of all NHL and 3% of all bone malignancies. Most series shows early-stage disease presentation and the most common sites are long bones followed by pelvis and spine, with scapula, maxilla and mandible accounting for the most of the remaining patients. 21% have multifocal bone involvement as our patient and 4% have B symptoms at initial presentation. Treatment has been based on radiation therapy alone. This approach seems to provide high levels of local control within the radiation field, with a locomarginal and systemic failure of 50%. There is no clear preponderant risk of failure of CNS or bone, but being possible as in our patient. Moreover, the use of chemotherapy is the only prognostically advantageous factor that emerged at univariate / multivariate analyses survival in some series.

P-04-42 | MYELOFIBROSIS WITH MYELOID METAPLASIA (MMM). BLASTIC TRANSFORMATION (BT) POST SPLENECTOMY. TWO CASE REPORTS

Isaurralde, H.; Zunino, J.; Diaz, L.; Guillermo, C.; Nese, M.

UDELAR, CITMO IMPASA, Montevideo.; Uruguay

Introduction: An increase incidence of BT after splenectomy in MMM was reported in several trials.

MATERIAL AND METHODS:

Case 1: 66 year-old man with MMM, severe thrombocytopenia, anemia and massive splenomegaly refractory to medical treatment, was referred to surgery for splenectomy 9 months after diagnosis. Histopathology of the spleen revealed hypersplenism, and MM.This patient, developed an AML M4, 6 months after splenectomy . The survival post splenectomy was 9 months.

Case 2: 60 year-old man with MMM. Fifteen years after diagnosis the patient had illness progression, with massive painful splenomegaly, splenic infarcts and severe anemia and thrombocytopenia .The pathology was splenic agnogenic metaplasia. One month later he developed an AML M0 treated with Daunorubicin/Ara -C and dies 1 year after the onset of this secondary AML. The survival postsplenectomy was 13 months.

Results: The cases had BT shortly after splenectomy. We couldn't confirm splenic BT or accelerated hematopoiesis in the pathologic specimen. DISCUSSION. BT postsplenectomy in AMM was reported with a RR of 2.2 at 48 months from diagnosis to 14,3 at 12 years. Thrombocytopenia, blood blasts and splenectomy, were independently predictive factors of BT. The accelerated splenic hematopoiesis was another negative predictive factor. The mechanism of the BT after splenectomy is not known. We emphasize that BT doesn't decrease postsplenectomy survival, and is possible a symptomatic improvement with this procedure. The median time between splenectomy and BT was 15.6 months. The short time between splenectomy and BT in our patients, could be associated with thrombocytopenia. Thrombocytopenia may be a surrogate for advanced disease, and may not be improved by splenectomy.

REFERENCES:

1 Barosi G et al. Splenectomy and risk of blast transformation in Myelofibrosis with Myeloid Metaplasia. Blood, Vol 91, No 10 (May 15), 1998: pp 3630-3636.

2. Tefferi A et al. Splenectomy in myelofibrosis with myeloid metaplasia: a single-institution experience with 223 patients. Blood, 1 April 2000. Volume 95, Number 7. Pages 2226-2233.

P-04-43 | A CASE OF ACQUIRED METHOGLOBINEMIA AFTER INHALATION OF NITROBENZENE

Hermilio J. Diaz Romero.

Hospital Vitarte. Lima. Peru

Introduction: Methemoglobinemia is a disorder characterized by increased levels of oxidized hemoglobin (MetHb) above its normal value of 1-2%. False hypoxemia with dissociation of oxygen saturation between pulsoximetry and arterial blood gas analysis (ABG) is a landmark of this disorder. We present a case of methemoglobinemia diagnosed and managed in a rural hospital with multiple limitations.

Case Report: A 28-year-old man presented to the emergency department complaining of sudden-onset dizziness, headaches, shortness of breath and generalized weakness. He was a leather-repair-shop worker and used dye spray with no airway protection two hours prior to presentation. Physical exam revealed cyanosis of the skin and mucosa and an oxygen saturation of 88% on room air by pulsoximetry. No neurologic focal deficits were found. Urine was noted to be dark. Blood sample taken had a chocolate-brown color.

Serum Hb was 14.5 g/dL. ABG could not be performed. MetHb concentration 36 hours after presentation was 3.5%. Diagnosis of methemoglobinemia secondary to nitrobenzene inhalation was made and the patient was treated with oral methylene blue since there was not intravenous form available. Significant clinical improvement was noted after 72 hours.

Discussion: Acquired methemoglobinemia is more frequently caused by exposure to medications like local anesthetics and antibiotics. Exposure to nitrobenzene, an organic precursor of aniline that is used to make industrial dyes, has been classically described as a potential cause of methemoglobinemia; however not many cases have been reported. Clinical symptoms occur when levels of MetHb exceed 10-15% of the total Hb, and become lethal when levels increase above 50%. In this case, our suspicion for methemoglobinemia secondary to nitrobenzene exposure was high; however because of lack of laboratory resources, the diagnosis could not be confirmed earlier. Moreover, treatment with methylene blue had to be administered orally, with a good clinical outcome.

Conclusion: Exposure to nitrobenzene is a cause of methemoglobinemia and should be suspected in persons with industrial dye exposure. Oral methylene blue ay be used if no intravenous form is available.

P-04-44 | SIGNETRING CELL COLON ADENOCARCINOMA

Ariovich Tamara, Wahlman Fernando, Bisciotti Emiliano, Panno Cecilia; Alfano L. tamyari@yahoo.com

"J. Méndez" Sanatorium, Clinical Residency, Capital Federal, Argentina

Introduction: Colon Mucinous Adenocarcinoma is a rare variant of this tumour, having an early aggressive behaviour.

Clinical Case: 61-year-old woman, severe smoking antecedents, former alcoholic. She consults about abdominal pain in right-sided hypochondrium having irradiation on belt post intake with an evolution of 48 hrs. She tells she has evacuative rhythm alterations with some mucopurulent bowel movements, asthenia and hiporexia during the latest month. Physical Examination: 8cm diameter palpable abdominal lump, causing pain. Laboratory **Results:** Hto 31.5, Hb 9.9g/dl, (mcv 79, mch 25), VSG 55, Ferremia 14, % sat 4, TIBC 352 and ferritin 70. Abdominal Echography: 20mm nodular hypoechoic image on head of pancreas. Thorax XR: bilateral interstitial pattern with left-sided predominance and mediastinal broadening. Thoracic CAT shows carcinomatous lymphangitis and multiple adenopathies on mediastinum. Abdomen: 10mm nodular image before inferior vena cava, in contact with head of pancreas, adenopathy compatible.

During hospitalization she evolves without changes on symptomatology, a video colonoscopy is scheduled. While waiting for performing the study she evolves having intermittent fever and leucocytosis with neutrophilia without manifest focus of infection, expectant behaviour is assumed. Afterwards she has neurological damage, Glasgow 10/15 with anisocoria, conjugate gaze deviation and left-sided hemiplegia having an encephalous CT showing multiple corticosubcortical hypodense images with perilesional edema without mass effect. She died 24 hrs. later. The autopsy performed revealed: Signet-ring colon carcinoma on liver side (Stage IV), having intestinal adherences and peritumoral abscess. Lung carcinomatous lymphangitis. Lymphovascular embolisms at liver, uterus and suprarenal, having periadrenal infiltration. Ganglionic metastasis on mediastinum, periaortic, celiac, peritumoral and peripancreatic. Mitral valve infectious endocarditis associated to thrombi at left ventricle level. Splenic and renal infarcts.

Discussion: Signet-ring cell colon adenocarcinoma stands from 0.1 to 0.9 % of colon neoplasias and it is typically manifested by plastic linitis, by lymphatic and hematogenous dissemination. It is manifested in a more aggressive way than other histological types, it implies compromise of the whole colon wall frequently associated to intermittent bacteriemias.

P-04-45 | DIFFICULT DIAGNOSIS OF PRIMARY NON-HODGKIN'S LYMPHOMA OF THE SACRUM

Perez Vázquez, G.; García Palomo, J.D.; Diez Gallarreta, Z.; Fakkas, M.; Fariñas, MC

Infectious Diseases Unit- Internal Medicine Service. Orthopedic and Traumatology Service. Hospital Universitario M. Valdecilla. Santander. Spain

A healthy 57-year-old man was admitted to the hospital because of a 4 month-history of uncontrolled lumbosacral pain accompanied by bilateral S1 radiculopathy with paresthesia and irradiated pain to both low extremities. Outpatient study such as laboratory tests including proteinogram and serology (Brucella, Coxiella and Bartonella) were irrelevant. The radiology (computed tomography and MRI) showed a sacral osteolytic and infiltrative lesion involving soft tissue structures. Whole body scan using both technetium-99m and gallium-67 SPECT demonstrated abnormal intense uptake in the sacrum and both sacroiliac joints.

Based on the imaging features of the lesion a malignancy was tried to exclude. Two months previous to the admission, biopsies from the right iliac crest first and then an open biopsy of the sacrum were performed with no evidence of pathology in the microbiologic, histologic and hematologic analysis. Once admitted to the hospital, the patient experienced fever, weakness, local tenderness with mild leukocytosis and increases in acute phase reactants. Tuberculin skin test was positive. New imaging tests showed features consistent with abscess. A broad-spectrum antibiotic therapy was initiated (Meropenem and Teicoplanin) with time limited clinical and analytical response. The eco-guided fine needle aspiration from the abscess didn't show anything remarkable.

Due to the absent of iagnosis and the positivity of the tuberculin test, skeletal tuberculosis was considered, so that tuberculosis empiric therapy was administrated, without improvement.

Since the progression of the lesion through both iliac crests observed in a new MRI, a new bone marrow aspiration/biopsy was made. Based on histomorphology and special marker studies from this last biopsy specimen, the pathologic diagnosis of Diffuse large B-cell lymphoma was made. During the lymphoma staging procedure, PET examination revealed no widespread of the tumoral disease.

The patient received chemotherapy (R-MegaCHOP), being well tolerated by the moment. In addition, radiation therapy was applied over the sacrum in order to relieve pain. We showed a lymphoma presenting as a bone infiltrative lesion mimicking a bone infectious disease.

To date, only 8 cases in the review literature have been reported with similar presenting symptoms.

P-04-46 | PERITONEAL MESOTHELIOMA

Fonsalia, V.; Blanco, V.; Lamas, L.; Lujambio, L.; Arias, S.

Hospital Maciel. Clínica Médica 3. Facultad de Medicina. Montevideo.; Uruguay

Primary tumors of the peritoneum are unusual. They are related to the exposure to asbestos. In about 80% of cases. Only a few patients survive a year after the diagnosis is made.

Case: A 28 year-old female presented, with no history of exposure to asbestos, ascites and overall impact. She showed weight loss, moderate anemia and clinical ascites. Paraclinical aspects: Mild, normocytic, normochromic anemia, hyperthrombocy tosis. Erythro sedimentation rate: 180 mm/hr. Hypoalbuminemia (3.3 g/l), PPD test: 12 mm, CEA, Ca 19-9, Alpha-fetoprotein, Ca 15-3, Ca 125: negative. Thoracic, abdominal, and pelvic tomography: right pleural effusion, ascites. Increase in vascularization and in mesentery's density. Ovaries with cystic bilateral images of 2,5 cm. Cytochemical analysis from ascites: exudate. Adenosine deaminasa 19. Cytology: lymphocytes, macrophages, mesotelial cells with reactive changes.Bacteriological analysis: sterile. Bacilloscopy and Lowenstein Jensen Medium negative. Laparos! copy: multiple peritoneal nodules with a peritoneal carcinomatosis aspect. Histolopathology: Macroscopic: irregular whitish fragments with a mucoid aspect, between 5 and 15 mm. Microscopic: Atypical proliferation with architectural papillary patterns and in solid nests consisting of cells with an increase in its nuclear/cytoplasm ratio and also with chromatin fine.

Eosinophil cytoplasm and mitotic figures. Immunehistochemical analysis guides to mesothelioma. Given the difficulties in making a differential diagnosis with peritoneal carcinomatosis, the final diagnosis lies in the anatomic-pathological analysis by using Immune- histochemical techniques. The available therapeutic tools are surgery, chemotherapy and radiotherapy, each of which in isolation have very little effects. There has been an improvement in the forecast of selected patients during the last years associating cell-reduction surgery, radiotherapy and hyperthermic interperitoneal chemotherapy with allegedly cura! tive objectives.

The aim of cell-reduction surgery is to treat the macroscopic illness while the hyperthermic interperitoneal chemotherapy treats the microscopic residual illness. Our patient received an exclusively chemotherapy treatment she did not accept surgery and chemotherapy in combination. It deals with an aggressive pathology, with short-term life after the diagnosis. Death is related to the tumor local progression

P-04-47 | CYTOGENETIC STUDY MOLECULE OF CHRONIC MYELOID LEUKEMIA RELATION TO TREATMENT WITH TYROSINE KINASE INHIBITORS IMATINIB IN PATIENTS WHO CONSULT THE HEMATOLOGY SRVICE OF THE CENTRAL HOSPITAL ANTONIO MARÍA PINEDA. BARQUISIMETO LARA STATE

Morales, Ruth; Simancas, Mariela; Delgado, María Pilar.; Atencio, Fatima.; Gómez, Alexander.

Hematology Service of the Central Hospital Antonio María Pineda. Barquisimeto Venezuela.

Keywords: cytogenetic, PCR, Imatinib

To study the chronic myeloid leukemia, cytogenetic and molecular characteristics related to treatment with Imatinib in patients who consulted the Service of Hematology Central Hospital "Antonio María Pineda", 2006-2007, was conducted an investigation of descriptive, number of cases.

We included 13 patients aged over 16 diagnosed with CML and aspired by bone marrow biopsy. They cytogenetic and molecular study conducted in bone marrow. Patients began treatment with Imatinib, 400mg at 12 patients with chronic phase and 600mg to patients who were in accelerated phase. After 3 months, were carried out hematological control, cytogenetic and molecular. Data were emptied into an instrument previously reviewed by specialists and then tabulated in graphs and tables.

The results revealed predominance of female (53.85%) and the age group of 21-40 years (57.14%) and women 51-60 years (50%) in men. The clinic was splenomegaly more frequent (76.9%). The study was abnormal cytogenetic 92.30% ! of cases. The 84.6% of patients with CML presented Cromosoma Philadelphia. All the cases with CML was BCR / ABL +. The most frequent secondary chromosomal abnormalities in our population were monosomy 19, followed by 13 and 14. All patients treated with Imatinib showed complete hematologic remission. The response was complete in cytogenetics 18.1% partial and incomplete-81.8%.

The answer was optimal molecular (> 2 log) in 25% and was <2 log in 75%. Patients treated with Imatinib showed oedema of the lower limbs (12.5%), diarrhea (6.25%) headache (6.25%) as side effects. The cytogenetic and molecular studies allow for the diagnosis in most cases. The Imatinib showed an excellent response and hematological response cytogenetics amended its survival and prognosis of the disease in these patients.

P-04-48 | PREVALECENCE AND DESCRIPTION OF ANEMIA IN PATIENTS WITH COPD ADMITTED TO THE HOSPITAL DE LA SERRANIA RONDA SPAIN

Grana, Mariela; Barón, Miguel A.; Muñoz, A.; González, M. Angeles.; Ruiz, Alberto

Internal Medicine Department, Hospital de la Serranía, Ronda, Málaga; Spain

OBJECTIVES: To describe the prevalence of anemia and its features in patients with Chronic Obstructive Pulmonary Disease (COPD) admitted to a local hospital from January 1, 2007 to April 31, 2007. **Materials and Methods:** Descriptive study which reviewed the reports of all patients admitted to the Internal Medicine Service from January 1, 2007 to April 30, 2007. We included all patients with a definite diagnosis of COPD who had anaemia, defined as an Haemoglobin less than 13 g / dl for men and 12 g / dl for women. Clinical and epidemiologic data were analyzed excluding those patients with other possible causes of anaemia. We used chi-square or Fisher's exact test for qualitative variables and U test Mann-Whitney for quantitative variables. **Results:** We studied a total of 116 patients diagnosed with COPD. Forty-four patients (38%) had anaemia, of whom 26 were not included in the analysis by presenting another possible cause (13 chronic renal failure, 7 malignancies, 5 chronic liver disease and 1 Addison disease). There fore, we found 18 patients with anemia without apparent cause (20%). No significant differences were found between patients with and without anaemia in age (75.27 & 71 years), sex (male 89 & 97.2%), grade functional (I: 6.7 & 3.4%; II: 20 & 32%; III: 40 & 28.8%; IV: 33 & 35.5%), basal oxygen saturation (91.45 & 91.1%), partial pressure of CO2 (51.9 & 51%), a source of income related to respiratory disease (50 & 57%), hypertension (61 & 59%), Diabetes Mellitus (27.8 & 32.4%), heart failure (27.8 & 22.2%), atrial fibrillation (33.3 & 31.9%), previous stroke (11.1 & 11.1%), home oxygen therapy (33 & 31%), use of ACE inhibitors (27.8 & 25%), AAR-II (22.2 & 7.2%, p = 0.08), Aldosterone antagonist (11.4 & 2.9%), us! e of antiplatelet (33.3 & 23.2%), and oral anticoagulation (11.1 & 11.6%). Of the 15 patients treated with theophylline, none had anaemia (p = 0.03). We saw a lower percentage of anaemia in patients with steroid treatment (0,035), in which 62% were only inhaled. Anaemia was normocytic normocromic by 56% of patients. 15 patients died during admission (16.6%), and we found no difference in overall mortality nor the attributable between patients with and without anaemia (overall: 11.1 & 18.1% attributable: 50 & 61%, p = ns).

Discussion: Recent studies suggest an association between anaemia and COPD, although it is not fully established. Since it has been suggested the possibility that COPD is a systemic disease, anaemia could be explained by inflammatory mechanisms, so the steroid treatment could be responsible for a lower incidence of anaemia in patients taking steroids. Likewise, some studies advocate a major mortality in COPD patients with anaemia. This fact has not been observed in our study, although it must be made clear that we excluded all patients with an apparent cause of anaemia, such as chronic liver disease, renal failure, cancer, and so on. **Conclusions:** One fifth of COPD patients admitted to our department of Internal Medicine presents anaemia without apparent cause. COPD patients, who take steroid therapy and / or theophylline, had a lower incidence of anaemia. Mortality is not influenced by anaemia during admission.

P-04-49 | PATIENT WITH PULSATILE MASSES AND COAGULOPATHY

Sanchez Rubio, P.; Cebollada, J.; Olivan, M. T.; Aldomá, J.; Berdun, M. A.

Hospital San Jorge; Spain

We present a 78 years old patient who was admitted at the Emergency Department due to intermittent claudication and haematomas in lower extremities starting the day before. He had a history of chronic atrial flutter in treatment with digoxin, amiodarone and triflusal.

Physical examination was normal except for the lower extremities where pulsatile masses were found in the left inguinal and right femoralareas and both dorsalis pedis pulses were missed. There were haematomas in the right popliteal area and in the left instep.

The radiology and electrocardiography were normal.The blood test showed a low platelets count (59000/mm3). The coagulation was abnormal with a prothrombin activity of 18%, activated partial thromboplastin time of 50 seconds, antithrombin III of 77% and the D-dimer was 7238 ngr/dl. Worsening in coagulation was observed during follow up. The diagnostic of Disseminated Intravascular Coagulation (DIC) was established. The first tests performed allowed us to exclude infectious diseases or cancer.

An ultrasonography test showed many aneurysms with mural thrombus and floating thrombus in both lower extremities at different levels. A magnetic resonance revealed the presence of aneurysms in several arteries: abdominal aorta, commons and externals iliacs, hypogastric and commons femorals. Fresh frozen plasma and low molecular weight heparin were prescribed, followed by acenocoumarol when clinical situation improved. Due to the large extension of the arterial impairment surgical treatment was discouraged. DIC is a coagulation disorder that threatens the life of the patient. Treatment must be inciated early.

The coagulation abnormalities must be corrected at the same time that the prothrombotic phenomenons wich start up the disease are controlled. Etiology of DIC should always be evaluated as the etiological treatment is essential in order to control the coagulopathy. Diferent conditions have been described to cause DIC: infectious diseases, Kassabach-Merrit Syndrome, glomerular diseases, fat embolism or large aortic aneurysm. Polianeurysmatic disease affecting lower extremities arteries has not previously been reported as a cause of DIC.

P-04-50 | USE OF BORTEZOMID IN PATIENTS WITH MULTIPLE MYELOMA OF RECENT DIAGNOSIS

Atencio, Fátima; Delgado, María; Gómez, Alexander; Gómez, Cesar.; Simanca, Mariela.

University General Hospital "Dr. Antonio María Pineda". Service of Hematology, Barquisimeto, Venezuela.

With the purpose of determining the hematological evolution and adverse effects in patients with multiple myeloma of recent diagnosis, a transversal descriptive study was carried out in the Hematology Service of Hospital Central Universitario "Dr. Antonio María Pineda", Barquisimeto, Venezuela, January/December 07. The sample (10 patients) was a non probabilistic or by convenience (type of accidental one) with ages between 52 and 71.

Five patients were in recurrence and had already received Thalidomide; the others were recently diagnosed. A structured interview with open questions about the medication effects was applied.

Pre and post treatment hemoglobin values were compared; also, the monoclonal compromise percentage and the radiological evaluation of lytic lesions were determined and related to the answer to the treatment. Patients received six cycles of treatment (BORTEZOMID). It was found that female sex (70%) was predominant over male sex (30%) of the whole samp! le. 50% of patients had multiple myeloma of recent diagnosis, the other half was in recurrence.

The high monoclonal compromise represented 50% of cases, the moderate one 40%, and the low one 10%. It was found that hemoglobin level, bone pain and weight loss were better in 90% of cases. There was no growth either in number or in size of lytic lesions. It was estimated a monoclonal compromise decrease in 15 and 35%.

The main adverse effects referred by patients were: EPIGASTRALGIA (50%), diarrhea (10%) and neurological toxicity expressed by peripherical neuropathy, 2 months after treatment (10%). 20% of patients did not show any symptoms. There were no cases with renal alterations. It is concluded that BORTEZOMID shows good results in patients with multiple myeloma of recent diagnosis as a pharmacological drug of first-line or in association with Thalidomide.

P-04-51 | ACQUIRED HEMOPHILIA SPONTANEOUS INHIBITORS TO FVIIIC

Díaz, L.; Isaurralde, H.; Rodríguez, I.; Guillermo, C.; Nese; M. Boggia , B; Zunino J.

IMPASA, CASMU, Hospital de Clínicas, Montevideo; Uruguay.

Background: Autoantibodies to F VIII is an immune coagulopathy with an incidence of 0, 2 to 1, 0 case /1 million individuals per year (1), and major incidence in older age. Clinical manifestation: spontaneous bleeding, prolonged APTT not correct with normal plasma. Fifty percent is idiopathic and the other 50% is associated with autoimmune disease, cancer, skin disorders, drugs, infections, GVHD, and post partum states (2).

Methods: 9 patients were studied from 2001 to 2007, 5 women and 4 men, age from 20 to 81 years old, 7 cases were idiopathic , 1 postpartum and 1 lung cancer. Eight cases were with bleeding presentation. The APTT ranged from 59 to 120", factor VIII from 0.9 to 9% and inhibitor from 2.5 to 14 BU. The treatment was fresh frozen plasma, cryoprecipate, FVIII concentrates, recombinant FVIIa, prednisone, cyclophosphamide, azathioprine, vincristine, IGIV, cyclosporine, with favorable outcome in all cases.

Discussion: The clinical picture is purpura, hematuria, epistaxis and soft tissue, muscle, gastrointestinal or intracerebral bleeding with high mortality. Hemarthrosis is unusual. All patients have a prolonged APTT that not correct with normal plasma. The FVIII activity was low in the 9 cases, and the titer of the FVIII antibody was high in all of them. Like we perform in our patients, treatment strategies should focus on the control of bleeding, suppression of the inhibitor and the treatment of the underlying disease, The future management could include activated prothrombin complex concentrates, inmunomodulation with mycophenolate mofetil, 2-chlorodeoxyadenosine, and monoclonal antibodies like rituximab (3).

Bibliography:

1. Feinstein DI. Inhibitors of Blood Coagulation. In Hoffman R, Benz Jr E et al (eds). Hematology Basic Principles and Practice (3rd ed). Churchill Livinstone, 2000,p 1963

2. Solymoss S, Postpartum acquired factor VIII inhibitors results of a survey. American Journal of Hematology 1998;59(1):1-4

3. Kain S, Copeland TS, Leahy MF. Treatment of refractory autoimmune (acquired) haemophilia with anti-CD20 (rituximab) British Journal of Haematology 2002;119(2):578

P-04-52 | CASTLEMAN´S DISEASE

De Benito, A.; Bermúdez, Carla; Perazzolo, Sebastián.; Villareal, Marta.; Piazzoni, Lucian; . Barril; Sergio.

Clínica Universitaria Reina Fabiola. Córdoba.

Castleman's disease, also known as angiofollicular lymph node hyperplasia, is a rare lymphoproliferative disorder with three histologic variants (hyaline vascular, plasma-cell, and mixed) and two clinical types (localized and multicentric). Localized Castleman's Disease is usually a slow growing solitary mass typically located in the mediastinium or mesenteries without constitutional symptoms or elevation of acute phase reactants. In most cases surgical resection is curative. The multicentric form, with a more aggressive course, frequently presents widespread lymphadenopathy, organomegaly and constitutional symptoms, derived from overproduction of interleukin 6. Other conditions associated include Kaposi´s sarcoma, autoimmune hemolytic anemia, multiple myeloma, amyloidoisis, Pemphigus, and overlap syndromes with POEMS. The multicentric disease require sistemic treatment and can progress to non-Hodgkin's lymphoma.

Case: 51-year-old male patient . CR: Chronic diarrhea, consumptive syndrome and ascític-edematous syndrome. PMH: Cholecystectomy, Community acute pneumonia, cholestatic syndrome in study. CIB: 4 months before admission presented abundant diarrheal stools, yellow, pasted, disgusting smell, without blood or mucus, cramping abdominal pain with poor response to antispasmodics, nausea, vomiting, swelling in lower limbs and loss of weight of 25 kg in 4 months. Previous studies: Cholangio-MRI (7 months) negative. Studies on admission: **Laboratory:** anemia, acute renal failure, erythrocyte sedimentation rate, FAL and GGT increased, 70,000 platelets, PT 67%, hypoalbuminemia plus hypergammaglobulinemia, 24 hours proteinuria (-), stool culture: campylobacter jejuni. Abdominal ultrasonography: Mild hepatic steatosis, splenomegaly, mesenteric lymph nodes and ascites. Abdominal paracentesis: SAAG 1.37 mg /%, 313 cells (74% lymphocytes). Culture negative for common germs, fungi and AFB. Pathological examination (-). Serologic test for HIV, HCV and HBV negative. Esteatocrit (-), Thoracic CT: normal, abdominal CT: retroperitoneal and mesenteric lymph nodes, splenomegaly and abundant ascites. Pelvic CT: normal.

Laparoscopic exploration: mesenteric lymph node biopsy and aspiration of ascites, the latter with similar findings from previous puncture. Upper gastrointestinal endoscopy: esophageal varices grade II, erosive chronic gastritis, duodenitis. Pathological examination: surface active chronic gastritis, Helicobacter pylori (+); unspecific duodenitis. PAS stain negative. Pathological examination of ganglionar biopsia: involutional aspect of follicles, with hyaline material PAS (+) and proliferation of small vessels in its internal paracortical expansion, with frequent plasmocytes.

Diagnosis: Multicentric Castleman's disease (mixed variant).

P-04-53 | CUTANEOUS PLASMACYTOSIS: REPORT OF A CASE

Coppa Oliver, A.; Tordoya, P.; Martínez del Sel, J.; Sehtman, A.; Allevato, M.

Hospital De Clínicas José de San Martin. Ciudad de Buenos Aires, Argentina

Cutaneous plasmacytosis is a rare disease of unclear etiology, that tipically affects individuals of Japanese descent. Clinically, it is characterized by multiple red-brown plaques and nodules appearing mainly on the trunk. It is often associated with lymphadenopathy and polyclonal hypergammaglobulinemia. Histological findings show dense perivascular and periadnexal infiltrates, composed predominantly of mature plasma cells without atypia or light chain restriction. We describe a case of cutaneous plasmacytosis in a young Argentine man of Japanese descent.

Case: A 35-year-old Argentine man of Japanese descent was referred to our Department with multiple skin lesions, which had gradually increased in number during the past 2 years. Physical examination revealed multiple red-brown plaques, mildly painful and poorly demarcated, 5 to 10 em. Hypertrichosis was present in some of them. These lesions appeared initially on the left forearm and subsequently spread to the periumbilical region, flanks, gluteus and inferior limbs. No lymphadenopathy or hepatosplenomegaly was appreciated. Histological findings of skin biopsy specimens showed a moderately dense deep perivascular and perineural infiltrate composed predominantly of mature plasma cells. Immunohistochemical analysis revealed polyclonal reactivity for kappa and lambda immunoglobulin light chains. Complete blood cell count and ESR were normal.

Chemical analyses revealed hyperuricemia: 7.6 mg/dL (normal range: 3.5 to 7.00 mg/dL). Serum protein electrophoresis demonstrated polyclonal hypergammaglobulinemia. The serological examinations for syphilis, hepatitis virus type B, C, HIV and HHV-8 were negative. Urinalysis failed to detect Bence Jones protein. Imaging studies, which included chest and bones X-rays and computerized tomography scans of the chest, abdomen and pelvis, were normal. These findings were consistent with the diagnosis of cutaneous plasmacytosis. Cutaneous plasmacytosis is! an uncommon entity. Fewer than 80 cases have been described in the literature, almost all in patients of Japanese descent. Underlying diseases should be ruled out. This disease usually shows a benign course; however, follow-up examinations are strongly recommended since malignant transformation has been observed in few cases.

P-04-54 | THROMBOTIC THROMBOCYTOPENIC PURPURA WITH ADAMTS 13 DEFICIT THAT TURNED OUT INTO A REACTIVE HEMOPHAGOCYTIC SYNDROME

Raimondi, Alejandro; Isola, Nicolás; Díaz, Fernanda.; Hlavnicka, Alejandro.; Wainsztein, Néstor.

Departamento de Medicina Interna. Fundación para la Lucha contra las Enfermedades Neurológicas de la Infancia (FLENI), Buenos Aires.; Argentina

Thrombotic thrombocytopenic purpura (TTP) is a fulminant multisystemic disorder characterized by hemolityc anemia, thrombocytopenia, neurological manifestations, fever and renal dysfunction. It is associated with pregnancy, infectious diseases, vasculitis, cancer, bone marrow transplantation and drugs. TTP is caused by a deficiency of a metalloproteinase (ADAMTS 13) that normally cleaves the ultra large multimers of von Willebrand factor.

A 30 year old female patient with unremarkable past medical history, after the normal delivery of her 4th child started with fever, slurred speech, low platelet count (16,000/mm3) and anemia (hematocrit 16%). A presumptive diagnosis of puerperal sepsis was made and a uterus scraping was performed. Later she developed neurological deterioration and generalized tonic-clonic seizures and had to be supported with mechanical ventilation.

On admission to our intensive care unit, the patient was under pharmacological sedation, mechanically ventilated, with no motor response and with normal brainstem reflexes. The gynecological ultrasound showed a heterogeneous and thickened endometrium with fluid in the Douglas space. A brain MRI showed hypoxic lesions of the cerebellum, bilateral occipital cortex and basal nuclei. The peripheral blood smear revealed the presence of significant schistocytes. It was interpreted as post-partum TTP and treatment begun with metilprednisolone pulses (5 doses of 1 gram IV) and plasmapheresis.

Laboratory studies showed low levels of ADAMTS-13 (13%) with high titers of the ADAMTS-13 inhibitor and normal von Willebrand factor Ag. levels. As cytopenia persisted together with fever, a bone marrow biopsy was performed, consistent with a hemophagocytic syndrome. The patient underwent IV gamma globulin treatment (50 grams/ day during 2 days). The TTP recurred and plasma exchange therapy was necessary. The patient was discharged on the 46th day, hemodyalisis was performed twice weekly, and continued with plasmapheresis. Reactive hemophagocytic syndrome has been associated with different infectious and non infectious disorders.

The aim of this report is to describe the appearance of a hemophagocytic syndrome in a patient with TTP with low levels of ADAMTS 13.

P-04-55 | DESCRIPTION OF THE OUTPATIENT POPULATION AT THE ANTICOAGULATION CLINIC OF THE HOSPITAL MACIEL

Catalá, Pablo; Cal, Alejandra; Lamas, Laura.; Peverelli, Franco.; Bulla, Daniel.

Clínica Médica 3 Prof. Bulla D y Clínica Médica 1 Prof Catalá G. Departamento de Medicina, Universidad de la República. Hospital Maciel, Montevideo Uruguay

Introduction: This is the main anticoagulation clinic in Uruguay. About 500 patients are regularly followed up monthly Objectives. To study the characteristics of this clinic patients. Methods. A descriptive analysis of 465 patients, evaluated during September 2007, measuring the INR by digital puncture. The following features were considered: sex, age, reason for antigoagulation, INR figures during the last year, warfarin dose and bleeding events during the last year.

Results: Sex distribution: 50% males, 46% females and 4% without dates. Mean age: 67 year-old. 18 year old the younger patient and 2 93 year old patients the elder. Reason for anticoagulation: Chronic atrial fibrilation, 237 patients (51%), mechanical prosthetic valves 58 patients (12%), thromboembolic disease 40 patients (9%). 59% of patients were within the therapeutic range. 27% were bellow this level and 14% were above it. Only 2% of the patients had an INR above 5. 7% of minor bleedings were recorded. There was no correlation between the bleeding and a high INR. The mean warfarin dose was 4,5 mg/day. The whole group was divided in three subgroups according to the age: 18 to 64 years (158 patients), 65 to 74 years (171 patients) and more than 75 years (111 patients). The warfarin dose per group were 5.1, 4.5 and 3.8 mg / day respectively.

Discussion: The rationale for a specialised anticoagulation clinic is based on the high number of patients receiving warfarin with a narrow therapeutic range. The patients are periodically followed up. Based on the age, 41 patients were on the 9th decade and 2 on the 10th decade. This feature decreases the natural fear of prescribing warfarin to the elderly patients. The main indication for anticoagulation is atrial fibrilation, either alone or associated with other conditions. Within the group of 27% with an INR bellow therapeutic range, were the patients that have recently started with anticoagulation treatment. The average of bleeding (7%) correlates with the international data. Warfarin dose varies, and the lower doses correspond to the elder group of patients.

Bibliography. 1. Hirsh J. Guidelines for Antithrombotic Therapy. Fifth edition. BC Decker Inc. London. 2005. 2. Pautas de Manejo del Paciente Anticoagulado del Hospital Maciel. Montevideo- Uruguay. 2002. 3. The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. Vol 126 (3). Sep 2004. 4. Palareti G. Bleeding complications of oral anticoagulant **Treatment:** an inception-cohort, prospective collaborative study (ISCOAT). Italian Study on Complications of Oral Anticoagulant Therapy. Lancet 17-AUG-1996; 348(9025): 423-8. 5. Froom P. Oral anticoagulants in the elderly. Br J Haematol. FEB-2003; 120(3): 526-8.

P-04-56 | DEEP VENOUS THROMBOSIS CAUSED BY CONGENITAL ANOMALIES OF INFERIOR VENA CAVA

Pérez Sanchez, L.; García Sanchez, F.; Gómez Ayerbe, C.; López- Álvarez, J.; Montero Ruiz, E

Universitary Hospital Principe de Asturias. Madrid; Spain

Anomalies of the inferior vena cava (IVC) have been reported punctually since many years.

Congenital anomalies of the IVC such as atresia or total absence were uncommon and result from aberrant development during embryogenesis. Since the development of computed tomographie (CT) and Magnetic Resonance Imaging (MRI) have become more frequently encountered in asymptomatic patients. In the symptomatic patients, the complaints associated are secondary to venous insufficiency and/or deep vein thrombosis (DVP).

We report five patients, all of them under 25 years, with lower extremity extense deep vein thrombosis and with congenital anomalies of IVC. These anomalies were absent inferior vena cava in two patients and hypoplastic segment in three.

These patients were admitted during the period 2004-2007 in our service of Internal Medicine at the Universitary Hospital Principe de Asturias from Alcala de Henares (Madrid). All of them were treated with Anticoagulant therapy during minimum! 6 months. One patient presented recurrent deep venous thrombosis after discontinuation of oral anticoagulation.

Conclusions: Congenital anomalies of IVC are a risk factor of deep vein thrombosis. An anomaly of the inferior vena cava should be suspected in young patients with idiopathic deep vein thrombosis, mainly if thrombosis is involving the iliac veins. There is probably a high risk of recurrence. The treatment should be long term anticoagulant, but the concrete duration is still uncertain, probably in absence of other associated risk factors even permanent anticoagulation.

P-04-57 | SWEET´S SYNDROME (SS) ACTUAL STATE THREE CASES

Arena, E.J.F.; Calistro, S.S.; Cataldi Amatriain, R.; Herrera, A.M.; Bobrik, L.C.

Departamento de Medicina Interna- Hospital Sirio- Libanés CGBA-Argentina.

Introduction: The Sweet´s syndrome (the eponym for acute febrile neutrophilic dermatosis) is an infrequent entity in our medium, but not unusual, it was described for first time for Robert D. Sweet, in 1964. It hasn't ethnic predilection, your incidence is main in female(4:1) between 30-60 years old. The etiology is uncertain, yet, drugs, infectious, and paraneoplastic syndrome in 20% of the cases (hematology, nephrology, breast) and inflammatory intestinal disease. This pathology presents like an acute systemic disease, with erythematous, plaque predominant in legs and arms, fever, poli arthralgic, neutrophilia and the histopathology shows a dermic infiltrate diffuse peri wessel whith rips and eosinophily, neutrophils and occasional lymphocytes whit necrosis. Prednisone is the election treatment, but other drugs of second line are use.

Methods: In this work we present three cases with SS two of them female and other male between 50 -96 years old, in which laboratory was done, hemo and urine cultivation, complementary test, for dismiss other pathology. **Case 1:** Caucasican female of 53 years old, who was admitted for fever, poly arthralgic, eritemato vesilosus ferropenic anemic and accelerated VSG. **Case 2:** Male of 50 years old, who present erytematous injury whit macular injury in arms and legs, with neutrophils and accelerated VSG. **Case 3:** Female 96 years old who was admitted with erythema sheet in left leg back, shoulders, fever, for three days, inguinal painful adenopathies, with accelerated VSG. The three cases were treating with prednisone.

Conclusion: The treatment with prednisone improves the clinic in 24 hours objective and subjective. None cases of neoplasm or auto immune disease associated over the six month following was found. In the three cases of SS viral infection was preceded.

P-04-58 | DEVELOPMENT OF FVIII INHIBITOR IN NON-HEMOPHILIC PATIENTS: CLINICAL EXPERIENCE IN 7 CASES IN THREE CENTERS

Sanchez, S.; Gottas, A.; Vazquez, V.; Taffarel, C.; Larrea, R.

Servicio Clínica Médica y Hematología Hospital Español de Buenos Aires; Argentina

Introduction: The development of FVIII inhibitor in non-hemophilic patients is uncommon, its incidence is 1 case per million/inhabitants/year, may be underestimated due to diagnostic difficulty. The incidence is divided in two phases, it reaches a peak between the 20-30 years old, in accordance with gestation and puerperium and another peak, more common, between the 60-80 years old. There is no difference of sex although there is a female prevalence among young people. As it happens with inhibitors developed in congenital hemophilia they are IgG4 polyclonal antibodies, IgA and IgM monoclonal antibodies

Materials and Methods: Experience in three centers during 8 years (1999-2007) whit 7 patients who developed FVIII inhibitor with an average age of 43 years old (18-68), sex range: 4 women/3men, underlying clinical conditions: pregnancy /puerperium 3 cases, rheumatic polymyalgia 1 case, prostate cancer 1 case, infection and SIRS 2 cases. Initial symptoms: genital bleeding, soft have also b! een found whith hematologic tumors. It can be idiopathic or combined whit pregnancy, self-immune illnesses, inflammatory bowel disease,dermatologic diseases(pemphigus, psoriasis), solid an hematologic neoplasms (CLL,NHL,MM).Therapy depends on inhibitor title (low <5 BU/ml, high >5 BU/ml) and clinical pattern, ranging from observation and follow-up to hemorrage therapy and immunosuppression. Mortality fluctuates between 8 and 22%. tissues hemorrhage, mucous bleeding, compartment syndrome. FVIII-C between <1% and 8% and inhibitor between 9 and 54 BU was measured.

Results: most frequent causes were pregnancy and puerperium, 43% of cases. Six of them obtained complete remission(CR); all of them received prednisone or prednisone/cyclophosphamide, one received IV human immunoglobulin and another one rituximab. Time until CR was 18 weeks, considering 6 patients only as 1 abandoned corresponding controls. Therapy average time was 4 months. Hemorrhages were treated with rFVIII, rFVIIa, and FEIBA.

Conclusion: our series showed an adequate response to steroid and immunosuppresive therapy despite the variable clinical course. All patients under evaluation obtained CR in about 130 days. The scope and direction of new therapies, such as the use of rituximab should be considered.

P-04-59 | ENDODERMAL SINUS TUMOR OF THE MEDIASTINUM. CASE REPORT

Ruffinelli, J.; Goiburú, L.; Gonzalez, VV.; Cardozo, C.

3rd Internal Medicine Division. Hospital de Clínicas. National University of Asunción.; Paraguay

Background: Endodermal sinus or yolk sac tumors are nonseminomatous germ cell tumors with three modal peak incidence. Although approximately 95% of them occur in the gonads, they may present as an extragonadal mass anywhere on the midline. 5-year survival rate is about 95% with highest cure rates for early stage disease.

Description of the **Case:** Male, 36 years old, cryptorchid testis, presents with a cervical mass, hoarseness, dysphagia, chest pain, malaise and 12 pounds weight loss. On physical exam, cachexia, low anterior cervical solid mass, without inflammatory signs, and collateral blood vessels in anterior thorax. He also presents a hypotrophic left testis and no right testis was found in scrotum. Chest radiography showed a widened mediastinum and a left paracardiac mass. CT scan revealed a big mediastinal tumor with cervical invasion, intratumoral necrosis and marked vascularization. Laboratory findings includedelevated tumor markers such as alpha-fetoprotein (>300ng/m! L) and beta-HCG (14mUI/ml). Cervical mass biopsy showed malignancywith papillary and microcystic growth pattern, within a myxoid matrix.After oncologic assessment, chemotherapy was suggested. **Discussion:** Nonseminomatous germ cell tumors represent a variety of histologicforms that include the endodermal sinus or yolk sac tumor, which typically presents as a large primary tumor.

The incidence shows a 3 modal peak: childhood, 25-40 years and older then 60 years old. There arecongenital disorders associated with this kind of tumors, such as cryptorchidism seen in this case, that increases the risk on developing germ cell tumors up to 10 to 40 times compared to normal descended testis. Virtually, all these tumors are considered curable. Depending on the stage, the surgical treatment is indicated, with or without chemotherapy. In this particular case, surgery was not performed because of the invasive characteristics of the tumor and a regimen with cisplatin, bleomycin and etoposide was administrated, with poor response.

P-04-60 | PREDOMINANT IDEALEGO SOMATIC CONVERSIONS RISKY MENTAL STRUCTURE AND POOR PSYCHOSOMATIC PROGNOSIS GIVEN VIA PIERRE MARTY'S PSYCHOSOMATIC CLASIFICATION IN CANCER PATIENTS

Ruiz, Rebeca; Usobiaga, Isabel; Muro, Juan.; Bilbao, Juan.; Franco, Ricardo.

Internal Medicine Department, Hospital de Basurto, Servicio Vasco de Salud/ Osakidetza. Instituto de Psicosomática Pierre Marty.; Spain

Introduction: It is known that there are interactions between Central Nervous System and Immune System, so feelings, negative stressful life events, negative affective states and the way of coping with life problems are possible contributors to the development of various illnesses. Our hypothesis is that cancer patients have a risky way of coping with problems, so that when everything is OK, they are healthy, but in some circumstances something "breaks down" inside them that leads to a somatic disorganisation, which in turn leads to a somatic illness.

Material and Methods: We did a pathobiographical history to 92 patients while they were being diagnosed, taking into account patient's whole life. After that, we applied the Pierre Marty's Psychosomatic Classification. To evaluate the results, we used the SPSS statistical software, taking as statistically significant differences those with $p<0.05$.

Results: There were 34 patients with oncologic diseases and 58 with other type of illnesses. We found significant differences between cancer and no-cancer patients in Predominant Ideal-Ego ($p = 0.00031$), Somatic Conversions ($p = 0.0003$), Risky Mental Structure ($p = 0.01$) and in the prognosis given via Pierre Marty's Psychosomatic Classification ($p = 0.00018$).

Discussion: The obtained data show a tendency to have a higher risk of suffering from cancer if Predominant Ideal-Ego and Risky Mental Structure are present, as well as if the prognosis given via Pierre Marty's Psychosomatic Classification is poor. On the other hand, Somatic Conversions are protective. These results are concordant with the ones obtained by Marty et al. in their studies from 1984 to 1988 (IPSOJASARC, IPSO-II and "Evidence for a link between certain psychological factors and the risk of breast cancer in case-control study"). Acknowledgements and Financiation:

The people listed below have collaborated in the study: Aljelani Shellik, Raquel Díaz de Tudanca, José Mª Ayerra, José Mª Gutiérrez, Javier Pastor, Mikel Zubiri, Loli Sierra, Mª Asunción González-Pinto. This study was partially financiated by the Basque Government by agrant given to Dr. Rebeca Ruiz Onandi

P-04-61 | PRIMARY CENTRAL NERVOUS SYSTEM GERM CELL TUMOR. A CASE REPORT

García Lanoza, Cristina; Bernat, Marina; Moglia, Horacio.; Falasco, Miguel A.; Falasco, Silvia.

Hospital Interzonal General de Agudos P. Fiorito. Avellaneda. Bs. As. Argentina

Introduction: Germ-cell tumors represent 1% of children brain tumors and 0.5% adults ones. In Europe and North America they are 0.3 to 0.5% of all primary brain tumors. 68% of the patients are diagnosed between the ages of 10 and 21. Etiology is unknown. During embryogenesis germ-cells migrate from the gonadal region and the reason why some of them remain in the extragonadal medial line is unknown. The most frequent place of origin is the pineal gland followed by the suprasellar region. Germinoma is the most frequent histological variety (54%). Clinical manifestations depend on location. MRI is the main diagnostic test. Alpha FP, HCG, beta-hCG, CEA, placentary FA levels can be high in CSF. Histological confirmation by means of biopsy is required. Germinomas have a high rate response to radiotherapy with a 65% to 95% 5-year survival rate.

Case Description: A 35-year -old male patient was admitted to HIGA Fiorito Hospital due to changes in his behaviour.during the last month and seizures on two occasions reported by a relative. Brain non-contrast-CT and MRI with gadolinium were performed., the latter revealing a heterogeneous hyperintensive image in T2 and FLAIR sequence and hypointense in T1, and cerebral edema, with mass-effect, enhanced by paramagnetic contrast in left frontal lobule, that seemed to extend to hypothalamic region with transependimary edema. Stereotactic biopsy was performed with inmunohistochemical tests for PLAP, CK, GFAP, MAP2, NF, ACL, with histopathological report of high degree anaplastic germinal tumor .Levels of CEA, Alpha FP, beta-HCG were determined in blood and CSF. 3D brain radiotherapy was performed with favourable evolution free from illness until last check-up on 5th April 2008 .

Discussion: Intrahemispheric, talamus, nuclei in the base of the brain, stem, and spine location are atypical and represent less than 5% of cases. The highest incidence of these tumors has been reported in Japan and China and most Latin American ones have been reported in Mexico and Brazil. The low frequency of this neoplasm justifies this report, as another case for world casuistic.

P-04-62 | MICROANGIOPATHIC THROMBOTIC: THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP)

Cúneo, E.; Sagué, L.; Baletto, A.; Insfran, L.; Martínez Aquino, E; Giuliani, R.

Sanatorio Franchin. CABA. Argentina

Introduction: The PTT are rare entities with multisystem compromise and a mortality >90% prior the use of fresh frozen plasma (FFP) in infusion or plasmapheresis. The classic presentation includes: microangiopathic hemolytic anemia, thrombocytopenia, fever, kidney and neurological compromise (CNS).

Materials and Methods: This retrospective descriptive analysis is for PTT diagnosis cases from jan/2000 to dic/2006. We analyse demographic variables, clinical and laboratory findings, treatment and outcome. To assess the severity of the disease we used an index of gravity (All parameters appointed) prior treatment with plasmapheresis. Univariate analysis was performed to identify risk factors for death.

Results: 12 cases met the diagnostic criteria for PTT. The median age was 32 (16-48), 63% females. The laboratory findings were: hematocrit: median 21.6±7.4 g/dL (27-12), platelets: median 15,200/Lμ (15000-28000), LDH: median 1464 IU (700-2300), reticulocytes percentage: median 9.33 ± 2.8% (7-12). Clinical findings: renal compromise 36%, fever 63%, CNS symptoms 36%. 45% of patients had the classic features. The time from admission to diagnosis had a median of 6.33 days (3-15), the duration of symptoms before the treatment a median of 7 days (1-15). The treatment was: 100% plasmapheresis, 100% corticosteroids. Outcomes: complete remission 77% (all of whom are alive until the time of the survey) and 33% died. The factors associated with death were: prior malignant disease, delay in the onset of plasmapheresis and CNS affection, none of them was statistically significant.

Discussion: In our series the mortality was higher than those reported in literature, maybe as a result of the delay in treatment and the presence of malignant disease, and CNS compromise. With an early recognition of the clinical features and a prompt treatment with plasmapheresis, this life-threatening illness can be treated with effective response in many cases.

P-04-63 | GRANULOCYTIC SARCOMA IN CHRONIC MYELOID LEUKEMIA TREATED WITH IMATINIB.

Nenkies, Marcelo.; Cherjovsky, Mariana.; Aguera, Darío.; Lewin, Laura.; De Martino, Maximiliano.

Hospital Ramon Santamarina .Tandil, Provincia de Buenos Aires.; Argentina

Introduction: Granulocytic sarcoma (GS) is a rare, invasive, extramedullary, and solid tumor, formed for immature granulocytic cells. Frequently is related to acute myeloid leukemia (AML) and other myeloproliferative disorders. The multiple bone lesions are infrequently. In chronic myeloid leukemia (CML) GS precedes the blastic crisis.

Case Report: we present a 29 years old female with CML diagnosed in 2003 and imatinib treatment. In February 2007, she refer proximal tibial and left coxal pain (10/10 intensity). No biochemical parameters alterations. Radiograph showed coxal and tibial lytic lesions. Computed tomography scan confirm lytic lesion in proximal left tibia and a cystic image in left iliac bone with sclerotic border. Biopsy showed GS, CD45, MPO, CD34, and CD68 positive expression and CD117 negative/positive, CD79a expression in some cells. The patient worsened suffering a blastic crisis and later died. GS may arise in any organ, may be the first manifestation or a relapse. The GS with multiple bone lesions in myeloid disorders is very infrequent. Traditionally, its presence has been an indicator of aggressive disease. Current optimal treatment is controversial. CD45, lisozyme, myeloperoxidase, and CD68 expression are the most frequents markers.

Conclusions: We report this case because is a rare complication of this disease. The presentation of SG during imatinib treatment suggests a change to last generation tyrosine kinase inhibitors as alternative. We emphasize GS early diagnosis represent a radical challenge in the therapeutically approach and outcomes.

P-04-64 | POEMS SYNDROME.

Fernandez, María Natalia.; Cardinali, Rita Fernanda.; Gragnolatti, Gilda Luciana.; Costamagna, Adrián Darío.; Ruiz Deza, Gustavo.

Sanatorio Bernal S. R. L. Argentina

We present the case of an 80 years old man, hypertense, who was being followed by a pneumonologyst because of pleural efussion and right paratraqueal lymphadenopathies, who was admitted for a programmed mediastinoscopy. The positive signs at the admitance were difusse hyperpigmentation, whitening of the proximal nails, gynecomastia, vesicular whisper aboiled, with mate percussion at the pulmonay right base.

The patient refered some loss of temperature sensation. Fresh frozen plasma transfusion was required before the surgery because of an altered blood clotting (protrombine time 41 %). During the inmedite postoperatory, a neck and toracyc haematoma appeared associated with active bleeding through the surgical wound.

The actualized hematocrite was 41 % and thrombocytes count 13.000. Six platelels units were transfunded. Total serum protein count was about 3,5 g/ l. Hepatomegaly and splenomegaly were ruled out by ultrasound scan. After being evaluated by an haematologyst, a bone marrow biopsy was made. This complementary test was compatible with Multiple Myeloma (plasma cells 20 %).

The biopsy reported from the lymph node obteined through the mediastinoscopy revealed a hyaline hyperplasia of the lymph node with a great number of irregular groups of epithelial cells; a hyaline vascular multicentric type of Castleman disease was the diagnosis.

P-04-65 | MULTIPLE MYELOMA AND CARDIAC AMYLOIDOSIS

J Marti, M Escalante, A Idoate, I Larrea, E.Anton

Hospital Zumarraga. Zumarraga. Guipuzcoa. Spain

Myeloma associated with cardiac amyloidosis has a poor prognosis, with a median survival of <1 year. Diagnosis is usually based on clinical findings, ECG and echocardiogram. (1, 2).

We present a case of cardiac amyloidosis associated with multiple myeloma.

Case : A 70 years-old woman, with a medical history of multiple myeloma, treated with melfalan and prednisone 4 years ago, was admitted for a clinical picture of orthopnea, lower extremity edema and nocturnal dyspnea last week. On physical examination there were signs of right-sided congestive cardiac insufficiency. ECG. Showed sinus rhythm and low voltage. Chest x-ray. Cardiomegaly and bilateral pleural effusion. Echocardiography. Severe concentric hypertrophy, atrial dilatation, reduced ejection fraction, diastolic dysfunction, PAPS 60 mmHg, thickening of the ventricular wall right and left and granular sparkling in myocardium suggesting cardiac amyloidosis. Rectal biopsy positive for AL amyloidosis.

The patient was treated with cardiac glycosides, dexamethasone and diuretics. The outcome was unfavourable and died 4 months after diagnosis. Treatment of cardiac amyloidosis requires management of cardiac related symptoms and underlying disease. Unfortunately, the cardiac disease is often too severe at the start of treatment to determine whether such a regimen has any impact on long-term survival (3).

References:

1.Zabernigg A. Schranzhofer R. Kreczy A.Gattringer K. Continous elevated cardiac troponin I in two patients with multiple myeloma and fatl cardiac amyloidosis. Annals of Oncology 2003;14:1791-1792.

2.Youn HJ. Chae JS. Lee KY. Hong SJ. Amyloidosis with cardiac involvement. Circulation.1998;97:2093-2094.

3. Falk, RH. Diagnosis and Management of the Cardiac Amyloidoses. Circulation. 2005;112:2047-2060.

P-04-66 | MYELODYSPLASTIC SYNDROMES IN A GENERAL HOSPITAL

Anton E, Lores M, Apalategi U, Escalante M (*), Marti J.

Department of Internal Medicine. Hospital of Zumarraga. Zumarraga (Guipuzcoa). SPAIN.

Background: The myelodysplastic syndromes (MDS) are clonal disorders characterized by ineffective hematopoiesis and subsequently by frequent development of acute myeloid leukemia (AML). Peripheral blood cytopenias and hypercellular bone marrow (BM) exhibiting dysplastic changes are the hallmark of MDS.

Patients & Methods. Retrospective study: the hospitalization files of all patients with a diagnosis of MDS were examined. Data: age, sex, prior diseases, initial clinical and hematological manifestations, BM smears, FAB classification (French-American-British Cooperative Group), therapeutic decissions, complications, cause of death. FAB classification of MDS: refractory anemia (RA), RA with ringed sideroblasts (RARS), RA with excess of blasts (RAEB), RAEB in trasformation (RAEB-t), and chronic myelomonocytic leukemia (CMML). Results. Between 1994 and 2007, 32 patients were diagnosed of primary myelodysplasia: 13 men and 19 women, mean age 78 (52-93). Seventeen patients had initial symptoms related to anemia, dyspnea and asthenia. Three patients presented with a pulmonary infection. Initial hematological features Number of patients Isolated anemia 12 Isolated thrombocytopenia 1 Bicytopenia 11 - anemia and leukopenia 3 - anemia and thrombocytopenia 3 - leukopenia and thrombocytopenia 5 Pancytopenia 8 BM examinations: FAB classification Patients Anemia Thrombocyt Bicyt Pancyt RA 23 8 1 8 6 RAEB 5 2 2 1 RARS 2 2 CMML 2 1 1 Thirty-one patients received erythrocyte transfusions. Corticosteroids were prescribed in four patients. No patient received chemotherapy. The median survival was 28 months (5-72). Causes of death: four infections, three hemorrhagic complications, and five from progression of the disease. Two patients evolved into acute myeloid leukemia.

Discussion: The incidence of MDS was 12/105/year (age-specific). However, MDS may be underdiagnosed because mild abnormalities in the blood count usually is considered "normal" in older patients (most patients ³ 65). Seventeen patients presented with clinical features of anemia. RA and RAEB were the most prevalent types of MDS. Symptomatic treatment was the usual choice. No patient received chemotherapy because this therapy has not proven to be beneficial in terms of survival and quality of life when compared with symptomatic treatment. The median survival was low, perhaps as a consequence of high frequency of older patients

P-04-67 | PRIMARY DIFFUSE LARGE BCELL LYMPHOMA OF THE COLON IN PERU

Herrera Valdivia, Raul; Beltran, Brady

Reabagleati Hospital.; Perú

Background: Primary colorectal lymphoma is a very uncommon disease Primary colorectal. Diffuse large B-cell lymphoma (DLBCL) is most frequent subtype and accounts for less than 1% of all malignancies in the colon.

Methods: This is a retrospective study whose aim was to review the clinical characteristics and treatment outcomes of primary colorectal lymphomas. We retrospectively reviewed the records of primary colorectal lymphomas between 1997 and 2003.The study was carried out from one center in Peru. The statistical method was descriptive and survival was calculated using the Kaplan-Meier method.

Results: From 1588 cases with Non Hodgkin Lymphoma, thirty-three cases of colorectal lymphomas were included. We identified twenty-three primary colorectal lymphomas (1.4%). Twenty-one were DLBCL, one T-cell lymphoma and one a MALT lymphoma . From DLBCL, the mean age at the time of presentation was 62 years and the male:female ratio was 1:2. Two patients had a previous history of ulcerative colitis. The most common presenting sings and symptoms were abdominal tumor (57.1%), abdominal pain (33.3%), diarrhoea (28,5%), bleeding (19%) and obstruction (14,3%). The most common endoscopic type was fungating mass (85,7%) .The most frequent sites of involvement were: cecum (38,1 %), ascending colon (33,3 %) and rectum (23.8 %). 7 had stage I , 5 stage II and 9 stage III. Overall survival for staging was: 26, 11 and 10 months respectively. In early stage, 6 patients underwent hemicolectomy plus chemotherapy and 3 DLBCL patients received only chemotherapy with CHOP regimen. Two deaths were related to surgery and one death with sepsis before any treatment. Three patients are alive with 25 , 59 and 91 months. In advanced disease, 9 patients received chemotherapy based in CHOP and only one patient is alive with 17 months.

Conclusions: Most primary colon lymphomas are DLBCL with frequent involvement of right colon and aggressive behaviour in Peru.

P-04-68 | EFFICACY OF THE ANTICOAGULATION FOLLOW UP BY DIGITAL PUNCTURE

Catalá, Pablo; García, Federico; Zaquiere, Martín.; Ambrosoni, Florencia.; Griop, Sofía.

Policlínica de Anticoagulación, Clínica Médica 3 Prof. D. Bulla. Y Clínica Médica 1 Prof. G. Catalá. Departamento de Medicina, Universidad de la República, Hospital Maciel, Montevideo.; Uruguay

Introduction: At the Anticoagulation Clinic 500 patients are followed up monthly. In order to ease the follow up procedure, we monitored the INR by digital puncture with Coagucheck XS ®. Objectives To corroborate the efficacy of Coagucheck, with INR measurement of blood obtained by phlebotomy.

Methods: Transversal, analytical and observational studies were made on 137 patients who had the INR measured by digital puncture and by phlebotomy. Kolmogorov-Smirnov test was used to evaluate the distribution adjustement normality. Spearman test was used to evaluate if the coagulation rates correlate. The graphics we used were: histogramms to study the variable distribution according to the methods, box plot graphic, scatter plot, and the graphic Bland-Altman method; the latter in order to evaluate the correlation between both techniques. The statistic programme used was the SPSS version 11.0, with a significative p value < 0,05.

Results From the whole group of 137 patients, the mean of Coagucheck was 2,9 (min=1,0 max = 8,0). The Spearman coefficient figure for the asssociation between both variables was 0,951 (p<0,001)

Discussion: Based on the scatter plot, we observe a good correlation between both variables. Based on the Bland-Altman method we confirm there is a high rate of correlation between both measeremements. Hence, the Coagucheck is an accurate tool for the INR measurement.

Bibliography

1. Seventh Americam College of Chest Physicians Conference on Anticoagulation. Chest. Volume 126. Number 3. September 1, 2004.

2. Bereznicki LR. Accuracy and clinical utility of the CoaguChek XS ® portable international normalised ratio monitor in a pilot study of warfarin home-monitoring. J Clin Patho. 01-MAR-2007; 60(3): 311-4.

3. Leichsenring I. Multicentre ISI assignment and calibration of the INR measuring range of a new point-of-care system designed for home monitoring of oral anticoagulation therapy. Thromb Haemost - 01-MAY-2007; 97(5): 856-61.

4. Leiria TL. Comparative study of a portable system for prothrombin monitoring using capillary blood against venous blood measurements in patients using oral anticoagulants:correlation and concordance. Arq Bras Cardiol. 01-jul-2007; 89(1):1-5

P-04-69 | CLINICAL FORMS OF PRESENTATION OF LYMPHOMAS

Curcio, F.; Caino, H.; Siquiroff, G. y Espeche, W.
Department of Internal Medicine, Pabillion DÁmelio. S. Martín Hospital, La Plata.

OBJECTIVES: 1) Investigate the incidence of this blood cancer disease in an Internal Medicine room. 2) Analize the different clinical forms of presentation of Lymphomas. 3) Evaluate the clinical data from all studied patients.

MATERIAL AND METHOD: According to protocol, 40 (forty) patients diagnosed with lymphoma were studied. They were hospitalized in Room XVIII of the Internal Medicine facility, Pabillion D´Amelio (men´s room), from 1/1/03 to 12/31/07.

RESULTS AND CONCLUSIONS: There were 40 patients diagnosed with lymphoma (3,98%) out of 1005 patients hospitalized in that period (5 years). They were all men with an average age of 38 years old and a rank age from 17 to 82 years old. There was a clear prevalence of Non Hodgkin linfoma (85%) over the Hodgkin disease (15%). 55% out of non Hodgkin linfomas were of cells B (Folicular linfoma predominantly), and the remaining 30% was of cells T (Periferic linfoma predominantly). The most frequent signs and symptoms were: night sweats, (45,5%), lymph nodes (35%), general repercussion syndrome (32%), and fever of unknown origin (15%). In a smaller percentage, we found forms of presentation with clinical respiratory, digestive, neurologic, dermatologic and urologic manifestations. There were other patients whose symptoms mimicked a deep-vein thrombosis or a vasculitis. 77% patients had superficial lymph nodes, 52% patients had mediastinal lymph nodes, and 62% had retroperitoneal lymph nodes. 45% patients presented hepatomegaly, 55% splenomegaly and 45% anemic syndrome. 25% patients showed pleurisy, 2 of them were diagnosed with quilotorax. In the presentation there will be a detailed description of all the data obtained by the protocol of study.

P-04-70 | SPURIOUS HYPOXEMIA DUE TO HYPERLEUKOCYTOSIS. A CASE REPORT AND LITERATURE REVIEW.

Pablo Florenzano V, Josefina Durán S.C., Cristóbal Sanhueza C, Luis Toro , Luz María Letelier S
Departamento de Medicina Interna, Facultad de Medicina, Pontificia Universidad Católica de Chile.

Arterial gasometry is considered the Gold Standard for establishing a diagnosis of respiratory failure of any etiology. However, there are some circustances in which it looses specificity making necessary to consider other tests such as pulse oximetry in order to adecuatly determine hypoxemia.

We present a 67 years old patient with sudden hypoacusia,right hemiparesis and polypnea. His laboratory exams on admission, showed extreme hypoxemia in several readings, without correlation to the patient's clinical condition nor the pulse oximetry, and a 800.000 x mm leucocytosis with many inmature cells.

A Chronic Mieloid Leukemia was diagnosed and treatment with hydroxyurea was initiated, achieving normalization in the arterial gases in accordance with the fall of the white cell count. Interpretation of laboratory findings according to the general clinical context of the patient allowed to suspect a spurious hypoxemia, saving the patient from unnecessary and risky interventions.

P-04-71 | EXTENSIVE DEEP VENOUS THROMBOSIS ON POST-PARTUM PERIOD

Victoria Pardo, Miguel A. Núñez, Raquel Sánchez, Ana Arnáiz. (victoria_pardo2004@hotmail.com)
Departament of Internal Medicine. University Hospital Marqués de Valdecilla. Universidad de Cantabria. Santander. Spain

Introduction: Venous thromboembolism is the leading cause of morbidity and mortality in pregnancy and the post-partum period. The present of a thombophilic disorder (inherited or acquired) increases the risk of venous thromboembolic events (VTE) . Pregnant women who are heterozygous for Factor V Leiden (FVL) mutation have a 5-to 10- fold increase in the risk of VTE whereas those who are homozygous, have a 50- to 100- fold increase.

Methods: chart review.

Results: a 33 years old woman presented an episode of deep venous thrombosis in the femoropopliteal veins of the left leg on postpartum day 21, shown by vascular Doppler ultrasound. Therapy with unfractioned heparin was applied for one day without any anticoagulant effect observed, so treatment with low molecular heparin (Enoxaparin 1mg/kg twice a day subcutaneously) was started. Nevertheless, two weeks later, a body CT confirmed thrombosis progression involving both iliofemoral regions, external left iliac vein, inferior vena cava and left paravertebral veins with important collateral circulation. Enoxaparin was changed by Dalteparin (10000 UI subcutaneous twice a day) and we added AAS in a dose of 100 mg/day. Patient general status impaired, so a temporal vena cava filter between renal veins and right atrium was placed for two weeks. Ten days after the filter was removed, patient could be discharged from hospital. A posterior body CT confirmed clinical and radiologic improvement. Anticardiolipin antibody (ACA), lupus anticoagulant (LA) and deficiencies of protein C, protein S and antithrombin III were evaluated by ELISA. DNA was amplified using PCR to study the Factor V Leiden and G20210A mutation in the MTHFR gene. The patient was carrier of homozygous FVL mutation.

Conclusion: Inherited thrombophilia can have a predictive value for the risk of thromboembolism or adverse pregnancy or puerperium outcomes. Early detection and treatment of this condition is warranted. Patiens with a VTE during the current pregnancy or who are homozygous for FVL should be fully anticoagulated with unfractioned or low molecular-weigh heparin.

P-04-72 | CASE REVIEW: THROMBOTIC THROMBOCYTOPENIC PURPURA

Garcia Guerrero Elsa Paulina, Páez Espin José Isidro, Cueva Recalde Juan Francisco, Gabela Gabela María Cristina. (pawag29@hotmail.com)
Hospital Vozandes Quito - Ecuador.

Thrombotic thrombocitopenic purpura (TTP) is an uncommon disorder of microangiopathic hemolitic anemia that develops specially in young adults, more frequently in women. Patients often ask for neurologic and haemathologic conditions like thrombocytopenia, anemia with reticulocitosis and fragmentation of erythrocytes found on peripheral blood smears, extremely elevated lactate dehydrogenase levels (LDH), elevated indirect bilirrubin test and normal coagulation time tests.

Sometimes fever may be present and renal dysfunction that may evolve to uremic-hemolytic-syndrome. Differential diagnosis includes disseminated intravascular coagulation, prosthetic hemolysis, malignant hypertension, methastasic adenocarcinoma and vasculitis.

Early diagnosis is important in these patients and urgent treatment with large volume plasmapheresis is needed, this has changed the prognosis of TTP, total remission may be of 80 to 90%. Corticosteroids, antiplatelet treatment, dipiridamol, immunosuppressant agents and combination of splenectomy, corticosteroids and dextran have been used as supportive therapy.

This is a review made over a case of a male patient of 38 years, with an evolution of 15 days of jaudice, acute confusional state, purpura, thrombocytopenia and anemia. Initial diagnosis of TTP was made over peripheral blood smear, normal coagulation tests and elevated LDH.

Key Words: Thrombocytopenia, Thrombotic thrombocytopenic purpura, microangiopathic hemolytic anemia.

P-04-73 | LEIMYOSARCOMA OF THE RENAL PELVIS

V. Abel Diéguez, S. Álvarez González, O. Pérez Carral.

Hospital Val D'Aran. Viella. España

Introduction: Leiomyosarcoma of the renal pelvis is a very infrequent finding with only a few cases published. Sarcomas of soft parts represents 1% of the malignant tumours; at renal level a 3% of these tumours are sarcomas, being leiomyosarcoma the most frequent histological subtype (0,5-1,5% of all the renal malignant tumours).

Clinical Case: We present a 72 years old woman who came to our consultation with recurrent urinary tract infections, asthenia, loss of appetite and weight loss (5-10Kg in 2 months). She has hypertension, type 2 diabetes mellitus and hyperlipidaemia and she also presented with glycaemic decompensation in relation to her urinary tract infection and slight microcytic anaemia. We started antibiotic therapy with (cyprofloxacin) and subcutaneous insulin. An ultrasound scan of the abdomen and renal pelvis showed a left renal mass of 3x3cm at the level of the renal pelvis. The CT scan showed the occupation of the left renal pelvis by a heterogeneous mass with calcifications and vague limits with the rest of the renal parenchyma.

The CT scan of the thorax, abdomen and pelvis was negative for distant metastatic disease. We performed a laparoscopic left nephrectomy and an open ureterectomy having a non complicated postoperative period. The anatomic pathology result showed high degree renal leiomyosarcoma of 3x4cm with free margins. We decided not to proceed with adjuvant treatment with chemotherapy because of this tumour being localized and the poor response of these tumours to chemotherapy. The patient is today 9 months after the operation in complete remission and without recurrent urinary tract infections

P-04-74 | WARFARINE AND RECTUS SHEATH HAEMATOMA

Marti J,Escalante M,Hernandez J,Larrea I,Ramella J (med016929@nacom.es)

Hospital Zumarraga.Zumarraga.Guipuzcoa.Spain

Background: Rectus sheath haematoma may occur secondary to trauma/anticoagulation therapy. We present a case of rectus sheet haematoma secondary to warfarine treatment.

Case. An 84 years old man, admitted by cough, haemoptysis and abdominal pain. Medical history, atrial fibrillation treated with warfarine, chronic renal insufficiency. On physical examination, mass of 8 cm in the right rectus. Carnett's test positive(the site of maximal abdominal tenderness is palpated while the patient is lying supine. If the tenderness increases when the patient sits halfway up, then the test is said to be positive. In this case, the source of the abdominal pain is located in the abdominal wall muscles). Abdominal Echography, mass of 8cm in the sheet of right anterior rectus. INR.4. Treatment. Warfarine was stopped and treated with low-molecular-weight heparin .

The patients was discharged with 60 mg once day of low-molecular-weight heparin. It has been associated with anticoagulation, abdominal trauma, pregnancy, subcutaneous abdominal injections of medications (low-molecular-weight heparin, insulin, and goserelin), severe bouts of coughing (causing sudden Increase of intra-abdominal.Treatment is variable depending on the speed and extent of the bleeding as well as the presence of comorbidities. It can be conservative, as in this case, in which bleeding stopped spontaneously after discontinuing anticoagulation treatment.

Correction of the hypovolemia with intravenous fluids and blood transfusion is a priority. Fresh frozen plasma can be given if there is overanticoagulation. In some reports, bleeding was stopped through catheter coil embolization of the inferior epigastric artery. In other situations, surgical evacuation of the hematoma may be necessary.

References: 1 Jabr, FI. Rectal sheath hematoma in an elderly woman after anticoagulation treatment. JAGS.2006;54:871-2.

P-04-75 | PRIMARY MALIGNANT TUMOR OF THE SMALL INTESTINE. A CLINICAL REPORT

Reussi R, Sprinsky H, Olmos F, Blanco A, Elsner B

Reussi Foundation. Buenos Aires. Argentina

Introduction: the diagnosis of small bowel tumors is often difficult due to the rarity of these lesions, and the nonspecific and variable nature of the presenting signs and symptoms. In Argentina, the small bowel malignancies account for only 1-2 % percent of all gastrointestinal (GI) neoplasms, and less than 0.2 percent of all cancers. These malignancies can cause insidious abdominal pain and weight loss, or create surgical emergencies including haemorrhage, obstruction or perforation. A number of disease states are associated with an increased incidence of small bowel neoplasms. These include: Peutz-Jeghers syndrome; Crohn's disease (adenocarcinoma); Gardner's syndrome (adenoma); familial colonic polyposis (adenoma, adenocarcinoma); celiac disease (lymphoma, adenocarcinoma); immunodeficiency states; and autoimmune disorders.

Case Presentation: we present a clinical case of a 57- year-old women who presented in laboratory tests a iron-deficiency anemia. A colonoscopic examination and a esophagogastroduodenoscopic study showed no important lesions. Despite the treatment with iron supplies, the anemia persisted. In the next months, she developed recurrent abdominal pain, with episodes of intestinal partial obstruction that resolved themselves.

A capsule endoscopy study was performed. The images showed a vegetant lesion in the middle ileum, without evidence of bleeding. Then, a computed tomographic scan of the abdomen was obtained after the oral administration of contrast material and showed a concentric thickening of the small bowell wall.

Finally a small bowel transit with barium sulphate showed a mass lesion, with mucosal ulceration in the distal ileum. The patient underwent to a segmental resection of the tumor and the regional mesenteric lymph nodes. The anatomical diagnosis was adenocarcinoma of the distal ileum with poor tumor differentiation with adecuate margin and ausence of mesenteric lymphatic metastasis 0/10. (T3, N0, Mx).

Conclusions:

Despite their rarity, it is important to diagnose small bowel tumours early to maximize patient survival.

A capsule endoscopy is the first diagnostic method when suspected anemia and gastrointestinal bleeding of obscure origin, following negative upper endoscopy and colonoscopy. An early diagnosis and application of a definitive therapy become possible, therefore the chance of survival of the patients might be increased.

P-05-01 | ACUTE GASTROINTESTINAL BLEEDING: CLINICAL FEATURES ETIOLOGY AND OUTCOME IN 501 ADULTS PATIENTS

Ojeda, A; Salomón, S; Pogés, J; Torres, A; Carena, J

Hospital L. Lagomaggiore - Universidad Nacional de Cuyo. Mendoza. Argentina

Background: Acute Upper Gastrointestinal Bleeding (AUGB) constitutes a frecuent cause of hospitalization and the natural history continues to be a problem.To assess the etiology, morbidity and mortality of AUGB in hospitalized patients in an internal medicine service, we designed this study.

PATIENTS AND Methods: We retrospectively studied 501 patients with AUGB from July 1998 through July 2007. Data was analized with Epi Info 6.4 and the criteria of statistical significance was p<0.05.

Results: The patients average age was 56.5 years (SD±15.3); 30.3% were older than 65 years and 33.3% were females. The chief complaints were melena,66.9%, hematemesis,63.3%, abdominal pain,21.6% and arterial hypotension,20.6% and 85.2% were admitted through Emergency Room. Endoscopy was applied to 87.4% patients with an average delay of 1.78 days (SD±2) to perform it revealing a coincidence between endoscopy and clinical prediction in 71.2% cases. The major source of bleeding as determined by endoscopy were erosive gastropathy,38.6%, gastric ulcer,34%, esophageal varices,29.5%, duodenal ulcer,16.7%, erosive duodenitis,14.2%, peptic esophagitis,12.1% and Mallory-Weiss tears,3.7%.The 43.3% refered a past AUGB episode and in 47% of them the cause was the same. The 60.3% had comorbidity: smoking,39.9%, alcoholism,39.3%, hypertension,31.1%, cirrhosis, 25.9% and psychological stress,23.2% and 39.9% used NSAIDs. There were complications in 30 patients (6.1%) and included: nosocomial pneumoniae, 4.6%, renal insufficiency,4.8%, respiratory insufficiency,2.2%, heart failure,1.6% and hepatorenal syndrome,0.6%. The 88.8% of patients required 2 units of blood and 9,9% required up to 5 units. The mortality rate was 7.4% and the death cause was related to AUGB in 59,5% cases whereas in the rest the cause was related to complications: infectious in 6 cases and neoplastic in 2. From the comparison analysis between dead and alive patients, the presence of shock (51.3 vs 3.9%), renal insufficiency (18.9 vs 3.7%), infections (29.7 vs 10.6%) and cirrhosis (45.9 vs 24.4%) were significant in the dead group (p<0.05).

Conclusion:

AUGB was characterized by predominance in males, association with smoking, alcoholism and NSAIDs consumption, admission by emergency room, being caused mainly by hemorragic gastropathy and peptic ulcer, and an in-hospital mortality rate of 7.4% which was related to cirrhosis, hypovolemic shock, renal failure and infectious complications.

P-05-02 | LIVER FAILURE IN SYSTEMIC INFLAMMATORY RESPONSE SYNDROME BY ESTHAFILOCOCUS AUREUS COAGULASE POSITIVE. CLINICAL CASES

Escalera Rivero, María Lourdes del Rosario

Clinical Hospital - La Paz Bolivia

Objectives: / Methods: We present a patient aged 35, who presented 8 days toxic syndrome infectious complete dominance night, chills, sore right hipocondrio, asthenia, adinamia, is self-starting and then receives outpatient antibiotic therapy, but is associated with Mucocutaneous table jaundice, state nauseoso, vomiting gastrobiliosos, urines Colure, being interned.

Torpid evolution of the table with persistent fever, jaundice increased, hepatosplenomegaly. Alter laboratory red, white, platelets, liver profile, hidroelectrolíca, gasometria blood also was performed serology viral cultures, lab cabinet: x-ray, computed tomography, Doppler echo, biopsy.

Results: / Conclusion. Having made these discarded and differential diagnosis with the protocol of fever and taking full data on outstanding: pharyngeal crop reporting estaphilococus aureus (coagulase +), estreptotococus B hemolíticus, abundant colonies of Candida spp, Klebsiella ozaena; histopathological liver: Cholestasis centrilobular secondary to obstruction of bile duct main acute cholangitis with acute hepatitis associated with early reactive nonspecific. From start were handled different diagnoses, including typhoid fever complicated by hepatitis salmonellosis?, Pylephlebitis?, etc.

It was concluded diagnosed with liver failure without severe acute liver failure secondary to a septic liver estaphilococcus aureus coagulase positive. Triasociada was used antibiotics, antifungal full dose, with good clinical, laboratory. The acute liver failure presents high mortality, being of varied etiology . The systemic inflammatory response syndrome: an inflammatory process is secondary to a systemic infection confirmed (sepsis), or covering other non-infectious causes such as pancreatitis, ischemia, hemorrhagic shock. It depends on the body's ability to respond to these attacks, resulting from the immune response and other factors that confer protection.

The liver dysfunction in sepsis is not uncommon, estimated between 62% of septic patients admitted to the ICU and 0.15% of total critical patients.

KEYWORD: liver failure, sepsis, systemic inflammatory response syndrome.

P-05-03 | INCIDENCE OF HEPATOGRAM ALTERATIONS IN MEDICAL CLINIC

Perendones, Mercedes; Arbelo, Virginia; Puppo, Daniel; Pereira, Claudia; Dufrechou, Carlos

Clinica Médica "2". Hospital Pasteur. Facultad Medicina. Universidad de la República- Uruguay

Introduction: The different expressions of hepatic disease go from laboratory abnormalities to hepatic failure with clinical manifestations, due to multiple etiological processes that can harm liver.

Objectives: To determine incidence, etiopathogeny and evolution in hepatogram alterations.

Material and Methods: Prospective study (2 month), observational, which included all the patients admitted in medical service of Pasteur Hospital.

Including anamnesis, physical examination and serial hepatograms (admission and 7 days of hospitalization). It was considered pathological: A) changes > double to upper limit of normal, when the alteration was only from one feature in hepatogram. B) changes upper to limit of normal when there were several features involved. C) a major variation ≥ 10% within pathological values in evolution. We defined primitive liver disease when liver is the principal organ affected, and no primitive liver disease when it's only a part of the manifestations of another disease.

Results: 186 patients (67 women), mean age 58.2 ± 15.1 years. 78/186 were pathological hepatograms: 18 by primitive liver disease (15 cirrhosis, 1 acute viral hepatitis B, 2 toxic hepatitis) and 60 by no primitive liver disease (38 community acute pneumonia, 13 heart congestive failure, 3 acute myocardial infarction, 4 stroke, 2 others). At discharge 9/78 persist pathological (3 cirrhosis, 1 acute viral hepatitis B, 3 community acute pneumonia, 2 stroke). None of these patients died during hospitalization. 15/108 hepatograms previously normal were pathological in evolution: 5 by primitive liver disease (all toxic hepatitis) and 10 by no primitive liver disease (6 intrahospitalary acute pneumonia, 1 heart congestive failure, 3 acute myocardial infarction). 9/15 improved, 1/15 persists pathological at discharge and 5/15 died (3 intrahospitalary acute pneumonia, 2 acute myocardial infarction).

Conclusions: High incidence hepatogram alterations in medical clinic, principally due to infectious diseases, need to improve pneumococcal and influenzae virus vaccine for prevent this pathology. The need to request hepatogram in all hospitalized patients at the admission and evolution.

Bibliography:

- Giannini EG, Testa R, Savarino V. Liver enzyme alteration: a guide for clinicians. CMAJ. 2005; 172 (3): 367-379

P-05-04 | PRESENTATION AND CLINICAL FEATURES OF AUTOINMUNE HEPATITIS

Perendones, Mercedes; Dufrechou, Carlos

Clinica Médica "2". Hospital Pasteur. Facultad Medicina.;Uruguay

Introduction: Autoimmune Hepatitis (AIH) defined in 1992 it's a necroinflammatory disease, more prevalent in women, usually chronic, progressive of unknown etiology with a genetic predispose factor. The diagnostic is based in clinical, biochemical, immunological (autoantibodies), histological pillars and the answer to immunosuppressive treatment. **OBJECTIVE:** To describe the clinical, biochemical and evolutive features of patients with AIH. Material and

Methods: Observational, prospective (10/98-10/07) study in patients diagnosed with AIH according to the criteria from the International Group of AIH (1998), attending to the hepatopathy´s polyclinic at Pasteur Hospital without gastroenterology service.

Results: 35 patients, prevalence 10.9% (35/321 of all patients assisted in polyclinic), 32 women, mean age 52.0 ± 14.5 years. Presentation: acute 1 (fulminate AH), chronic (altered hepatogram ≥ 6 month) and cirrhosis 25. At the beginning 27 patients were symptomatic: asthenia/fatigue (66%), jaundice (48.1%), ascites (37%), visceromegaly (65%), encephalopathy and non infectious fever (11.1%). It was found an association with other autoimmune diseases in 13 patients, 1 hepatic (primary biliar cirrhosis) and 12 extrahepatic (mellitus diabetes). All had altered hepatogram, median were: AST 15 U/L, ALT 65U/L, GGT 257 U/L, APH 418 U/L, total bilirubin 2.8 mg/dl. These ones were more severe in the group of patients ≥ 65 years old (p <0.001) and in the non cirrhotic group (p <0.001). Twenty-eight patients had positive autoantibodies: 24 ASMA, 11 ANA, 4 LKM-1. Eighteen patients were treated (prednisone and azathioprine), only 3 presented minor complications which motivated prednisone suspension. Mortality: 11/35, all in cirrhosis phase, 4/11 hepatic disease complications, the rest by extrahepatic causes.

Conclusions: Is the third cause of chronic hepatic disease in our polyclinic, cirrhosis is the most prevalent way of presentation, with major mortality which represents a major sanitary problem. The hepatogram is always altered especially in ≥ 65 years old and in non cirrhotics. Good answer to immunosuppressive treatment.

Bibliography - Czaja AJ, Freese DK. Diagnosis and treatment of autoimmune hepatitis. Hepatology 2002; 36 (2): 479-497

P-05-05 | NITAZOXANIDE: TERAPEUTIC EXPERIENCE IN CHRONIC DIARRHEA ASSOCIATED TO INTESTINAL MICROSPORIDIOSIS IN ONCOLOGY PATIENTS

Marcano Lozada, Marcel; Molero, Silvia

Centro Ortopédico Podológico, Caracas; Venezuela

Introduction: Intestinal microsporidiosis is an emergent parasitosis causative of chronic diarrhea in immunocompetent and immunocompomised patients, without effective definite treatment.

Material and Methods: We included 60 patients with diagnosis of cancer (18 breast, 12 prostate, 10 colon, 10 cervical uterine, 5 lung, 5 metastasic epidermoides carcinoma), and diarrhea of 3 weeks of evolution at least, with diagnostic of microsporidiosis and coccidiosis by means of Kinyoun's coloration in fecal stool samples. They received nitazoxanide 500 mg/PO/BID in periods of 3, 6 and 9 days with microbiological controls at the end of every stage. All patients were major ones of age and written informed consent was obtained from all participants before they were medications.

Results: 42 women and 18 men, with ages between 25 and 75 years; 10 were presenting HIV coinfection. All the patients had a number of spores of Microsporidium sp. over 50 spores for field and in 10 patients existed Cryptosporidium sp. coinfection. On third day, 40 patients presented decrease of 50 % of microsporidial parasitic load and complete eradication of Cryptosporidium sp. oocysts, the rest remained without modification, they all were continuing with clinic diarrhea; to the sixth day of nitazoxanide, it was demonstrated microbiological (parasitic eradication) and clinic (cessation diarrhea) in 50 patients; with persistence of spores and diarrhea in 10 subjects, that continues to 9 days of treatment, there being achieved at this moment clinical and microbiological healing. Headache and epigastric pain were reported in only 6 patients and erythematosus exanthema without itch in 2 patients.

Conclusion: In this experience, Nitazoxanide arises as a safe therapeutic rapid and reliable option for the managing of the chronic diarrhea associated to emergent parasitic agents in oncology immnunocompromised patients, specially in microsporidia diarrheal infections.

Key Words: Microsporidium sp., Nitaxozanide, chronic diarrhea, oncology.

P-05-06 | CELIAC DISEASE AND HEPATIC DISEASE

Agüera, Darío; Méndez Uriondo, Asunción; Jaimovich, Marcelo; Gentile, Santiago; Lewin, Laura

Hospital Municipal Ramón Santamarina, Tandil; Argentina

Introduction: The clinical presentation of celiac disease with hepatic failure is unfrequent. It is very important to make the diagnosis because the recovery of liver function with diet.

Clinical Case: A 50 year-old woman was admitted into Internal Medicine Unit due to edematous ascites syndrome, 8 kg weight loss in a 4-6 weeks period and iron deficiency anemia. **Laboratory:** Hct: 20%, AST: 43mUI\ml, ALT: 34mUI\ml, alkaline phosphatase: 300mUI\ml, albumin: 2 g %, coagulation tests: Quick: 28", activity: 34%, INR: 2.2, APTT: 56".

An abdominal ultrasound with Doppler of hepatic vessels showed increased retroperitoneal ganglia, ascites, and no other abnormal findings. Portal vein diameter was 14mm and the umbilical vein was patent.

An oral and intravenous contrast enhanced abdomen and pelvic CT scan showed ascites, increased mesenteric ganglia and no other abnormal findings. Serum/ascites albumin gradient: 1.1 Serum markers for viral hepatitis as well as autoimmune serum markers were negative.

Laparoscopy: Macro and micro nodular chronic hepatopathy, patency of umbilical vein at the level of round ligament and normal retroperitoneal ganglia. Laparoscopic liver biopsy: non alcoholic fatty hepatitis.

Upper digestive video endoscopy: grade I-II esophageal varices, small intestine mucosa with brushed and mosaic aspect. Small intestine biopsy: celiac disease. Antibodies against celiac disease were positive.

The patient initiated dietary treatment with normalization of liver and hematological tests, and extinction of symptoms.

Conclusion: Case is presented as this is a rare manifestation of celiac disease with only 10 cases published and because of being a reversible cause of advanced hepatic disease.

P-05-07 | ACUTE PANCREATITIS AND DERMATOLOGICAL MANIFESTATIONS INTRODUCTION

Damian, Silvia; Guanella, Barbara; Gentile, Santiago; Cherjovsky, Mariana; Lewin, Laura

Hospital Municipal Ramón Santamarina, Tandil; Argentina

Introduction: Panniculitis is a group of diseases histologically characterized by adipose tissue inflammation and clinically expressed in general by the occurrence of erythematous or violaceous nodules in the hypodermis which might ulcerate. They constitute the distinctive semiologic element of this clinical entity.

Clinical Case: 54 year-old woman, obese, with no relevant clinical history who consults with pain in right upper abdominal quadrant and bilateral pretibial painful erythematous and violaceous nodules with serous-purulent exudation.

Laboratory: amylase 580 U and no other abnormal findings. Abdominal ultrasound: gallbladder lithiasis. Normal pancreas. Normal biliary duct.

Skin biopsy: subcutaneous nodular focal fatty necrosis characterized by phantom adipose cells, with no nuclei and thickened cytoplasmic membrane surrounded by inflammatory infiltrate of lymphocytes and histiocytes.

Cytoid fatty necrosis. Suppositories of Indomethacin were indicated. Abdominal and dermatological clinical profile both improved with extinction of lesions. A laparoscopic cholecystectomy was performed.

DISCUSION: panniculitis is a rare complication of pancreatic diseases. (Inflamma tory, tumors, traumatic, malformations). It is originated by pancreatic enzymes production and action outside normal places leading to fatty necrosis. It is seen between 0.33 and 2.0% of patients suffering from pancreatic diseases. Biliary acute or alcohol related pancreatitis and pancreatic cancer account for 80 % of all the pancreatic panniculitis.

Conclusion: This case is presented as it is an infrequent manifestation of acute pancreatitis.

P-05-08 | INTRAHEPATIC CHOLESTASIS INDUCED BY AMOXICILLIN ALONE: REPORT OF ONE CASE

Spizzirri, Luciana; Borzi, Silvia; Curiciarello, José; Vernengo, Carlos

Hospital Prof. Dr. R. Rossi, La Plata; Argentina

Introduction: Drugs are an important cause of liver injury. The manifestations of drug-induced hepatotoxicity are highly variable, ranging from asymptomatic abnormalities on liver function test to fulminant hepatic failure. Knowledge of the commonly implicated agents and a high index of suspicion are essential in diagnosis.

OBJECTIVE: Communication of a case of hepatotoxicity induced by amoxicillin.

Case Presentation: We present a young boy with acute cholestasis. He was previously healthy. He have no history of any liver disease, alcohol consumption or drug abuse. He had received 1,500mg of amoxicillin during 7 days, 3 weeks before consultation. He had clinical and biochemical manifestations of acute cholestasis. Viral markers and autoantibodies were negative or undetectable. Liver ultrasound and magnetic resonance imaging werenormal. Liver biopsy showed histological changes compatible with amoxicillin-induced hepatotoxicity.

Discussion: Hepatotoxicity induced by Amoxicillin alone is rare; but combined with clavulanic acid the risk increases greatly, being as high as 23% in some series. In our patient three criteria of drug-induced cholestasis were fulfilled: temporal association with drug exposition, careful exclusion of other liver diseases, and improvement with amoxicillin withdrawal. The mechanism of amoxicillin hepatotoxicity remains uncertain and it was suggested that it could be an idiosyncratic reaction. Features of a hypersensitivity reaction are common, such as fever, eosinophilia and dermal exanthema.

Conclusion: Because amoxicillin is widely used nowadays we believe it would be important to communicate this new case of amoxicillin hepatotoxicityand to warn of this possible complication.

P-05-09 | PREVALENCE OF HELICOBACTER PYLORI INFECTION IN 831 PATIENTS WITH GASTRODUODENAL PATHOLOGY AT HIGA PEDRO FIORITO

Falasco, Miguel Angel; Bernat, Marina; García Lanoza, Cristina; Piccirillo, Fabián; Falasco, Silvia

Hospital P. Fiorito, Argentina

Introduction: Helicobacter pylori (H pylori) infection is one of the most widely spread infections worldwide. Its close association with gastritis , gastroduodenitis and peptic ulcer has been proved. It is also associated with Malt lymphoma and gastric adenocarcinoma.

At present it is estimated that 60% of the world population is infected by H Pylori. Its prevalence varies around the world, from 20 to 60 % in developed countries to 60 to 80% in developing countries. A multitude of studies on prevalence have been carried out with varying results and frequent methodological constraints.

Figures that reach 30 to 50 % Helicobacter pylori infection have been reported in gastritis, 75% in peptic ulcer and 95% in duodenal ulcer. An important debatable issue at international level is to consider the magnitude of helicobacter pylori infection as dangerous due to the high level of resulting disease . There are different methods to detect it , among them histological studies with sensitivity and specificity of 98%.

Material and Methods: A retrospective observational descriptive study was carried out , on the analysis of 2,866 oesophagogastroduodenoscopy performed from January 2006 to December 2007 at the Gastroenterology Department of Pedro Fiorito Hospital. Biopsies for the study of H pylori were analysed in patients with gastroduodenitis, gastritis, duodenitis, peptic and gastric ulcer. Biopsy materials were fixed in formalin and included in paraffin to be later treated with Giemsa histochemical staining.

RESULTS: Out of the 2,866 endoscopies performed, 821 corresponded to our study sample. Mean age of the patients evaluated was 53 years (range 15 to 91). 60% were female patients and 40% male. The total prevalence of H pylori infection was 68.20% (gastroduodenitis 7.55%, gastritis 49.70%, duodenitis 2.19%, gastric ulcer 4.99% and duodenal ulcer 3.77%). The individual prevalence in each disease was : Gastroduodenitis 70.45%, Gastritis 66%, Duodenitis 78.26% Gastric Ulcer 67.22% and Duodenal Ulcer 70.46%.

CONCLUSIONS: The prevalence of H pilori infection is high in our studied population, similar to that described for developing countries.

P-05-10 | BUDD CHIARI SYNDROME: AN UNCOMMON EVOLUTION

Herrera, Ramón N.; Medina, Ana P.; Suarez Rodriguez, Milda G.; Luciardi, Hector L.; Boldrini, Carlos M

Medical Clinica Residency- "Zenon J. Santillan" Health Center Hospital.; Argentina

Budd-Chiari syndrome (BCHS) is a uncommon condition, characterized by occlusion of the superior hepatic veins or even in the inferior cava vein by a thrombus that provoke post hepatic portal hypertension. The spontaneous resolution exceptionally ocurr.

We report a case of a patient, that had a clinical feature with abdominal discomfort, hepatomegaly, swelling of low extremities and ascites. A 58 years old man required a cholecystectomy. He presented unspecific abdominal pain later on, and received symptomatic treatment. Months later he presented progressive abdominal distension, swelling of the lower limbs and loss of weight. Supplementary tests were ordered. He joined to our Service with the following results.

Abdominal-pelvic CT showed a right atrial thrombus and right pleural effusion; the liver was heterogeneous, congestive and enlarged with signs of ischaemia in two segments; the inferior cava vein was dilated with a thrombus inside; the right kidney had heteroge! neous injury; thrombus in right renal vein was shown, with also moderate ascites. The patient refused the asked biopsy. He decided to begin treatment with natural medicine with progressive disappearance of symptoms. Two months later an abdominal ultrasound revealed a normal hepatic structure; right kidney with heterogeneous solid image; thrombus of the right renal vein and dilated inferior cava vein with total occlusive thrombosis.

Six months later showed a right kidney with an hypoechoic image distorting renal sinus; dilation of inferior cava vein with remnants of internal echoic material. Seven months later the CT revealed a right kidney with a solid image; inferior cava vein was dilated in its hepatic segment (indirect sign of probable residual thrombus). There was a grown size ganglion close to the duodenum portion between aortic and cava vein. This case of BCHS could be due to a kidney tumour with a paraneoplastic process.

These evolution is consistent with a res toration blood flow because a thrombus recanalisation. It could be by the unconventional treatments or spontaneous thrombolysis. Active ingredients of the natural medication (uncaria tormentosa, ginko biloba, taraxacum officinale, primula) have vasodilatory and antithrombin properties, which could explain this uncommon resolution.

P-05-11 | MALIGNANT ASCITES: DESCRIPTIVE STUDY AND COMPARISON OF PATIENTS ACCORDING TO PERITONEAL INVOLVEMENT

Ferro, Leticia; Brañas, Fernanda; Tortosa, Fernando; Wakita, Natalia; Bisciotti, Emiliano

Clinical Residency. "Dr. Julio Méndez Sanatorium"; Argentina

Introduction: ascites of neoplastic origin correspond to 10% of all the causes of ascites. "Malignant ascites" term includes the disease caused by peritoneal carcinomatosis and by other neoplasias such as hepatocarcinoma and massive liver metastasis, peritoneal carcinomatosis is the most frequent cause.

Objectives: • Compare features and ascites fluid findings among patients having malignant ascites that showed peritoneal carcinomatosis with those that did not show this condition. • Usefulness of biochemical criteria for spontaneous bacterial peritontis (SBP) on patients having malignant ascites.

Material and Methods: Observational study of cross-section type in patients with malignant ascites January 2006 and January 2008.

Incorporation criteria: clinical ascites or showed by image studies and some of the following: Neoplasia positive ascites fluid cytology, histology by peritoneal biopsy compatible with carcinomatosis, hepatocarcinoma by biopsy and multiple liver metastasis.The measures of dispersion of mean (M). The value of $p < 0.05$ was considered significant in all cases.

Results: 20 case studies of patients having malignant ascites, the average age was of 65 years old, 65% were females. 45% had peritoneal carcinomatosis and multiple liver metastasis. 25% only showed peritoneal carcinomatosis, 20% showed hepatocarcinoma, 10% only showed multiple metastasis. In 40% of cases the neoplasia was of digestive origin followed by gynecologic origin (25%), carcinomas of unknown origin (15%). According to the albumin gradient (SAAG) 70.6% of pacients had SAAG > 1.1. Patients having a peritoneal involvement had positive cytologies in 57.1% of cases while those not having this kind of involvement had positive cytology in 16% ($p<0.05$). Patients having peritoneal carcinomatosis had cell count, albumin and fluid LDH significantly higher ($p<0.05$). Antibiotic treatment was provided in 75% of cases in which patients meet the criteria for SBP. There were no differences on mean survival between these 2 groups of patients. Cultures were negative in all patients under study.

Conclusions: The application of biochemical parameters on patients having malignant ascites is arguable. Ascites fluid cytologic analysis was of great value for those patients with signs of a peritoneal involvement. SAAG determination and cell count for the diagnosis of infectology and pathophysiology did not have a significant value.

P-05-12 | GASTROINTESTINAL TOLERABILITY OF CHEWABLE GASTRORESISTANT DICLOFENAC STUDY IN GASTROLABILE PATIENTS WITH ACUTE MUSCULO-ARTICULAR CONDITIONS

Rótolo, F.; Fileni, G.; Hinojal, N.; Caruso, N.; Kurz, R

Centro Traumatológico del Oeste, Ituzaingo. Bs.As., Sanatorio Belgrano, Mar del Plata, Clínica 25 de Mayo, Mar del Plata, Buenos Aires. Departamento Médico de Laboratorios Bagó S.A. Argentina

Background: A pharmaceutical form of chewable, microencapsulated, gastro-resistant diclofenac sodium tablets was developed using new technology. It was observed in a previous pharmacokinetic study* that diclofenac in chewable tablets, was released faster than the standard tablets available in the market.

OBJECTIVE: To evaluate the efficacy and gastrointestinal tolerability of chewable, gastro-resistant diclofenac tablets in gastro-labile patients with a history of mild to moderate gastrointestinal intolerance to NSAIDs, undergoing acute musculoarticular conditions susceptible of being treat with daily diclofenac doses of 50 to 150 mg during 1 to 2 weeks.

Methods: Prospective, open-label and multicentric study. Outpatients with acute musculoarticular conditions and history of gastrointestinal intolerance to NSAIDs were included. Patients treated with chewable diclofenac 50 mg, 1-3 times daily for 7 to 14 days were evaluated. The tolerability assessment included a comparison with other previously non-tolerated NSAIDs and the efficacy was evaluated by means of Patient Global Impression (PGI) scale and a Visual Analogue Scale (VAS) for pain.

Results: 54 patients, 35 female and 19 male, were evaluated. Age range: 27 to 68 years old, median: 53.50 years. Daily dose: 78% received 150 mgand 12% received 100 mg. Mean duration of **Treatment:** 10.35 ± 2.84 days. 84.91% of patients showed good tolerability. Gastrointestinal intolerance: heartburn: 2; abdominal pain: 6; bloating: 1; diarrhea: 3; nausea: 1. According to the PGI scale, 92.45% improved with the treatment. VAS: Baseline: 6.34 ± 1.49, Post-**Treatment:** 2.01 ± 1.40, $p<0.01$ (Student's t-test).

Conclusions: Chewable diclofenac 50 mg showed to be effective and well tolerated in most gastro-labile patients with history of intolerance to other NSAIDs.

* Data on file. "A Comparative Pharmacokinetic Study of DiclofenacChewable Tablets 50 mg Versus Gastro-resistant Enteric-coatedDiclofenac 50 mg", to be presented at the 12th International Congress of Internal Medicine, Hospital de Clínicas.

P-05-13 | A CASE OF PRIMARY SCLEROSING COLANGITIS IDIOPATHIC THROMBOCYTOPENIC PUPURA AND CANCER WITH THYROID HURTLE CELLS

Yildiz, Mehmet; Kertmen, Neyran; Varim, Ceyhun; Tuncer, Asli

Second Department of Internal Medicine, Diskapi Education and Research Hospital, Ankara; Turkey

Primary sclerosing colangitis (PSC) is the chronic colestasis of intra and extra hepatic biliary canals and is characterized with fibrotic inflammation. It is accompanied by autoimmune diseases such as Sjögren syndrome, Reynaud phenomenon , Hashimoto's thyroiditis .Our patient had coexisting PSC, idiopathic thrombocytopenic purpura (ITP), and thyroid hurtle celled cancer.

Case: A 50-year-old female patient was diagnosed with PSC three years ago and was started on ursodeoxycholic acid treatment. In the subsequent follow-up, she was evaluated for low thrombocyte counts and was diagnosed with ITP, upon which she was started on steroids. In the follow-up for ITP, it recurred after one cure of steroid treatment, and thus, a decision was made to apply splenectomy.

The patient was submitted to our clinic for regulation of her blood glucose level before splenectomy procedure. The patient who was receiving Prednol (48 mg) had a thrombocyte count of 165x10 3 / mm3.The patient al! so had a history of operation for thyroid cancer ten years ago. he pathology was reported as hurtle-celled cancer.

Discussion:PSC is an autoimmune hepatic disease generally associated with other autoimmune diseases and common in middle-aged women. While genetic factors do not play a critical role, the role of factors such as infection, autoimmunity, metabolic diseases, and psychological stress has often been considered. PSC has two clinical forms: symptomatic PSC rapidly progressing into liver cirrhosis and asymptomatic PSC.If the increase in transaminasis level is marked, steroid treatment should be started immediately. Ursodeoxycholic acid is used in the treatment of PSC as well.

Our patient had PSC and ITP coexistence. There are very few reports of such coexistence. In PSC patients, increased Ig G antibody levels against thrombocytes were determined. Our patient had received steroid treatment for ITP treatment and before that, had undergone two tyhroidectomy pr ocedures for thyroid hurtle-celled cancer; thus, she was on L- thyroxin therapy. PSC progressed asymptomatically in our patient.

The effects of steroid treatment on PSC are debatable. Literature reveals studies reporting inhibitory effects of thyroid replacement therapy on PSC progression.

Key Words: primary sclerosing colangitis, idiopathic thrombocytopenic purpura

P-05-14 | THE ASSOCIATION OF OSTEOPOROSIS AND CARDIOVASCULAR DISEASE IN PAS2 WITH ADULT CELIAC DISEASE: IS THERE A CORRELATION?

Sportiello, V.; Schiano Di Visconte, M.; Otuoke, S.

Ospedale S. María dei Battuti ULS7 Conegliano (TV). Italy

Introduction: The Adult Celiac Disease(ACD)could be associated with PAS-2. Association of ACD and osteoporosis(OP) is known. Epidemiological data and biological evidences suggest an association among cardiovascular disease(CVD)and OP The objective of this study was to be identified if there is a correlation between these conditions.

Material and Methods: One patient (Female, age 69yr),who developed a subclinical hypothyroidism consequent to irradiation with I*131 (thyrotoxic crisis) for Graves'disease: Addison's disease(AD),acclaimed OP and ACD were then diagnosed with evident clinical demonstrations of accelerated arteriosclerosis(aortic valvulopathy, intestinal ischaemia and twice femoral by-passes).Endocrine deficit and specific auto-antibodies confirmed the diagnosis of AD.After 6 months of substitutive hormonal therapy and implementation with Strontium Ranelate,Calcium and Vitamin D, a regression of the symptoms and of all the scores of the Quality of Life questionnaire was recorded (QUALEFFO41);the patient then began a gluten-free diet for the confirmation of ACD(Anti-Transglutaminase antibodies and intestinal biopsy)About HLA-typization has been recovered DRB1*0301-28,0401-56DQB1*02.

DISCUSSION: The immune responses are involved in ACD.The dysregulated immune response by T-Reg linfocitis mediated should be involved in the deveopment of ACD.In the PAS-2 a functional deficit of T-Reg linfocitis has been described(T-reg CD4+,CD25*).Few datas are available about the association of OP with CVD in the PAS-2 joined to ACD. Bone is an endocrine tissue. Atherosclerotic calcification and bone calcification share a number of common features .

There are scientific evidences in Literature of correlation amog endothelium remodeling bone tissue and auto-immune disease .Alteration of the molecular complex HLA molecules- antigen-Treceptor, activation of T-cells associated with environnemental factors (the gluten)and the involvement of the RANKL-RANK-OPG system on a pre! disposing genetic ground could represent the key of a common athogenetic mechanism in these pathologies .

P-05-15 | THE EVOLUTION OF TIPS IN TRANSPYLORIC TUBE INSERTION SIX YEARS REVISED EXPERIENCE IN MEDICAL CENTER IN TAIWAN

Tze Sian Chan, Ming Shun Wu, Fat Moon Suk, Gi Shih Lien, Yeong Shan Cheng

Taipei Medical University- Wan Fang Hospital. Taiwan

Summary/Abstract

Enteral nutrition has many advantages over parenteral nutrition. Nasoenteric tube feeding has been accepted as a therapeutic option for acute diseases such as acute pancreatitis or head injury. It is also indicated in acute or chronic gastroparetic conditions. Nasogastric tube feeding appears to be the most frequently used method due to its accessibility, though it carries the risk of regurgitation and subsequent aspiration pneumonia, especially when the feeding rate is not adequately controlled.

On the other hand, nasoenteric (transpyloric) tube feeding has no such problems although, in this case, the tip of the feeding tube needs to be placed distally to the pylorus. Currently, there are many techniques available to achieve it. While non-invasive methods still show high failure rate, endoscopy assisted transpyloric tube insertion is accessible and successful, as upper gastrointestinal endoscopy has become available at most hospitals worldwide. Here we present a seven-year revised experience of placing transpyloric tube performed at a medical center in Taiwan. We retrospectively reviewed patients receiving transpyloric tube from January 2001 to December 2007

We analyzed variables such as age, gender, indications for tube insertion, tube maintenance duration and patients' underlying clinical diagnoses. We present different methods of endoscopic assistance. In 2002, the tip is placed by using a snare forceps; in 2003, the tip was attached a nylon coil and the biopsy forceps grasped the coil to lead it to small bowel. In 2004, we tried silk coil. In 2005, silk coil was replaced by silk lines at the tube's tip. We also tried to fix the tip to small bowel (duodenum or jejunum) with a hemoclip.

Finally, in 2006 and 2007, the hemoclip fixation method was abandoned. Additionally, we inserted biopsy forceps into the tube lumen to make sure the tube could be placed more distally and to minimize the incidence of tube's sliding backward to the stomach. The forceps was removed only after the endoscope had been withdrawn to stomach and intragastric air suctioned. From our recording, the time spent in achieving successful placement became increasingly shorter and shorter during these seven years.

Here, we share our seven-year experience in optimizing the success rate of tube feeding placements.

P-05-16 | TOXIC HEPATITIS TO INTERFERON BLA

Freitas, Sara; Alves, Gloria;Sarmento, Helena; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital-; Portugal

BMORD, 40 years old, female, caucasian, married, retired, with Multiple Sclerosis diagnosed in December 2004 and, treated with interferon B1a since then. Seven days before admission she referred asthenia and coluria. Three days before admission appeared jaundice.

With the appearance of spontaneous ecchymosis she came to the Emergency Department (ED) on the 16Th May 2005. She was vigil, cooperative, stained mucous and hydrated; jaundice of skin and sclera; without flapping; cardiopulmonary examination normal, abdomen without alterations, without hepatosplenomegaly. Analytically: hyperbilirubinaemia (direct fraction=indirect); elevation of GOT>> GPT; prothrombin time increased 3 seconds; abdominal ultrasound "liver heterogeneous with 15 cm in diameter." She was admitted and suspended the usual medication.

We performed the following studies studies: autoimmunity, ceruloplasmin, VIH, VHC, VHB normal; endoscopic exam "erosive bulbitis". She evoluted in a favorable way and was discharged on the 8th day. On her 1st consultation she was asymptomatic with normal liver function. She restarted interferon B1a in June 2005.

She maintained asymptomatic until December 2005, when started nausea, vomiting, jaundice and came to the ED. Objectively, jaundice, without flapping. Analytically: hyperbilirubinaemia (direct fraction = indirect); lifting GOT>> GPT; prothrombin time increased 6 seconds. She was admitted and suspended medication.

We repeated autoimmunity, serologies CMV virus, HSV ½, EBV, HIV, HCV, HBV, ceruloplasmin, copper urine, abdominal ultrasound, colangiomagnetic ressonance. We decided to perform liver biopsy that revealed "morphological changes... compatible with part of toxic hepatitis..." She showed progressive clinical and analytical improvement. She remained in surveillance until normalization of liver function

P-05-17 | KNEE JOINT MONITORING APPLICATION USING VIBROACOUSTIC SIGNALS

Cirmaci, M.; Stanciu, S.; Berghea, F.; Blaj, S.

Military Technical Academy, Bucharest; Romania

Foreword The vibroacoustic signals measured in diartroidal joint during a normal movement could help to differentiate a pathologic case against a healthy one, due to alteration in forms and contact surfaces. The differences are shown in frequency versus time spectra and need special algorithms to interpretate. Project goals Parametric representation of the acquired signals, filtering algorithms and clinical interpretation allow classification and fast recognition of a normal/ pathologic status by the physician. The method The acquiring process of sound and vibration signals is done completely non-invasive, using a matrix of prepolarised microphones with measurement domain starting in infrasound scale and piezoelectric acceleration transducers.

The new approach is to use The Constant Percentage Bandwidth or CPB technique in human body monitoring applications, as vibroarthrography The CPB measurement has been developed specifically to provide early damage detection for the most common faults in knee joint, with minimal risk of false alarms. This is made possible by an ingenious filtering algorithm that provides sufficient resolution for reliably detecting the most common types of knee joint vibrations. The CPB is based on a constant relative bandwidth on a logarithmic scale - i.e. the bandwidth of each spectrum bar is a fixed percentage of the center frequency. This means the frequency resolution is relatively high at the lower frequencies and coarser at the higher frequencies, which is ideal for! reliable, early fault detection.

Results: and conclusions CPB measurement is simple to set up and use, has good reproducibility, optimal resolution, and gives early, reliable warning for most knew faults. This prospective comparative study will help us to evaluate the method in terms of sensibility, specificity, negative and positive predictive values, indices which assure the diagnostic power of the method.

P-05-18 | LARGE EOSINOPHILLIC ASCITES PRESENTING AS SUBOCCLUSION

Martins, HMG; Lourenco, J.S.; Alves, N.; Rocha, F.P.; Araujo, JAM.
Servicios de Medicina, Gastroenterología, Cirugía; Hospital Fernando Fonseca, Lisboa, Portugal

Eosinofilic Gastroenteritis (EG) is a rare condition of unknown aetiology characterized by eosinophilic infiltration of the digestive tract wall, in the absence of other causes such as, inflammatory bowel disease, autoimmune diseases, reactions to medication, infections, especially parasitical infestations, gastric and bowel tumours. Often presents with general gastrointestinal symptoms and peripheral eosinofilia. It was first described by Kaijser in 1937, and in 1970 Klein has proposed three main patterns of disease - according to layer involvement - which are still accepted today. To date no definitive therapy for GE exists with corticoids and imunomodulators offering but transient control. Rarely ascites has been associated with EG of the subserosal type but is usually little to moderate. We present a case of a 40-year-old white male with a past history of allergic rhinitis, high peripheral blood eosinofilic count and two week history of abdominal pain and diarrho! ea, who was admitted by general surgery under the suspicion of sub-occlusion with complaints of difficult digestion and abdominal distention.

Physical examination demonstrated significant ascites, from which ten liters of an eosinophilic-rich exsudate were drained. Laboratory tests revealed eosinophilia, with 16000 eosinophils in the peripheral blood. Stoll, blood and urine cultures, serologies and ANCAs were negative. Upper endoscopies showed gastric and duodenal hyperaemic and oedematous mucosa with petequial lesions on two observations. Endoscopic biopsies revealed eosinophilic infiltration of the epithelial and sub-mucosal layers but were unclear about muscular layers. Diagnostic laparoscopy showed marked enlargement of the small bowel and an orange-coloured epiplon.

Laparoscopic biopsies of ileum wall confirmed infiltration with eosinophils including in the serosal and muscular layers. Liver biopsy revealed eosinofilic infiltration without cirrhosis. Blood vessels showed ! no eosinofilic infiltration. In conclusion, this case of a rare large volume eosinofilic ascitis due to GE which has remained in remission with very low-dose corticoid therapy on an 18 month follow-up, shows how a predominantly medical disorder can mimic a surgical condition and also require general surgery, amongst other multiple specialities in its final diagnosis.

P-05-19 | ESOPHAGEAL FUNCTION IN FAMILIAL MEDITERRANEAN FEVER: A PROSPECTIVE EVALUATION OF MOTILITY IN 31 PATIENTS

Bektas, Mehmet; Beyza, D.; Alkan, Murat Ankara

University Medical School Gastroenterology, Ankara; Turkey

Background: and **Aim:** The aims of this study were 1) to evaluate esophageal motor function, 2) to identify whether there was any specific motility pattern for patients with FMF who had upper GI symptoms without endoscopic abnormality, and 3) to compare esophageal motor function between FMF patients who developed amylodosis and patients without amyloidosis.

Methods: 31 patients with FMF; (mean age: 35.9 ±14.7 years, range: 16-66) with dyspeptic symptoms and 31 healthy age-matched individuals were included into the study. After one night fasting, endoscopic examination and esophageal motility testing were performed.

Results: Esophageal motor abnormalities were detected in 25.8 % (8/31) of these patients with manometric studies Incomplet relecsation of LES: n=4,esophageal hypomotility: n=2, and hypotensive LES: n=2); 12.9% (4/31) of these patients had endoscopic findings. Mean LES relaxation were significantly lower in patients with FMF compared to control group (90.2±11.2 vs 96.0±5.2, p=0.012 respectively). However, mean LES pressure,duration of LES relaxation, contraction amplitude of eosphageal body, and peak velocity were similar in patients with FMF compared to control group(19.5±8.9 vs 19.7±5.6, p=0.813; 7.8±1.7 vs 8.7±1.7, p=0.068; 604±23.3 vs 58.2±19.7, p=0.691; 4.5±8.5 vs 3.6±1.6, p=0.582 respectively).

Conclusion: Abnormal esophageal manometric findings can be observed atleast in a subgroup of patients with FMF regardless of amyloid status.Patients who exhibit dyspeptic upper GI symptoms between attacks and refractory to conventional therapy should be evaluated by means of esophageal motor dysfunction.

P-05-20 | SEVERE DYSPHAGIA A RARE PRESENTATION INICIAL IN PATIENTS WITH MYOSITIS BY CITOPLASMATICA OF INCLUSION BODIES

Hissa, Abdon; Corrèa Vogel, Graziela; C. Ponte, Micheli.; Thomaz Durmond, Marcela.; Carvalho Petrossemolo, Andréa.
Clínica Médica Abdon Hissa no Hospital Copa D´O .Rio de Janeiro (RJ) Brazil

The myositis by cytoplasmic inclusion bodies, is a rare disease, but is more common in older individuals inflammatory miosites. Its prevalence varies between countries and ethnic groups and the etiology and pathogenesis is still unknown, however one should consider genetic factors, environmental and ageing.

Clinically evolves slowly with muscle weakness and atrophy and does not respond to conventional forms of treatment. Herein, we report a Brazilian **Case:** a patient male, of 83 years, with family history which presents a framework for myositis bodies for inclusion of 17 years of development, initiated by severe dysphagia that evolved with muscle atrophy and weakness predominant in hip and decreased flexion of quirodáctilos.

This review covers the clinical presentation, diagnosis, treatment and the latest information about genetic susceptibility and pathogenesis of myositis by bodies of inclusion, as well as new therapeutic.

P-05-21 | SMALL INTESTINAL BACTERIAL OVERGROWTH AND ORAL ANTICOAGULANT THERAPY

Scarpellini, E.; Gabrielli, M.; Santoliquido, A.; Za, T.; Lauritano, E.
Internal Medicine, Haematological Institute, Catholic University of Sacred Heart, "Agostino Gemelli" General Hospital, Rome.; Italy

Background: and **AIMS:** Vitamin K is available in humans in two different forms: phylloquinone (PLQ) present in green leafy vegetables and menaquinone (MNQ) synthesized by intestinal bacterial microflora. MNQ accounts for 50% of available vitamin K. Small intestinal bacterial overgrowth (SIBO) is a clinical condition due to a microrganisms increase to a level exceeding the presence of more than 106 CFU/mL of intestinal aspirate or of colonic-type bacteria within the small intestine. The qualitative and quantitative changes of intestinal bacterial microflora occurring in SIBO could affect MNQ synthesis and/or absorption. Aim of the study was to assess if SIBO influences dosage of warfarin in patients (pts) undergoing chronic treatment with oral anticoagulants (OAT).

Methods: Pts receiving warfarin treatment for venous thromboembolism (VT) were consecutively enrolled from our Outpatients Unit of Haematology. Target International Normalized Ratio (INR) ranged 2-3 according to literature. Elegibility criteria were: age 18-80; oral OAT started since at less 1 month, no previous history of SIBO; use of antimicrobial agents within the previous 3 months; no use of drugs potentially interacting with warfarin before or during the observation period. All pts were instructed to follow a standard dietological regimen to ensure constant oral vitamin K intake. Daily warfarin dosage was recorded in all pts during the month after enrolment. The weekly mean dose of warfarin was calculated. All pts underwent hydrogen lactulose breath test (LBT) in order to assess SIBO presence.

Results: A total of 28 pts were enrolled. Eleven (11) out 28 pts showed positivity to LBT (39%). The weekly mean dosage of warfarin was significantly lower in SIBO-positive pts with respect to SIBO-negatives (43,9 daily mg vs 29,6 daily-mg, p<0.05).

Conclusion: Our data suggest that SIBO is associated to a lower mean dosage of warfarin. These results appear hard to be clarified since the complex interaction between intestinal microflora and vitamin K. Previous studies show that SIBO results in the synthesis of MNQ but without consistent resistance to the effect of warfarin. However SIBO is a well known cause of malabsorption of several nutrients including vitamin K both consuming them and above all decreasing their absorption through the damaged small bowel mucosa. Further larger studies are needed to confirm these preliminary data and to assess the effects of SIBO decontamination on warfarin dosage.

P-05-22 | NONALCOHOLIC FATTY LIVER DISEASE IN GENERAL POPULATION: THE BAGNACAVALLO PROJECT

P.Giacomoni, F.Dazzani, FG.Foschi, GF.Stefanini, G.Re.

Section of Hepatology in Clinical Medicine, Department of Internal Medicine, Hospitals of Lugo and Faenza, Italy.

Background: and aim Nonalcoholic fatty liver disease (NAFLD) is an increasingly recognized cause of liver morbidity in Western countries and is closely associated with metabolic syndrome. The "Bagnacavallo Project" is a study aiming to identify subjects with NAFLD in the population of a North Italian Town of about 16000 residents to provide them lifestyle education, medical counseling and follow up in order to prevent irreversible liver disease. Methods From July 2006, residents aged 30 to 60 years were enrolled. They underwent an interview to define lifestyle, comorbidities, alcohol and drugs intake. Blood pressure, height, weight and waist circumference were measured. Laboratory tests included blood count, fasting glucose, insulinemia, triglycerides, cholesterol, high density lipoprotein (HDL), bilirubine, aminotransferases, alcaline phosphatasis, γ-glutamyltransferase, HBsAg and HCV antibodies. Tests for autoimmune liver disease and iron or copper overload were added in cases with abnormal liver tests. Ultrasonography (US) was performed in all subjects with abnormal liver markers and in the following 4 sex-age matched groups: subjects showing obesity (1), those with changes in metabolic tests (2), those with alcohol intake > 20 gr/die (3), and healthy controls (4). Fatty liver was assessed by US standardized criteria. All subjects with metabolic disorders received lifestyle and dietary counseling; those with abnormal liver tests underwent medical examination. Results To date 6920 residents were eligible (work in progress), of these 2155 (M/F: 1017/1136; median age: 49 years) were screened: 27% (95% confidence interval 25 to 29%) had sistolic hypertension, 15% (CI: 14 to17)obesity, 5.2% (CI: 4.9 to 5.4) hyperglicemia. Hypertriglyceridemia and hypercholesterolemia were found respectively in 317 (CI: 13 to16) and 1213 (CI: 53 to58) subjects. Aminotransferases were abnormal in 10% (CI: 8 to11) and γ-glutamyltransferase in 16%(CI: 14 to 17). An inadequate alcohol intake was found in 17%, HCV antibodies in 0.8% and HBsAg in 0.7%. US was performed in 670 subjects, 67 % had a fatty liver. Medical examination was performed in 352 subjects, dietary counseling was provided to 1201. Conclusions The Bagnacavallo Project is going to be a large study on prevalence and natural hystory of NAFLD in general population, emphasizing its association with metabolic syndrome and, what's more, providing new informations about usefulness of medical and dietary counseling.

P-05-23 | ACUTE HEPATITIS WITH HYPERBILIRUBINEMIA A DIAGNOSTIC CHALLENGE

Pereira, Sara; Rocha, Margarida; Cunha, Pedro.; Cotter, Jorge.

Internal Medicine Department. Hospital de Guimaraes, Centro Hospitalar de Alto Ave. Portugal

The authors present the case of ILA, a forty years old female, with clinical records of Bronchial Asthma and Chronic Gastritis, presently medicated with an oral contraceptive and formoterol.

She came to the Emergency Department (ED) on April 2008, describing jaundice with one month of evolution, which started suddenly and worsened progressively, associated with nausea, anorexia, choluria and pruritus on the last fifteen days; she had lost 5Kg of weight. On the day before coming to the ED, she registered fever. At Hospital admission, we observed jaundice and scratch injuries scattered by the body; analytically we could see hyperbilirubinaemia, with conjugated bilirubin predominance, hepatocellular dysfunction with normal levels of cholestatic markers.

An ultrasound examination revealed an echogenic hepatic parenchyma and a small prominence of the intrahepatic biliar tract, which was corroborated by the cholangio-MRI. She was admitted to the Internal Medicine Department and, of the performed investigation, we should remark: negative viral markers (HBV, HCV and HIV) and TORCH group serologies; normal hepatic iron and serum ceruloplasmin levels; immunological study with positivity for ANA (1/640) and anti-SLA (strong), AMA negative. We could not find evidence for a toxic etiology of the liver dysfunction.

We performed a liver biopsy which revealed: "Acute hepatitis with the association of cholestase, lymphocytic infiltrate, extensive necrosis and bridging necrosis on the periportal tract". Therefore, after excluding an infectious/viral etiology and in the absence of histological data that might report to another etiology, we began treatment with prednisone (1mg/kg/day), proposing the diagnosis of Autoimmune Hepatitis with a diagnostic pre-treatment score of 19, according to the International Autoimmune Hepatitis Group.

We observed an evident clinical and laboratorial improvement; on the twenty first day of corticotherapy, the patient presented levels of total bilirubin of 6.4 mg/dl (24.7mg/dl, before treatment) and conjugated bilirubin of 4.1mg/dl (21mg/dl at the beginning); the levels of serum transaminases crossed from 268 to 71UI/L (TGO) and 487 to 106UI/L (TGP).

Conclusion: Clinical, serological, immunological and histological features suggesting an Autoimmune Hepatitis with a positive response to the opening treatment with corticosteroids.

P-05-24 | CLINICAL AND LABORATORIAL FINDINGS OF SPONTANEOUS BACTERIAL PERITONITIS IN PATIENTS OF UNIVERSIDADE BRAZ CUBAS- SCHOOL HOSPITAL MOGI DAS CRUZES BRAZIL.

Edson Costa, Marcelo Fabiano Rodrigues, Leila Moussa Costa, Sonia Maria Almeida, Silvia Froes Bassini

Universidade Braz Cubas, Brazil

Introduction: spontaneous bacterial peritonitis (SBP) is a severe complication in patients with liver cirrhosis and ascitis, with mortality rate around 20-37%. **Objectives:** to review the literature and establish the clinical manifestation and laboratorial characteristics of the patients diagnosed as SBP. **PATIENTS AND Methods:** a retrospective study of 19 medical documents in period from January, 2005 to July, 2007 was performed in Universidade Braz Cubas- School Hospital

Results: the mean age of the patients was 75, predominantly men. The average hospitalize period was 9 days. The most common symptoms were: abdominal pain, ascitis and jaundice. The most common cause of chronic hepatophaty was viral Hepatitis C, present in 33% of cases. The majority of SBP was communal with leucometry over 250 polymorphonuclear leukocyte/ mm³ in 78% of cases, only one presenting positive culture of the ascitic fluid, isolating Staphylococcus aureus, whereas 50% of the hemocultures were positive, ! with Escherichia coli isolated. Only one case presented bacterioscopic exam positive, with Gram positive coccus. The laboratory blood exams present the following average **Results:** leukocyte count 9216,67/mm³ with 75,33% neutrophil, prothrombin time was 54,3%, creatinine 1,58mg/dl and albumin 2,44g/dl. The treatment used was third and fourth generation cephalosporins per 10 days. The outcome of the patients was: upturn and released from hospital in 17 cases, 1 death and 1 case hospital transference.

Conclusions: findings correspond to the literature, less the fact of the ascitic fluid collection were done by routine method. Nowadays, the best method used to collect ascitic fluid is direct inoculation of ascites into hemoculture bottle method with a higher positivity of 49,8%. Therefore, the knowledge about SBP is essential, as diagnosed methods and clinical manifestations looking for early treatment to reduce the mortality.

Jansen PLM. Spontaneous bacterial peritonitis: detection, treatment and prophylaxis in patients with liver cirrhosis. Neth J Med. 1997;51:123-8 Filik L, Unal S. Clinical and laboratory features of spontaneous bacterial peritonitis. East Afr Med J. 2004;81(9):474-9

Santos MSC, Martins HS. Emergências relacionadas à cirrose. In: Martins HS, Scalabrini Neto A, Velasco IT. Emergências Clínicas Baseada em Evidências. São Paulo: Atheneu; 2005.p.393-409

P-05-25 | SMALL INTESTINAL BACTERIAL OVERGROWTH OF COLONIC-TYPE CARBOHIDRATES FERMENTATIVE BACTERIA IN CIRRHOTIC PATIENTS

Merra G, Dal Lago A, Scarpellini E, Finizio R, Santoro M, Spitilli MG, Lauritano EC, Gabrielli M, Valenza V, Gasbarrini G, Ghirlanda G, Gasbarrini A. (merra@libero.it)

Internal Medicine and Nuclear Medicine Departments, Catholic University, Rome, Italy

Backgrounds and **Aim:** Small intestinal bacterial overgrowth (SIBO) is a clinical condition characterized by abnormally high colonic-type bacteria in the small intestine, exceeding 106 organisms/mL. In non cirrhotic patients, SIBO is associated with the presence of symptoms related to malabsorption and gas production (end product of carbohydrates fermentation).. A role of small bowel bacteria has been hypothesized in the pathogenesis of hepatic encephalopathy (HE) and spontaneous bacterial peritonitis (SBP) in cirrhotics. This study to assess SIBO prevalence in cirrhotic patients.

Methods: thirthy (30) HCV-cirrhotic pts (10 Child A; 10 Child B; 10 Child C) were consecutively enrolled and submitted to H2-lactulose breath test (LBT). 30 non cirrhotics patients were used as controls. SIBO diagnosis was based on LBT positivity criteria (two distinct peaks, consisting of two consecutive H2 values >10 p.p.m. above the basal value after 10 g lactulose ingestion).

Results: 18 out of 30 cirrhotics (60%) had a positive LBT vs 1 out of 30 controls (3.3%); $p<0.05$. Among cirrhotics, a significative difference was observed in the different Child group: 20% in Child A, 50% in Child B, 80% in Child C.

Conclusion: Cirrhotics have a significant prevalence of SIBO compared to controls. SIBO prevalence was associated to severity of cirrhosis. Lactulose administration could be a good substrate for the growth in the small bowel of fermentative colonic-type bacteria. A role of SIBO presence in HE and SBP has to be fully evaluated.

P-05-26 | 51CR- EDTA PERMEABILITY TEST IN ASCITIC CIRRHOTIC PATIENTS WIYH AND WITHOUT HISTORY OF SPONTANEOUS BACTERIAL PERITONNITIS

Scarpellini E, Merra G, Dal Lago A, Zileri Dal Verme L, Spitilli MG, Lauritano C, Petruzzellis C, Finizio R, Santoro M, Garcovich M, Lupascu A, Gasbarrini G, Ghirlanda G, Valenza V, Gasbarrini A

Internal Medicine and Nuclear Medicine Departments, Catholic University, Rome, Italy

Background: and **AIMS:** Impaired intestinal permeability (IP) may be implicated in spontaneous bacterial peritonitis (SBP) pathogenesis in cirrhotics. Urine 51Cr-EDTA is a standardized test for evaluating IP and has a small molecular weight it can be found in peritoneal spillage in ascitcs. Aim of the study was to assess IP in cirrhotics.

Methods: 48 consecutive cirrhotic pts (16 for each Child class) were enrolled; 20 pts had ascites, 10 of those had also a history of previous SBP. We also enrolled 48 healthy subjects. In healthy subjects 51Cr-EDTA was < 3 % . After an overnight fast, pts were given to drink 2,96 MBq of 51Cr-EDTA in 10 ml of water; two 3-ml samples both of 24/hours urine and ascites were measured by a gamma counter. Urine sample results were expressed as a percentage of administered dose and considered indicative of altered IP when 51Cr-EDTA was ≥ 3%. The presence of 51Cr-EDTA in the ascites was also evaluated.

Results: 22 out of the 48 pts had an altered IP as described by 51Cr-EDTA urine test vs 2 out of 48 controls (46% vs 4% p< 0.05). IP impairment followed progressing Child status: Child A 4/16; Child B 6/16; Child C 12/16. 12 out of 20 ascitic pts vs 10 out of 28 non-ascitic pts had an impaired IP (60% vs 36% p< 0.05). 8 out of 10 pts with ascites and SBP history had an impaired IP vs 6 out of the 12 ascitics without SBP history (80 % vs 50 %; p< 0.05). 51Cr-EDTA was present in ascites samples from all ascitic pts with history of SBP vs 2 out of the 12 pts with ascites without SBP history (100% vs 22 %; p< 0.05).

Conclusions: a consistent number of cirrhotics have an altered IP. IP derangement was associated with more severe disease status (ascites and history of SBP). The presence of 51Cr-EDTA in ascites in all pts with an history of SBP suggests an altered permeability of the splancnic vessels and/or peritoneal membranes. Further studies are needed to assess a 51Cr-EDTA urine and ascites cut-off where SBP profilatic therapy could be indicated.

P-05-27 | INTESTINAL PERMEABILITY IN MIGRAINEURS

Scarpellini E*, Ferraro D^, Lauritano EC*, Merra G*, Sparano L*, Campanale C*, Gasbarrini G*, Ghirlanda G*, Di Trapani G^, Valenza V°, Gasbarrini A*

Internal Medicine*, Neurology^ and Nuclear Medicine° Departments, Catholic University of Sacred Heart, Rome, Italy

Background: and **AIMS:** The intestinal permeability impairement (IP) may be implicated in the pathogenesis of several diseases. An altered blood flow of cerebral vessels has been showed in migraineurs. Many " toxic " substances could reach this vascular bed if there was an altered IP. to explore the intestinal permeability in a group of patients (pts) affected by migraine without aura, vs a healthy control group of 10 pts, using 51Cr-EDTA test, a standardized method.

Methods: we selected 10 pts with a diagnosis of migraine without aura (in accordance with the ICHD II criteria). Headache frequency ranged from 4-20 episodes per month. None of the pts were overusing acute medication neither preventive medication at the time of the permeability test. They underwent also a complete gastroenterological evaluation in order to take off organic or functional diseases affecting the gastro-intestinal tract and, in particular, its absorpitive function. After an overnight fast, pts were given 2,96 MBq of 51Cr-EDTA in 10 ml of water and told to collect their urine for 24 hours. 3-ml samples of urine were analyzed by a gamma counter. In urine samples, results were expressed as a percentage of administered dose and considered indicative of altered intestinal permeability when 51Cr-EDTA reabsorption was ≥ 3%. Three out of 10 pts undervent also a cerebral SPET in order to evaluate their brain blood flow.

Results: Impairment of intestinal permeability was present in nine migraineurs vs no-one of the 10 control subjects (90% vs 0 %; p< 0.05). The intestinal permeability rate (mean ± sd) was 2.0 ± 0.3% in healthy subjects and 7.4±0.5% in migraineurs. The difference between the two groups was statistically significant (p<0.05). The three cerebral SPET were suggestive for a blood flow alteration in all three migraineurs with altered IP.

Conclusion: This study suggests that an impaired intestinal permeability may be implicated in the pathogenesis of migraine, possibly by allowing the absorption of molecules that could act as triggers for the migraine attack, once they reach the cerebral blood flow. Further studies are needed to confirm these preliminary data and to shed light on their clinical implications.

P-05-28 | MOLECULAR ADSORBENT RECIRCULATING SYSTEM IN PATIENTS WITH PRIMARY NON-FUNCTION AND OTHER CAUSES OF GRAFT DISFUNCTION AFTER LIVER TRANSPLANTATION

Zileri Dal Verme L*, Gaspari R°, Avolio AW^, Merra G, Santoro M, Castagneto M^, Proietti R°, Gasbarrini A* (merra@libero.it)

*Dpt Medical Pathology, ^Dpt Transplantation Surgery, °Dpt Anesthesiology. Italy

Introduction: Liver Dysfunction following liver transplantation (LTx) is an important cause of morbidity and mortality. It can present as Primary Non Function (PNF) or primary Graft Dysfunction (GD) and it's prevalence is increasing because of the more frequent use of non-standard organs. The Molecular Adsorbent Recirculating System (MARS) is an albumin-based dialysis system designed to enhance the excretory function of a failing liver.

Aim: To evaluate the potential role of MARS in this particular setting of patients. Primary endpoint: six months survival.

Methods: All cases of Liver Dysfunction following LTx during the last five years were referred to our Intensive Care Unit. Patients presenting with progressively increasing jaundice (serum bilirubin level >15 mg/dl), and at least one of the following: hepatic encephalopathy, renal dysfunction, and intractable pruritus were treated with MARS in addition to standard medical therapy and included in this retrospective study.

Results: Seven patients median age of 52 years, with primary non function (2 cases) and graft dysfunction (5 cases) after LTx, were included in the study. Five patients had received a non-standard organ. Six-month overall survival was 71%; 5 cases of GD (1 re-LTx) were alive at the end of the follow-up, 2 cases of PNF (1 re-LTx) died . During MARS therapy in all patients there was a significant decrease in serum bilirubin level, bile acids, ammonia and creatinine levels. A sustained improvement of synthetic liver, neurological and renal functions were observed only in patients with graft dysfunction. Furthermore in 2 patients an improvement of the pruritus was observed. In all patients, MARS therapy was well tolerated, and no MARS-related adverse event occurred.

Conclusions: MARS therapy is a promising and safe therapeutic option to treat severe GD after LTx.

P-05-29 | CONTRAVERSIES OF KSHARASUTRA MANAGEMENT IN HIGH ANAL FISTULA,-A SCIENTIFIC REVIEW

Bhaskar Rao, G.S. Lavekar. (bhaskar881961@yahoo.co.in)

Ttd. S.V Ayurvedic Medical College. India

The disease, high anal fistula is a common ano-rectal disorder as old as mankind and usually results as a sequel to some varieties of ano-rectal abscesses and is a challenge to surgeons still today. Fistula-in-ano has been recognized as special distinct entity for thousands of years. In the fifth century B.C. Hippocrates advocated the laying open of fistulas, including complex fistulas.

One would think that over 2,500 years the controversies in the management of fistula-in-ano would have been resolved. This is not the case, and much about the management of fistula-in-ano is still being debated. Available surgical procedures may not only result in incontinence but also recurrences. They cause discomfort and absence from work with consequent economic strain.

Keeping all these problems in mind, Susturta's (800B.C) Ksharasutra technique (a medicated alkaline thread impregnated with the pasted of Curcuma longa and latex of Euphorbia rerifolia is employed along the fistula track whi! ch cuts itself and heals the wound form inside, naturally (1). This is not the case, and much about the management of fistula-in-ano with Ksharasutra is still being debated.

Questions include:

1. Where and when should an abscess be drained? Can Ksharasutra be applied immediately after the drainage?

2. Should primary fistulotomy be performed before Ksharasutra application?

3. How much pre operative evaluation is essential to prevent recurrences and other complications?

4. Should simple fistula be managed by fistulectomy or fistulotomy?

5. Does Ksharasura prove the best technique in the management of complex fistulae too?

P-05-30 | NONALCOHOLIC FATTY LIVER DISEASE: HEPATIC MANIFESTATION OF METABOLIC SYNDROME

Reales Figueroa, Pedro; Carazo Marin, Angel F.; Casado Almeida, Miguel A.; Ruiz Carrillo, Francisco; Bernabeu Carretero, Rosa MServicio Medicina Interna. Hospital Gutierrez Ortega. Sescam.; Spain

Introduction: The non-alcoholic fatty liver disease (NAFLD) is characterized by fatty changes in the liver, ranging from simple steatosis to steato-hepatitis, advanced fibrosis and cirrhosis. The causes are not yet well known, and considered of multifactorial origin (metabolic disorders, genetic predisposition and environmental influences). The metabolic syndrome is an association of risk factors for cardiovascular disease and atherosclerosis whose key feature is the state of insulin resistance. Many authors consider that the NAFLD is a manifestation of metabolic syndrome and that the insulin resistance is an etiopathological factor. **OBJECTIVE:** To identify in a group of patients with NAFLD the existence and degree of insulin resistance, and to compare them with a control group of patients without liver disease. To also identify the percentage of patients with metabolic syndrome in both groups. **PATIENTS AND Methods:** We studied 109 non-diabetic patients, divided into two groups: 1 .- With prior diagnosis of NASH: 65 patients (51 men and 15 women) with average age of 49.3 (± 11.9) years. 2 .- Without liver pathology: 44 (29 men and 15 woman) with an average age of 54.8 (±13.38) years. In all patients we measured the weight, height, BMI, a measure of abdominal circumference, blood pressure, basal glucose levels, basal insulin, total cholesterol, LDL-cholesterol, HDL-cholesterol, triglycerides, SGOT, SGPT, SGGT and glycosilated hemoglobin. With these parameters we determinate the degree of insulin resistance using the HOMA-IR method. We evaluated and compared patients with insulin resistance (HOMA-IR>2) between and we calculate the statistical significance using the-Student test and the W-Wilkinson test, with the help of G-Stat.2 statistical program. We also determinate in patients with NAFLD and without NAFLD the percentage of patients with metabolic syndrome using the ATP-III criteria and the IDF criteria. **Results:** 1.- Patients with NAFLD: Fasting plasma glucose average: 107.40 (±12.97) mg/dl. Plasma insulin average: 14.07 (±7.15) μUI/ml. HOMA-IR average: 3.78 (±1.97). Number of patients with HOMA-IR> 2.5: 48/65 (73.84%) 2.- Patients without NAFLD: Fasting plasma glucose average: 107.70 (±12.80) mg/dl. Plasma insulin average: 7.58 (±2.88)μUI/ml. HOMA-IR average: 2.00 (±0.75). Number of patients with HOMA-IR> 2.5: 11/44 (25%). 3.- Comparison of the two groups with the t-Student test: t-Student: 5.48 P-value: 0.0001 This shows that there are statistically significant differences. 4.- Comparison of the two groups with the w-Wilcoxon test: W-Wilcoxon: 5.25 P-value: 0.0001 5.- Percentage of patients with metabolic syndrome: - ATP-III criteria: 68,18% (45/66) in patients with NAFLD vs 31,81% (14/44) in patients without NAFLD. - IDF criteria: 77,27% (51/66) in patients with NAFLD vs 38,63%(17/44) in patients without NAFLD. **Conclusions:** The insulin resistance is present in much of patients with NAFLD (73.84%), with statistically significant difference with respect to patients without liver disease. Both hepatic steatosis and fibrosisare the result of numerous factors (environmental, genetic, metabolic, etc.) but it is clear that insulin and / or the state of insulin resistance plays a critical role in the pathogenesis of NAFLD. If this is so, the use of drugs that reduce insulin resistance could be useful in the treatment of this disease. In addition, the number of patients with diagnosis of metabolic syndrome is very top in the group of patients with NAFLD that in the group of patients without NAFLD, for what we can consider the NAFLD to be the hepatic manifestation of the metabolic syndrome.

P-05-31 | ACUTE ABDOMEN SECONDARY TO FOREIGN BODY INGESTION: A DIFFICULT DIAGNOSIS THAT CLINICIANS AND RADIOLOGISTS DO NOT HAVE TO FORGET

Garcia AM1, Núñez MA1, Piedra T, Arnaiz García J2, Pintado R3. (santill_ana@hotmail.com)

Departments of Internal Medicine1 and Radiology 2,3. University Hospital Marqués de Valdecilla (Santander-Spain) and Hospital Río Ortega (Valladolid-Spain)

Introduction: Only 1% of involuntary and generally unconsciously ingested foreign bodies perforate the bowel, and constitutes abdominal emergencies whose diagnosis represents a challenge. We report all the cases of foreign bodies ingestion from January to December of 2007. We found three proven cases of bowel perforation by ingested foreign bodies (fish bone, metallic foreign body and fruit bone) and two cases of obstruction caused by chicken and rabbit bone.The diagnosis was suggested by CT scan and the final diagnosis was confirmed by surgery.

Results: All patients had diffuse (two cases) or more localized abdominal pain in the hypogastric area (one case), in the epigastric area (one case) or in the left iliac fossa (one case). Rebound was present in all cases. Laboratory tests showed in all patients elevation of the white cell count from 12,000 to 32,000 and C reactive protein 10 mg at the time of admission. All patients were unconscious of having ingested a foreign body. Only the retrospective alimentary inquiry revealed the consumption of fish, rabbit, chicken and parsimmon fruit bone in four cases, and the ingestion of a screw in a psychiatric patient the days before perforation. Subocclusion or occlusion symptoms were present at admission in two cases. Plain radiographs were taken in all patients. Aewll patients were investigated by CT scan, and this examination was the first immediately required after plain radiographs.

Conclusions: Acute abdomen due to foreign bodies ingestion is a challenging diagnosis for clinicians and radiologists. It should always be invocated in cases of elderly, psychiatric or patients with a history of drug abuse. The definite diagnosis is based on the demonstration of the responsible foreign body that is optimally achieved by CT scan thanks to its possibilities of multiplanar reconstructions. The security of a very specific and precise diagnosis allows a prompt and appropriate management of these patients.

P-05-32 | CHYLOUS ASCITES A CASE

Sosa, Silvia; Iglesias, Alicia; Ferreño, Diana.; Fedullo, María.; Pedace, Jorge

Hospital Alvarez. Ciudad de Buenos Aires. Argentina

Introduction: Chylous ascites is a rare form of presentation of peritoneal fluid, characterized by a milky liquid, rich in triglycerides, due to a lymphatic or posttraumatic obstruction. We are reporting a case of Chylous Ascites as a form of presentation of a Non-Hodgkin's lymphoma.

CLINICAL REPORT: 84-year-old patient, with antecedents of type II diabetes, hypertension, auricular fibrillation, heart failure. Enters medical clinic with ascites. Physical exam: dyspnoea type II, pale skin and mucosa membranes, no oedemas, infraumbilical mass dull to percussion. No evidence of signs of cardiac decompensation. Paracentesis: Chylous ascites. High CA 19-9 and CA 125 and normal CEA. Anaemia of chronic disorders, high erythrosedimentation. Axial tomography of thorax, abdomen and pelvis with and without contrast: smaller than 1 cm. Ganglions axillary, right pleural effusion, two nodular subpleural images in middle and lower right lobe. Ascites, bladder lithiasis, adenomegalies lateral aortic. Videocolonoscopy: high flat lesion of 5 cm., infiltrative aspect, congested and eroded areas, biopsy taken. HDFE: erosive gastritis, hiatal hernia. Cytology of ascitic liquid: atypical cells.

COMMENTARY: Chylous Ascites is a rare presentation of neoplastic pathologies. 50 to 60 % of cases correspond to lymphomas. Other neoplasms such as breast, pancreas, testicle colon cancer, Kaposi sarcoma, carcinoid tumour, ovary tumour can cause Chylous Ascites.

P-05-33 | ACUTE PANCREATITIS ANALYSIS OF 97 PATIENTS PERIOD 2004-2007

Pellegrini, Debora; Pankl, Sonia; Finn, Bárbara C.; Bruetman, Julio E.; Young, Pablo.

Hospital Británico de Buenos Aires. Argentina

Introduction: Acute pancreatitis (AP) is a pathology with several causes and diverse clinical course. In our environment there are not many papers on this pathology and they approach punctual features inside the broad spectrum picture. This paper objective is to determinate clinical features, etiology, handling and evolution of patients diagnosed with PA admitted in our Hospital during a three years period.

Materials and Methods: The clinical records of patients with AP admitted at the British Hospital in Buenos Aires between April 2004 and April 2007 were retrospectively analyzed. Demographic data, etiology, given treatment, severity of the illness, morbidity and mortality were evaluated. **Results:** Ninety seven patients were diagnosed with AP during the analyzed period. Forty nine were male (50,5%). The average age was 58,7 years (range 21-93). Ninety two patients presented only one episode of AP and five suffered two or more (recurrent pancreatitis). According to the etiology, forty eight had a biliary origin, twenty three were idiopathic, eleven post biliary tract procedures, two recognized an alcoholic origin and thirteen other causes. The median of time was 7 days (inter-quartiles intervale: 5-14). Twenty four percent required admission in Intensive Care. Most of the patients (n: 66; 71.7%) presented mild episodes according to the Ranson Score. The median of beginning oral feeding was 3 days. Regarding to complications, 13 patients have multiple organ failure, 7 pancreatic necrosis (3 infected). Mortality rate was 7.2% (7 cases, all with Ranson ≥3).

Discussion: Although this is a short series, the biliar origin is still the most prevalent etiology in our population. The low number of alcoholic origin and the high frequency of post biliary instrumentation AP caught our attention. Morbimortality was close related to severity. Our data are consistent with other papers regarding evolution and prognosis, and update the Argentine casuistic.

P-05-34 | SUBCAPSULAR HEMATOMA AND HEPATIC INFRACTION IN HELLP SYNDROME

Dr Rodríguez González Daniel (1), Flores Franco Armando (2), Hernandez Camarena Ricardo (3), Cortez Alatorre Esther (4), Prieto Miranda Sergio Emilio (5)

Intensive Care Unit, New Civil Hospital "Dr Juan I. Menchaca". Guadalajara Jalisco, Mexico

Hepatic infarction and subcapsular hematoma are severe complications that can arise from HELLP síndrome, associated to severe preeclampsia. We report our experience in the management of 535 patients with the diagnosis of preeclampsia-eclampsia in the Intensive Care Unit at the Juan I. Menchaca Hospital during a 13 year period.

From these, 7 (1.3%) patients have a confirmed diagnosis of HELLP síndrome and hepatic infarction, and 4 (0.6%) patients with hepatic infarction and subcapsular hematoma, diagnosed through CT scan.

The mean age was 30 years, and the mean gestational age 35 weeks, all of them were multigesta, and the main clinical manifestations where hipertension followed by severe hypotension, severe jaundice, trombocitopenia, prolongued bleeding time, acute renal failure, hepatic enzimes elevation, and fever.

The tretment was supportive where 4 (36%) out of the 11 patients died due to multiorgan system failure. Our conclusion is that hepatic infarction and subcapsular hematoma are uncommon manifestations, but with a high mortality and morbility in patients with HELLP síndrome and severe preeclampsia.

Keywords: HELLP síndrome, severe preeclampsia, hepatic infarction, subcapsular hematoma.

P-05-35 | ACCOMPLISHMENT GIVES FORBIDS IN FORM PRECOCIOUS OR PROGRAMMED IN NOT VARICEAL UPPER GASTROINTESTINAL

Cassar, A.; Blázquez, L.; Gutierrez, S.; Amadio, C.; Furnari, R.

Hospital Italiano de Mendoza. Argentina

Introduction: The usefulness of digestive endoscopies (FORBIDS) in the diagnosis of upper gastrointestinal bleeding (UGB) has been validated in different works, nevertheless benefits of accomplishment of the procedure in first hours of the diagnostic presumption presents dissimilar results.

Objectives: 1-To evaluate the usefulness of the accomplishment of FORBIDS in precocious form in ptes with (UGB) not variceal. 2-To evaluate clinical and laboratory variables between the groups of FORBIDS precocious or programmed. **Method:** 43 ptes consulted for maelena or haematemesis at Hospital admission were evaluated in retrospective form. Of them 15 ptes presented evidences (FORBIDS) in it of (UGB) associated with portal hypertension (PHT). Therefore 28 ptes without evidence of (PHT) in (FORBIDS) were evaluated. They were established in agreement to moment of the accomplishment of (FORBIDS) 2 groups, those submitted to the procedure inside the first ones 24 hs of the revenue (Group I) or! later (Group II). There determined in both groups age, days of internment (DI), stay in UTI, PAS, DAP, Heart rate (HR), hematocrit (Hto), platelets and protrombine time (TP) to the revenue; precedent of AINES's use, oral anticoagulants or cirrhosis; mortality, motive of consultation (maelena or haematemesis), abnormal ECG and requirement of transfusions. Statistical analysis: t-Student and Chi squared. **Results:** Group I n=16 (FORBIDS precocious) and Group II n=12 (FORBIDS programmed). GI vs GII: Age 48 +/-22 vs 57.7 +/-20; DI 3.2 +/-3.3 vs 7.0 +/6.6; PAS 113.1 +/-13.0 vs 128.3 +/-19.0; DAP 68.7 +/-10.2 vs 72.2 +/-8.4; HR 85.6 +/-19.7 vs 82.5 +/-13.2; Hto 34 +/-8.1 vs 31.9 +/-8.2; Platelets 226 +/-63.4 vs 256.6 +/-80.8; TP 81.5 +/-20.4 vs 72.5 +/-25.4; UTI 1 vs 3; abnormal ECG 5 vs 5; Cirrhosis 1 vs 0; AINES 9 vs 7; anticoagulation 2 vs 2; death 1 vs 1; transfusions 5 vs 7; maelena 11 vs 11; haematemesis 5 vs 1. Group I had significantly minor PAS and days of internment that Gr! oup II. They did not present significant differences in mortality as in the rest of the studied variables either. **Conclusions:** The precocious accomplishment of FORBIDS in UGB's diagnosis would diminish significantly the quantity of days of hospitable internment.

P-05-36 | CT CLUES IN ACUTE ABDOMINAL PAIN SYNDROME

Capuñay, Carlos; Carrascosa, Patricia; Vallejos, Javier.; Martín López, Elba.; Carrascosa, Jorge

Diagnóstico Maipu- Argentina

Introduction: Acute abdominal pain is a frequent cause of patients's derivation for abdominal CT scans from the emergency department. The objectives of this work are: to show the spectrum of CT findings in the acute abdominal pain; to recognize characteristic CT features for each pathological condition and to identify the major diagnostic tips for a correct interpretation of the CT findings.

Material and Methods: We retrospectivly reviewed abdominal CT scans underwent in our Institution with the diagnosis of acute abdominal pain. CT scans were carried out using a 64-row multidetector CT scanner (Brilliance 64; Philips Medical Systems) with slices of 1 to 2.0mm thickness. Some acquisitions were performed without vascular contrast enhancement. In other cases, a second CT acquisition with the injection of 80-120ml of contrast material using a power injector was carried out after the first one. Axial CT images were analyzed in a dedicated workstation; multiplanar reconstructions were also analyzed to decide or confirm the diagnosis.

Results: the main clinical settings found in our population were: pancreatitis, cholecystitis, appendicitis, diverticulitis, small-bowel occlusion, urinary tract pathology (lithiasis and uronephrosis) and epiploic appendagitis. The most typical CT features for each pathological condition to narrower differential diagnosis and the major diagnostic tips for a correct interpretation of the CT findings were analyze. **Conclusion:** Multidetector CT is an accurate method in the diagnosis of abdominal pathologies. The knowledge of the key features of each pathology allows a practical approach to reach the right diagnosis.

P-05-37 | HEPATOCARCINOMA IN A TEENAGER SIMULATING MULTIPLE ABSCESSES: CASE REPORT

Delgado, María; Gómez, Alexander; Simancas, Mariela.; Balabú, Marisol.

Internal Medicine Department; Venezuela Barquisimeto

The hepatocarcinoma, generally, appears in people that had already had a liver disease as chronic hepatitis by virus B or C or cirrhosis. During teenage years the highest point is at the age of 12 and without these antecedents. Most of the time, the disease does not show symptoms; however, when there are any, the most common are weight loss, abdominal pain, praecox or palpable mass. It is reported a case of a 19 years old male, with no known risk factor for hepatocarcinoma and who went to the Health Care Center in a rural area for presenting continuous fever, painful hepatomegaly and weight loss with hyporexia of one week evolution.

Abdominal ultrasound showed multiple hepatic lesions with abscess aspect; the computed axial tomography showed an hepatomegaly of the left lobule, a heterogenic dominant lesion that distort the whole contour, and other lesions of smaller size. An aspiration punction with fine needle was performed finding an inflammatory pattern and reactive changes compatible with abscesses. Tumoral markers and hepatitis were negative. He received antibiotics of wide spectrum based on the suspicion of pyogen abscesses; he did better but the symptoms reappeared after a month associating severe epistaxis with shock.

He was taken to the Hospital with a diagnosis of hepatic neoplasia. An aspiration punction with fine needle was done once again finding isolated and in plaque-forming anaplastic hepatocytes, others were forming trabecular concluding in hepatocarcinoma. It is concluded that it is important to suspect hepatocarcinoma in patients with hepatic abscesses refractory to treatment, even in teenagers.

P-05-38 | ALCOHOLIC HEPATITIS IN YOUNG PEOPLE

De Giorgi, C.; Vilela, A.; Cambiasso, R.; Mattera, F.; Arpa, A.

Hospital Dalmacio Velez Sarsfield. GCBA; Argentina

Objetives: To describe two cases of toxity hepatic secundary to the alcoholic ingest in young adults; To jut out the hepatic injury associate to the alcohol consume; to show the ilness evolution of ilness with few response to the medical treatment. **Material and Methods:**

Case I: 34 years old man, alcoholic since adolescence that he is admited at hospital for two weeks of jaundice asociated to edematous- ascities syndrome and non persisten fever. Paracentesis with GASA 2.7 and neutroascities. In laboratory acute hepatic failure with discriminated liver funtion index 45(Madrey index > 32). Hepatic cirrosis for abdominal TC. No reactive serology for HBV, HCV, HAV and HIV. Videoendoscopy show esophagic varicose vein grade II and hipertensive gastritis. Treatment used diuretics and repose. Slowly response. Discharge and continue for consulting room.

Case II: 30 years old alcoholic man admited at hospital for cholestasis syndrome and anemia. Laboratory showed liver failure parameters with discriminated liver funtion index 52(Madrey index > 32). Ultrasonography and computed tomography showed bigger size of liver and splein, non dilated intra and extra hepatic biliary via. HIV, HCV, HAV, HBV serology were no reactives.Prednisone 60mg./day was begin without clinic or serum improvement. The patient take away without medical discharge. Result: two young people with liver demage for alcohol were showed. Both of them presented Madrey index > 32. Only one recived corticosteroids, prednisone 60mg/day. The evolution was similar in two cases.

Discussion: the available review support the corticosteroid use in alcoholic hepatic disfuntion with Madrey Index > 32. Although in ower cases was not differences in end point, in both of them the torpid evolution with slowly recovery serum and clinics parameters were similarity.

P-05-39 | CELIAC DISEASE AND LYMPHOMA

Amongero, Fernando; Berger, Mónica; Fedullo, María Jesús.; Ferreño Diana.; Vega, Aníbal

Hospital de Agudos Dr. T. Alvarez. Argentina

Introduction: Celiac disease is characterized by intolerance to gliadin and other prolamins that are in some cereals. Clinically, it is a syndrome of poor absorption, although it can be asymptomatic for a long time. 70% of the cases occur in women. The prevalence in Argentina is 0,61 per 1000. Increased incidence of carcinoma and gastrointestinal lymphomas.

CLINICAL REPORT: 46-year-old female patient admitted for severe malnutrition, abdominal pain, chronic diarrhea and treatment of Helicobacter pylori diagnosed by endoscopy. Physical exam: weight loss, BMI 12.69, adenomegalies in neck, bilateral, right axilliary and supra-collarbone, all mobile and of hard elastic consistency. Tense abdomen, painful at deep palpation. As background she related weight loss of 20 kg. in 7 months and pneumonia 15 days before admission. At hospital: anorexia, food intolerance and progressive thinning. Severe anemia, LDH increased. Node biopsy, immune marked: B lymphoma diffuse. Antral Biopsy: lymphoma. Duodenal Biopsy: villous atrophy. She starts treatment with CHOP (Cyclophosphamide, Vincristine, Doxorubicin and Prednisone). Patient dies due to upper gastrointestinal bleeding.

COMMENTARY: In celiac patients, when there is little or no response to dietary treatment, we should be thinking about lack of compliance with it or about an associated neoplastic pathology such as No-Hodking's Lymphoma (NHL). The chronic infection by Helicobacter pylori is also associated to lymphoma. The increase in the enzyme LDH in a celiac patient with bad outcome to dietary treatment suggests the presence of a lymphoma.

Conclusion: Celiac patient, NHL with extra nodal gastric location, chronic Helicobacter pylori infection and severe malnutrition.

P-05-40 | FEVER AND LIVER IMAGES IN ABDOMINAL CT

Angel, Martín O.; Colombres, Francisco; Lafuente; Franco S; Nuñez, Juan M.; Viscarra, Carlos A.Contact: martin.angel@hotmail.com

Residencia de Clínica Médica. Hospital Angel C. Padilla. Tucumán. Argentina.

Introduction: TBC is an infection caused by Mycobacterium tuberculosis. The lungs are the first place to affect. 95% of patient heals the primary lesion. Disseminated form is rare in healthy people. Images in this pathology becomes a challenge to diagnosis.

Case Report: a 27 year-old woman, housewife, from countryside present long term fever, weight loss of around 30 kg in the last 6 months accompanied with dry cough, only in the last month turns into productive cough. Painless hepatomegaly of 8 cm below rib level. A bronchoalveolar lavage sample was obtained. The Ziehl-Nielsen stain showed positive acid alcohol resistant bacteria and cultures performed.Started tuberculostatic treatment. An abdominal computed tomography (CT) was performed; it showed multiples high-density rounded images with a hypo dense ring, and para-aortic and retroperitoneal adenopathy.

With these findings the patient was derivate to this internal medicine department presuming linfoproliferative process. The patient was admitted, presenting severe malnutrition, afebrile, hemodynamically stable. A hepatic biopsy was performed. TBC granulomas were identified and negative for neoplasic cells. After 2 months of specific treatment of disseminated TBC, a new abdominal CT was performed. The images were smaller than the previous study. The patient presented favorable evolution and discharged to complete ambulatory treatment.

Discussion: we highlight the importance of making differential diagnosis in this patient.

P-05-41 | CROHN´S DISEASE AND COLORECTAL CANCER

Savage, Clara; Cubito, Alejandro; Sposito, Daniela.; Parra, Patricia.; Gullo, Paula.

Hospital Héroes de Malvinas, Merlo, Buenos Aires.Argentina

The colorectal cancer is the most frequent neoplasia that affects the population. An incidence of 31 cases / 100000 inhabitants, increasing since 40 years old onwards and reaching the maximum between 50 and 60 years old. Among the predisposition factors, the Crohn's disease presents a risk of 4 to 20 times greater than the general population.

Case: A 23 years old male presented with a 10 years history of chronic diarrhea and steatorrhea. Involuntary weight loss of 39, 68 lb in three months, epigastric colic pain, class III functional dyspnea and hematoquezy. Physical examination: painless tumor in left hypochondrium. Hypochromic microcytic anemia. HIV, BHV, and CHV Negative. IgA 420. IgA tTG, IgA and IgG AGA negative. Chest radiograph: left hemidiaphragm elevation. Abdominal ecography: on left kidney hypoechoic, heterogeneous, solid formation of 145 x 84 x 97 mm. CT scan: on left hypochondrium lesion with density of soft parts leaving a trace at the stomach level involving t! he splenic angle of the colon with effacement of the adjacent mesenteric fat planes.

Digestive endoscopy: ulcerated mass in gastric body of raised borders, trimmed folds and mosaics at the second portion of the dudodenum. Villous atrophy. Colonoscopy: no ileocecal valve is identified. Severe ileal and colonic affection with greater affection of the segmented areas (congestion, cross-sectional and longitudinal serpiginous ulcers, stenosis, cobble-stone appearance, pseudodiverticula, fistula). In the ascending colon, vegetans lesion infiltrating the ulcer was 3,93 in length in diameter. In rectosigmoid junction multiple ulcerated lesions of a villous surface.

Descending colon biopsy and rectosigmoid junction: villous adenocarcinoma with a mucinous component. Based on the above description a profile compatible with endoscopic signs linked to a Crohn's disease and adenocarcinoma of the colon. An exploratory laparatomy was conducted but patient died at the immediate post-operative.

At the time of the Crohn's disease diagnosis, an advanced tumor stage was detected. Given the relation already studied and established between the inflammatory bowel disease and colon cancer, we may consider that the preventive medicine failed, as it was impossible to take an early intervention to detect the expected complication and to enhance the patient diagnosis.

P-05-42 | INFECTIONS IN CIRRHOTIC PATIENTS

Ferretti, María Victoria; Cárcano, Mariana; Pastor, Emilio.; Carlson, Damián.; Parodi, Roberto.

1era Cátedra de Clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Santa Fé. Argentina

Introduction: Bacteria infections are one of the most important clinical problems in cirrhotic patients. They may develop before o during hospitalization (20 to 60%) and constitute a frequent cause of death. Approximately 70 to 80% of the isolated microorganisms were Gram negative bacillus. **PURPOSE:** To establish the etiology of cirrhotic patients´ infections and to show the associated intrahospital mortality.

MATERIAL AND Method: Descriptive prospective design that took place in the general room of the Hospital Provincial del Centenario from November 9th, 2006 to February 25th, 2008. It included 33 cirrhotic patients of both sexes with different underlying causes, with infection as the income clinical suspicion.

The diagnosis of cirrhosis was established by histological methods, ecography or by the demonstration of esophagogastric varices with upper gastrointestinal endoscopy. Other underlying diseases such as diabetes, cardiac failure, alcoholism, neoplasms, HIV, chronic renal failure, corticosteroids or immunosuppressive drug administration, pulmonary chronic obstruction disease and previous prophylaxis with quinolones were registered. Blood and urine laboratory samples for analysis and cultivation were taken the day of the admission together with chest radiography. In selected cases ascitic fluid and pleural effusion samples were also taken. The child score was calculated.

Results: 42 episodes of bacterial infections were found. The most frequent cirrhosis cause was alcoholism (69%- 29 patients). The most frequent infection was spontaneous bacterial peritonitis (40.5%-17 patients), followed by urinary tract infections and skin and soft tissue infections. The mortality achieved 19% (8 patients), all of which were Child C. Of these patients, spontaneous bacterial peritonitis was found in two of them, and soft tissue infections and cholecystitis in others.

Conclusions: The most frequent infections are the spontaneous bacterial peritonitis and urinary infections. The most common isolated microorganisms were Gram negative bacillus. There is a statistically significant relationshipbetween infection diagnosed at admission and intrahospital associated mortality (p=0.005). Patients who died suffered from severe hepatic disease (Child C). Spontaneous bacterial

P-05-43 | CLINICAL ENDOSCOPIC AND MANOMETRIC FINDINGS IN THE GASTROESOPHAGEAL TRACT OF PATIENTS WITH SYSTEMIC SCLEROSIS

Vera Lastra, Olga L.; Santos Navarro, Reynaldo Roberto; Méndez del Monte, Reyna.; del Real Calzada, Carlos.; Cruz Domínguez, M. del Pilar

Internal Medicine and Endoscopy Department. Hospital de Especialidades Centro Médico Nacional La Raza.; México

In Systemic Sclerosis (SSc) gastrointestinal manifestations are present up to 90% and the esophagus is the most affected organ. Endoscopy and manometry allow us to evaluate structurally and functionally the esophagic derangements.

OBJECTIVE: To investigate clinical, endoscopic and manometric gastro-esophageal manifestations in patients with SSc.

PATIENTS AND Methods: From a cohort of 250 patients with SSc according to the criteria from the American College of Rheumatology, 60 patients were studied (59 women and 1 man) with mean age of 38±11 years and a mean disease evolution 11+/-8. An endoscopy of gastro-esophageal tract and their abnormalities were assessed according to Los Angeles Classification (LAC) and esophageal manometry was performed.

Results: The most frequent clinical manifestations were: dysphagia 80%, pyrosis and regurgitations 68%. Endoscopic findings were: esophagitis 60% (according LAC: Grade A: 35%, grade B: 15%, grade C: 8% and grade D: 2%); hiatal hernia 65%, loose hiatus 15%; Barrett´s esophagus 18%. Manometric findings were hypotensive lower esophageal sphincter (LES) 95% and normal LES 5%. Motility alterations of the esophageal body were found in 98% with aperistalsis in 41%, slight hypomotility in 30%, severe hypomotility 27% and normal motility in 2%. Gastric disturbances were observed in 80%; of these 40% corresponds to non erosive gastropathy, 30% to erosive gastropathy and 10% to nodular gastropathy.

Conclusion: The most frequents endoscopic finding were esophagitis and hiatal hernia, and by manometry were aperistalsis and hypotensive LES. These alterations imply disorders of motility and dysfunction of LES. Barrett´s esophagus was always associated with hiatal hernia.

P-05-44 | STUDY OF CULTURENEGATIVE NEUTHOPHILIC ASCITES AND SPONTANEOUS BACTERIAL PERITONITIS OF PATIENTS ADMITTED INTO INTERNAL MEDICINE

Martinelli, Roberto; Gaset, Margarita; Kraus, Sandra.; Gracia Edwards, María Celeste.; Toufeksian Samanta

Servicio de Clínica Médica. Hospital General de Agudos Parmenio Piñero. Ciudad Autónoma de Buenos Aires. Argentina

OBJECTIVE: Evaluate the proportion of patients with ascites that presented culture-negative neutrophilic ascites , monomicrobial non-neutrophilic bacterioascites (MNB)and spontaneous bacterial peritonitis (SBP) at he time of admittance to the internal medicine unit.

METHODOLOGY: A descriptive, retrospective study was performed on the population of admitted patients into the internal medicine unit of the Hospital General de Agudos Parmenio Piñero during the period included between 9/9/2005 and 1/3/2007.Inclusion criteria were : every patient admitted into the internal medicine unit, male or female who had ascites of any cause diagnosed by physical exam at the time of admittance. Every patient was evaluated according the following variables: age, sex, underlying disease, presence of culture-negative neutrophilic ascites , monomicrobial non-neutrophilic bacterioascites (MNB), spontaneous bacterial peritonitis, grade of hepatic encephalopathy, Child-Pugh score, characteristic of the ascitic fluid and final outcome. Patients that presented infectious complication of the ascitic fluid during their stay at the internal medicine unit were excluded.

Results: Of a total of 36 patients, there was a predominance of the male sex. Ascites was in most cases caused by cirrhosis due to chronic alcohol ingestion. Ascitic fluids were classified as culture-negative neutrophilic ascites , monomicrobial non-neutrophilic bacterioascites (MNB) and spontaneous bacterial peritonitis. 22.58% of the population studied died

Conclusions: Most of the episodes of SBP occur in patients with advanced stages of cirrhosis, as manifestation of a severe alteration of hepatic function. The prevalence of SBP is 10-30% in patients admitted with ascites due to cirrhosis. The forms of presentation of SBP are varied. In our study the prevalence was lower than the one described in bibliography, although we have to consider that on our protocol were only included the cases diagnosed at admittance. Most of our population presented advanced hepathopathy. Thus we can conclude that patients with chronic hepathopathies admitted into our unit during the studied eriod presented a severe disease, even though they didn't presented SBP. Larger quantities of culture-negative neutrophilic ascites , monomicrobial n-neutrophilic bacterioascites were found.

P-05-45 | ACUTE HEPATITIS B DURING PREGNANCY: A DIFFICULTTOMANAGE SITUATION

Tizziani, Raquel; Piombino, Diego; Di Biasio, Andrea.; Kantor, Bernardo.; Cera, Domingo.

Hospital de Emergencias Dr. Clemente Alvarez Rosario- Santa Fe. Argentina

Case: A 26-year-old woman, who is 15 weeks pregnant (2 pregnancies - 1 natural birth) and who had no previously known pathological history, comes to the office due to an episode featuring generalized skin-mucous jaundice and choluria, which has been in progress for 7 days. Lab tests: hepatogram (GOT 3970 mU/mL - GTP 3600 mU/mL - Total bilirubin (Bb) 14 mg/dL mostly direct), asymptomatic hypoglycemia and prolonged PT and PTT. Serology requested: IgM AntiHAV (-), HBsAg (+), Ig total AntiHBcAg (+) and IgM AntiHBcAg (+), HCV (-) and CMV (-). The diagnosis is Acute Hepatitis B. Forty-eight (48) hours later, she is referred to our hospital. On physical exam, the patient was alert and oriented. Vital Signs: blood pressure 120/90 mmHg, heart rate 80 beats/min, respiratory rate 16 cycles/min, and afebrile (96.8 ºF-36 ºC).

Her skin presented generalized jaundice and her mucous were semi-wet. Abdomen: soft, tender, painful to touch over right hypochondrium, absence of defense or decompression, with positive hydroaerious noise, no visceromegaly (enlargement of the internal organs in the abdomen). Neurological exam: flapping and reflex hyperactivity in all four limbs. Admission lab tests: leukocytes 21200/mm3, blood glucose 38 mg/gL, GOT 848 mU/mL, GPT 1067 mU/mL, Bb total 14 mg/dL (direct 7.8 mg/dL), PT 36 seconds (ref. parameter 10 sec) and PTT 33 seconds (ref. parameter 30 sec). Abdominal ultrasound: normal and obstetrical, showing only one living fetus, in keeping with last menses date, with normally inserted placenta and normal amniotic fluid. Serology HIV (-), VDRL (-), HBeAg (+), Ig AntiHBeAg (-) and HBV viral lo! ad 376090 copies/mL. The blood and urine cultures were both negative. Support treatment was administered to prevent hypoglycemia, hemorrhages and hepatic encephalopathy. Twenty-four (24) hours later, lamivudina treatment is initiated.

The patient progressed very well, showing both clinical and lab improvements. Therefore, ten (10) days later, she was dismissed from hospital and was asked to continue antiviral treatment and to attend to outpatient follow-up appointments. Dismissal lab tests: leukocytes 11300/mm3, blood glucose 67 mg/dl, GOT 127 mU/mL, GPT 227 U/mL Bb total 18 g/dL (direct 10 g/dL), PT 14 seconds, PTT 44 seconds. Albuminemia 3.1 gr/L, normal renal function. This case study is presented due to the controversy regarding treatment with lamivudina in this type of patient and, at the same time, due to her striking quick and favorable clinical progress.

P-05-46 | ASSOCIATION OF PRIMARY BILIAR CIRROSIS AND AUTOINMUNE DISEASES.

Pelli, M; Lalanda, K; Scazzino, K; Cabrera, H.

Hospital Nacional Posadas, Bs. As. Argentina.

Primary biliar cirrosis (PBC) is a rare autoimmune disease that appears in middle aged women. It is characterized by the presence of antimitocondrial antibodies (AMA), and signs of cholestasis. The association of PBC and systemic scleroderma is called Reynolds Syndrome but its association with other collagen disease is infrequent.

We present three cases of PBC associated with collagen diseases: two systemic sclerodermas and one dermatomiositis.

Case 1: A 75 year old male who had a dermatomiositis confirmed by clinics, laboratory, electromiogram and skin biopsy. Signs of cholestasis and AMA + were found in his laboratory exams.A liver biopsy confirm the diagnosis of PBC.

Case 2: A 76 year old female with systemic sclerosis and Sjogren Syndrome since she was 40.We found cholestasis and AMA + in her laboratory.A liver biopy cinfirmed PBC. We diagnosed Reynolds Syndrome.

Case 3: A 64 year old female who was followed up for sistemic slerosis and came because of prurito. In the laboratory exams we found AMA + and cholestasis. We confirmed diagnosis of PBC with the liver biopsy .She was diagnosed as a Reynolds Syndrome.

The three patients received ursodesoxicholic acid with improvement of their symptoms.

Conclusion: The association of PBC and collagen diseases is rare though it must be suspected in patients undergoing an autoimmune disease, and begin with prurito and other signs or symptons cholestasis. Laboratory exams should be made to confirm cholestasis and antimitocondrial antibodies. Exclusion of other cholestatic states should be made. Diagnosis is confirmed with a liver biopsy. Once the diagnosis is achieved, treatment with ursodesoxicholic acid should be instaured to ameliorate symptons.

P-05-47 | PERITONEAL TUBERCULOSIS IN INMUNOCOMPETENT PATIENT WITHOUT RISK FACTORS.

De Torres, Yanina M.; Tomasini, Paula E.; Alcain, Laura E.; Silvestre, Daniela S.; Zamboni, Renzo.

Hospital San Martín .Paraná. Entre Ríos.; Argentina.

Case: A 34 year-old woman, without risk of factors for infections diseases, refered fever, abdominal distension, nutritional intolerance, asthenia, hiporexia and cought nonproductive since 8 days ago. Physical examination revealed small upper collar bone lymphadenophaty, mobile, painless and elastic. Mass of elastic-hard consistency of 7 cm in left iliac fosse. She refered slightly painful at the deep palpation and dunless at the percussion. The mass contacted with uterus. Relevant laboratory findings were leukocytosis with neutrophilia, anemia, ESR accelerated, serology HIV(-), CA 125-5: 594 U/ml. Ascitic fluid: protein content is 4,2 mg/dl, the serum-ascites albumin gradient (SAAG) <1,1, consumed glucose, element 770/mm3 (75% MN), non atypical cells. Cultures of ascitic fluid for common pathogens and fungi were(-)and baciloscopy(-). Culture growth of Mycobacterium on ascitic fluid and peritoneal biopsy (+). CT scan showed consolidation in lung tissue with glass opacity gr! inding in both upper. Fluid between bowel and Douglas' cul-de-sac with abnormal peritoneal fat. Non-uniform solid mass in Douglas' cul-de-sac of 7 cm. Peritoneal biopsy: granulomatous peritonitis with central caseum necrosis.

Diagnosis: Tuberculous Peritonitis. **Treatment:** RFM+INH+PZA+ETB, with good evolution.

Review: The incidence of Tuberculosis in our country is 32 per 100000 habitants. Peritoneal Tuberculosis is an uncommon extrapulmonary site, the risk is increased in patients with cirrhosis, peritoneal dialysis, diabetes mellitus, underlying malignancy, treatment with systemic corticosteroids and AIDS. The most common clinical manifestation includes ascites (93%), abdominal pain (73%) and fever (58%). May be also found abdominal distension and hepatomegaly. The gold-standard for diagnosis is culture growth of Mycobacterium on ascitic fluid or peritoneal biopsy.

Conclusion: Though Peritoneal Tuberculosis is an uncommon extrapulmonary site, it must be considered in patient ! with ascites of unknown cause.

P-05-48 | SPONTANEOUS HEPATIC DISRUPTION.

Recalde, Carolina.; Orquera, Claudio.; Bologna, Romina.; Sanchez de Bustamante, Juan.; Casal, Andrea.

Sanatorio de la Trinidad Mitre. Argentina.

Introduction: Spontaneous hepatic disruption due to primary amiloidosis (PA) is a rare emergency and is very often fatal. To our knowledge, there are only 13 cases documented in the medicine literature.

Clinical Case: A 54-year-old female with known IgA Multiple Myeloma (MM) diagnosed in 2003, immunofixation with monospecific antiserum positive to lambda light chain in serum, with an autologous bone marrow transplantation in 2004, underwent treatment with Thalidomide. The patient was admitted in February 2006 due to abdominal pain focused in the right hypochondrium, pain in the shoulder and arterial hypotension. Laboratory results were: HCT 18%, Platelets 100000/mm3, PT 73%, aPTT 28 sec, TB 0.66 mg/dL, ALAT 166 UI/L, ASAT 150 UI/L, ALP 184UI/L; computed tomography scan (CT) showed liver subcapsular haematic collection and low grade ascitis. Citrine material was obtained in the paracenthesis. No specific medical treatment was provided during the first 72 hours due to hemodynamic stability. She then presented a new episode of abdominal pain and progression in haematic collection size in the CT scan, and underwent extirpation of the VIII hepatic segment due to lasceration of the parenchima. She evolved with hepatic insufficiency, without encephalopathy, high dosages of bilirubine (26 mg/dL) and a new haematic collection. An arteriography was performed, revealing an active haemorrage, without possible embolic treatment in the right hepatic lobule vessels. A right lobectomy was performed. The hepatic biopsy showed a parenchimatous structure with extense perivascular and sinusoidal deposits of an amorph material, eosinophil, with haematic lacunar images. Red Congo dye was negative, T Tioflavine intensly positive. Echocardiogram was normal. Urine exam without proteinuria. At discharge in April 2006, laboratory results showed: ASAT 66 UI/L; ALAT 81 UI/L; ALP 1265 UI/L; TB 3.57 mg/dL. The control laboratory (August 2006) was: ASAT 41 UI/L; ALAT 40 UI/L; ALP 684 UI/L; TB 0.84 mg/dL.

Discussion: We present this case due to its rarity and favourable evolution. Histologically, PA is characterized by the extracellular deposit of fibers with a light chain of monoclonal compositon and is easily identified by reaction with Red Congo or its intense greenish fluorescence with T Tioflavin. MM is often diagnosed before the PA outcome, its treatment being the only therapeutical opportunity available. At present, the patient is asymptomatic, with remission of her MM and showing improvement in hepatic laboratory parameters.

P-05-49 | BUDD CHIARI SYNDROME: HAEMODINAMIC TREATMENT.

Pelaez, Karina.; Garzon, Sergio.; Garillo, Alejandro.; Pontello, Gustavo.; Real, Mónica; Massa, N

Sanatorio de la Trinidad Mitre. Argentina.

The Budd Chiari Syndrome is a congestive hepatopathy caused by the occlusion of the suprahepatic veins. It has an incidence ratio of 1/100000 habitants, and the oncohaematologic diseases are the most frequent cause. In 25% of the cases the syndrome is associated with the mutation of V factor of Leiden. The aim of this work is to prove the utility of the haemodinamic treatment in the above-mentioned pathology.

Case Report: A 32 year old female smoker patient, who intake contraceptive pills, consulted for oedema of upper right limb, pain and abdominal strain. Laboratory tests showed a high amount of leucocytes and no other pathologic finding. A doppler evidenced thrombosis of subclavian vein, jugular vein and confluent jugular-subclavian vein. A TC showed hepatomegaly, extensive compromise of hepatic parenchyma with decrease of postcontrast enhancement of right lobe and obstruction of right and medium suprahepatic veins. Hepatic ultra sound doppler showed thrombosis of suprahepatic right vein, permeable cava vein and porta permeable vein. Due to the extent of the lesion, a hepatic venografy was performed and confirmed the obstruction of right and medium suprahepatic veins, and stenosis of 70% of the left suprahepatic vein with a pressure of 28 mmHg. Then, angioplasty with balloon to that blood vessel was performed with a pressure of 20 mmHg. The patient evolved without symptoms, with no alteration of the hepatic function and with no signs of hypertension with anticoagulant treatment. Procoagulant causes were studied, being the V factor of Leiden positive.

Discussion: It is focused on the indication and timely realization of a hepatic venografy in a patient with favorable evolution under medical treatment and without serious complications. In this case the indication was based on the clearly defined presentation of the case with extensive hepatic compromise and in presence of two obstructed vessels in the non invasive studies. The evolution was positive because after four years of follow up the patient had no recurrence under anticoagulant treatment with dicumarin anticoagulant, and continues being asymptomatic with normal ultra sound doppler.

P-05-50 | MEGACOLON CHAGASICO AS A CAUSE FOR CHRONIC CONSTIPATION.

Garro, Noemí.; Gaeta, Carlos.; Bravo, Carlos.; Aiello, Guillermo.; Almar, Elena

General Practice; Proctology Division, General Surgery Area. Hospital Polivalente de Agudos de la Ciudad Aut. de Buenos Aires, "Bernardino Rivadavia"; Argentina

Constipation is a common symptom in normal patients, as well as in Chagasic patients. In a patient coming from an endemic area, the compromise of his digestive system is to be suspected, and a Chagas disease serology requested. In our country the trypanosoma has infected a total of 2,300,000 people, with a population at risk of 6,900,000, according to data from the WHO and the PHO (Panamerican Health Organization). The Chagas disease is the most frequent cause for acquired Megacolon in Latin America.It is observed in the late stages of the disease. Both sexes are affected alike, with a peak incidence in the 40 to 50 year range. Between 10% to 12% of the chagasic population will develop the disease. The Megacolon is predominantly found in the distal sectors of the colon: sigmoides, rectum and descending colon. The most frequent complication is fecal impaction and volvulus, in the advanced cases is degree III megacolon and dólico-megacolon.

The casuistry of chagasic patients is analyzed, in the Hospital Polivalente de Agudos (Acute General Hospital) de la Ciudad. Aut. de Buenos Aires B. Rivadavia; between 2004-2007.

A study of the colonic pathology and the incidence of the Chagasic megacolon was performed. During that period, a total of 386 patients with positive serology were surveyed (IEE, HAI, IFI). Radiological studies and Rectum Sigmoidoscopy was performed to all the patients with chronic constipation, and 20 cases of megacolon were diagnosed. The average age was 64.5 years.

The majority of the patients with megacolon came from Argentina's bordering countries: Paraguay (11 cases), Argentina (6) and Bolivia (3). Of the 386 patients with positive serology, 77 (19.9%) had chronic constipation, 20 (25.9%) presented megacolon. Two patients received only medical treatment. Eighteen patients, in addition, underwent surgery. There was an association of megacolon and pacemaker in two patients. In one case the Megacolon and Meckel's diverticulum were associated.

Conclusions: In all patients who consult for constipation, taking into account their origin, the diagnostic should focus to discard the Chagas disease as the cause. With the applied treatment, the deposition rate went back to an acceptable level in some cases, and to a normal level in the rest.

P-05-51 | FULMINANT AUTOINMUNE HEPATITIS: CLINICAL PRESENTATION OUTCOME AND PROGNOSTIC FACTORS.

Villamil, A.; Casciato, P.; Mullen, E.; de Santibañes, E.; Gadano, A.

Hospital Italiano de Buenos Aires; Argentina.

Autoimmune hepatitis is an unusual cause of fulminant hepatic failure. Yet, in Argentina it represents the second cause of emergency liver transplantation after cryptogenic liver disease.

Aim: a) To evaluate clinical presentation and outcome of patients with fulminant autoimmune hepatitis (AIH) compared to a group with non-autoimmune acute liver failure (non-AIH). b) To analyze prognostic factors associated with a poor outcome (requirement of liver transplantation or death) in the AIH group.

PATIENTS AND Methods: We included 101 consecutive patients evaluated for fulminant hepatic failure between June 1994 and May 2006. 37/101 patients (36.6 %) fulfilled criteria for fulminat AIH (negative viral serology, non-hepatotoxic drugs, normal copper metabolism and a positive test for ANA, ASMA, anti-LKM1 or antiLC1 with associated hypergammaglobulinemia and/or a biopsy compatible with AIH) (Group AIH, n=37). Patients with non AIH liver failure were considered Group non AIH (n! =64). Steroids were started at diagnosis of AIH in 32/37 patients (prednisone 1 mg/kg/day) until death, transplantation or liver recovery. Biochemical and clinical variables were analyzed.

Results: No significant differences were observed between both groups in the following parameters: age (41±16 vs 36±13y, p .08), bilirrubin (22±9 vs 23 ±12 mg/dl, p .89), creatinine (1.05±0.7 vs 1.36±1.4 mg/dl, p .26) or prothrombin time (24±9 vs 21±10 %, p 0.1) at diagnosis. 24/37 patients with AIH died or required liver transplantation (median time 8.1 days, 2-36 days) compared to 51/64 of the non-AIH group (p<0.05). Among these patients, only the subgroup with fulminant hepatitis A (n=12) was associated with a similar prognosis than AIH. Among patients with AIH, only one patient developed encephalopathy within 7 days after jaundice, 16 patients between 7 and 28 days while 20 (56%) patients had a subacute presentation (>28 days). ANA and/or ASMA were positive in 25 patients, LC in 2 and ! LKM-1 in 4 patients. All patients with antiLC1 or antiLKM1 were unresponsive to steroids and required transplantation (n=4) or died (n=2). Twelve patients recovered with steroids. Variables associated with a bad prognosis in the HAI group were: prothrombin time < 22%, or grade IV encephalopathy at diagnosis, antiLC1 or antiLKM1 (+), massive or sub-massive necrosis, no >20% improvement of prothrombin time at day 3 post-steroids (p<0.05). **Conclusion:** Autoimmune hepatitis is frequent among our population of patients with fulminant hepatic failure. AIH type II and submassive necrosis are associated with scarse response to steroids and a poor prognosis. Early diagnosis and treatment of this condition may improve survival.

P-05-52 | SPONTANEOUS BACTERIAL PERITONITIS

Dra Falasco Viviana, Dra Szyrma María, Dra Barotto Gabriela, Dra Vega Alicia, Dra Bordarampe Isabel. (szyrmame@yahoo.com.ar)

HIGA "Pedro Fiorito" Hospital. Internal Medicine Ward. Avellaneda. Argentina.

Introduction: Spontaneous Bacterial Peritonitis (SBP) is a frequent recurrent complication with poor prognosis of severe chronic liver disease, with an incidente in hospitalizad patients between 10 and 30%. Gram negative aerobic bacteria are responsable for 70% of the cases, being bacteria translocation one of the most important physiopathological mechanisms for SBP. It has been shown that patients with cirrosis have a higher prevalence of bacterial overgrowth, as a consequence of decreased intestinal motility, which leads to decreased bacterial clearence.

Objetive: to determine the local incidente of SBP, the clinic profile of patients and physicochemical and bacteriological characteristics of ascitic fluid.

Materials and Method: case histories of ascitic edematous síndrome patients hospitalised during the period 01/01/07 to 31/12/07 were revised. SBP was diagnosed when PMN cell count in ascitic fluid was ≥ 250/mm³ , per 400X optic microscope. Antecedent of liver disease, clinical form of presentation, presence of portal hypertensión determined by jeans of serum/ascites albumine gradient, phycochemical exam and culture in tioglicalate liquid media and both sheep blood-agar and levin-agar solid media were considered. Standard deviation (SD) and mean were calculated and T test was used for non-paired simples, considering $p < 0.05$ statistically significant.

Results: for this study 60 patients were included, 19 cases being dignosed as SBP. Average age was 60. Male patients were 53%. Alcoholism was the most frequent etiology in 73%, followed by viral hepatitis in 16%. All patients had abdominal pain and distetion as a clinical manifestation, accompanied by hepatic encephalopathy in 36%. Ascitic fluid culture was negative in 89% of the cases.

Conclusion: in our study a prevalence of SBP of 14% was found, similar to other centres. Positive bacteriological results were observed in 10% of the cases, possibly due to the difference in the culture media used.

P-05-53 | INDICATION SURVIVAL AND COMORBILITIES OF GASTRONOMY AT DEPRECA VETERANS HOSPITAL SANTIAGO DE CHILE.

Tabilo, C.; Preiss, Y.; Palominos, G.; Meneses, F.; Calcina, P; Reyes, E.

Dipreca Veterans Hospital, Santiago de Chile.

Introduction: Endoscopic Percutaneous Gastrostomy has become a standard procedure for tube feeding in our ageing population that shows a growing disease burden.

Objectives: to analize indications, survival, morbility and feeding in the gastrostomized patients at Dipreca Veterans Hospital.

Methods: randomized sistematic sample of the patients who undergone Endoscopic Percutaneous Gastrostomy between January 2004 and June 2007 (61 out of 583). Variables recorded : age, indication, survival, diagnosis of dementia, Cerebrovascular disease, Modified Charlson Index and pre procedure Albumin level. Frequency analisis, Association established by Kruskall Wallis and linear regression.

Results: Mean Age 75 y (Median 81.5, SD 16.9), 80.3% were indicated by deglutory disorders, 70.49% had cerebrovascular disease, 49,2% a dementia diagnosys. Mean Survival 256 days (Median 108.5, SD 294), Mean Charlson index 5,03 pts (SD 2,76), preprocedure albumin 2,76 g/dL (SD 0,68). Diminished survival ! in cerebrovascular disease patients (KW 4.5, p 0.0323), diabetes (KW 3.9, p 0.04) and in older patients (r2 0.12, p 0.006). Charlson index, albumin, dementia and cancer diagnosis were not significative.

Conclusions: Worse survival in older patients with cerebrovascular disease and diabetes, dementia not significative.

P-05-54 | ADULT COELIAC DISEASE

González Vázquez, L.; Fernández J.; Fernández Villaverde, A.; De La Cruz Alvarez, J.; De la Fuente Aguado, J.

POVISA. Vigo. Pontevedra.; Spain

Background: Coeliac disease (CD) is a chronic disease of the small intestine, which is caused by gluten intolerance, producing malababsorption of nutrients and vitamins.Clinical manifestations of adult CD are highly variable, including intestinal and extra-intestinal symptoms.The disease may also occur in individuals who are asymptomatic.

Objectives: To describe demographic data, clinical manifestations, diagnosis and evolution of CD in adults.

Methods: A retrospective study was carried out of histories of patients, diagnosed of CD between January 1990 and March 2008.Diagnosis was based on serologic tests, and duodenal biopsy, which were compatible in all of them.

Results: 56 adult patients were diagnosed of CD in this period. Mean age was 36 (18-65) years and 38 (68%) were women.Only 5 patients(9%) had a first-degree family history; one had type 1 diabetes mellitus, one had pernicious anaemia and another had thyroid disease.The clinical manifestations were diarrhea in 34 (61%), abdominal pain in 22 (39%), loss of weight in 11 (20%), gastrooesophageal reflux symptoms in 10 (18%) and 3 had been diagnosed of dermatitis herpetiformis. Diagnosis was established in less of 1 year in 26 patients (46%), and in more than 1 year in the remaining 54%(1-13 years).

Analytical results showed a slight increase of transaminases in 23(41%), ferropenic anaemia in 31(55%) cases, sub-clinical hypothyroidism in 3(7%) patients, and folic acid deficiency in 11(20%) cases. Most of these patients were diagnosed in Gastoenterology Departement (60%) and Internal medicine(25%).Almost all patients were diagnosed between 2004 and 2008: 39 (70%). A diet without gl! uten were recommended in all patients and follow-up was irregular. Most of them had followed the diet plan although 7 patients admitted non strict compliance and 7 were not followed up. All patients showed clinical improvement. Biopsy was repeated in 10 patients and showed good volution.

Conclusions: CD can appear at any age and with a wide manifestation spectrum, which can be atypical in some cases. Patients with ferropenic anaemia and a negative response to treatment or those with an unexplained increase in transaminases, should be screening for CD. Atypical manifestations and low suspect index can delay diagnosis even during years.

P-05-55 | PYOGENIC HEPATIC ABSCESSES IN INTERNAL MEDICINE

Jorge Facal, Alejandro Fernández, Gabriel Maciel, Jorge Menoni, Paula López. gamacol@adinet.com.uy

Medical Clinic 1. Internal Medicine Department. Hospital Maciel. Montevideo, Uruguay

Introduction: Pyogenic hepatic abscesses are purulent collections due to bacterial invasion through biliary, portal and/or arterial pathways, post-traumatic, direct extension and criptogenetic. They are more frequent between ages 50 and 60. The estimated incidence is 8 to 20 per 100,000 hospital admittances. The triad of fever, jaundice and pain in right hypochondrium is seen in 10% of cases. Fever may not be present. The diagnostic delay can be up to 90 days. The usual germs are gram-negative, enterococcus and anaerobes, generally polymicrobial. We report five cases of hepatic abscesses with excellent outcome treated with tomography assisted drainage and antibiotics.

CASE REPORTS:

1) 70-year-old woman, with asthenia and anorexia of 2 weeks' evolution. Fever. Right pleural effusion. CAT: hypodense hepatic images. Transhepatic biopsy: abundant pus. Polymicrobial flora. 2) 75-year-old woman, with abdominal pain and fever. Gastrointestinal sepsis. Blood culture: E coli. CAT: hypodense hepatic images. 3) 87-year-old woman, with intense epigastric pain. Fever. CAT: hypodense hepatic image. Blood culture: E coli. 4) 55-year-old man, previous liver biopsy puncture. Pain in left hypochondrium. No fever. CAT: hypodense hepatic area. Biopsy: purulent material. Culture of alpha-hemolytic Streptococcus intermedius. Negative blood cultures. 5) 74-year-old woman, cholecistectomy 1 month, endoscopic papillotomy for choledochal lithiasis 22 days later. 1-week fever, right pleural effusion. CAT: liver lesion with heterogeneous density. Biopsy: abundant pus. Negative bacteriology.

Tomography-guided diagnostic puncture in all cases. The antibiotic treatment was parenteral Ampicilin/Sulbactam alone or associated with aminoglycosides or quinolones during 3 weeks followed by oral antibiotics for 3 weeks more. Clinical and tomographic outcomes: all patients were cured.

Discussion: Five cases of hepatic abscesses are presented. 1 by direct inoculation, 3 biliary cases (1 cholangitis, 1 papilotomy). 1 portally (digestive sepsis). 1 criptogenetic. There wasn´t any suspicion of the definitive diagnosis in all cases (pleural effusion, prolonged fever, no fever, sepsis), which caused a diagnostic delay of 3 to 4 weeks. Drainage and medical treatment were performed in all cases with excellent outcome. Patients are usually admitted in internal medicine rooms with incorrect diagnostics. This forces the internal medicine specialist to learn about this disease, suspect it, and start appropriate treatment.

P-05-56 | ESOPHAGEAL FUNCTION TESTS IN MORBIDLY OBESE PATIENTS BEFORE AND AFTER BARIATRIC SURGERY

Casado, F.J.; Maté, A.; García, A.; García, IA.; Varsavsky; CA.

Department of Gastroenterology & Hepatology, San Cecilio Hospital, Granada, Spain. Department of Internal Medicine, Evita Hospital, Lanús. Argentina

Background: Obesity is an independent risk factor for gastroesophageal reflux disease (GERD). Effective weight loss might correct pathological reflux. On the other hand, bariatric surgery produces an anatomic alteration of the gastric tube in order to cause rapid weight loss. Many important research questions regarding the changes in esophageal motility and cardias function introduced by this surgery, and independent of the possible compensatory effect of weight loss, remain unanswered.

OBJECTIVES: To assess the function of the lower esophageal sphincter (LES), esophageal motility and GERD in morbidly obese patients before and after bariatric surgery.

Methods: we followed up twelve consecutive patients (4 men and 8 women) without GERD, mean age 43.5+ 13.36 and body mass index (BMI) 47.76 + 8.6, who were undergoing bariatric surgery. The evaluation included a symptom questionnaire, water-perfuse system esophageal manometry and a 24 hour pH monitoring before and again three months after surgery. Many variables were investigated, especially GERD symptoms (from 0 to 3 grades of intensity), LES pressure (LESp), distal peristaltic amplitude (DPA), tertiary waves (TW), total number of episodes of pH<4 (tnE), DeMeester score (DMs) and time percentage of pH<4.

Results: weight before surgery was 123.41 + 13.8 and 99.58 + 12.9 three months after surgery (p<0,0001). The main variables are shown in tableI. Variable Before surgery After surgery p Symptoms 0.33 + 0.65 1.08 + 0.99 <0.05 LESp 21.83 + 5.93 20.98 + 9.03 ns DPA 120 + 47.8 76.9 + 31.9 <0.05 TW 25% of patients 42% of patients <0.05 tnE 52.54 + 25.22 77.9 + 67.89 ns DMs 12.16 + 7.70 33.13 + 37.32 ns %pH<4 2.73 + 2.11 6.88 + 8.23 ns

Conclusions: bariatric surgery does not result in a lower LES pressure, but does result in a decrease of the distal peristaltic amplitude, an appearance of tertiary waves, slight symptoms and no significant differences in the 24-hour pH monitoring parameters. Long term effects of weight loss are still to be analyzed.

P-05-57 | ACUTE GASTRIC DILATATION ASSOCIATED WITH ALIMENTARY DISORDER

A. Hermida, C. Ponce, M. Molinero, A Cruciani, R Watman.

Clínica Santa Isabel, Cap. Federal. Argentina

Case: Female patient 25 years old, who consults for severe abdominal pain in the epigastric area, associated with an abdominal swelling, post great food ingestion.

Physical exam: TA 120/60 FC 68 x´ FR 18 x´ T Ax 36º Soft and swollen abdomen, epigastric painful, tympanic, diminished hidroaereal noise.

Complementary exams: 1. **Laboratory:** Leukocites 8600, Amilase 61, normal hepatogram. 2. Abdominal Ecography: normal. 3. TV Ecography: polipholicular ovary. 4. Thorax X-ray: Severe gastric dilatation. 5. Abdominal X-ray: Severe gastric dilatation. 6. Abdominal and pelvic Tomography: Severe gastric dilatation with liquid and air contents. There are no signs of iodine contrast progress to small bowel.

Evolution: Indications consisted of intestinal rest, nasogástrica tube with 1500 ml en 48 hours 72 hours after her admission an endoscopy was practiced without mucosal lesions and oral tolerance is reinstituted with good results. After 96 hours the patient leaves the clinic with a diagnosis of Acute Gastric Dilatation Associated with Alimentary Disorder

Discussion: Gastrointestinal symptoms are common in patients with alimentary disorders. They usually present delays as regards gastric evacuation or colon. They also suffer from esophagus disease. They lose appetite. They suffer from sickness, constipation or diarrhea. Severe gastric dilatation, necrosis or gastric rupture has not been frequently described.

Physicians must be attentive to this pathology when they face patients with alimentary disorders and stomachaches. These patients must be treated urgently though nasogástrica tube to prevent perforation and gastric rupture and hydro-electrolytes also is practiced.

Besides, it is important to ask patients who present gastric dilatation about their alimentary habits since this could had to the findings of alimentary disorders that have not been discovered up to this moment.

P-05-58 | PYOGENIC HEPATIC ABCESSES IN INTERNAL MEDICINE

Jorge Facal, Alejandro Fernández, Gabriel Maciel, Jorge Menoni, Paula López . gamacol@adinet.com.uy

Medical Clinic 1. Internal Medicine Department. Hospital Maciel. Montevideo, Uruguay

Introduction: Pyogenic hepatic abscesses are purulent collections due to bacterial invasion through biliary, portal and/or arterial pathways, post-traumatic, direct extension and criptogenetic. They are more frequent between ages 50 and 60. The estimated incidence is 8 to 20 per 100,000 hospital admittances. The triad of fever, jaundice and pain in right hypochondrium is seen in 10% of cases. Fever may not be present. The diagnostic delay can be up to 90 days. The usual germs are gram-negative, enterococcus and anaerobes, generally polymicrobial. We report five cases of hepatic abscesses with excellent outcome treated with tomography assisted drainage and antibiotics.

CASE REPORTS: 1) 70-year-old woman, with asthenia and anorexia of 2 weeks' evolution. Fever. Right pleural effusion. CAT: hypodense hepatic images. Transhepatic biopsy: abundant pus. Polymicrobial flora. 2) 75-year-old woman, with abdominal pain and fever. Gastrointestinal sepsis. Blood culture: E coli. CAT: hypodense hepatic images. 3) 87-year-old woman, with intense epigastric pain. Fever. CAT: hypodense hepatic image. Blood culture: E coli. 4) 55-year-old man, previous liver biopsy puncture. Pain in left hypochondrium. No fever. CAT: hypodense hepatic area. Biopsy: purulent material. Culture of alpha-hemolytic Streptococcus intermedius. Negative blood cultures. 5) 74-year-old woman, cholecistectomy 1 month, endoscopic papillotomy for choledochal lithiasis 22 days later. 1-week fever, right pleural effusion. CAT: liver lesion with heterogeneous density. Biopsy: abundant pus. Negative bacteriology. Tomography-guided diagnostic puncture in all cases. The antibiotic treatment was parenteral Ampicilin/Sulbactam alone or associated with aminoglycosides or quinolones during 3 weeks followed by oral antibiotics for 3 weeks more. Clinical and tomographic outcomes: all patients were cured.

Discussion: Five cases of hepatic abscesses are presented. 1 by direct inoculation, 3 biliary cases (1 cholangitis, 1 papilotomy). 1 portally (digestive sepsis). 1 criptogenetic. There wasn´t any suspicion of the definitive diagnosis in all cases (pleural effusion, prolonged fever, no fever, sepsis), which caused a diagnostic delay of 3 to 4 weeks. Drainage and medical treatment were performed in all cases with excellent outcome. Patients are usually admitted in internal medicine rooms with incorrect diagnostics. This forces the internal medicine specialist to learn about this disease, suspect it, and start appropriate treatment.

P-05-59 | ROLE OF URINARY TRIPSINOGEN- 2 TEST STRIP IN BILIARY ACUTE PANCREATITIS

J Grandes-Ibáñez, *JA Díaz-Peromingo, **A Albán-Salgado

Department of Internal Medicine. Hospital Xeral-Cíes. Vigo. Spain.

OBJECTIVE: To assess de usefulness or urinary trypsinogen-2 test strip in biliary acute pancreatitis.

Methods: 30 patients with biliary acute pancreatitis were included. Sex,> age, routine biochemical and haematological test, serum amylase, lipase,> urinary amylase, urinary trypsinogen, length of hospital stay, ICU> admission and death were reported. The cutoff value was 50 µL and a> positive value greater than 2000 µL was also reported to evaluate the influence of higher values on clinical prognosis.

Results: 6 patients were women and 24 men. Middle age was 61 years (range 18-95). Urinary trypsinogen was positive in 20 cases and negative in 10 (sensitivity 66.6%). Mean hospital stay was 9.378.73 (SD) days.

One patient was transferred to an ICU and another one died during hospital stay. Patients with a positive urinary trypsinogen test had lower levels of serum sodium (p=0.15) and bicarbonate (p=0.31), and higher serum creatine (p=0.46) and urinary amylase (0.01) (T-test). There was a positive correlation between leucocyte count and length of hospital stay, urinary trypsinogen and serum lipase and urinary amylase but not with serum amylase. There was a strong negative correlation between age and serum albumin.

Conclusions:

1.- Sensitivity of urinary trypsinogen in patients with acute biliary pancreatitis is 66%, similar to the reported in the literature.

2.- Patients with positive trypsinogen have worse renal function with higher levels of creatine and lower serum sodium and bicarbonate.

3.- Patients with longer length of hospital stay have higher levels of mean leucocyte count at hospital admission and a positiveness of urinary trypsinogen greater than 2000.

4.- Urinary trypsinogen-1 strip test is useful in the diagnosis of acute biliary pancreatitis and correlates significantly with other common test used in such a diagnosis like serum lipase and urinary amylase.

P-05-60 | EVALUATION OF LIVER FIBROSIS IN CHRONIC HEPATITIS C THROGH THE PROSPECTIVE APPLICATION OF SABADELL´S NIHCED SCORE (SABADELL´S NON INVASIVE HEPATITIS C- RELATED CIRRHOSIS EARLY DETECTION SCORE

1 Guillermina Bejarano, 2,3 Mercedes Vergara, 2,3 Blai Dalmau, 2,3 Montserrat Gil, 3,4 Jordi Puig, 2,3 Xavier Calvet, 5 Mº Rosa Bella, 6 David Suarez

1 Internal Medicine Service. 2 Digestive Disease Unit. 3 CIBERHEPAD, Instituto Carlos III. 4 UDIAT, 5 Pathology Service, 6 Statistics and Epidemiology Unit. Corporació Sanitària Parc Tauli. Universitat Autònoma de Barcelona. Sabadell, Barcelona, Spain

Evaluation of liver fibrosis in chronic hepatitis C through the prospective application of Sabadell's NIHCED Score (Sabadell's Non Invasive, Hepatitis C-related Cirrhosis Early Detection Score. Hepatic biopsy is the gold standard test to evaluate the degree of fibrosis in patients with chronic hepatitis C. Our Unit validated a predictive non-invasive index (NIHCED Score) that combines demographic data (age), blood test results (platelets, AST/ALT and prothrombin time) and ecographic findings (right hepatic lobe atrophy), splenomegaly and hypertrophy of the caudate lobe) to determine the presence of hepatic cirrhosis. **OBJECTIVE:** To analyse whether the NIHCED Score predicts the presence of significant fibrosis in patients with chronic hepatitis C. **Material and Methods:** We included patients affected by chronic hepatitis C evaluated in our Unit with hepatic biopsy and NIHCED. The degree of fibrosis (according to Knodell's index) was correlated with the value of the NIHCED score using the ROC curve.

Data analysis was performed using the SPSS 15 statistical package. **Results:** A total of 321 patients were included (ratio man/woman 1:27), mean age 48±14 years. Hepatic biopsy ! showed 131 patients (30.5%) did not have fibrosis or had portal expansion (F0 or F1), whereas 190 patients (69.5%) had significant fibrosis (F3) or cirrhosis (F4). The sensitivity of NIHCED to detect significant fibrosis was 72% and specificity was 75% with a cut-point of 6. The area under the ROC curve 0.787 -IC (0.73-.083)-, with PPV 81% and NPV 63.7% and an accuracy of 72.5%.

Conclusion: An easy and accessible combination of laboratory determination and ecographic data predicts the presence of significant fibrosis without the need to perform hepatic biopsy.

P-05-61 | RELATIONSHIP BETWEEN NON ALCOHOLIC FATTY LIVER DISEASE AND RESTING METABOLIC RATE IN PATIENTS WITH METABOLIC SYNDROME

Serini Vanesa, Glancszpigel Mariana, Glancszpigel Ricardo, Castagnino Jorge

Sanatorio de La Providencia. Argentina.

Background: Non Alcoholic Fatty Liver Disease is emerging as the most common chronic liver disease in Western countries and encompasses a histological spectrum ranging from simple steatosis, to steatohepatitis, fibrosis and cirrhosis. Its prevalence among general population is 14 to 30%. It frequently occurs with features of the Metabolic Syndrome carrying enhanced cardiovascular risk.

Aim: To estimate Non Alcoholic Fatty Liver Disease's (NAFLD) prevalence in patients with Metabolic Syndrome (MS) and its correlation with Resting Metabolic Rate, the anthropometric measurements and chemistry findings.

Methods: Sixty two (62) patients with MS diagnosed by Adult Treatment Panel III criteria were included in this study. They underwent liver ultrasound, laboratory testing, and anthropometric measurements including fat and lean body mass. Resting Metabolic Rate (RMR) was measured by indirect calorimetry (basal oxygen consumption). Statistical **Methods:** Descriptive statistics, correlation matrix and multivariate regression analysis.

Results: The prevalence of NAFLD among patients with Metabolic Syndrome was 79 % ± 5%. Simple linear analyses showed significant associations (p<0.05) between Metabolic Syndrome and Resting Metabolic Rate when expressed as percentage of Harrison-Benedict's predicted value. Liver steatosis diagnosed by ultrasound was correlated (p<0.05) with RMR and also with insulin resistance (Homeostatic Model Assessment). The RMR was correlated (p<0.05) with lean and fat body mass as well as with HDL-Cholesterol.

Conclusion: Due to the strong relation between these two conditions, patients with Metabolic Syndrome should be screened for NAFLD as well as patients with NAFLD should be assessed about metabolic and cardiovascular risk conditions.

Nutrition recommendations should be preceded by indirect calorimetry to know the accurate daily caloric intake in these patients.

Further prospective trials are needed to know whether NAFLD might be considered as a new diagnosis criteria of Metabolic Syndrome.

DEDICATION:

In memory of Dr. Alfredo Esteguy.

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

Ugarte L.; Schiavino K.; Saúl P. (lucita236@hotmail.com)

Policlínico Metalúrgico Central. Ciudad de Buenos Aires. Argentina

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 administrating 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, ofthalmoplagic 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, Ceftazidime, 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 Merropenen instead of Ceftazidime.

Chest X-ray shows sings difuse bilateral infiltrates, right fascio-bronquio-crural hemiparesia, recquiring 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 Anfotericine 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 Levofloxacine 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

Grandes J., Longueira R., Miralles C., Ocampo A., Díaz-Peromingo JA

CHUVI, Vigo (Pontevedra), España

OBJECTIVE: Analyze the concordance of the hepatic fibrosis degree using FS in patients with HCVHIV 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 (Métavir) 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 poins, 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

Gaydou A.M, Barceló S, Morere A. Caudana M.C, Fiz M.J., Fernández M.S., Francia L, Gaite MC,.Minella V. agaydou@yahoo.com

Sección Hospital de Día del Hospital Dr. José M. Cullen de Santa Fe. Alumnos de Escuela de Medicina UNL. Argentina

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'st 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 el49% of patients had greater adherence, 32% had adherence middle and finally 19%cón 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)

Frantchez V.; Pintos M.; Stolovas N.; Tomasina F.

Medical Union of Uruguay. Department of Occupational Health. School of Medicine. UDELAR.; Uruguay

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.

P-06-02 | ONCOLOGICAL ACTIVITY IN INTERNAL MEDICINE BEFORE AND AFTER MEDICAL ONCOLOGY

Montero, Esperanza; Solano, Daniel; Sanz, Juan Carlos; Martinez, Pedro; Miguel, Felipe

Basurto Hospital, Bilbao; Spain

OBJECTIVE: To analyze the oncological activity in The Internal Medicine Department in our hospital before and after Medical Oncology development describing epidemiologic, clinical and evolutive items.

PATIENTS AND Methods: Six-month prospective study in 2005, with a year follow-up period, including oncological pathologies admitted to Internal Medicine Department followed by a comparative analysis with a previous study in 1992, before the creation of Medical Oncology Department.There have been registered demographic data, neoplasic history (anatomic localization, histology, grade of dissemination), Karfnosky Scale; cause of admission (diagnosis or complication) and the therapeutic attitude. Time from first symptom to admission and to treatment has been determined. There has been specified the existence or not of complications, cause, place and date of death. The dates have been analyzed by the SPSS 11.0 statistical program.

Results: In 1992 and 2005 the oncological pathology represents the 10% of the admissions (p=NS). In 2005, the mean patient age is higher being the 86% older than 65 (p=0.016). In 2005, the 60% are admitted for diagnosis but admissions due to complications have increased (p<0.001); Hospitalization is shorter nowadays (p<0.001). Actually tumours are diagnosed more rapidly (p<0.001) and complications require less days of hospitalization (p<0.001). The proportion of neoplasms diagnosed in stage I-II is twice more (p<0.002) and active treatment is offered in 34% compared to a 16.8% in 1992 (p<0.00015). The proportion of diagnosis of respiratory tumours has decreased (p<0.05). Medical Oncology has been the responsible of the following up in the 18%. In 2005, the 84.5% of deaths have occurred in a medical centre (The 73% in Internal Medicine).

Conclusions: The neoplasms are very prevalent in our Department and Medical Oncology has not modified Internal Medicine's oncological activity which is preferably in charge of diagnosis and stage, selection of treatment (active or palliative), resolution of complication/terminality phases and organization with other Medical Institutions. Primary Medicine and Palliative Care have to be considered necessary in the support of oncological patients.

P-06-03 | IMPACT ON THE RATE OF HOSPITAL ADMISSIONS OF AN EDUCATIONAL AND THERAPEUTIC OPTIMIZATION PROGRAMME IN PATIENTS WITH HEART FAILURE

González- Franco, Alvaro; Barragán- González, María Jesús; Gallo- Alvaro, César Manuel; Seoane Sagrario, Santos; Cárcaba- Fernández, Victoriano.

Hospital Valle del Nalón, Langreo, Asturias; Spain

Introduction: Heart Failure (HF) has been one of the five most common causes of admission to our hospital for more than 10 years. In order to respond more specifically to these patients, a monographic HF unit was created, with the aims of adapt treatment to the recommendations of the International Guidelines, and give patients some basic skills that will enable them to early detect a decompensation and handle properly a flexible regime of diuretics. For achieving this, it was created a program that would allow regular visits to improve education of basic concepts, and the dose optimization for pharmacological therapy with early detection of side effects, as well as control of the rest of Cardiovascular Risk Factors. This study aims to know the attendance impact obtained in the hospital for cardiac decompensation in the patients included in this unit.
Methods: We analyzed the evolution of the first 95 patients included. The criteria for acceptance into the program were: older than 80 years or not subsidiary of interventionist attitude, according to baseline or high comorbidity, functional status valid for ambulatory follow-up, with adequate family support and agree to be included in this program.
Results: The median follow-up time has been 11.8 months, during which the 51.58% remain active monitoring, have been discharged (for clinic stability for more than 6 months and therapeutic optimization achieved), or referred to other services the 13.68%, and 20% have died. 11.58% have been lost in follow-up. 80% have had at least one hospital admission for HF in the year before follow-up, compared with 30.5% in the post-monitoring time, which implies a 61.87% reduction of admissions for HF. This reduction increases with longer follow-up (45.44% in patients with less than 6 months of follow-up, 65% in those over 12 months).
Discussion: Hospital care programmes that integrate therapeutic optimization indicated in International Guidelines, close monitoring and education in warning signs of decompensation, and flexible regime of diuretics, show a significant decrease in the rate of HF admissions, regardless of that this unit is implemented with elderly population, with a high comorbidity and in district hospitals with significant

P-06-04 | INTERNAL MEDICINE: FUNDAMENTAL LINKS FOR COORDINATION BETWEEN PRIMARY CARE AND SPECIALIZED ATTENTION

Saiz Moron, A.; Lantada Ruiz de Castañeda, P.; Díaz Fernández, A.; Saiz García, F.

Atención Primaria Area 7 and Servicio de Medicina Interna I. Hospital Clínico San Carlos, Madrid; Spain

Background: The Spanish National Health Service foresees the organization of the sanitary assistence as a first level of Primary Care, wich is carried out in "Health Centres" by General Practitioners (GP) and is the theoretical entrance to the Service, and a second level of Specialized Attention in Hospitals and Specialized Centres. It is not always possible to reach a perfect coordination between both, wich makes it difficult to achieve the necessary accesibility, equity and efficiency. We believe Internal Medicine (IM) should have a basic role to improve this coordination, acting as a second agent for the patient in the hospitala environment.

Objectives: and **Method:** We describe a programme started in our IM Department, where we have created a series of Units for Coordination with Primary Care (UCAP) with the main target of solving this lack of coordination. In each UCAP, 2 or 3 hospital doctors of IM are coordinated with the GP who work in "Health Centres" which have assigned a population of 40-50000 people, by phone, e-mail, periodical meetings, etc.

Results: We show activity details for the programme´s first operating year (1st May 2007 to 30th April 2008) (Table I, II and Figure 1, 2). **Conclusions:** The programme is being very useful, given that: 1. Speeding up of patients studies, improving accessibility and reducing the problem with the waiting lists. 2 Patients are satisfied knowing that their GP is acting in coordination with doctors looking after him in hospital, thereby improving their trust in both. 3. It´s decreasing the number of patients that used to go to Emergency Department in hospital, sometimes without justification, every time a clinical incident occurred in the course of their illness. 4. The patients that are most benefiting from this program are: a) pluripathological patients. b)chronic patients and persistently symptomatic who frequently are in-patients. c) patients with undelayable diagnosis. d) as the confidence of the GP increases on IM doctors, these are recovering patients with IM related pathologies wich were being diverted to other Specialities, wich is a source of professional satisfaction.

P-06-05 | KNOWLEDGE AND OPINIONS OF PRIMARY ATTENTION PROFESSIONALS IN MALLORCA (SPAIN) ABOUT CARDIOVASCULAR MEDICINES

Sònia Cibrián; María Teresa Rigo; Aitziber Etxagibel; Margalida Servera; Miquel Caldentey; Gaspar Tamborero.

Centre de Salut del Coll d'en Rebassa. Gerencia de Atención Primaria de Mallorca. C/ Vicente Tofiño 34, 07007-Palma de Mallorca (Baleares) Spain. Correspondencia: Gaspar Tamborero, gtamborero@terra.es

Objectives:

Analize opinions and knowledge of doctors in Primary Attention (PA) in Mallorca (Spain) about cardiovascular (CV) medicine's cost, and link them with their prescription quality and real cost

Methods: and materials:

Field: Doctors in PA in Mallorca island (Spain) during 2008.

Sample: sample by conglomerations, aleatory and representative of PA doctors in Mallorca (N = 236).

Information source: a) ad hoc survey, with personal data and professionals, and 11 items addressed to evaluate knowledge and opinions about CV medicine's (information about cost, expenditure evaluation, cost's knowledge by different kind of professionals, advertising, improving mechanisms); b) prescription quality indicators, and c) Pharmaceutical costs indicators.

Results:

Most of the professionals think that: they have scarce information and knowledge about costs; PA doctors know CV medicine's cost better than Hospital doctors; the estimation of the CV group medicine's cost is quite accurate; and most of them consider the cost of the medication before prescribing it. There is no relation between professional's opinions and expectatives, and cost or real quality of their prescription.

Conclusions:

Knowledge of professional's opinions is an excellent information source to improve the relation cost-effectivity in use of CV medicines.

P-06-06 | DEFENSIVE MEDICINE MEDICINE ASSERTIVENESS

Escalera Rivero, María Lourdes

Hospital de Clínicas, La Paz.;Bolivia

Before 1960 few lawsuits were carried out against physicians. Nowadays one out of seven physicians are sued every year. This experience of being sued promotes defensive attitude on the long term.

DEFENSIVE MEDICINE:

1. Non ethical medical practice. 2. It doesn`t come from medical knowledge or the doctor´s experience. 3. The medical act doesn´t hold "the patient" as the main objective anymore. 4. It deteriorates the doctor ´-patient relationship. 5. The need for self protection. 6. It comes from the developed countries.

DEFENSIVE ASPECTS

- Prescribe unnecessary medication. -- Complementary studies that are NOT always necessary. -- Repeated and unnecessary appointments. -- Detailed explanation to the patient. -- Better documentation of the medical file. -- Integrate auditing programs.

NEW PARADIGM: It rises to confront the defensive medicine. It is the ASSERTIVE MEDICINE. The assertivity is a kind of communication, it comes from underdeveloped countries. It fills the principle of autonomy.

QUALITIES OF MEDICAL ACT:

- Good communication.
- The medical act submitted to the lex artis ad hoc.
- Respect for the patient´s rights.
. Respect for the physician´s rights.

CAUSES OF BAD DOCTOR – PATIENT RELATIONSHIP.

-- Poor Doctor – Patient relation, no trust. Without confidence.
-- Increased the cost of medical attention.
-- Rising number in people without insurance..
-- Structural deficiencies of the health system.
-- Culture of litigation driven by lawyers.
-- Lack of theoretical and practical updating.
-- Lack of informed consent.
-- The patient believes he has the right to the maximum service.
-- Level of the sociocultural education of the patient.

It is true that the physician-patient relationship has been affected by numerous factors and circumstances, it's time to resume the humanistic principles based on trust of the patient, using technological advances as the tool that allows us to better interact with our patient. Proposes procedures, alternatives and risks that will come under, and take into account their: vision, needs and experiences to choose the best in each case.

P-06-07 | APLICATION OF A SCRIPT CONCORDANCE TEST IN MEDICINE CLERKSHIP

Quijano, A.; Musetti, G.; Gómez, A

Facultad de Medicina. Montevideo.; Uruguay

Intoduction: The clinical reasoning--- is more than a simple application of knowledge, rules and principles. In Medicine, the issues are obtained into a context of uncertainity because they are due to illness but they are a clue to achieve in professional competence. This is the script concept that starts at the beginning of the professional practice and develops during the profesional life. **PURPOSE:** Analize the efficiency of the script concordance test in students of the last year clerkship.

Methods: and Materials: Descriptive study aplicated to medicine students in their preprofessional year of practise. We evaluated 53 students at the end of their last clerkship in the University Hospital in July 2007. 54 clinical situations were designed with a total of 270 items based on frequently problems in the medical practice. The scores for each one of the items emerged from an analysis of the answers of 10 experts with recognized expertise in Internal Medicine.

Results: the experts score was between 200 and 233, the media was 219 (DE ± 11). The students score was between 151 and 206 and the media was 181 (DE ± 12). The test reliability was measured with alpha Cronbach which results was 0.68.

Conclusions: The script concordance test is an easy applicative tool, reliable and adecuate to measure clinical reasoning. Its application at the last year of clerkship in Medicine allows the students to achieve solutions at similar situations in their professional practice.

Keywords: Evaluation, clinical reasoning, script concordance test.

P-06-08 | WHAT DOCTORS THINK ABOUT ORGAN DONATION AND TRANSPLANTATION?

Pisciottano, D.; Weissbrod, D.; Capuano, M.; Maceira, I.; Beltrán, E.

Grupo de Nefrología, Diálisis y Medio Interno.Htal. Gral. de Agudos "Dr. Teodoro Alvarez". Buenos Aires.; Argentina

Introduction: Depending on programmes to encourage the procurement and transplantation of organs being done from the National Institute for Organ Donation and Transplantation (INCUCAI), it is expected that there is a positive disposition on the health care professionals who are directly related to the topic.

Objectives: Compare the medical attitude in our hospital regarding the procurement and transplantation of organs and tissues.

Materials and Methods: A survey was made with 19 yes-no-n/a questions. The surveys were made in 2 periods: 2002 and 2007. We use Excel and Epi Info 2000 for statistical comparison of responses obtained. 200 surveys in 2002 and 100 in 2007, which is 36.3% and 18, 3% of total staff of 546 doctors in the hospital.

Results: The gender distribution was close to 50%; average age 37.86 years in 2002 and 41.12 years in 2007, from various medical services. The transplantation is not accepted as a valid treatment by only one doctor and another one did not answered. The concept of encephalic death (ED) Is intimately accepted by 87% (2002) and by 84% (2007). Doctors believe that the INCUCAI properly implemented the concept of ED in 54% in 2002 and 63% in 2007; believe transparent distribution of organs 37.5% in 2002 and 23% in 2007, and believe that the waiting list is respected for 28.5% in 2002 and 23% in 2007. In both periods the questions directed to the knowledge regarding who is a potential donor (PD), and when and from which services can be given notice to the INCUCAI, showed great ignorance. Did not vary the percentages regarding the desire to donate organs themselves (75%) or relatives (66%), or the acceptance of the concept of presumed donor (66%). Some 85% of physicians believe necessary investment in to develop this therapy and 17% believe that there should be economic incentive to whom generates an ablation. Only 14% of doctors comunicate with the INCUCAI in 2002, while 48% in 2007.

Conclusion: In a representative sample of doctors from the hospital, is still very low percentage relying on INCUCAI to implement the concept of ED (63%), anyway the confidence about transparency in distribution and respecting the waiting list has fallen to a 23%. There are ignorante of the law and the mechanisms used to make an ablation.

P-06-09 | GUIDELINES OF CLINICAL ETHICS (GCE) ELABORATED FOR THE ASSISTENTIAL ETHICS COMMITTEES (AEC) OF THE PUBLIC HOSPITALS IN MADRID (SPAIN)

Herreros, Benjamín; Palacios, Gregorio; Barba, Raquel; Guijarro, Carlos; García, Gonzalo

Universitary Hospital Fundación Alcorcon. Madrid.; Spain

Introduction: GCE are documents that regulate the complex and frequent ethical conflicts in the clinical practice. Habitually they are elaborated by the AEC of the hospitals. Little is known on their level of elaboration and on their subject matter. Our aim is to know the GCE created by the AEC of the public hospitals in Madrid and their subject matter.

Material and Methods: Collection of all the GCE elaborated by the AEC of the public hospitals in Madrid.

Results: GCE were compiled between June 2005 and June 2006. Of 13 hospitals in the study, 11 had AEC accredited. In total they have elaborated 30 GCE and there are in project other 10. The most frequent is the one that treats on refusal to treatment, concretly on patients' who are Jehovah's Witnesses (7 elaborated and 2 in project). On terminal patients there are 3 and 1 respectively, on Orders of Non Reanimation also 3 and 1 and on advance directives 2 and 1. These GCE, which in total add 8, deal on problems of the end of life. On transplants there are 2 (none in project), on involuntary mechanical subjection 1 and 2 and on mistreatment 1 and 1. There are another 11 on diverse topics: Permission for hospital exit, recommendations to elaborate informed consent, information to patients, determinations of therapeutic levels, information about the procedures of nursing, use of the informed consents, information about ethical consultation, privacy / confidentiality, identification! of values and beliefs, conscious sedation and evaluation of competence. There was 1 in project about genetic diagnosis.

Discussion: AEC in Madrid have elaborated a significant number of GCE, a total of 30. The most frequent topics are the ethical problems in the end of life (in total 8) and the refusal of the patient to the treatment (7). This make us think that these problems are complex and frequent conflicts in the clinical practice and for this reason it is necessary that they be regularized by a GCE.

P-06-10 | OPINION OF THE SPANISH DOCTORS ABOUT THE UTILITY AND CONVENIENCE OF THE GUIDELINES OF CLINICAL ETHICS (GCE)

Herreros, Benjamín; Palacios, Gregorio; Barba, Raquel; Guijarro, Carlos; Losa, Juan Emilio

Universitary Hospital Fundación Alcorcon. Madrid; Spain

Introduction: GCE are documents that regulate the complex and frequent ethical conflicts in the clinical practice. The consequences of their use are very important, because from its application we can derive decisions on fundamental aspects of the life of the patients. Our aim is to know the opinion about the utility and convenience of the GCE that have the doctors of the spanish hospitals who most often use them.

Material and Methods: Opinion poll on the GCE in the public hospitals of Madrid directed to the doctors who more often use them on the basis of a bibliographical search, specialists in internal medicine, in oncology and in intensive care. In the survey it was asked about the utility and convenience of the GCE.

Results: The study was realized between June 2005 and June 2006. 326 surveys were distributed and 180 were compiled (55,21 % of the ones distributed), reaching the sample size determined before (156 surveys). Of 180 surveys, 81 (45 %) belong to internists, 63 (35 %) to intensive care and 36 (20 %) to oncologists. When was it asked if the GCE are useful for the medical staff, 86,2 % affirmed hat GCE can be of usefulness for the medical personnel with great or some frequency. As for its usefulness for the users of the health system, 73,9 % affirmed that GCE can be of usefulness for them with great or some frequency. It was also asked about its usefulness for the judicial power and 73,3 % answered in the same way. In relation with its convenience, 87,2 % was totally or in enough of agreement that GCE are suitable in their hospital.

Discussion: The Spanish doctors who most often use GCE (specialists in internal medicine, in oncology and in intensive care) consider GCE to be useful both for the medical staff and for the users of the health system (slightly less for the judicial power) and agree for the most part with its convenience in their hospitals.

P-06-11 | THERE ARE ELABORATED INCREASINGLY GUIDELINES OF CLINICAL ETHICS (GCE) IN SPAIN?

Herreros, Benjamín; Ruiz, Iñigo; Barba, Raquel; Gonzalez, Isabel; Valenti, Emanuele

Universitary Hospital Fundación Alcorcon. Madrid.; Spain

Introduction: To regulate the frequent and complex ethical conflicts in the clinical practice the GCE have been created, habitually by the Assistential Ethics Committees (AEC). It is not known if the AEC elaborate increasingly this type of documents. Our aim is to determine if in Madrid more GCE are being elaborating.

Material and Methods: To contact between June 2005 and June 2006 with all the AEC in Madrid to determine the date in which they were accredited and the year in which they elaborated the GCE.

Results: Of 13 hospitals of the study, 11 had accredited AEC. In total they had elaborated 30 GCE and there were in project other 10. The first GCE were elaborated in 1996. In the last 3 years there had been elaborated 16 GCE, more than half. There are 7 AEC accredited between 1995 and 2000 and 4 among 2000 and 2006. The 7 oldest AEC have elaborated 27 (each one averages almost 4) and the 4 newest AEC only 3 (less one each one).

Discussion: Though the information is not conclusive, it is possible to think that there exists a trend in which the AEC of Madrid elaborate more GCE, which indicates that inside the committees there is a conscience that is necessary to establish procedures that help regulate the most frequent ethical problems, being the GCE a valid option for such a purpose.

On the other hand, a clear relation exists among the age of the AEC and the GCE elaboration. It is evident that if the committee has been working more years, has had more time to elaborate GCE, but it is necessary to consider also the difficulty that their elaboration carries. When a committee elaborates GCE for its center, it indicates a certain degree of maturity of the committee as group and of settlement in the institution.

P-06-12 | THERE KNOW THE GUIDELINES OF CLINICAL ETHICS (GCE) THE DOCTORS OF THE SPANISH HOSPITALS?

Herreros, Benjamín; Ruiz, Iñigo; Barba, Raquel; Martin, Maria Dolores; Pintor, Emilio

Universitary Hospital Fundación Alcorcon. Madrid; Spain

Introduction: The treatment of HF is standardized on the basis of scientific evidence. Nevertheless, comorbidity of the patients makes that in the clinical practice is not possible to apply the standards guideslines of clinical practice. Our aim is to determine if differences exist in the comorbidity among the patients admitted by HF in IM and in cardiology in a spanish hospital.

Material and Methods: The information was obtained from the database of the University Hospital Foundation Alcorcón. There we will look for all the patients with HF as a principal diagnosis and in addition those who without having this principal diagnosis have the first HF diagnosis between 01/01/1999 and 31/12/2006. Application of the Charlson Index f comorbidity.

Results: A total of: 5.293 cases (3.746 in IM and 1.013 in cardiology). The parameters of comorbidity analized are the following ones: Hipercholesterolemia in IM 15.2 % and in cardiology 26.3 % (p <0.001), smoking 5.0 % and 12.7 % respectively (p <0.001), arterial hypertension 27.2 % and 28.7 % (NS), diabetes 33.6 % and 32.8 % (NS), obesity 14.1 % and 11.1 % (p 0.013), ischemic cardiopathy 9.8 % and 20.6 % (p 0.001), renal failure 7.4 % and 5.5 % (p 0.04), anaemia 24.1 % and 11.1 % (p 0.001) and dementia 9.5 % and 1.5 % (p <0.001). If it is considered to be the Charlson Index of comorbidity, in cardiology 32 % (324) scored 1 (punctuation explained exclusively by HF, for 28,5 % (1.066) in IM. If we compare those who have Charlson Index of 1 with those who have > 2, a statistically significant difference exists (major comorbiduty in internal medicine, 68 % vs 71.5 % p=0,02).

Discussion: The patients admitted in IM have more diabetes, hypertension, anaemia, obesity, renal failure and dementia, whereas those in cardiology have more hipercolesterolemia, smoking and ischemic cardiopathy. If the comorbidity is compared globally (for Charlson Index), major comorbidity exists significantly in internal medicine. The clinical trials in HF are designed fundamentally for the patients treated by cardiology, with minor comorbidity. For them it turns out more difficult to apply the standards of treatment to the patients admitted in IM.

P-06-13 | PREPARATION OF A CLINICAL PRACTICE GUIDELINE AS A SIGNIFICANT LEARNING STRATEGY IN INTERNAL MEDICINE

Martinez E., José O.; Arteta B., Federico; Armanie, Emma

Diversidad Centroccidental "Lisandro Alvarado", Barquisimeto, Venezuela

ABSTRACT The clinical practice guidelines are proposals based on data scientifically proven, which assist the physician in the making of decisions appropiate for each case.

Hence, using a cross-sectional cuasi-experimental descriptive desing, a study was conduced in order to analyze the behavior from the cognitive and significant learning points of view of both the study and control groups, both of them made up by resident physicians of Internal Medicine of the Lisandro Alvarado Midwestern University´s School of Medicine, as for the preparation, application and assessment of a clinical practice guideline on prevention of venous thromboembolism for patients attended at the Hospitalization Services, Departament of Medicine of the Central University Hospital in Barquisimeto was a significant increase of the level of knowledge on the subject for the study group as for the medical order of drug prevention of the venous thromboembolism on clinical records, both before and after the preparation and application of the clinical guideline, results showed an increase of medical orders on control group, expressing a change of behavior.

Neither the study group or controls had written records on the medical orders of mechanic thromboprophylaxis on patients fulfilling criteria, suggesting the need of assessing aspects of the work culture and availability of supplies.

Keywords: clinical guidelines, significant learning, internal medicine, venous thromboembolism.

P-06-14 | CLINICAL ETHIC AND USERS OPINIONS

Fukuda, Claudia; Zelechower, Hugo; Santoro, Miguel.; Orlando, Gabriel.; Valdez, Pascual

Htal. Velez Sarsfield, Buenos Aires.; Argentina

Objetive: To quantify opinions about the more frecuent dilemma in clinic ethics.

Material and Methods: Prospective, observational, transversal, analytic design. Were polled 127 persons older than 18 years old from the hospital community area. Randomized sample. Descriptive statistic, deductive and logistic regression.

Results: Women 63.35% age 36,59 +/-0.99 years. Is accepted invasive treatment 62,99(p 0.004), wouldn 't sign a RNO : 66.14%.(p 0.0004), with regard to transfusions to Jehova¨¨s witness 77.16% (p <0.0001) Bioethics principles 1-Justice, 2-Autonomy, 3-Non-maleficence, and 4-Beneficence. In favour of abortion 55.11% (p0.28) of the experimental research:54.33% (p0.37),of euthanasia:74.01% (p<0.0001)Predictors of opinions in favour of euthanasia Don 't prefer a paternalistic attitude from the physicians(p=0.0287,OR 0.33 and IC 95 :0.12,0.89) and to accept the abortion (p=0.0133, OR 4,34 and IC 95:1.36,13.86) The donnors are the 23.62% of the surveyors. The 26,31% of the causes of no donation is the fear and the distrust. The 73.33% of the causes of donation es the solidarity.

The 76.37% think that the trade of organs is feasible, and blame the corruption as a cause in the 42.26%.The 55.11% are afraid of the premature extraction of their organs being it, more in no donnors than in donnors (64.89% vs30%,p:0.001).The principals causes of less donation is attributed to the lack of campaigns ,disorganization, ignorance, fear, and distruth., not much clearness of the state,(75.58%).

The variables predictors of donation : less fear to the early extraction of organs.(p valor 0.0008 OR7.53),better level of education(p value 0.0220,OR 4.23), and presence of familiar discussion (p value 0.0000;OR 32.87)

Conclusion: There is majority voting in favour of justice and autonomy. Prevail opinion in favour of the autonomy in the items :to prefer medical flexible Attitude, to accept euthanasia. The donnors are the 23.62% of the surveyors, without difference according to age. The principal cause of no donation is the fear and distrust. The principal cause of donation is solidarity

P-06-15 | VALIDATION OF AN INSTRUMENT DESIGNED TO ASSESS GENETIC KNOWLEDGE OF SPANISH-SPEAKING PERSONS

Nuñez, Erwin; Díaz, Andrea; Gallegos, Alexander.; Destro, Juliana.; Schulz, Heidi L.

School of Allied Health, River Plate Adventist University; Argentina

Twenty-first century medical science will depend more and more on molecular tests and genetic technology for pre-symptomatic diagnosis, treatment and monitoring of diseases. Considering the current trend in medicine that expects patients to participate more in the decision making process concerning their medical attention, it is vital for the population to posses a basic knowledge of genetics.

Only when people can comprehend simple genetic issues, will they be ready to make an informed decision about and accept the novel methodologies. Regretfully, genetic advances and the use of technologies based on them have evolved at a faster rate than public education efforts to help people understand the significance and implications of the new technologies.

A careful assessment of the genetic knowledge of the population is a first step in recognizing those sectors in greater need of educational programs.

In order to have a reliable instrument to evaluate this, the Genetic Knowledge Index was created by Dr. Furr and Dr. Kelly and validated on white Caucasians living in the USA (see PMID: 10464667). But there has been no report of any instrument designed to evaluate genetic knowledge of the general public in Spanish-speaking countries. Therefore, we have validated a translation of the former mentioned instrument in order to determine the degree of knowledge concerning genetics of Spanish-speaking persons.

This has allowed us to determine the genetic knowledge index of a population with similar socio-demographic characteristics to that of the original investigation in order to compare the degree of knowledge of the studied samples from both countries

P-06-16 | CLINICAL RESEARCH PREDICTORS IN INTERNAL MEDICINE RESIDENCIES.

Elizondo, C; Giunta, D; González Bernaldo de Quirós, F; Dawidowski, A; Figar S

Sociedad Argentina de Medicina. Hospital Italiano de Buenos Aires; Argentina

Background: Internal Medicine is a key specialty in the learning process of human resources, being the internal medicine residencies the main learning system and way of certification in Argentina and over the world. However there are no recent registries or publications that describe the situation of these residencies through our country.

Objectives: To describe the characteristics of the Internal Medicine Residencies through Argentina.

Methods: descriptive cross sectional study. As the first step of survey of Internal Medicine Residencies in Argentina we perform an updated list of the Hospitals with residencies. We used different sources: web addresses, National and Health Ministry, Health Ministry of each Province, Education Ministry, CONAPRIS, local and regional contacts. We included Hospitals that depend on the public health system and on the private one. We contacted each center and collected data about residency composition.

We compared the residencies distribution to population density of each province, as well as to the number of physicians per capita and theme an per capita income (DEIS indicators).

Results: we identified a total of 158 residencies of Internal Medicine through the country, these account 1969 residents. The median of residents per residency was 9 (intercuartil range 10). 106 (67%) were residencies depending on the Public system and 52 (33%) on the private one. 69(43.6%) have instructor or coordinator of residents.119 (67%) residencies correspond to big cities, 34 (21.5%) medium cities and 5 (3%) small cities. The median of the distribution per province was 2(intercuartil range 5). Buenos Aires has the biggest number of residencies (50), Ciudad Autónoma de Buenos Aires (39) and only one residency in Entre Ríos, Santiago del Estero, and Formosa. We found correlation in residency distribution and the population distribution by province (p0.008). We found a lineal relation between the residency density and the numberof physicians per capita, population density and per capita income ineach province.

Discussion: this description of the demographic characteristics is the first step of the survey of the residencies of Internal Medicine inour country.

P-06-17 | DO SPANISH DOCTORS CONSIDER IN DECISION TAKING GUIDELINES OF CLINICAL ETHICS (GCE)?

Benjamín Herreros, Raquel Barba, María Dolores Martín, Emilio Pintor, Emanuele Valenti, Miguel Ángel Sánchez. bherreros@fhalcorcon.es

Universitary Hospital Fundacion Alcorcon. Budapest st 1, 28.922, Madrid, Spain.

Introduction: The consequences of the use of GCE are very important, because they are documents that regulate the frequent ethical conflicts in the clinical practice. From its application we can derive decisions on fundamental aspects of the life of the patients. It is not known if the hospital doctors bear it in mind. Our aim is to know if the doctors of the spanish hospitals who theoretically most often use GCE bear them in mind really in decision taking.

Material and Methods: Opinion poll on GCE in the public hospitals of Madrid directed to the doctors who most often use them on the basis of a bibliographical search (specialists in internal medicine, in oncology and in intensive care). The survey asked for their consideration in the decision taking of problematic decisions.

Results: The study was realized between June 2005 and June 2006. 326 surveys were distributed and 180 were compiled (55,21 % of the surveys distributed), reached the sample size determined before (156 surveys). Of 180 surveys, 81 (45 %) belong to internists, 63 (35 %) to intensive care and 36 (20 %) to oncologists. 53 % has never considered GCE of their hospitals for the decision taking of problematic decisions, 9,8 % almost has never considered, 18 % sometimes, 7,5 % with enough frequency and 11,3 % almost always. That is to say, 63,2 % has never considered them in the decision taking for problematic decisions or almost never. As for the consideration of another GCE not elaborated in their hospitals, 64 % has never considered them, 12,2 % almost never, 19 % sometimes, 2,3 % with enough frequency and 2,3 % almost always. That is to say, 76,2 % has never considered them in the decision taking for problematic decisions or almost never.

Discussion: GCE are little considered in decision taking of problematic decisions, that includes the GCE of the hospital center or those from other institutions: 63,2 % has never or almost ever considered GCE of their hospitals for the decision taking of problematic decisions and 76,2 % has never or almost never considered a GCE from another institutions.

P-06-18 | EDUCATIVE STRATEGY ON INAPPROPIATE MEDICATION PRESCRIBING (IMP) EDUCATION FOR GENERAL PRACTITIONERS (GP)

Schapira, M.; Guajardo, M.E.; Soderlund, E.; Quintar, E.; Martínez, B; Cámera L A.

Hospital Italiano, Medicina Geriátrica, Buenos Aires.; Argentina

Background: IMP is a frequent problem in geriatrics. There are several criteria, like Beers´ criteria (BC), to identify IMP. Different strategies have been developed to diminish IMP, such as electronic alerts or algorithms with optional prescriptions. Nevertheless, the effectiveness of educative interventions has not been evaluated in our setting.

Objetive: Evaluate educative strategies to improve the knowledge of BC in GP dedicated to the primary attention of elderly patients.

Methods: GP were invited to participate in practical exercises where the BC and its rationality were developed. Two meetings were held. In the first one (27 GP), twenty-minute lectures of BC for 10 drug groups were given and two anonymous, multiple-choice questionnaires were answered by GP: one previous (questionnaire 1 - C1-) and the other after the lectures (C2). Twenty six GP attended to the second meeting 2 months later. In this meeting the previous questionnaires were analyzed and the algorithms specially designed by our group were reinforced, focussing on the first meeting´s mistakes. Finally, a new questionnaire was answered (C3) and the answers were compared with C2.

Results: Correct answers: C1 44%, C2 72%, 28% improvement (p <0.0001). The results of C3 (92.5% correct answers) were compared with those of C2, and an improvement in the correct answers of 20.5% was observed (p< 0.0001). **Conclusion:** 1) The short strategy of classes with evaluations was adapted to reinforce the knowledge of BC by GP. 2) The reinforcement of knowledge based on data extracted of the mistakes improved the qualification even more

P-06-19 | INTERNAL MEDICINE AND MECHANICAL ENGINEERING: COMBINING DISCIPLINES AND RESEARCHERS FOR IMPROVING DIAGNOSIS AND THERAPEUTICS

Andrés Díaz Lantada (1), Andrés José Díaz Fernández (2), Pilar Lafont Morgado (1), Fernando Saiz García (2)

Machines Engineering Division - E.T.S.I. Industriales - Universidad Politécnica de Madrid c/ José Gutiérrez Abascal, nº 2. 28006 - Madrid (Spain). (+34) 913364217 email: adiaz@etsii.upm.es (2) Internal Medicine Department - Hospital Clínico San Carlos c/ Profesor Martín Lagos, s.n. 28040 - Madrid (Spain)

Scientific and technologic advances in several disciplines lead to a progressive blend between knowledge areas. One of the most important examples of this process is the increasing relationship between Medicine and Engineering. New possibilities supplied by micro and nanofabrication technologies, active materials, wireless communications and haptic control interfaces, contribute everyday with improvements on implantable devices, prosthesis and artificial organs.

To exploit these possibilities for the benefit of patients, doctors and engineers have to work together and new master and doctorate programs should be developed. In these teaching programs basic concepts of several disciplines, including pathologic physiology, internal medicine, biomechanics, medical device development, medical instrumentation and regulations, should be taught focusing on final diagnostical and therapeutical applications.

Interest in such programs is increasing in Spain and at Universidad Politécnica de Madrid a new subject regarding "Medical Product Development" is being taught in the Mechanical Engineering Doctorate Program. A collaboration agreement between "Hospital Clínico San Carlos" and "Universidad Politécnica de Madrid" has also recently been signed, for research and teaching activities in these fields. At the same time the Spanish Ministry of Education has included "Biotechnologies" and "Health" as two of the five strategic research areas for the period 2008-2011, which implies special funding for these tasks.

A study of the main Spanish research and teaching activities that combine aspects of Internal Medicine with Mechanical Engineering is presented, taking also into account present and future trends, which include the creation of new Biomedical Engineering Degrees in Spain and an increase in the relationships between technical universities and hospitals.

Key Words: Internal Medicine, Mechanical Engineering, Teaching and Research, Medical Devices.

P-06-20 | ORGANIZING AND DEVOLOPING A PAIN CENTRE IN A PUBLIC HOSPITAL IN BUENOS AIRES ARGENTINA

Noemi Rosenfeld (noemi.rosenfeld@gmail.com)

Hospital General de Agudos P. Piñero, CABA, Argentina

The Pain Unit started managing analgesia in out-patients and in-patients with only one pain expert, an anesthesiologist practicing clinical and interventional analgesia methods. In one hand with no budget for salary for this unit, but in the other hand with a good provide of valuable analgesics agents in hospital's pharmacy.

The centre is a branch of Division Anesthesia. Its inmediate chief is the hospital vice-director. In nowadays is performed with an anaesthesiologist pain expert, a clinician, a physical therapist and a psychologist.

A statistic on 422 patients distributed in ages from 17 to 94; in gender; sex; tipe of pathology: oncologic pain; non oncologic pain; tipe of **Treatment:** drug per o.s.; interventional; ethiology of pain and tipe of cancer, was performed to help us know how we alleviate pain and develop the best Quality of Live.

This modern pain centre has a multidisciplinary method of work and dynamic consulting. One of his objectives is the correlation of pharmacotherapy with related medical sciences, the reinterpretation of the actions and uses of analgesic drugs from the viewpoint of important advances in medicine.

Patients with acute pain have a quick consultation. Oncologic and non-oncologic chronic pain has there own patient record for detailed anamnesis, diagnosis, report of previous pathology and medication and physical examination.

Quick mobilisation and physical rehabilitation to avoid chronic pain is mandatory.

One of the ways to avoid great budget is efficient collaborative work. Growing means covering new fields and new developments with the certainty that could only be achieved from intimate knowledge gained by research or from an overwhelming interest in a particular area.

In a context of rigorous and disciplined contributions from colleagues, we hope generate:

- less consume of analgesic
- less admission inpatients and more home care
- less non useful consultations
- less payment for non worthy image and lab studies
- Quick return to work

Several emergencies could be solved by IV continuos analgesia, intra or epidural medication and current patients shall receive central nervous catheter insertion, central and peripheral nervous blocks, facet join block tomography or fluoroscopy guided neuromedular stimulation or radiofrecuency treatments.

P-06-21 | SMOKING PREVALENCE AND STAGE OF CHANGE IN TOBACCO CONSUMPTION AMONG CHILEAN UNIVERSITY STUDENTS. DOES MEDICAL EDUCATION MAKE A DIFFERENCE?

De Grazia, Jose. A.; Faivovich, Daniela; Díaz, Rodrigo.; Falcón, Felipe.; Yentzen, Gladys.

Escuela de Salud Pública Facultad de Medicina Universidad de Chile

Introduction: Tobacco consumption is an avoidable cause of cardiovascular and lung diseases. In Latin-America, smoking prevalence among young people double folds the prevalence in older people. **Objectives:** to describe smoking prevalence and stage of change in tobacco consumption among Chilean university students; and to analyse the impact of education and medical knowledge on university students' attitudes towards tobacco control. **Method:** Cross-sectional study, conducted among 1st and 4th grade medical and engineering students at Universidad de Chile. Demographic data, smoking status (WHO criteria) and stage of change (Prochaska and Diclemente´s model of behaviour) were registered using a self-administered questionnaire. Results were compared with national rates.

Results: 490 students age 17 to 24 years (mean age 20.3±1.8) were interviewed (28.6% women). Current smoking prevalence was lower than national prevalence adjusted by age (18.6 v/s 54.5%, p<0,0001). Current smoking prevalence was higher in medical than in engineering students (21.4 v/s 16.6%, p<0,01). In both 1st grades it was similar (pns). Nevertheless, among 4th graders it was 24.3% for medical v/s 16.3% for engineering students (p<0,01). Prevalence among daily and occasional smokers has a similar tendency, being higher in 4th grade medical students. Concerning ever smoking prevalence (current + former smokers), current and former smoking prevalence increase from 1st to 4th grade in medicine (p<0,05). In engineering, former smokers prevalence decreases from 1st to 4th grade (p<0,0001). According to Prochaska and Diclemente´s model, 4th grade medical students are more ready to stop smoking than 1st grade medical students. Engineering students have the opposite tendency. Relapse stage is higher in both 1st grades and in medical students. Current smoking prevalence among both sexes is similar (17.9% women v/s 18.9% men, pns). Nevertheless, women's smoking pattern is less harmful: they are mainly occasional smokers (68% women v/s 47% men, p<0,01) and they have less relapse stage than men (12.2 v/s 24.7%, p<0,0001).

Discussion: Fourth grade medical students have the highest smoking rates, suggesting that medical education may not have an influence on decreasing tobacco consumption. If medical students are to become effective agents for reducing smoking, increased efforts need to be directed to decrease smoking rates among this group. This will be an effective measure to help them and their future patients in tobacco consumption.

P-06-22 | EVALUATION OF SURGICAL PATIENTS FOR INTERNAL MEDICINE

Pizarro Zinny, Roberto Pérez Marín, Juan Carlos; Acosta de Bilbao, Fernando.; Santos Moyano, Zenaida.; Gómez Díaz, José.

Internal Medicine Department. University Insular Gran Canaria Hospital. Canary Island. Las Palmas de Gran Canaria.Spain

Introduction: Diary activity of Internal Medicine (IM) departments includes the assistance to interconsultations from other services.

Objetive: To characterize the surgical interconsultations received at an IM department.

Material and Methods: Interconsultations attended from Monday to Friday in morning time (8 am to 15 pm) along the year 2007 were analyzed. Age, gener, surgical interconsultor service, type of request, time to response and reason for consultation were analyzed. Interconsultations to the Infectious Diseases Section weren't included. **Results:** we receive a whole of 335 interconsultations (183 to surgical services) .94 males (51.4 %) and 89 women (48.6 %). Middle Ages 71.62±15.09 (17-100). Orthopedic surgery 64 (35 %) and general surgery 45 (24.6 %). Reasons of valuation: respiratory insufficiency 63 (34.4 %) , pluripathology 25 (13.7 %), fever 18 (9.8 %), adjustment of treatments n = 18 (9.8 %). Movement was requested in 36 patients (19.7 %). 12 patients moved (6.6 %) to Internal Medicine. 93.7 % was valued daily form up to the discharge of internal medicine. Urgent valuation was requested in 33.3 % (n = 61) , in the day in 25.1 % (n = 46). Preferential request in 6 % (n = 11) and normal in 35.5 % (n = 65). Time of response.- less than 24 hours in 68.9 % (n=126), less than 24 hours in 23 % (n = 42).

Discussion: Assistance to patients from other departments represents a remarkable extend ot the activity of Internal Medicine and constitude a challenge because of the complexity and patient's mean age. This point comes even more difficult when several surgical complications are added. Highly efficient diagnosis and treatment of patients, daily following, and final recommendations when discharging increases the overload for internist while interconsultations , requires individual evaluations with specific area of its specialty.

Conclusions: 1.-Care regulated interconsultations supposed to be greater flexibility of care, monitored daily by the same internist with a higher quality of care. 2.-Assisting elderly patients high multipathological and after surgery should lead us to think in the presence of internists for the assessment and follow-up after surgery.

P-06-23 | ATTITUDES TOWARDS ADVANCE DIRECTIVES

Mattiussi, M.; Pollán, J.; Pezzano, L.; Dawidowski, A.; Restibo, J ; Cámera L A.

Hospital Italiano, Medicina Geriátrica, Buenos Aires.; Argentina

Introduction: The aim of Advance Directives (AD) is to extend patient´s autonomy in situations of impaired decision making. This tool is little known and seldom used. The goal of this study was to explore physicians´attitudes towards AD in patients with dementia, barriers and facilitators; patients´ preferences on end of life (EOL) care, their knowledge and acceptance of AD.Ç Methods 1ºQualitative study: 52 Primary care physicians (PCPs) purposely selected to reflect a wide range of professional experience and hierarchy participated in 10 focus groups. 27 ambulatory patients were recruited to participate in 6 focus groups. 2º a survey based on the qualitative study was administered to 282 randomly patients.

Results: PCPs study we found barriers to the discussion of AD: difficulty and reluctancy to discuss death related topics, EOL information regarded as harmful, PCPs´belief that patients are not interested in discussing EOL care, AD regarded as unsuitable for their purpose, legal and ethical concerns. Facilitators: patients´autonomy, previous experience with family, and DA as "conversation openers". Younger PCPs, those who work in emergency areas and with inpatients found AD useful. Most patients wanted to talk about EOL care, but a few vehemently refused. Few had knowledge on AD. The idea of EOL care was difficult to comprehend in olders, while it was easily understood by those who had taken care of family or friends in the EOL. The survey included items aimed to explore attitudes towards invasive treatment procedures, participation in decision making processes, knowledge, interest and acceptance of AD . It had internal consistency (Cronbach alpha 0.78). It included a vignette to better explain AD. The response rate was 73.30%, 58.82% were female and mean age was 74.1. 10.32%(IC95%=7.02-14.48) ignored the existence of AD, after the vignette 49.60%(IC 95%=43.20-55.92) answered they would sign an AD and 71.32%(IC 95%=65.38-7.75) would respect an AD.

Conclusions: PCPs and patients´views on DA are heterogeneus. Age, personal experience and work, influence the view on AD. Most patients were interested in discussing EOL. It is necessary to evaluate each patient´s preference. Strategies and tools that facilitate communication on EOL and AD are essential to favour the discussion.

P-06-24 | KNOWLEDGE ABOUT CHOLESTEROL IN THE PORCESS OF SELF

Omairi, N.; Han, S.; Acosta , S.; Villalba, S.; Walder, A.

Faculty of Medical Sciences, National University of Asunción. Paraguay.

Introduction: Lipoproteins are some macromolecules whose function is to pack lipid insoluble in aqueous medium plasma and transported from the intestines to the liver and peripheral tissues and from these, returning cholesterol to the liver for disposal in the form of bile acids. The dietary factors affect concentration and lipoprotein metabolism which in turn alter an individual's susceptibility to atherosclerosis, fat, cholesterol, fiber and protein diet, alcohol consumption and energy balance. **Objectives:** To determine the level of knowledge of the Paraguayan population on cholesterol and associated risk factors.

Materials and Methods: A prospective study of observational type, cutting transverse. Population under study: women and men of Paraguayan nationality between 18 and 65 years, residents in the country. **Results:** Total 638 respondents; 33% are capital, 67% intern; level of basic education 17%, 37% medium, 46% higher; 72% of the total claim to know who is cholesterol, 39% of those familiar with the various types; of the total, 81% had one or more risk factors associated, 46% of those not familiar with the complications of high cholesterol; 64% of the total respondents are not familiar with the methods of diagnosis cholesterol, 94% believed that self-care is beneficial to health.

Discussion: A large percentage of respondents claim to know who is cholesterol, but analyzing the statistics we see that the real knowledge is below the percentage obtained in response that very few know the different types of cholesterol, and a percentage is even lower who knows the methods of diagnosis. A high percentage presents risk factors associated with high cholesterol, even though the vast majority responded that the self is beneficial to health.

Conclusion: This study confirms the need to establish educational programs on cholesterol and its complications, in public health.

Keywords: Cholesterol, knowledge, self-care.

P-06-25 | THE WHYS AND HOWS OF PEOPLE WHO GIVE UP SMOKING

Langer, M.; Ramello, F.A.

Hospital Aeronáutico de Cordoba. Neumonology department resident in internal medicine. Argentina

Introduction: Much has been written about the health consequences of smoking and the various steps the smoker takes in his/her way to quitting; but the literature regarding the actual reason that sparks the decision to quit or the method used to achieve it, is scant. Little is known about the frequency with which doctors offer counseling regarding the benefits of no smoking when patients consult them for any other reason.

Materials and methods One hundred consecutive patients of both sexes seen in a general medicine outpatient office, from 05/01/2007 through 12/01/2007, were subjected to a supervised open questionnaire. Inclusion criteria were: to be a former smoker for at least the 12 previous months and a history of at least 10 packs per year of smoking. The questionnaire included three questions: 1. Why did you decide to quit? 2. Had you received advice from any doctor regarding the benefits of quitting? 3. How did you achieve it?

Results: * 60% quit because of symptoms, * 4% quit because of his/her doctor s advice. * 55% had never received any advice about quitting. * 63.5% who quit in the last decade had been advised against smoking compared to only 23.5% of those who quit 10 or more years before . * 70% quit abruptly and 30% progressively. * 95% quit without any assistance.

Discussion: Lately, doctors are more posed to advise their patients about quitting smoking, although most people quit because of symptoms, mainly respiratory. Most quit on their own without assistance and do so abruptly. It seems necessary that every doctor should ask their patients about their smoking habits and promote the benefits of quitting.

P-06-26 | FAMILY HISTORY IN ARGENTINEAN CLINICAL PRACTICE

Arado Filho, Eli; Dos Santos Rossi, Fernando; Reis, Wender Oliveira.; Uris Vasconcelos, Yasser.; Schulz, Heidi L.

School of Allied Health, River Plate Adventist University.Argentina.

Gathering information about the signs of disease through anamnesis and recording them in a medical history has been used since Hippocrates. Physical examination and palpation were already extensively used, but only in the 19th century was medical history established as a fundamental procedure for the diagnosis of medical conditions.

Since then, the medical field has benefited from many advances related to diagnostic tools and imaging analyses. The introduction of the genogram, a graphical multigenerational familial representation which includes information about diseases, age of disease onset, causes of death and other relevant information, has been a major enhancement to clinical histories and offers vital clues regarding possible illnesses and social support which must be taken into account to diagnose the patient's condition and further management. In spite of this, as duration of consultation decreased and more complex diagnostic tools became available, the efficiency of the interview decreased and family history (FH) and genogram use have become more neglected.

This is partly due to the unfounded belief that FH is not very useful in comparison to novel technologies. The truth is that in light of the advances in the genetic field, recording a complete and accurate FH has never been more valuable in order to practice preventive medicine. In order to determine the importance that Argentinean doctors place on FH, a systematical review of medical histories was carried out. In the course of the study, more than 1500 medical histories from ambulatory patients of an Argentinean hospital were screened and information regarding the extent of personal and FH recorded was collected in a data base. This information will be used to analyze the extent of use and quality of FH and analyze various variables. For example, we will determine if family history is recorded in the first consultation regardless of which specialist sees the patient, or if there are specialties which tend to ignore more the importance and use of FH. This will constitute a first approximation towards the assessment of FH use in Argentina.

P-06-27 | HAND HYGIENE IN AN ARGENTINE TERTIARY HOSPITAL.QUANTITATIVE AND QUALITATIVE ANALYSIS

Blanco, J.; Dawidovski, A.; Gomez Saldaño, A.; Pereyro, N.; Clara, L.

Hospital Italiano Buenos Aires.; Argentina.

Introduction: Although there is universal agreement about the importance of hand hygiene in the prevention of nosocomial infections, the adherence of health workers to hand hygiene guidelines is generally low. In Argentine little research has been done about possible reasons of such problem. A better understanding about hand hygiene physician's perspectives is needed.

Objectives: To determine physicians hand hygiene rates in the internal wards. To identify the meaning physicians assign to hand hygiene practice.

Methods: setting: Hospital Italiano de Buenos Aires, Argentina; October 2007. Quantitative **Design:** cross-sectional study through non-obtrusive observation of physician hand-washing opportunities by two trained observers. Opportunities of hygiene, types of contact; and physician status were assessed. Rates of adherence were stratified by sex and professional status. Qualitative analysis (QA) were done according to grounded theory, from 24 ethnographic registries! produced by the observers and 3 interviews with staff physicians.

Results: From 794 opportunities observed, 5, 3 % were associated to procedures and 94,7% were patient-contacts. The rate of hand hygiene adherence was 22.8% (CI95% 20, 2-26,1). Rate was higher after contact with the patient than before it (38% vs. 5% p<0, 05). The adherence to hygiene post-procedures was 75%, but none hygiene were recorded before the procedures. There were not significant difference by physicians status. Women were significantly less adherent than men (1, 6 % vs. 7, 8% p<0, 05). The QA identified the category "hands hygiene chances" which included cases where doctors cleaned their hands not for technical reasons, but related patient's cleanliness status. No hand hygiene was related in the interviews with cordiality, closeness and consolation, suggesting that hygiene could partly disrupt physician-patient relationship.

Conclusion: A low rate of adherence was found, consistent with international rates. Most of the hygiene was after patient contact. In the context of the QA findings, showing that hands hygiene means patient-physician distance, discourtesy, and disrespect, there is an urgent need to work on positives associations between hand hygiene, human values and patient-physician relationship.

P-06-28 | CORNEAL PROCUREMENT: RETROSPECTIVE ANALYSIS OF A TRAINING PROGRAMME

Bigatti, Diego; Briones, Gabriel; Nigro, María del Carmen.; Caminiti, Nicolás.; Centeno, Pablo.

Hospital San Juan de Dios. Ramos Mejía. Pcia. De Buenos Aires. Argentina

Introduction: The current health care situation regarding organ and tissue transplantaton is worrying. There is a high demand for a scarce donation. Specialists point out that the solution lays on procurement, owing to physicians as especially responsible for such. **OBJECTIVES:** the objective was to analyze the relationship between the corneal procurement and, consequently, the implant of such once Internal Medicine resident physicians have been trained, stimulated and are aware of these processes. **PATIENTS AND Methods:** All the cases in which corneas were obtained for transplants within the Internal Medicine Unit and between January 1st 2006 and August 1st 2007 were retrospectively studied in a descriptive manner. During said period of time the residents were trained regarding Transplantation Medicine. Before said period, there were no cornea removals. Information regarding Demographic features, diagnosis, hospitalization days, comorbilities, data management and contraindications for the removal was registered (CUCAIBA -An organism of the Argentine Health Ministry). Quantitative variables are expressed as mean. The Fisher Test was used to compare ratios and quantitative data. **Results:** during the research period 69 patients died, 11 of these patients (16%) had their corneas removed, obtaining therefore 21 corneas for transplants. The average age was 63 (32-87); most of them were men (9 Vs. 2). 100% of the patients died due to oncological causes, and all of them were being provided with palliative treatment. The average period of hospitalization was 10 days (2-26). 40% of the patients from whom corneas were removed had contraindications. During 2006, 15 corneas were obtained from 47 dead patients (16%), and no implants were accomplished. During the months within 2007, 6 corneas were obtained from over 23 dead patients (13%), 2 transplants were accomplished. As the period time went by (learning curve), the ratio implant/corneal procurement improved. In none of the cases evidence was registered in the medical history. **Conclusion:** Although scarce, these data would point out that training residents will generate an increase in the procurement and implant of corneas. We deem necessary to discuss our responsibility as physicians in the scarce procurement of corneas, which is a key step in accomplishing a reduction in the number of patients who are on waiting lists.

P-06-29 | MEDICAL DISTANCE EDUCATION: AN ALTERNATIVE IN MEDICAL EDUCATION

Taliercio, Vanina; Elizondo, Cristina; Aliperti, Valeria.; Gomez Saldaño, Ana.; Montenegro, Sergio.

Hospital Italiano de Buenos Aires. Argentina

Introduction: Continuing medical education (CME) is widely acknowledged as an indispensable part of the working life of physicians. Web-based courses, with multimedia applications that enhance knowledge, performance and accesibility are growing. This paper describes postgraduate spanish courses given by the virtual campus of our institution during year 2007.

OBJECTIVE: to describe the percentage of course completion and to determine which profiles of students predict graduation. **Methods:** Cohort study. Students were asked to fill a questionnaire at the begining and were followed until the end of the virtual course. The Web-based courses used Open Source plataforms (Moodle). Proportions of completion and their 95% Confidence Intervals are given for different categories of courses (informatics (I), medical(M), disease management(DM) and epidemiology(E)).

Results: 23 web-courses, having a median followed up of 100 hs (rango 60-100), included 875 students with mean age of 39 years (range: 20-74), 35% were male. 22% had no internet connection at home. The course completion rate was 54% (95% CI 51,5-58), I:36(ic95% 30-42) M: 80%(IC95% 71-79) DM: 32%(IC95% 24-40) E: 51,8%(IC95% 38-65) . Dropout rate was 28 %, while the 17% continued till the end but did not sit the final test. Being younger was statistically asociated to complete the course (< 38 vs > 38 p 0.001). Fifty eight percent of women and 48% %of men completed the course (0.013). 74, 6% were physicians and 53% of them completed the course vs. 66% of the non physicians (p 0.002). 22, 6% had advanced level of English and 57% of these completed the course vs. 48% of those with lower English levels (p 0.041). 9,5% were foreigners and there was differences in the rate of completion according to country of residence 55% argentines vs 52% foreigners (p 0.051).

Conclusion: Our results are consistent with previous reported evidence in the percentage of completion and in the fact that this rate tend to be higher in females, non physicians, younger students and among those with advanced level of English.

P-06-30 | METHOD FOR MEASURING THE QUALITY OF TRAINING RECEIVED (QTR)

Rosales, W.; Cangas, A.; Bordano, G.; Zingariello, R.; Mortaloni, S.

O.S.E.P. Mendoza. Argentina.

Introduction: Creating a tool, easy to use and inexpensive, to measure the quality of training received by patients with chronic diseases, would be very useful to qualify, monitor and compare the quality of training, improving the cost-benefit equation of this intervention.

OBJECTIVE: To determine whether the method QTR can measure the quality of training received by patients with chronic diseases and compare it with classical Heart Rate at Rest test. **Method:** We selected a group of 166 patients (56 ± 12 years old) with chronic diseases, which were evaluated twice, before and after training for 180 days. On the one hand was measured quality of training received through the method QTR (QRT1 before training and QTR2 after training), this method takes into account the intensity, volume, frequency and type of training and can take values between 0 and 1, while higher the score the quality of training received is greater. Moreover, to check the effect of training and compare it with measured by QTR, Heart rate was taken as a control variable, heart rate at rest (before training RHR1 and after training RHR2). Finally, we compared the average QTR1 vs. QTR2 and RHR1 vs. RHR2, through t Student test to establish whether the pattern of these two variables were similar or not

Results: When we analyzed results according to QTR and RHR before and after training, we found significant differences ($p<0.004$ for QTR1 vs QTR2 and $p<0.0001$ for RHR1 vs RHR2). When we analyzed average values of QTR and RHR we found no significant differences between the different methods of measuring the quality of training.

Conclusions: The similar values found in different methods of evaluating the quality of training, measured by QTR and RHR before and after training, suppose that we could use a simple to use and inexpensive method to measure quality of training in Chronic outpatients.

P-06-31 | INTERNAL MEDICINE RESIDENCIES IN ARGENTINA. QUALITATIVE STUDY.

Dawidowski, A.; Pereiro, N.; Elizondo, C.; Giunta, D.; González Bernaldo de Quirós, F.

Sociedad Argentina de Medicina, Hospital Italiano de Buenos Aires. Argentina

Background: Within the frame of a wide research on argentinean Internal Medicine Residencies a qualitative methodology was conducted in order to describe the activities, problems, opinions about the formative context of the residencies, and to achieve perspective and a deeper understanding through triangulation to the quantitative data **Objectives:** to describe qualitatively the formative activities of the residence, and to elicit views and topics about the formative values of those activities Methods **Design:** Qualitative study using in-depth interviews (December 2007-April 2008). Sampling: intentional sampling of residencies to include diverse patterns of residencies according to country region, type of institution (private, public), City size, and residency size. Chiefs department (CD), Instructors (Ins), coordinators (Coor), chiefs' resident (CR) and 1 resident (R) per year were interviewed. Participants: sampled residencies for the quantitative analysis. Analysis: Interviews were audiotaped and transcribed verbatim. Data from each interview were coded and categorized to identify themes by content and discourse analysis. **Results:** we conducted 84 interviews to 97 physicians from 15 residencies throughout the country (10 public system, 9 big cities, and 9 big residencies). A similar pattern of routines was detected (duty meeting, rounds, and duty shift), but with different academic value depending on the supervision of attending physicians, practice and administrative burden and the rigidity/flexibility for the academic model. Learning activities were diverse too: from residencies with 2 classes per week teached by other residents to residencies with daily classes that including case discussion, and evidence based medicine teaching, under the mentoring of staff physicians. Few residencies conduct conferences intra or between departments. These differences were found not only in the Metropolitan area, but in the rest of the country too. Identified topics related to learning process were: mentoring of attending doctors, tutors, burden and learning values of the duty shifts, casuistic and training, case discussion, institutional conflict, the roll internal medicine in hospital and the perspective of internal medicine as a specialty. **Discussion:** detection of diverse situation in learning process suggests a chance to carry out strategies that improve the academic situation of residents.

P-06-32 | EVALUATION OF THE CLINICAL ACTIVITY AND APPROPIATENESS OF AN ITALIAN INTERNAL MEDICINE UNIT INTEGRATED IN A RESEARCH INSTITUTE SPECIALIZED IN REHABILITATION. COMPARISON WITH MODERN UNITED STATES HOSPITALIST MODEL

Giorgi A, Castiglioni C, Fichera G, Cornoldi A, De Marco F, Larussa D, Lancia A.

Department of Internal Medicine, IRCCS San Raffaele, Via Della Pisana 235, Roma 00163, Italy.

Introduction: recent data from United States (US) Internal Medicine departments suggest that the hospitalist model, for common inpatient diagnoses and for patients requiring close clinical monitoring and complex discharge planning, is associated with a reduction in the length of stay (LOS) without an adverse effect on rates of death or readmission, but with higher costs per day [1-3]. At present, unfortunately, poor Italian epidemiological clinical data are available about Internal Medicine management and the data available often are discouraging when compared to works above mentioned [4,5].

Aim of the study was to evaluate the clinical activity and appropriateness of an Italian multidisciplinary Internal Medicine Unit for 14 patients integrated in a Research Institute specialized in cardiologic, neurological and respiratory rehabilitation, comparing results with recent scientific English literature.

Material and Methods: we conducted a retrospective cohort study of 4098 patients, from January 2004 to December 2007, evaluating clinical diagnoses, mean LOS, mortality rate, discharges (including ambulatory follow-up) and recovery complexity using a descriptive statistic (ANOVA variance and X^2 distribution).

Results: of 4098 patients (mean age 75 ± 10 years, F55%, M45%) the following final diagnoses were: cardiovascular (35.6%), respiratory (22.3%), neurological (17.3%), gastroenteric (9.7%), endocrine (5.2%), infectious (3.7%) and others (6.2%). Mean LOS was 4.8 ± 1.8 days, while in hospital mortality rate was 2.9%. 2352 patients were discharged home (57.4%), while the ambulatory follow-up was for 283 patients (6.9%). 927 patients (22.6%) went to the Rehabilitation and Post-Acute Units of the same Institute while 374 patients (9.12%) went to the Emergency Department for worsening of the clinical conditions. 62.4% cases were classified at medium-high and high complexity, while low complexity was in 12.2%.

Discussion: clinical results, in terms of mean LOS, in hospital mortality and appropriateness were comparable to the best results of the modern clinical models of the US Internal Medicine Departments [1-3]. A little multidisciplinary Internal Medicine Unit integrated in a Research Institute specialized in Rehabilitation seems to be a valid model, especially for the aging of the population. However it would be advisable to compare our experience with that of other countries.

P-06-33 | DO OUR PATIENTS REALLY DO THE BEST CHOICES?

Balanescu, A.; Catalin, L.; Berghea, F.; Iván, G.E.; Ionescu, R.

Rheumatology, Sf. María Hospital, Bucharest, Romania. 2RCRD, Carol Davila University Medicine, Rheumatology, Sf. María Hospital; Romania

Background: Pain is one of the most frequent symptoms in medicine being also a commune feature of almost all musculoskeletal conditions. Being very subjective in its nature it can't be precisely evaluated by doctors. For this reason patients have a higher degree of freedom to select the dose of prescribed pain drugs or even to try new solutions without medical advice (as OTC formulas). Patients have access to many medical and non-medical sources of information focused on their diseases and suggesting treatment options. It is difficult to know what the patients learn from this mix of education. Lately a larger number of patients adopted a "consumer" behaviour being more active in selecting their treatments; this behaviour is mainly based on the above-mentioned mix of education. It is important to know what kind of information patients select when they have to decide. **Objectives:** Our study intended to evaluate patient preferences for a certain type of medical information (different language levels and different emphases). In addition we looked to the hierarchy of useful information in the patient's vision. **Methods:** Using the model of a unique existing painkiller we "invented" four new drugs and then four new drug information leaflets for patients. All leaflets presented the same information in different ways. First leaflet (Drug 1 = D1) was written in the high level of academic language balancing well all the information (effects, side-effects and warnings) for this "new" drug. D2 was a leaflet balanced in the same way but written in the lower language level of popular magazines. D3 and D4 have been written in an intermediary language, including the same information but the extension of "benefits" and "warnings" have been unbalanced: D3 better described benefits and D4 better described the adverse reactions. We also created two information cards for two medical conditions that might benefit from the same painkiller: one card for joint pain (a usual condition our subjects were familiarized with) and one for Arnold neuralgia (an "exotic" condition our patients never met). First we refreshed the memory of our patients regarding their joint pain by offering the respective card; then we offered the possibility to choose for personal treatment one of the four "new" drugs for their condition. In the 2nd phase we presented the Arnold disease and asked them to choose a solution from the same four options. SPSS 15 software has been used for statistical analyses. **Results:** 177 patients with various rheumatic conditions have been included in the study. The "intermediate language & pro-benefits" D3 drug was selected (53%, $p<0.001$) in the usual setting of joint pain when the "academic language" D1 drug received the least interest (8%). In the unusual situation of Arnold neuralgia the same D3 drug was selected most (51%) and the "intermediate language & pro-adverse reaction" D4 drug was chosen least frequently (12%). In a stratified analysis we found the same hierarchy regardless the past or present pain experience of our responders. In oldest patients we found a greater interest for adverse reaction than in youngest cases. Additional analyses have been done on education level, social status and medical services usage. **Conclusion:** Both "academic" and "low-level" languages are badly appreciated by the patients; regardless their pain experiences the intermediate language and pro-benefit focus raises the highest interest. The adverse reaction related information receives a very low interest - once the number of patients that decide on their treatments is increasing further studies need to be done in order to show how they could be educated regarding this very important issue.

P-06-34 | DISCREPANCIES BETWEEN PHYSICIANS AND PATIENTS CONCERNING THE REASON OF NONCOMPLIANT OF THE CHRONIC ILL PATIENT THE EXTENDED ACCEPT STUDY

Berghea, Camelia Elena; Dumitru, Florentina; Berghea, Florian.; Bumbacea, Roxana

UMF Carol Davila- Romania;

Background: The patient's adherence to medical treatment is a major problem for chronic diseases. Above the gravity of the disease there are other factors that could be responsible for the reduced adherence to the treatment. Additionally not in all the cases the patient and his physician share the same vision regarding the treatment. EXTENDED ACCEPT study intended to identify the patients' motivation for such a non-compliant behavior. Additionally, the study was designed to reveal the discrepancy between patients and doctors concerning the real motivation of non-compliance.

Methods: A blind questionnaire was developed to evaluate the patients' reasons for a non-compliant behavior. Eight items have been assessed including the cost of medication, the lack of efficacy, poor patient-doctor communication. The patients-volunteers and their physicians answered, in pairs, blind to the same questions. The results have been computed with SPSS 15 software.

Results: We received a number of 286 completed questionnaires . The age of included patients was 32,71 (SD: 17,9). The medical diagnostic was asthma in 77 cases; other included diagnostics have been: rhinitis (37 cases), dermatitis (19 cases), and other allergic status. The most frequent reasons the patients don't follow their treatment are: poor access to the specialist (1,69 on a 1 to 3 scale when 1 means "definitely true" and 3 -"definitely false") and the price of medication (1,99 on the same scale). For each evaluated item we computed an "index of patient-doctor discrepancy". The highest values of this index have been noted for those items related with poor patient-doctor communication: the number of patients that identified this miscommunication as a major reason for a non-compliant behavior was higher than the number of physicians with the same opinion. Additionally, we identified a strong discrepancy between patient and physicians opinion related to the cost of the **Treatment:** although the physicians are satisfied with their efforts to reduce the cost of the treatment there is a strong opposite opinion among the patients.

Conclusions: Our study explains in part why patients are not entirely compliant to their treatment and offer solutions to understand and improve this situation.

P-06-35 | MD INTERNAL DISEASES SPECIALIST.

Stojanovski, Zoran.

Health Center Department of Internal Medicine, Skopje Macedonia.; Macedonia

Background: Tobacco use is a well-recognized risk factor for COPD **Aim:** The aim of our article was to compare the prevalence of the risk factors for COPD in patients from deprived agricultural and urban regions in Skopje area.

Subjects and **Methods:** We performed cross - sectional, randomised, comparative study, including 127 COPD patients in each group - rural group-RG (70M and 57F, aged 57-69) and urban group-UG (73M and 54F, aged 59-69). The duration of disease varied from 8 to 15 yrs. Evaluation of the study subjects included completion of standardized questionnaire and lung function tests.

Results: We evaluate tobacco smoking (smoking experience and cigarettes per day), occupational history, BMI and physical activities. The prevalence of active smokers was significantly higher in UG (82.6% vs. 37.8%, $P < 0.05$). The prevalence of passive smokers was non significantly higher in UG. Majority of the subjects from UG (81.9%) were employed as office workers, while 76,4% of the su! bjects from RG were agricultural workers. The prevalence of subjects with physical activity longer than 3 hours/day was significantly higher in RG (81.9% vs. 27.5%, $P < 0.05$). We found similar mean BMI value in both examined groups.

Conclusion: Our findings suggest that other factors behind active smoking may play a role in COPD development.

P-06-36 | USING NATURAL LANGUAGE PROCESSING TO EXTRACT INFORMATION REGARDING PNEUMONIA CASES FROM FREE TEXT CHEST X-RAY REPORTS

Dietlind L. Wahner Roedler, MD (1); David A. Froehling, MD (1); Armen Asatryan, MD (2); Haobo Ma, MD (3); Jerome I. Tokars, MD (4) (wahner-roedler.dietlind@mayo.edu)

(1) Mayo Clinic, Rochester, Minnesota, USA; (2) Abbot Laboratories, Abbot Park, Illinois, USA; (3) MetroWest Medical Center, Framingham, Massachusetts, USA; (4) Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, USA

Background: Natural Language Processors are computer programs capable of scanning text documents and applying syntactic and semantic rules to extract desired information. The capability to extract medical information efficiently from free text data is of utmost importance for collection, collation, retrieval and analysis of patient data on a mass scale.

Aim: To determine sensitivity and specificity of the Multi-threaded Clinical Vocabulary Server (MCVS) developed by Mayo Clinic's Laboratory Biomedical Informatics (LBI) Research Collaborative (1) to identify patients with possible pneumonia through analysis of chest x-ray reports using interpretation of chest x-ray reports by general internists as reference standard.

Method: A total of 400 chest x-ray reports from an initial chest x-ray of patients presenting to the hospital were obtained in cooperation with the CDC. All patient-identifying information was deleted. The MCVS was used to convert the raw data into a SNOMED CT codified format. The Pneumonia rule was crafted by clinicians and was applied to each document; the MCVS determined which part of the rule was true if any and found the appropriate code: 1. Positive (PP=positive assertion of pneumonia, IP=positive assertion of infiltrate, OP=positive assertion of opacity, density or consolidation). 2. Uncertain (PU=uncertain assertion of pneumonia, IU= uncertain assertion of infiltrate, OU=uncertain assertion of opacity, density or consolidation). 3. Negative. Two general internists reviewed each chest x-ray report and independently coded them as above. Disagreements were adjudicated by consensus.

Results: Interobserver variation: Kappa 0.936 (95% CI: 0.905, 0.967). The sensitivity of MCVS was 100%, the specificity 98% using the Interpretation of two general internists as gold standard.

Conclusion: The MCVS natural language processor developed by LBI performed well in extracting information about true pneumonia cases or possible pneumonia cases in this sample of 400 patients. Validating the accuracy of data mining rules is essential to accurate and transparent automated health services research and biosurveillance.

Bibliography: (1) Elkin PL, et al. An Evaluation of the Content Coverage of SNOMED-CT for Clinical Problem Lists Mayo Clin Proc 2006 Jun; 81 (6): 74-8.

P-06-37 | WEEKLY MULTIDISCIPLINARY CASE REVIEW (WMCR) BASE ON A WEB PAGE CLINICAL SUMMARY (WPCS) AS A TOOL TO IMPROVE HEALTH TEAM COMMUNICATION.

do Campo J L; Hannan T J; Hayes R.

Launceston General Hospital, Tasmania, Australia.

Introduction: As part of a quality of care improvement at Launceston General Hospital a WMCR was implemented in a general medicine ward. The WMCR is directed at enhancing inter-disciplinary communication and improving the quality of care and education. The WMCR is attended by Doctors, Pharmacist, Nurses, Physiotherapists, Allied health, Community Nurses and Students.

Method: The WMCR is a multi-disciplinary activity and is base in the concept "all teach-all learn". Each patient discussed in the meeting is under the care of a general medicine team. The patient discussion is based on the case presentation with the simultaneous projection of a pre-formatted WPCS (designed by the clinicians involve) completed pre-meeting and retrieved from the hospital's intranet. During the conference any modification in the patient management is documented in this WPCS. On completion of the meeting the WPCS updates are emailed (each case as separate attachment) to all the members after the meeting.

Results: The WMCR provides the facility for combined, uniform multidisciplinary decision making. One of the first benefits seen was the immediate availability of a tabulated medication chart completed in association with the Clinical Pharmacist. This provides timely "de-prescribing" and "medication reconciliation". Any changes in medication chart are documented with date, and reasons for the change. The WPCS has been used in many discussions and sent as an e-mail with attachment in 624 communications. The planning process based on the WMCR facilitates discharge planning for all clinicians. The average length of stay was reduced from 13.8 days in July 2007 to 9.8 days in January 2008.

Conclusion: The WMCR base on WPCS is currently used as a tool to advance the quality of care with impact in communication and decision making.

P-06-38 | MBSR EXPERIENCE AT MAYO CLINIC

Ann Vincent Md, Brent A Bauer Md, Dietlind Wahner-Roedler Md

Mayo Clinic, Rochester, MN. USA

Background: The eight-week Mindfulness-Based Stress Reduction Program (MBSR) founded by Dr. Jon Kabat-Zinn has trained over 15,000 people. Several academic medical institutions in the United States offer MBSR programs to their patients and MBSR has been clinically researched with reported efficacy for pain, mood disorders, arthritis, sleep disturbances and stress. MBSR has never been offered at Mayo Clinic.

Aim: To collect quality of life data from healthy adults who participated in the first MBSR program offered at Mayo Clinic. **Methods:** The eight week program was advertised for enrollment in the local media. MBSR instructions: The class was taught as a collaborative effort with the University of Minnesota that has an established MBSR program. A certified instructor conducted eight weekly evening classes followed by a day long seminar. The participants were given guided instruction in mindfulness, mindfulness meditation, a short yoga practice, a guided imagery practice and self-inquiry exercises to enhance awareness in everyday life. In addition, they were given daily home assignments. Instruments used: A 12 question LASA at the beginning and end of the intervention which encompasses questions on quality of life.

Results: Sixteen participants (14 females, 2 males), mean age 46 years were enrolled and completed the 8 week program. Comparison of LASA scores using the paired T test revealed statistically significant improvement in overall quality of life (p=0.035), mental well being (p=0.0047), physical well being (p=0.0001), emotional well being (p=0.0007), level of social activity (p=0.01), spiritual well being (p=0.006), and financial concerns(p=0.05). Though there were positive trends seen in frequency of pain, severity of pain, level of fatigue, level of support from friends and family and legal concerns, these values did not reach statistical significance.

Conclusion: The results of this study demonstrate that a practice of mindfulness significantly improves quality of life in healthy adults and that a Mindfulness-Based Stress Reduction Program can be successfully conducted in a tertiary medical center.

P-06-39 | A MULTIDISCIPLINARY APPROACH TO MEDICAL EDUCATION: AN AUSTRALIAN PERSPECTIVE

Marisa Cordella, Neil Spike (marisa.cordella@arts.monash.edu.au)

School of Languages, Cultures and Linguistics. Department of General Practice, Faculty of Medicine, Nursing and Health Sciences. Monash University, Australia

This research reports on the communicative skills IMGs (international medical graduates) displayed in the performances of two OSCE stations in preparation for the AMC (Australian Medical Council) examination. The dataset is composed of 90 discourse events. This is a multidisciplinary project formed by medical educators and linguists.

Australia heavily relies on IMGs who assist a growing elderly population, rural areas and metropolitan hospitals around the country. IMGs comprise 20% of the total medical workforce in Australia which calls for the need to understand what language choices and forms favour a good communication with their local patients and compare these features with those that clash with patients' expectations. Poor communication can have detrimental effects on the overall visit, lead to miscommunication and potentially start a litigation process.

As it is well established medical practitioners need to translate medical terminology and concepts to a lay-language. Neverthless, IMGs also need to accommodate their communication to the language and culture of their patients which may differ from their own making the consultation a great challenge for them.

Participants in this study comprise IMGs, mainly from Asia, OSCE examiners rating IMGs' performances and simulated patients. IMGs were asked to perform two OSCES (i.e. bowel cancer and STD station), in an eight-minute medical visit following two minute reading instruction time. Each visit was followed by a debriefing session.

This paper aims to identify a) what makes a 'good' and a 'poor' OSCE performance, and b) how does each participant's contribution affect the overall performance.

Three independent linguistic approaches, including quantitative (e.g. polynomial regression) and qualitative (e.g. sequential organisation of the discourse) analysis, were used to analyse and interpret the dataset. This provided us with a comprehensive knowledge of the communicative event.

Results: show that a linguistic approach to the analysis of the data can provide a detailed understanding of the doctor-patient interaction and bring powerful socio-cultural insights which are currently absent in the OSCE rating scales.

It is argued that a multidisciplinary approach to medical discourse can bring a cross-fertilisation of knowledge and be used to design more efficient training programs.

P-07-01 | CO MORBIDITY AND MORTALITY ASSOCIATED TO ISCHEMIC STROKE IN AN INTENSIVE CARE UNIT

Serrano, Roberto Gustavo; Navarro, Carlos Ramón; Meana, María; Avaro, Andrea del Valle; Catalano, Hugo Norberto

Servicio de Clínica Médica, Policlínico Neuquén. Neuquén. Servicio Clínica Médica Hospital Alemán. Buenos Aires; Argentina

Co morbidity and mortality associated to ischemic stroke in an intensive care unit.Stroke is an important cause of hospital admission, and the third cause of death in developed countries. We attempted to study and determine the risk factors associated to ischemic stroke (IS), its prevalence and its mortality rate in an intensive care unit (ICU) in Neuquén city; Argentina.

We carried out a retrospective non-experimental review of clinical records in which a clinical or radiological diagnosis of ischemic stroke was made, between January 2000 and January 2003. Variables such as co morbidities, complementary studies and mortality were registered. The results were considered statistically significant if its confidence interval 95% (CI 95%) were = 1 OR < 1, or its equivalent p < 0.05. IS accounts for 4.2% of annual ICU admissions.

We included 89 episodes of IS (male: 53.9%, mean age: 67.9 years). A computed tomography of the brain was done in 89.9 % of the cases, trans thoracic echocardiography in 33%, and neck vessels doppler ultrasonography in 42.7%. The overa! ll mortality rate was 15.7% and the mean stay in ICU was 6 days. The most frequent co-morbidities associated were hypertension and diabetes.

Atrial fibrillation (AF) was detected as an independent factor as predictor of mortality with an OR: 4.8 (CI 95%: 1.37-16.78). AF increased the severity and mortality of IS, as in other publications has been suggested. The other evaluated variables were not significant but showed a trend towards mortality.

Correspondence: Serrano Roberto Gustavo. gusserra@gmail.com

P-07-02 | NOSOCOMIAL FEVER IN 71 PATIENTS FROM GENERAL MEDICINE WARD

Amateis, Matías; Egri, Natalia; Carlson, Damián.; Parodi, Roberto.; Greca, Alcides.

1era Cátedra de clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Santa Fé.; Argentina

Introduction: The management of patients with nosocomial fever is frequent and complicated, and there are few bibliographies regarding general medicine ward in our environment. The inadequate use of high spectrum antibiotics therapy leads to antibiotic resistance, so it is important to properly select patient who need it.

OBJECTIVE: The aim of this study was to describe the clinical and microbiological characteristics and outcome of patients suffering from nosocomial fever in general medicine ward of a general hospital, and to assess a useful and appropriate method for managing these patients.

Materials and Methods: We conducted a prospective observational study of inpatients from the Internal Medicine department of general medicine ward. We include all male and female patients older than 18 who developed fever after been hospitalized for at least 5 days.

Results: From the 71 patients (mean age 51), 24 were women; 44 patients (62%) had a clear infectious cause of fever (mostly urinary tract infection followed by bacteraemia and pneumonia); 25 (35%), had a clear noninfectious cause (mostly noninfectious flebitis), and 5 (7%) patients had both; In 7 (9,9%) patients, the cause of fever was not identified. Positive microbiological isolation was obtained in 40 (56%) patients: 15 blood cultures, 22 urine cultures, 1 coproculture and 2 catheter end culture. Antibiotics were empirically administered to 50 patients, and 10 of them had no infectious diagnosis. Eleven patients (15%) showed systemic inflammatory response syndrome (SIRS). Only 4 patients (5.6%) died during the study, all because of severe sepsis. The mortality was significantly higher in patients with SIRS (p<0,001), higher Charlston Score (p<0,001), or who came from Intensive Care Unit (ICU) (p<0,05).The use of empirical antibiotic treatments at the onset of hospital fever was not ! associated to lower mortality neither to lower duration of fever.

Conclusions: The most frequent cause of fever was infections. Given the low mortality and the high empirical antibiotic prescription in our study, culture results are essential before deciding the use of antibiotic treatment, unless the patient has systemic inflammatory response syndrome, a high Charlston score or come from ICU, or if there is a clear clinical infectious diagnosis.

P-07-03 | BACTERIAL ISOLATION AT INTENSIVE CARE

Nunes Velloso, V.; Sibila, G.; Sala, E.; Revel Chion, P.; Marino, A.

Hospital Churruca-Visca PFA; Ciudad de Buenos Aires. Argentina

Introduction: The intrahospital-acquired infections, especially in Intensive Care Unit(ICU) constitute an increasing problem in frequency and complexity, increasing the stay of the patients as well as its morbimortality.

OBJECTIVE: To know the prevalence of the isolate germs and detect the presence of emergent pathogens.

Material and Methods: All the cultures realised in the period of a year (January -December 2007) including urine samples, aspired endotracheal, lavage broncoalveolar (BAL), hemocultures, catheters and samples several were analyzed retrospectively. Positives are considered the urine samples with than 105 UFC/ml, aspired tracheal 106 UFC/ml, BAL 104UFC/ml and catheters 15 UFC/ml (Maki). Population data, number of patients, APACHE II of entrance, age, occupational index and bed-turn were briefed. The Unit of ICU accounts with 18 beds distributed in 3 rooms.

RESULTS: 630 patients, age average 62 years, APACHE II 27.3 points, with an occupational index of 72% and turn bed of 5.6 patients. 1220 samples, negatives 61%, positive 38% were taken, of which 28% were polluting. 285 urine samples, 22% were taken positives, being the frequency germs in sequence decreasing Klebsiella (K) 28%, E. Coli (EC) 15%, Proteus (Pr) 14% and Enterococco (e) 14%. From aspired endotracheal 160 samples, 66% positives, of which Acinetobacter (Ac): 37%, Pseudomona (Ps): 19%, Staphylococo (s): 12% and of (K): 7,5%. Samples of BAL 19, positive 89%; being (Ac): 29%, (Ps): 23,5%, Candida (C): 18% and of (s): 6%. Of the catheters they were 143 samples, positive 22%, (s) 32%, (Ac) 16%, (K) 13% and (e) 6%. Of samples several positive 36%; being (K) 17%; (Ac): 13%; (EC): 13% and (Ps): 13%.

CONCLUSIONS: Our prevalent germs were in sequence decreasing: Staphylococo; Acynetobacter; Pseudomona and Klebsiella. The Klebsiella was observed as emergent germ with a growth sustained in the different analyzed samples, with the exception of the BAL, compared with previous bacteriological reliefs in the same Unit.

P-07-04 | VENOUS THROMBOEMBOLIC DISEASE: A COHORT FOLLOW UP

Giunta, D.; Elizondo, C.; Vázquez, F.; González Bernaldo de Quirós F.; Waisman, G.

Hospital Italiano de Buenos Aires, CABA. Argentina

Background: The telephonic follow up of a group of patients with venous thromboembolic disease is useful to evaluate mortality and evolution of the disease in our population.

Objectives: Describe the follow up of patients included in an Institutional Registry of Venous Thromboembolic disease.

Methods: Cross sectional study. Patients were followed through six months after they were included in the Registry for having Deep Vein Thrombosis (DVT) or Pulmonary Thromboembolism (PT) or were suspected to have PT with negative diagnostic studies. Patients were contacted by telephone and a systematic review of the medical records was done to detect admissions to hospital, death and a new thromboembolic event, as well as any adverse reaction to anticoagulation therapy.

Results: 196 patients were included in the Registry. 21 presented death at the while admitted with the first thrombotic event, so 175 (89%) patients were followed, 48 (28%) were suspected to have thrombosis without confirmatory tests, 29 (16%) had Pulmonary thrombosis (15 had PT and

DVT and 14 had PT without DVT), and 90 (52%) had Deep Vein Thrombosis. There were 8 patients that were not study for thrombosis because of medical causes. From the suspected thrombosis group we contacted 43 (89%). 19 (40%) presented a new admission and their mortality was 29% (15 patients, C95% 0.16-0.42). The global loss to follow up was 13 % (23 patients).From de PT group we contacted 26 (90%). 10 (35%) presented a newadmissionand their mortality was 21% (7 patients IC95% 0.06-0.36).

From de DVT group 78 (86%) were reached. 36 (40%) presented a new admission and their mortality was 27% (27 patients IC95% 0.18-0.36). 3 patients presented a second thrombotic event for they had a new DVT in the six month follow up. 5 patients receiving anticoagulants for DVT presented bleeding as an adverse reaction to treatment (only 1 mayor bleeding). **Discussion:** the overall follow up was good. We detected a few complications for anticoagulant treatment, although this might correspond to a sub registry of the event. The similar mortality in all groups might be because of the small number of patients included.

P-07-05 | HIPERTENSIVE EMERGENCY BY MALIGNANT HYPERTENSION

García, Cecilia; Bocco, Conrado

Hospital Córdoba. Córdoba. Argentina

Introduction: Malignant arterial hypertension increate of the DBP > 130 (essential or secondary), affects men, 4º decade, attends with GIII-IV, renal failure. Generally with Renine-aldosterone elevated and microangiopathy hemolytic anemia.

Objetive: Present a case of malignant hypertension in a man without pathological antecedents.

Clinical Case: male 35 years old, without pathological antecedents, presenting vomits, headache, blurred vision, abdominal pain and jaundice for hours. Then was admitted in the hospital alternating excitation and sopor, delyverated, with jaundice, a BP of 240/130, hyperphonetic heart sounds and epigastric pain. **Laboratory:** Urea 76 - Creatinine 2.3 - Metabolic alkalosis - Coombs (-) - urine: Covered field of red cells. (dismórfics < 2%), few piuria, proteinuria +++, K+ 32. Extended of blood: Schistocytes. Rx: Cardiomegaly GII. ECG: Sokolow 35. Echocardiography: hipertrophy of the left ventricle, global hipocontractility, ejection fraction of 44%. Renal ecodoppler: Normal. Ophthalmoscopy: Hipertensive retinopathy GIV. CT of brain: diffuse and in specific alteration of white-matter. Initial treatment was with NTG, without resolution and being continued with NPS in intensive therapy unity. Controlled the emergencycontinuous with Amlodipina, Atenolol, Losartan.

Discussion: the possible diagnoses were Liddle sindrom, lomerulopathy, renal artery stenosis, thrombotic microangiopathy and malignant acceletared hypertension. Renal biopsy: nephroangioesclerosis; fibrinoid necrosis. - Aldosterone dosage: 23.3 (elevated). Renine dosage: 0.44 (normal).

Final diagnostic: malignant acceletared hypertension, secondary to primary hyperaldosteronism.

Bibliography: Farreras-Rozman. Medicina Interna. Ed. Harcourt, 14º edición. 2000.

2-Harrison. Tratado de Medicina Interna. Ed. Mc Graw Hill, 16ºedición. 2006.

3-Rodriguez C. l. Sroczynsk R, A. Rodríguez-Cabello Rodenas S. Crisis Hipertensivas: Guías Clínicas 2005. Fisterra.

4- varon J. Marik p. E. Clinical **Review:** The managment of Hipertensive Crises. 2003. Blomed.

5- Seventh Report of thr Joint National Comite on Prevention.Detection, Evaluation and treatment of High Blood Pressure.

P-07-06 | MDCT FEATURES IN ACUTE PULMONARY EMBOLISM

Capuñay, Carlos; Carrascosa, Patricia; Martín López, Elba.; Vallejos, Javier.; Carrascosa, Jorge.

Diagnóstico Maipú- Argentina

Introduction: Since the development of spiral computed tomography (CT) the non-invasive assessment of the pulmonary arteries for the detection of pulmonary emboli was evaluated. With the newest multidetector CT (MDCT) scanners, especially with the 64-row generation, the spatial resolution is significantly better and the visualization of peripheral pulmonary artery improved. The purpose of this presentation is to describe the most important CT features in the detection of pulmonary embolism using MDCT.

Material and Methods: sixty-five arterial phase contrast enhanced CT scans of the pulmonary arteries were retrospectively reviewed. All of the patients were derived to our institution with a probable clinical diagnosis of pulmonary embolism and the first line diagnostic imaging method was CT examination. CT´s were performed on a 16-row and 64-row CT scanners (Brilliance 16 and 64; Philips Medical Systems) using 16x1,5 configuration; 2mm collimation and 64x0.625 configuration; 1mm collimation and the injection of 80-100ml of iodinated contrast material using a power injector. An automated bolus-tracking program for optimal opacification of the pulmonary vasculature was used when possible. Images were evaluated on a dedicated workstation. A systematic analysis using multiplanar reconstructions and maximum intensity projections for evidence of emboli disease and its localization was performed.

Results: Negative results for pulmonary embolism were found in 46 patients. In the other 19 patients, pulmonary emboli was diagnosed. CT evidence of pulmonary emboli was described in the main pulmonary arteries in 3 patients, in the lobar and first order segmentary arteries in 9 patients and in the second or greater order segmentary arteries in 11 patients. Only in 2 patients CT features of pulmonary infarction was found. In 23 out of 68 of the patients with negative results for pulmonary embolism, an alternative diagnosis was established by the CT scan. **Conclusion:** the development of multidetector CT has led to improved visualization of peripheral pulmonary arteries and to the detection of small peripheral emboli. For all practical purposes, CT can be use as the first-line imaging technique in patients suspected of having pulmonary embolism. Nevertheless, further prospectively acquired patient studies are still needed.

P-07-07 | OPEN VS. CLOSED INTENSIVE CARE & MEDICAL EMERGENCY FACILITIES. ITS IMPACT ON MORTALITY

Villasmil Prieto, G.

Policlínica Metropolitana, Caracas, Venezuela

Consistent predictive clinical indexes have been developed on the only basis of physiological criteria. However, an inner potential of mortality can be identified in intensive care & medical emergency facilities (IC&MEF) mostly related to the way they organize themselves.

Methods: In a teaching hospital in Caracas, Venezuela, a prospective, protocolized follow up of all admitted patients to IC&MEF (n= 85) was performed from September 1 to December 31, 2004. A wide rank of items were included for follow up, from clinical indexes as APACHE II score to work-process related variables such as time and day of arrival of the patient, basic training and practical experience of the attending physician in charge by the time of admission and complexity of the medical team gathered around the patient. The outcome was defined as mortality and a logistic regression model was proposed as the main statistical tool.

Results: Our analysis showed that only two variables seemed to be consistent predictors of mortality. Those were APACHE II score of 20 points or more and day time admission to IC&MEF on working days. As the former finding is consistent with the literature, the later seems to be a real serendipity.

Discussion: Common experiences report a higher mortality in IC&MEFs during nights and holidays, but in our case it is to admission to ICMEF in daytime on working days (OR=25).These findings seems to be related to the degree of openness of IC&MEF during hours of reduced staff, when team work is mandatory and a more flexible environment for decision making is achieved. On contrary, in daytime, when full medical staff are present, a more complex and inflexible scenario rules

P-07-08 | DIABETIC KETOACIDOSIS. A 5 YEARS RESEARCH IN A INTERNAL MEDICINE SERVICE

de Hollanda, A.; Silva, A.; Monfredini, H.; Palacios, M; Jimenez, JT

Hospital de Clínicas - Asunción.; Paraguay

SUMMARY

The diabetic cetoacidosis is one of the most severe complications of the Diabetes Type 1 (DM1) as consequence of the absolute or relative deficiency of insulin, also it can complicate Diabetes Type 2 (DM2) in certain situations, due to the deficit of insulin of a long evolution and the presence of a severe infectious process of torpid evolution that tests the fragile metabolic balance of these diabetics.

In both types of diabetics it is an emergency and the suitable managing ensues from the reasoning based on the suitable knowledge of the fisiopatology, correct diagnostic, and the therapeutic orientated to reverse slowly the alterations of the internal way caused by the hyperglycemia and the ketoacidosis.

OBJECTIVE: analyze clinical characteristics, trigger reasons, treatment, evolution and mortality in diabetic type 1 and type 2. Diabetics boarding for ketoacidosis in a period of 5 years in Semiología Médica's Chair of the Hospital of Clinics.

Results: of 89 cases, 67 (75 %) was diabetics type 1, 40 (45 %) established himself in 24 hs or less, 57 % of the DM 1; 38 (43 %) in more than 48 hs, 86.5 % of the DM2. In 50 cases (56 %) the trigger factor was an infectious process (51 % of DM1 and 73 % of DM2), the average of internment was 8.4±6 days (7.9±6.1 DM1, 9.8±8 DM2), constant infusion of insulin was restored (established) in 93 % of the cases. There was shock in 8 % (4.5 % DM1 and 18 % DM2), hipokalemia in 6 %, all DM1, mortality was 4.5 %, the all DM2.

Discussion: and commentaries: the acute decompensation is more frequent in the DM1, the most frequent trigger factor is the infection, in the DM2 the ketoacidosis endures a more torpid evolution represented in the major time of installation of the simptons, major time of internment and undoubtedly morbimortalidad.

P-07-09 | SURGERY ORTHOPNEA AT INTERNAL MEDICINE WARD

Brito, M.H.; Vicente, I.; Lino, C.; Vicente, L.

Servicio Medicina Interna- CHCB; Portugal.

INTRODUTION The diaphragmatic eventration is a clinical identity that can provoke serious cardiorespiratory function which is usually confused with cardiac disease, especially heart failure. Approximately 80-90% of these events are related to automobile accidents.

CASE REPORT We presented a sixty-five years old female, interned with a clinical picture of dyspnoea, effort intolerance and orthopnea. She denies having fever, cough and chest pain. In her past medical history she had a thoracoabdominal trauma ten years ago without serious complications, hypertension, recurrent deep venous thrombosis, hypotiroidism and she was being medicated with varfarin, levotiroxin, and diazepam. In the physical examination: she revealed intolerance to lying down in bed. It was remarkable the position that she adopted in bed, maximum 45º, including at night. Conscious, cardiac auscultation was normal and auscultation revealed lower pulmonary global sound. There were no oedemas in the inferior limbs. Complementary diagnostics exams remarked: laboratorial test was normal, electrocardiogram findings unspecific signs of repolarization, chest radiography showed left hemi-diaphragmatic elevation, Echocardiogram with a good systolic function, but very hard to evaluate others parameters. Arterial gases revealed partial respiratory insufficiency, chest computed tomography scan confirmed severe left hemi-diaphragmatic elevation and spirometry test indicated severe restrictive ventilatory defect. The fluoroscopic test demonstrated decreased diaphragmatic motion. She was underwent a posterior and lateral thoracotomy with diaphragmatic plicature.

DISCUSSION: Tears and disruption of the diaphragm can be caused by both penetrating and blunt thoracoabdominal trauma. Diaphragmatic injury is thought to arise from the abrupt increase in intra-abdominal pressure during blunt trauma. This leads to a clinically significant increase in the pressure gradient between the pleural and peritoneal cavities. Some 64-87% of these tears are left sided. Patients with large diaphragmatic defects have critical problems shortly after trauma as a result of disturbed cardio- respiratory function associated with large herniation of abdominal contents into the pleural space. Other patients may be asymptomatic or have vague symptoms, and the diagnosis may be delayed. The fluoroscopic demonstration of absent or decreased diaphragmatic motion is suggestive of diaphragmatic injury. The ultimate treatment is surgery of diaphragm.

P-07-10 | HOSPITAL MORTALITY IN ELDERLY PATIENTS ADMITTED TO AN INTENSIVE CARE UNIT (ICU)

Riera- Mestre, A.; Bodro, M.; Cabello, I.; Díaz Prieto, A.; Pujol, R.

Hospital Universitario de Bellvitge. L´Hospitalet de Llobregat Barcelona, Spain

Aim: To describe clinical data of elderly patients admitted to ICU in a university teaching hospital, as well as the prognostic factors for hospital mortality.

PATIENTS AND Methods: This is a retrospective study including all patients older than 69 years admitted to ICU, in a 800-bed hospital with 50 of these beds in ICU. Study period: 2006-2007. Hospital mortality was defined as ICU and post-ICU hospital mortality.

Results: 944 patients fulfilled this criterion. Mean age was 75.12 (SD: 3.8) years; 58.5% were male. Main disease on admission to ICU was surgical disease (planned surgical disease in 47% and unplanned in 16%). Mean length of pre-ICU, ICU and post-ICU stay were 6.4 (SD: 10), 13 (SD: 22) and 14 (SD: 27) days, respectively. The overall hospital mortality was 29% (20% in the ICU) and was related to the fact of suffering an acute medical illness or unplanned surgical disease on ICU admission.

Conclusions: Mortality in elderly patients after medical or unplanned surgial ICU admission was higher than after planned admission. Factors associated with ICU mortality were related to the severity of illnes at admission, measured by SAPS II, APACHE III, GCS, renal function and length of ICU stay.

P-07-11 | DESCRIPTIONS OF THE USE OF EMERGENCY SERVICE OF THE HOSPITAL DE LA ASOSIACION MÉDICA DE BAHÍA BLANCA. ARE EMERGENCY SERVICE OR PRIMARY HEALTH CARE OFFICE?

Billordo, Pedro.; Cragno, Alejandro.; Dominguez, Andrea.; Killian, Jaquelina.; Romero, Adriana; Cureti, S.

Hospital de la Asociación Médica de Bahía Blanca. Buenos Aires.; Argentina

Introduction: Hospital emergency services are today in our country to answer spontaneous demands in health care. A high percentage of these are non severe pathologies susceptible to resolution in services for Primary Care. This has caused a collapse of health care in recent years, creating inconvenience for both the attention and performance of health workers.

Objectives: Describe the use of emergency services during the month of March 2008 at the Hospital de la Asociación Médica de Bahia Blanca, Buenos Aires, Argentina. **METHODOLOGY:** Descriptive and cross-sectional study. The sample is represented by the 322 patients who consulted during the first two weeks of March 2008 in schedule 8 to 20 pm. They were individually surveyed orally.

Results: Of the 322 patients 197 (61.2%) were female and 125 (38.8%) male. The average age of patients was 56.82 years (14-103). The 97.2% of patients presenting health insurance and 52.2% corresponding to PAMI (health insurance for older people). The 21.7% did not possess general practitioner and 5% do not know her/his. The most frequent pathology reasons for consultation were osteomioarticular, acute gastroenteritis and trauma. The waiting time from the starting of the symptoms until the consultation was more than a week at 51,9% of the patients. The delay in shifts with their family doctors had justified the 20.8% of the consultations; The 83.5% had no prior consultations. The 92.2% of the consultations were resolved on ward and 6.5% were hospitalized.

Conclusions: The first contact with the health system was done in emergency service and the delayed to access primary care was the main barrier. We found that in most consultations the symptoms lasts over a week and in most cases did not require hospitalization or observation on ward so they would have been feasible to solve in the first instance in a lower level of complexity.

P-07-12 | STUDIES OF PREVALENCE OF VENTILATOR-ASSOCIATED PNEUMONIA IN INTENSIVE CARE UNIT OF THE UNIVERSITY BRAZ CUBAS – MOGI DAS CRUZES HOSPITAL (BRAZIL) AND FACTORS AND CHARACTERIZE PATIENT EVOLUTION

Edson Costa, Marcelo Fabiano Rodrigues, Leila Moussa Costa, Sonia Maria Almeida, Silvia Froes Bassini

Universidade Braz Cubas, Brazil

Introduction: Pneumonia is the second leading nosocomial infection and presents high mortality rates. Ventilator-associated pneumonia (VAP) is the leading infection in intensive care units (ICUs).The incidence ranges from 9% to 68%, depending on the diagnostic method used and on the population studied. Its lethality is high, ranging from 33% to 71%, and the case fatality rate can reach up to 55%. Of all cases of hospital-acquired pneumonia , 86% are associated with mechanical ventilation(MV). However, only 9% to 27% of mechanically ventilated patients develop pneumonia. The prevalence reported is 21.7 to 35.6 cases/1000 MV days, compared with 3.2 cases/1000 days for patients not on ventilation. The proportion of intubated patients who develop pneumonia varies from 10% to 50%, with an approximaterisk of 1% to 3% per day of endo tracheal intubation. **OBJECTIVE:** To determine the prevalence of ventilator-associated pneumonia in an intensive care unit, as well as to identify related factors and characterize patient evolution. **Methods:** This study evaluated 98 patients on mechanical ventilation for more than 24 hours in a university hospital. **Results:** Ventilator-associated pneumonia developed in 43.2% of the patients, translating to 39.6 cases/1000 ventilator-days: 55.8% were caused by gram-negative agents (Pseudomonas aeruginosa accounting for 27%); and multidrug resistant organisms were identified in 43.4%. In the ventilator-associated pneumonia group, time on mechanical ventilation, time to mechanical ventilation weaning, hospital stays and intensive care unit stays were all longer ($p < 0.001$). In addition, atelectasis, acute respiratory distress syndrome, pneumothorax, sinusitis, tracheobronchitis and infection with multidrug resistant organisms were more common in the ventilator-associated pneumonia group ($p < 0.05$). Morta! lity rates in the intensive care unit were comparable to those observed in the hospital infirmary. Associations between ventilator-associated pneumonia and various factors are expressed as odds ratios and 95% confidence intervals: acute sinusitis (41.1; 3.4-441); 10 days on mechanical ventilation (7.9; 4.1-14.2); immunosuppression (4.3; 1.3-14.3); acute respiratory distress syndrome (3.5; 1.4-9.0); atelectasis (3.8; 1.2-7.3); cardiac arrest (0.19; 0.05-0.66); and upper gastrointestinal tract bleeding (0.05; 0.009-0.62). The variables found to be associated with in-hospital death were as follows: chronic renal failure (26.1; 1.9-350.7); previous intensive care unit admission (15.6; 1.6-152.0); simplified acute physiologic score II 50 (11.9; 3.4-42.0); and age 55 years (4.4; 1.6-12.3). **Conclusion:** Ventilator-associated pneumonia increased the time on mechanical ventilation and the number of complications, as well as the length of intensive care unit and hospital stays, but did not affect mortality rates.

P-07-13 | THE MORTALITY IN A MEDICINE WARD DURING A PERIOD OF 6 YEARS

Silva A.S.; Jardim M.; Brazão M.L.; Teixeira A.C.; Gaspar J.; Freitas J.M.; Granito S.; Silva S.; Escorcio S.; Araújo J.N. sofia.f.silva@hotmail.com

Medicine 1 Department of Madeira's District General Hospital

The interstitial lung disorders are a heterogeneous group of diseases characterized by the infiltration of acute inflammatory cells distally to the terminal bronchioles and a typical diffuse bilateral alveolar honeycomb pattern with a ground glass appearance in the CT-Scan.

They have a low incidence and prevalence probably due to under diagnosis. Extrinsic Allergic Alveolitis (EAA) and the Churg-Strauss syndrome are two examples of these rare conditions.

The authors present two clinical cases. Firstly, they present a 46 year-old male with a previous medical history of epilepsy, asthma and sinusitis, medicated with terbutaline and montelukast as needed. He was admitted to the emergency department in 08/06/06 with a 2-month history of productive purulent cough and dispnoea on exertion. On examination, he had bilateral, generalized wheeze and hipoxemia. He was admitted to the Medical ward under the diagnosis of unspecified lung disease for further investigations. He was investigated following the protocols of the American College of Rheumatology confirming the diagnosis of Churg-Strauss Syndrome.

The second case relates to a 46 year-old patient admitted due to a dry cough and progressive worsening dispnoea on exertion. After close review of her medical history, the authors detected close contact with pigeons. The clinical suspicion of extrinsic allergic alveolitis was confirmed by CT-Scan, lung function tests, bronchoscopy and br! onchoalveolar lavage (BAL).

The authors point out the importance of a diagnostic suspicion in the context of these pathologies and of corticosteroid therapy in the resolution of the lung lesions, which in these cases re-enforced the diagnosis of interstitial lung diseases.

Keywords: Extrinsic Allergic Alveolitis (EAA) and the Churg-Strauss syndrome, hypersensitivity pneumonia.

P-07-14 | C-REACTIVE PROTEIN AS A MARKER OF MORTALITY IN INTENSIVE CARE UNIT

María Florencia Prieto, Jorge Kilstein, Daniel Bagilet, Stella Maris Pezzotto

2da Cátedra de Clínica Médica. Hospital Escuela "Eva Perón". San Martín 1645. (2152) Granadero Baigorria (Rosario), Argentina.

OBJECTIVE: To determine the prognostic value of C-reactive protein (CRP) and correlate it with the APACHE II score in patients admitted to the Intensive Care Unit (ICU).

Design: Retrospective cohort study. Patients: We studied 879 patients who were admitted to the ICU for any cause during 2 years and were hospitalised at least for 24 hours. **Method:** The levels of CRP were determined at the admission time and the value of the APACHE II score at the 24 hours. We correlated the values of CRP with those of APACHE II score along with other variables (gender, age, disease at onset, length of stay).

Results: The highest levels of CRP were those from subjects admitted for an infectious disease or shock-sepsis-multiple organ failure. Patients with CRP > 10 mg/dL were older, had higher APACHE II score, remained hospitalised for more time and the mortality rate was higher ($p < 0.0001$). The predictive value of CRP for mortality was higher as it increased in level with a specificity of 72.3% when these were over 10 mg/dL.

Conclusions: CRP is an early and specific indicator of outcome, and along with its low cost it becomes a useful test at the admission to the ICU.

Key Words: C - reactive protein, APACHE II, Intensive Care Unit, prognostic, mortality.

P-08-01 | ALISKIREN FOR MONOTHERAPY OF UNTREATED HYPERTENSION IN GERIATRIC PATIENTS. RESPRONSE RATE AND ADVERSE DRUG REACTIONS

Koeppel, Claus; Bimmermann, Andreas; Stelzl, Cristoph; Klobukowski, Andreas

Department of Internal Medicine Geriatrics, Vivantes Wenckeach- Klinikum, Wenckebachstr. Berlin. Germany

Introduction: Antihypertensive therapy in geriatric patients has to take into consideration an increased susceptibility to adverse drug reactions (ADR) and may require a slow dosing regimen. Since experience with aliskiren in geriatric patients is limited an open phase IV study was carried out in geriatric patients with untreated hypertension (WHO grade I -II) and aliskiren mono therapy.

PATIENTS AND METHODS 88 patients (mean age 83.4 ± 3.4 years, 51 females, 37 males) admitted due to various typical geriatric diagnoses to the clinic were included in the study. The responsiveness to aliskiren monotherapy was rated on day 4 after initiation of treatment with 150 mg aliskiren and – again if required – after a dose of 300 mg and - if still non-responsive after administration of additional antihyper tensives. ADR were monitored according to definitions of WHO.

RESULTS: 58 of the patients (66%) responded to aliskiren monotherapy (17 150 mg, 41 300 mg aliskiren). Adverse drug reactions included transient diarrhoea and/or mild gastrointestinal complaints (7), a transient and moderate increase in serum creatine (12), moderate and transient orthostatic dysregulation in 9 patients. In non-responders to monotherapy other drugs (25 diuretics, 21 others) were required in addition.

DISCUSSION: Aliskiren monotherapy was efficient in 66 % of the geriatric patients with untreated grade I to II hypertension. In the non-responders to monotherapy diuretics and other antihypertensives were required. No serious ADR were observed. The aliskiren dose should be increased slowly in the elderly in order to prevent orthostatic dysregulation and falls. A moderate and transient increase in serum creatinine posed no practical problem in the geriatric patients included in this study.

P-08-02 | SUBACUTE DEMENTIA: A CASE OF CREUTZFELDT JAKOB DISEASE (CJD)

Timor, G.; Brunetti, G.; Mirabelli, M; Taffarel, C.; Larrea, R

Servicio Clínica Médica y Neurología Hospital Español de Buenos Aires. Argentina

Introduction: CJD is an uncommon (about 1:1.000.000 cases) neurodegenerative prion related disease, characterized for rapid cognitive impairment, movement disorders and high mortality.

Case: Female, 57 years old, with previous history of depression since 08/2007. Admitted for a psychotic episode to a psychiatric clinic from where she was referred to our hospital for personality disorder, inadequate behaviour, disorientation for time and place, gait disorders with lateralization, letargy alternating with agitation and involuntary limb movements lasting for two weeks. She presents with negativism, global disorientation, incoherent speech, hypoprosexia, echolalia, echopraxia and myoclonus, with deterioration of conciousness being admitted for the latter. Her physical examination reveals crackles in right pulmonary base, urinary bladder distention, time and place disorientation, unresponsiveness to simple commands, incoherent speech, generalized paratonia with preserved muscle strength, no cranial nerve involvement, myoclonus, mild neck stiffness and involuntary masticatory movements. LABORATORY TESTS: hematocrit 31 %; leukocytes 9.100/ul; platelets 140.000/ul; glycemia 107 mg/dl; uremia 62 mg/dl; creatininemia 0,7 mg/dl; sodium 140 mEq/L; potassium 4,1 mEq/L; CK 2.400 U/L; CK-MB 36 U/L; ionized calcium 4,42 mg/dl; normal liver tests, TSH and cortisol; CSF: clear, colourless, 1 cell (100% lymphocytes); protein 36 mg/dl; glucose 71 mg/dl; chloride 125 mEq/L. BRAIN CT: normal. BRAIN MRI: simetric hyperintensity in T2/FLAIR images of basal ganglia. EEG: periodic triphasic complexes. Ceftriaxone and acyclovir were started, and stopped after 72 hours because of negative cultures. Valproic acid was given for myoclonus reaching a 2.000 mg/day dose. She developed akinetic mutism with limb paratonia and generalized spontaneous myoclonus and lately, hypernatremia and nosocomial pneumonia starting piperacillin/tazobactam. In a new lumbar puncture protein 14-3-3 was detected by Western Blot. Patient condition worsens and she dies. An autopsy was performed.

Conclusion: the differential diagnosis is wide in patients presenting with subacute dementia. CJD must be considered if dementia is associated with myoclonus. There is no specific treatment for CJD and it is invariably fatal.

P-08-03 | PREFRAILTY SYNDROME EVOLUTION IN ELDERLY ADULTS IN THE COMMUNITY

Varela Pinedo, Luis; Ortiz Saavedra, Pedro José; Chávez Jimeno, Helver

Instituto de Gerontología, Universidad Peruana Cayetano Heredia.; Peru

Introduction: Frail elderly adults are those that present high risk of adverse events like institutionalization, discapacity, dependency and death. Physical activity, rehabilitation, nutritional and hormonal therapy could prevent or delay the apparition of this syndrome. In the study "Gait velocity as frailty indicator in elderly adults in the community in Lima, Peru" we evaluate 246 elderly persons and found a frailty frequency of 7.7% and a prefrailty frequency of 64.6%, so the present study has the aim to describe the evolution of this high frequency, community-dwelling, pre-frailty elderly group.

Methods: Pre-frailty syndrome was defined with Fried's criteria in 159 community dwelling elderly persons. A second assessment to detect the frailty syndrome using the Fried`s criteria was made in 78 pre-frailty persons. 81 persons were missing.

Results: Sample age average was 70.9 years (SD: 6.9), 62.8% were women. After an 11 months (SD: 1.6) of follow up the frequency of frailty was 18% (14 persons), 70.5% remains in the pre-frailty state and 11.5% (9 persons) changed to a no-frailty state. The frequency of mortality was 3.8% (3 persons) and the frequency of institutionalization and falls was 1.3% (1 person each). There were no statistical associate factors with the progression or regression of the pre-frailty syndrome.

Conclusion: 17.9% of pre-frailty elderly persons in the community progress to the frailty syndrome after an average period of 11 months.

P-08-04 | LONG TERM MORTALITY IN OLDER PATIENTS AFTER COMMUNITY ACQUIRED PNEUMONIA

Torres, Verónica; Prieto, Gimena; Lujambio, Ana.; Vaucher, Andrea.; Aiello, Gonzalo.

Departamento de Medicina Clínica Médica 3 Facultad de Medicina, Universidad de la República, / Hospital Maciel Montevideo.; Uruguay

Introduction-The long term survival of older patients hospitalized with community acquired pneumonia (CAP) is lower than the general population.

Objective- To test the hypothesis that there is increased long term mortality after hospitalization for community acquired pneumonia (CAP) in older patients and it is independent of comorbid conditions.

Methods- We study the outcome of 65 years or older patients hospitalized with CAP. We measured 1 year mortality of this population, and compared comorbid conditions of the group that is alive and of the group thatdied. From a total of 71 patients was established a historical cohort (retro-prospective) analytical and observational study. Univariate analysis was performed by using descriptive statistics (mean, standard deviation, minimum and maximum), histogram and percentage tables. Bivariate and multivariate analysis was performed by employing Student test t, Chi square, Kolmogorov - Smirnov test and logistic regression model with confidence interval 95%.

Results: Univariate analysis by age showed that min= 65, max= 94 years, with mean= 76.9 and error standard= 0.91, 40% was masculine gender, with a percentage of dead (25; 35.2%). In bivariate analysis there was a significative difference between alive and dead with variable age (p= 0.037), and not with diabetes (p= 0.079). By multivariate analysis there were not significative differences between alive and dead in relation of the number of comorbidities (p= 0.321), diabetes (p= 0.074), but there was a significative difference with variable age (p=0.036, OR = 1.077, IC 95%: 1.005; 1.153).

Discussion: The long term mortality of the patients that had been hospitalised for CAP was elevated. There was no significative difference related to the number of comorbidities. Therefore we think that perhaps CAP was an independent predictor of mortality in the group of patients without comorbidities. We should now develop a new study comparing the group of patients with CAP without comorbidities, with a control group without CAP admitted for another illness.

P-08-05 | DEPENDENT OLDER ONCOLOGIC OUTPATIENTS: CORRELATION WITH HIGH RISK OF MALNUTRITION?

Molina -Garrido, M.J.; Guillén Ponce, C.; Flores, Claudio J.; Guirado Risueño, M.; Molina, MA.

Department of Medical Oncology. Elche University Hospital (Alicante-Spain). Department of Medicine. Instituto Nacional de Enfermedades Neoplásticas. Lima; Perú

Introduction: Cancer is a disease of aging, with approximately 60% of all cancers and 70% of cancer mortality occurring in people age ≥65 years. It is known that the number of geriatric patients with cancer who are at risk for developing undernutrition is high. The incidence of malnutrition amongst patients with cancer has been estimated at between 40 and 80%. The prevalence of malnutrition depends on the tumor type, location, stage and treatment. Background&**Aim:** To investigate basal situation in geriatric patients with cancer nutritionally screened using Comprehensive Geriatric Assessment (CGA) and to relate all the parameters included in CGA with the risk of malnutrition measured by 'Determine Your Nutritional Health' Checklist (NSI Checklist), which was developed as part of the US Nutrition Screening Initiative. **Design:** Observational study. Setting: Oncologic geriatric outpatients in a Universitary Hospital. Subjects: A sample of 58 consecutively patients (68 + years) fulfilled the inclusion criteria.

Methods: Interviews, using one instrument for nutritional screening and daily-activities (Barthel Scale) and self-care activities (Lawton-Brody Scale), number of geriatric syndromes, cognitive impairment (Pfeiffer test), frailty screening (Barber test), medication intake, and social situation (Gijon Scale) were performed.

Results: 58 patients. 51.72% were older than 80 years. 48.18% men (n=28). Univariate analysis related to NSI: Barber test (p<0.001), Barthel Scale (p=0.047), Lawton-Brody Scale (p=0.022), number of geriatric syndromes (p=0.044), age younger or older than 80 y (p=0.764), sex (p=0.137), Gijon test (p=0.560), medication intake (p=0.921). Logistic regression: Barber test score between 2 and 6 (p=0.007). RR=6.90. Cognitive deficit in Pfeiffer test (p=0.001). RR=0.13.

Conclusions: In this study, there is an indication that dependent older patients with cancer do not have a higher risk of malnutrition than patients independent for instrumental daily or instrumental activities of life. However, a risk of frailty higher than 1 and a moderate cognitive deficit are related to a high risk of malnutrition.

P-08-06 | POLYPHARMACY IN THE ELDERLY AND SERIOUS ADVERSE EVENTS

Massacane, Sebastian; Malamud, Lucas; Fedullo, María; Ferreño, Diana.; Vega, Aníbal

Hospital Alvarez; Buenos Aires. Argentina

Introduction: Classically, polipharmacy is defined as the concomitant consumption of 5 or more drugs. 11% of the community elders and between 30 and 40% of those treated at different levels of care are polymedicated.

CLINICAL REPORT: 82-year-old woman, resident in geriatric, with a history of aortic stenosis, psychiatric disorders, polymedicated, 10 days prior to her admission, she was prescribed levomeprovazine due to depression. She was admitted with fever, generalized arthralgia, fatigue, blisters on palms and feet soles, vesicular lesions and blisters on chest and lower limbs of one week evolution. Physical exam: crusty, necrotic and blister lesions in palms and soles of the feet, blisters in the thorax, malar erythema in butterfly wings and enanthema in jaws, lesions by scratching in her legs, systolic heart murmur four focus. **Laboratory:** normal, thorax RX increased cardiothoracic diameter. She starts topical treatment with corticosteroids. Progression of lesions and fever without hemodynamic decompensation. Cold agglutinin: negative, serology for herpes simples virus, Epsteing Barr and cytomegalovirus negative, blood culture and urine culture negative. Skin biopsy: multi sha! pe erythema. Regular medication was suspended and the patient starts a treatment with deltisone 0,5 mg/kg/day with very good clinical response.

COMMENTARY: In the elderly, the efficiency of the organs that carry out the clearance of drugs is altered; hence, adverse reactions are common. The collaborative study in Boston showed that 1 in every 1000 elderly was dying from drug complications. Skin reactions are among the most frequent reactions to drugs and multishape erythema is one of them.

Conclusion: The quality of medical evaluation, together with interdisciplinarity coordinated by a single physician, are the main factors for the prevention of iatrogenic disease.

P-08-07 | A NEW PROGNOSTIC SCORE IN PATIENTS ADMITTED WITH ACUTE PANCREATITIS

Gonzalvez-Gasch, A.; García de Casasola, G.; Barba Martin, R.; Herreros, B.; Guijarro, C

Fundación Hospital Alcorcón, Madrid, Spain

Background: Acute pancreatitis (AP) is a common disease that poses potential serious problems. Its clinical course is often unpredictable. Identification of high risk patients enables early appropriate treatment.

PATIENTS AND Methods: We conducted a prospective study to develop a new method that can objectively and easily grade the severity of AP within the first 72 hours of admission. AP was considered complicated if any of the following variables was present: hospital stay longer than 11 days, need of pancreatic surgery or draining procedures, need of admission in an intensive care unit, computed tomography severity index (CTSI) over 6 or death.

Results: 308 patients were included in the analysis, 215 with a first attack and the rest with more than one episode of AP. The mean age was 63 years. The most common cause was biliary (60.7%) occurring mainly in middle-aged women. The etiology was unknown in 19.2%. Alcohol accounted for 14.3% of all the AP, mainly in young men. Other etiologies were included in a miscelanea group (5.8%). Among the clinical and analytical variables studied, factors significantly related to complicated AP in the univariate analysis were age, fever, biliary etiology, comorbidity, leucocytes, glucose, lactic dehydrogenase, urea, creatinine, reactive C protein, albumin and calcium. In the multivariate analysis independent prognostic factors were age > 65 years, leucocytes >13.000/mm3, reactive C protein >150 mg/dL, albumin <2.5 mg/dL and calcium <8.5 mg/dL A prognostic score ranging form 1 to 6 points was designed based on multivariate regression coefficients. The best cut-off level to identify high risk patients was 4 points. The sensitivity of this formula is 90.5% with specificity of 66.3%. The positive and negative predictive values are 33% and 91% respectively.

Conclusions: In our experience, not all the Atlanta criteria correlate with poor prognosis. We have used different criteria to define complicated AP. On the basis of this definition, we have designed a simple prognostic rule using clinical and inexpensive analytical factors. Patients with less than 3 points will probably have an uncomplicated pancreatitis whereas those with more than 4 points are likely to develop complications and thus will require close monitoring.

P-08-08 | INFRECUENT DIZZNESS IN THE ELDERLY

Bravo Blanco, Ana M.; Cadavid Rodriguez, A.; Alvarez Muñiz, M.L; De Toro Santos, M.

Complexo Hospitalario de Ourense; Spain

Introduction:- Dizziness is frecuent in the elderly but this symptom is vague and can be present in a lot of diseases. The spontaneous hypoglycemia is rare and potentially serious. Case.- We describe the case of an 84-year-old woman who present dizziness and investigation of causes, revealed hypoglycaemia for a malignant insulinoma.

Discussion:- Malignant Insulinoma is unusual in the elderly and courses with liver metastases sometimes microscopic. The fact that the capillary blood glucose are normal during periods intercrisis, its clinical symptoms with varying neuroglucopenia and behavioural disorders, complicate diagnosis. As improve with the intake, resulting in weight gain.

The triad Whipple, the test of prolonged fasting, endoscopic ultrasonography and selective arteriography dynamic, leading to confirm the diagnosis. We must have a high index of suspicion and perform a blood glucose primarily acute psychiatric or neurological symptoms. Surgery is the treatment of choice although they have proposed alternatives that have been less effective.

P-08-09 | ASSESMENT OF COGNITION IN THE PRIMARY CARE SETTING: THE ELDERLY FUNCTIONAL EVALUATION SCALE (EFA) SCALE

Seinhart, D.; Soderlund, M.; Outumuro, M.; Schapira, M; Labos, E. ;Cámera L A.

Hospital Italiano, Medicina Geriátrica, Buenos Aires; Argentina.

Background: There is a necessity of a reliable tool to evaluate cognitive impairment, suitable to primary care practitioners (PCP).

Objetive: Evaluate the accuracy of a new diagnostic tool for cognitive impairment in the elderly, Elderly Functional Evaluation Scale (EFA): **Method:** EFA is a construct of 12 items orientated to evaluate the performance of the elderly on six cognitive domains, it can be administrated 20 +/- 3 minutes. EFA and Minimental was administrated by PCPs to 45 elderlies with memory complain. Then, a blinded neuropsychologist administrated them the ADAS-cog. We correlated the results of EFA, Minimental and ADAS-cog (Spearman rho coefficient). We built ROC curves between EFA, Minimental and ADAS-cog. **Results:** Mean age 77 (sd 4,2), MMI 26 (sd 2,7), EFA score 10,5 (sd 4), ADAS-cog 10,8 (sd 4). Hight correlation between EFA and ADAS-cog (rho 0.70), between MMI and ADAS-cog correlation was moderate (rho 0.54). EFA´s sensitivity and specificity for cognitive impairment by ADAS-cog was 81 and 76 % respectively. Sensitivity and specificity of Minimental was 73 and 76%.

Conclusion: 1) EFA brings cuantitative/cualitative information about elderly´s cognition and could be a useful tool in primary care. 2) It should be validated by apropiated methods.

P-08-10 | INAPPROPIATE MEDICATION PRESCRIBING IN AMBULATORY VULNERABLE ELDERLY PATIENTS IN ARGENTINA

Guajardo, M.; Schapira, M.; Pollan, J.; Simonovich, V.; Sassano, M. Cámera L A.

Hospital Italiano, Medicina Geriátrica, Buenos Aires. Argentina

Background: In developed countries the use of inappropiate medication (IM) prescribing in the elderly is a mayor health concern and its prevalence ranges from 12 to 40 %. To the best of our knowledge there is no information of this kind in Argentina or in Latin America. **OBJECTIVE:** To study the prevalence of inappropriate medication prescribing in a group of vulnerable elderly patients

Material and Methods: 165 patients referred by their general practitioner (GP) were evaluated at the Functional Evaluation Unit (FEU). During this visit, demographic information with educational level, comorbidity, Minimental state, activities of daily living (AVD) and instrumental activities of daily living, and a medication list was recorded. A detail retrospective review of the electronic medical chart was performed by our team. Diagnosis, number of visits to specialized doctors and to the GP and the number of medications were recorded. The 2002 Beers criteria (BC) are a list of drugs that should generally be avoided in the elderly due to either ineffectiveness or excess of harm. A group of experts discussed these criteria and we identified a list of IM criteria adapted to the medications available in our country. Univariable and multivariate analyses were performed with a 95 % interval confidence (CI)

Results: The prevalence of inappropriate medication (IM) was 39 % (64 patients). 26 patients received one IM, 16 patients received two IM, and 22 patients received more than two IM. The most frequent IM were Benzodiazepines (BZD) on patients with history of falls, BZD on patients with depression not taking antidepressive medication, daily Fluoxetine, and calcium channel blockers in patients with constipation. The univariable analysis showed a significant association in: female OR: 2.8 (CI: 1.3-6.34); more than 10 consultations to specialized doctors OR: 3.06 (CI: 1.49-6.18); polypharmacy OR:3.06 (CI:1.46-6.44); altered AVD OR:2.16 (CI: 1.03-4.55), and depression OR:3.02 (CI: 1.35-6.78). Multivariable analysis showed: female OR:2.91 (CI:1.26-6.73);visits to specialist OR:3.08 (1.45-6.51), depression OR:2.56 (CI: 1.11-5.94)

Discussion: 1)Our study showed a high prevalence of Inappropriate Medication. 2)The association of female, depression and frequent visits to specialists were found to be significant for Inappropriate Medication.

P-08-11 | DELIRIUM PREVALENCE IN A GENERAL HOSPITAL. ANALYSIS OF RISK FACTORS AND TRIDDERING FACTORS

Ilorens, Mario; Irigoin, Victoria; Guerrini, Victoria; Lamas, Laura; Prieto, Jimena

Departamento de Medicina Interna Hospital Maciel Clínica Médica - UDELAR, Montevideo; Uruguay

Introduction: Delirium is an acute, frequently reversible, alteration of mental state. It constitutes an indication of the quality of hospital care, many of the factors involved in its development being preventable. It is an often underdiagnosed disorder. The main purpose of the present study is to promote awareness on the problem. **AIMS:** To assess the prevalence of delirium in hospitalized patients in a general hospital, identifying risk factors and most frequent triggering factors. **Materials and Methods:** Transversal observational study of hospitalized patients in the Hospital Maciel, Montevideo, Uruguay, from November 2006 to March 2008. Delirium was diagnosed by CAM-ICU (assessment method for the intensive care unit), which is validated for patients not on mechanical ventilation. Variables analyzed were: sex, age, previous cognitive decline, hypoalbuminemia, polypharmacia, consumption of addictive substances and comorbidities. Risk factors between patients with or without delirium were compared. Triggering factors were categorized according to the diagnostic and statistical manual of mental disorders (DSM- IV-TR). **Results:** Five hundred and five patients were enrolled, and 40 were excluded. A total of 465 pacients were analyzed, 251 women and 214 men. Their age range was 15 to 92 years, mean±sd = 57± 18 years. Of these, 35 were diagnosed as CAM-ICU positive, thus yielding a delirium prevalence of 7.5%. In the bivariate analysis the risk factors significantly associated with delirium were: age over 65 years (p=0.04) previous cognitive decline (p<0.001), chronic encephalopathy (< 0.001) polypharmacy (p=0.03) and hypoalbuminemia (p<0.001). In the logistic regression analysis, the associated risk factors were: previous cognitive decline OR 13.14; CI 4.69-33.8 (p<0.001) and chronic encephalopathy OR 5.40; CI 1.78-14.97 (p=0.003).Triggering factors were: medical disease 77%, multiple etiologies 20%, intoxication by substances 3%. In 28 % of cases the medical cause was infectious.

Discussion: Prevalence was lower than described in previous studies. The most common triggering factor was infectious disease. In our study chronic encephalopathy and previous cognitive decline were the most frecuent associated factors with the development of delirium. These data will allow us to establish prevention strategies for delirium.

P-08-12 | PREVALENCE OF ANAEMIA IN ELDERLY HOSPITAL HOSPITALIZED IN THE HOSPITAL O HOSPITAL DE LA ASOSIACION MÉDICA OF BAHÍA BLANCA BUENOS AIRES ARGENTINA.

Billordo, Pedro; Cragno, Alejandro.; Domínguez, Andrea.; Jouglard, Ezekiel.; Killian, Jaquelina; Romero, A.

Hospital de la Asociación Médica de Bahía Blanca. Buenos Aires.; Argentina

Introduction: Anaemia is a multifactorial disease that increases with age. It generates a deterioration in the quality of life, indicating high risk of disease and an overall increase in mortality.

Objectives: To determine the prevalence of anemia in adults over 65 inmates in Hospital of medical associations from March 3 to April 25, 2008.

METHODOLOGY: We included patients aged 65 or more inmates in the Clinical Service Medical Hospital of the Medical Association of Bahía Blanca. We used the WHO criteria to define anemia and classified them morphologically. CIE 10 (International Classification of Diseases) guides were used to classify the reasons for hospitalization and evaluate comorbidities. Data were collected from a payroll at the time of the patient's income and were analyzed using SPSS program.

Results: We analyzed 141 patients. 12 were ruled out due to lack of data. The average age was 81.34 + / - 7.2 years ranging between 65 and 103 years. The average hemoglobin was 11.59 (+ / - 2.3), being for 67 women 11.2 g / dl (+ / - 2.29) and 12 g / dl (+ / - 2.3) for the 62 men. The total prevalence of anemia was 56 % in the sample. The 10, 1 % presented microcitosis, 89.1% had normocitosis and 0,8 macrocytosis. The reasons for hospitalization were 20,6 % for respiratory disease, 16.3 % cardiovascular disease, both gastrointestinal and nervous system disease, 14,2 %; 11,3 % of signs, symptoms and Laboratory abnormalities not classifiable and 23,4 % distributed in other pathologies. 23,4 % had hystorials of IC, 5,7 % of IRC, 5 % of hypothyrodism, 7,8 % peptical disease and 13,5 % of neoplasia. 78, 7 % of the patient were discharged from hospital.

Conclusion: The anemia is a condition highly prevalent (preexisting) in patients older than 65 years under internal room clinic in our hospital. In our study the proportion of patients was higher than that described in other publications, although the proportion of normocitic anemia was similar.

P-08-13 | DELIRIUM: PROSPECTIVE ASSESSMENT OF A COHORT OF ELDERLY PATIENTS ADMITTED TO A HOSPITAL IN BUENOS AIRES ARGENTINA DUE TO MEDICAL REASONS WITH AN 18MONTH FOLLOWUP.

Vazquez, Fernando Javier.; Giunta, Diego.; Cafferatta, Carlos.; Freixas, Antonio.; Benchimol, Javier.

Hospital Italiano de Buenos Aires. Argentina

Introduction: Delirium(D)has acute onset and multifactorial origin, characterized by disorganized thinking with altered conscience and attention.

Objectives: To describe prevalence and evolution of D in elderly patients during Hospital stay and after discharge

Methods: Descriptive, prospective and observational study. Older than 70 years, admitted to due to medical reasons during 9 months were assesed for D. At month 18, we evaluated them looking for life status, place of residence, activities of daily living activities (ADL) and nursing dependence.

Results: 194 patients were evaluated, 74 of which were excluded. 120 patients were included, 52 (43.22%) presented D. We found significant differences between D and D- groups regarding place of residence to a third level center before admittance (17.3% vs 1.5%; p=0.002), history of dementia (41.2% vs 9%; p<0.001); ADL medians (5 vs 6; p<0.001); iADL (0.5 vs 7; p<0.001); length of stay in Hospital (7 vs 5; p<0.031) and intrahospital mortality (21.2% vs 1.5%; p=0.001), respectively. Eighteen months later, groups D vs D-had a median ADL of 1 (interquartile interval: 5) vs 5(interquartile interval: 4) p 0.003; and 27.5% vs 7.9% lived in a nursing home(p 0.008). Survival for D after 570 days was 36.7% (CI 95%: 24-51.5%) vs D-after 640 days 51.7% (CI 95%: 34.4-68.6) that was statistically significant (p=0.027).

Discussion: D is associated with a lengthier Hospital stay and greater intrahospital mortality and greater dependency and less actuarial survival after 18 months.

P-08-14 | RETROSPECTIVE ANALYSIS OF FALL INCIDENCE IN TEACHING COMMUNITY HOSPITAL; QUALITY ASSESSMENT OF MULTIDISCIPLINARY FALL PREVENTION STRATEGIES.

Mercado, Juan.; Ito, Sawa.; Gennari, Amelia.

Division of Geriatric Medicine, University of Pittsburgh.

Objectives: Falls are one of the common incidences in acute care setting. In order to evaluate local characteristics of fall incidences and compliance of current fall prevention strategies, we retrospectively reviewed all incidences of falls between July 1 and Aug 10, 2007.

Methods: Retrospective quality assessment chart review. Results; Ninety seven fall events were reported during the research period. 70% of fallers were older than sixty years old. 33% of patients developed repeated falls during the same admission. 50% of the falls occurred around the bed and 40% of patients had developed delirium before the fall events. Although the fall risk screenings were assessed in all patients on admission, there were very poor compliance rates. Only 0% to 30% of the fall prevention strategies, such as placing fall precaution signs, physical therapy assessment, frequent toileting and bed alarm, were done.

Conclusion: In this study we found excellent compliance with fall asse ssments, but extremely poor compliance with multidisciplinary fall prevention management. Based on this detailed examination of the characteristics of local fall incidences, we should be able to find feasible strategies for improving fall prevention management.

P-08-15 | PSYCHIATRIC DIAGNOSES IN FREQUENT ATTENDERS ELDERLY PATIENTS.

Cámera L, Riccio P, Soriano E, Michelángelo H, Schapira M, González B. de Quirós F., Seinhart D

Programa de Medicina Geriátrica. Hospital Italiano de Bs. As. Argentina

Introduction: Frequent attenders patients (FA) are responsible of an excessive utilization of medical resources. 50% of their visits to a primary care physician (PCP) have no medical justification. FAP may have a higher prevalence of psychiatric disorders, not always perceived by the PCP.
Objectives: 1) Evaluate psychiatric diagnoses of FAP and compare them with a control group of non-FAP using the Primary Care Evaluation of Mental Disorders (PRIME-MD). 2) Evaluate the concordance between the diagnoses made by PRIME-MD vs. the one expressed by the PCP in the clinical records.
Design: cases and controls.
PATIENTS AND Methods: 85 patients with more than 50 visits/year and 85 non-FAP were randomly selected. PRIME-MD was applied in both groups. The clinical records of FAP were analyzed .
Results: The average age (SD) was: cases: 73 (7), controls: 75 (6). FAP have an average of 3,23 visits/patient/month vs. 0,95 by non-FAP. The average of psychiatric diagnoses on FAP was 2 vs. 0,7 on non-FAP.
Objetive 1

	Cases	Controls	Odds Ratio(CI95%)	P(chi2)
Depression	38	10	6 (3-15)	<0,001
Anxiety	37	16	3 (1,6-7)	<0,001
Somatoform disorder	61	25	6 (3-12)	< 0,001

Objective 2

	N° FAP diagnosticated by PCP		% diagnosticated
	YES	NO	
Depression	23	15	60
Anxiety	14	23	38
Somatoform disorder	27	34	44

Conclusion: 1. FA have higher prevalence psychiatric disorders.
2. A important number of FAP had not been detected by the PCP.

P-08-16 | DIFFERENCES OF COMPREHENSIVE GERIATRIC ASSESSMENT IN ELDERLY CANCER PATIENTS IN A UNIVERSITY HOSPITAL

MJ Molina-Garrido(1), C Guillén-Ponce(1), A Mora(2), M Guirado-Risueño(1), MA Molina(1), MJ Molina (1), A Carrato(1). (mjmolinagarrido@hotmail.com)

(1)Department of Oncology. (2) Department of Internal Medicine.Elche University Hospital. 03203, SPAIN.

Background: The incidence of cancer increases with age. Older patients are not simply old, but are geriatric patients because of interacting psychosocial and physical problems. As a consequence, the health status of old persons cannot be evaluated by merely describing the single disease or the group of age. A comprehensive geriatric assessment (CGA) has been used during the past 15 years to estimate the functional reserve and the life expectancy of an older person and to detect functional, medical, social, rehabilitative and nutritional needs.

We have tested the performance of a new Comprehensive Geriatric Assessment (CGA) and its relationship with groups of age in cancer patients in our hospital. **Methods:** Between June 2006 and January 2008, a total of 86 oncologic patients older than 74 years were approached to enrol in our study to analyze their functional, physical, mental, and pharmacotherapeutic state and to correlate them to some groups of age: youngest-old (74 to 80 years-old), old-old (older than 80 years). They were analysed Activities of Daily Living measured by Barthel Scale, Instrumental Activities of Daily Living measured by Lawton-Brody Scale, Grade of Fragility measured by Barber Scale, cognitive evaluation measured by Pfeiffer Test, number of geriatric syndromes, and medication intake. A Chi Squared test was used for statistical analysis; p-value <0,05 was considered significant.

Results: Median age was 80,49 years (range 74 to 88,12). 51,2% were female. Breast cancer, lung cancer and colorectal cancer were the most frequent kind of tumors (67,4%) . 32 patients (38,6%) were aged between 75 and 80 years old and the remaining 51 patients were older than 80 years-old. There was statistic significative association between groups of age and Barthel Scale (p=0,022) and medication intake (p=0,044). However, there was no statistic significance between groups of age and Pfeiffer Test (p=0,178), Lawton-Brody Scale (p=0,155), Barber Scale (p=0,151) or number of geriatric syndromes (p=0,105).

Conclusions: Older oncologic patients have a higher medication intake and are more dependent in basic daily activities of life but there are no more differences in any scale of CGA. Age per se must not be the only criterion for medical decision as it is not correlated to the health status of older cancer patients. Thus, CGA should be implemented in clinical practice.

P-08-17 | GERIATRIC SYNDROMES AND FRAILITY IN OLDER PATIENTS WITH CANCER

MJ Molina-Garrido(1), C Guillén-Ponce(1), A Mora(2), MJ Molina(1), MA Molina(1), A Carrato(1). (mjmolinagarrido@hotmail.com)

(1) Department of Medical Oncology. (2) Department of Internal Medicine. Elche University Hospital (Elche-Alicante). Camino de la Almazara, 11. CP 03203. SPAIN

Background: Geriatric conditions, such as incontinence and falling, are not part of the traditional disease model of medicine and may be overlooked in the care of older adults with cancer. The prevalence of geriatric conditions and their effect on health and disability in older adults with cancer has not been investigated in population-based samples.

OBJECTIVE: To investigate the prevalence of geriatric conditions and their association with frailty index measured by Barber test.

Material and Methods: Patients aged > or =74 years consecutively evaluated in the Department of Oncology were included. All them underwent a complete test of frailty (Barber´s test) and an analysis of geriatric syndromes, such as pressure ulcers, incontinence, depression, malnutrition, falls, functional decline, impaired mobility at assessment, polypharmacy and delirium. One or more 'Yes' answers to the Barber´s test indicate that the patient is 'at risk of frailty' and needs a complete Comprehensive Geriatric Assessment. The relationship between number of geriatric syndromes and risk frailty was calculated. Setting: Survey administered between June 2006 and December 2008 in the Department of Oncology in Elche University Hospital.

Results: 86 elderly patients were included in the study (F 44/M 42, 59.3% were older than 80 years, mean age 81.39 +/- 4.23 years, range 74.89-95.75 years). The kind of malignance was breast cancer in 32.6%, lung cancer in 18.6%, and colorectal cancer in 16.3% of the patients. Barber´s test values were: 0 in 15.2% of patients (n=12) and 1 in 32.9% (n=26). No geriatric syndromes in 41.3% of patients and 3 or more in 6.7%. 77.5% of patients had no cognitive impairment but 2.5% had severe cognitive deficit. Those patients with more geriatric syndromes had the highest values in Barber test (p=0.000).

Conclusion: The presence of geriatric syndromes is related to frailty. These findings suggest that geriatric conditions, although not a bull´s eye of current models of health care, are important to the health and function of older adults and should be addressed in their care

P-08-18 | IS THERE AN ASSOCIATION BETWEEN IMPAIRED CLOCK DRAWING TEST AND HYPERTENSION IN AMBULATORY COMMUNITY-DWELLING ELDERLY?

Schapira M , Bellomo M , Benchimol J, Pollan J, Seinhart D; Cámera L A. (luis.camera@hospitalitaliano.org.ar)

Medicina Geriátrica Hospital Italiano de Bs As, Argentina.

Background: Hypertension in elderly people is associated with a decline in executive function which may affects physical function. Early detection of this association may prompt to target interventions.

Aim: To analyze the association between hypertension and executive dysfunction using the clock drawing tasks in community dwelling elderly subjects.

Methods: Case control study between July 2002 and October 2005. Case group (CE):226 patients (65 years) with abnormal clock drawing task. Control group(CG): 221 patients with a normal clock drawing test. In both populations,health status, demographic characteristics and functional capacity wereassessed by a team of geriatricians. A complete physical examination wasperformed. Measures included: Mini Mental State Exam, Geriatric Depression Scale, Basic Activities of Daily Living and Instrumental Activities of Daily Living. Chronic medications and comorbidities were also registered.Odds ratios (OR) with confidence intervals of univariates analysis toidentify important covariates for the subsequent logistic regression were performed.

Results: Univariates analysis showed significant differences between CE and CG groups in: age OR: 1.78 (CI 95% 1.46-2.18), female OR: 0.36 (CI 0.23-0.57), hypertension OR:1.53 (CI 1.05-2.24), cognitive decline OR: 1.36 (CI 1.16-1.59); psychiatrics drugs OR: 3.17 (CI 1.98-5.06). After full adjustment, a significant association between hypertensionand abnormal clock drawing test was found in the multivariate analysis OR: 1.72, (CI 1.07-2.76)

Discussion: There was an association between hypertension and poor performance in clock drawing test. This determination could detect high-risk elderly people and might lead to a closer follow up and better management.

P-08-19 | MULTICENTER SURVEY OF CHRONIC PAIN IN THE ELDERLY OUTPATIENT

E. Stonski1, F. Recalde2, A. Jansen3, E. Garramone4, L. A. Camera1.

1Programa de Medicina Geriatrica - Clinica Medica, Hospital Italiano de Buenos Aires, CABA, Argentina, 2Director, Puesto Sanitario Jaramillo, Jaramillo - Santa Cruz, Argentina, 3Director, Hospital General de Cayasta, Cayasta - Santa Fe, Argentina, 4Clinica Medica, Hospital Italiano de Buenos Aires, CABA, Argentina

Aim of Investigation: To describe the prevalence of chronic pain (for 3 months or more in the last year), the age and sex distribution, the pattern and pathophysiological mechanism of pain, the effect on sleep, functionality, and the association with depression, and pharmacological and nonpharmacological treatment in the elderly.

Methods: Prospective and descriptive multicenter study in patients who visited their primary care physician for routine monitoring. A clinical assessment and a specific pain assessment were conducted.

Results: 1285 patients were assessed, and 85 were excluded (due to dementia and aphasia). Of the 1200 patients enrolled, 893 (74.4%) had chronic pain. Average age was 78 years, and 66% were women. Patients had between 5 and 7 comorbid pathologies and used 6 different drugs on average, and 57% were overweight. They had been in pain for 14 years (on average). The pain was mild (VAS 10-30) in 10% of cases, moderate (VAS 40-60) in 60%, and intense (VAS 70-100) in 30%. The pain was responsible for functional impairment in 57% of cases and interfered with sleep in 37%. 59% had depressive disorders. 71% had pain in the low back, 57% in the knees, 21% in the shoulder, and 38% myofascial pain. There was an average of three different areas with pain in the same patient (with a range of 1 to 8 areas). 77% had somatic pain, 11% had visceral pain, and 12% neuropathic pain. In 26% of patients there were mixed mechanisms of pain. 59% of patients with myofascial pain had pelvic pain and 41% had pain in the scapular region. 10% of patients with pain met criteria for fibromyalgia. The most frequent cause of visceral pain was irritable bowel (57%), followed by angina (20%) and chronic cystitis and esophagodynia (10%). Most common etiologies of neuropathic pain were diabetic neuropathy, postherpetic neuralgia and alcoholic neuropathy, and for a mixed mechanism of pain the most common types were peripheral joint arthropathy, the narrow channel, and fibromyalgia. 73% of patients were using NSAIDs, 72.5% acetaminophen, 37% antidepressants, and 31% neuroleptics. Physio-kinesiotherapy was the most frequent nonpharmacological treatment (93%), followed by acupuncture and mesotherapy (9% and 35% respectively). We found a significant relationship between a VAS > 55 and alterations in functionality.

Conclusions: In this population, chronic pain is highly prevalent, of long-time evolution, and moderate to severe intensity; it affects more than three different sites of the body and causes functional alterations, interferes with sleep, and generates polypharmacy. The pain is closely related to depressive disorders.

P-08-20 | CHRONIC PAIN IN THE ELDERLY - SO SIMPLE TO UNDERSTAND WITH A GERIATRIC MULTIDIMENTIONAL ASSESSMENT

D. Weissbrod1, E. Stonski1, L. I. Leal2, G. J. Massarelli2, Z. A. Candia2, M. L. Landi1, P. M. Vazquez1, L. A. Camera1,

1Programa de Medicina Geriatrica - Clinica Medica, Hospital Italiano de Buenos Aires, CABA, Argentina, 2Programa de Medicina Geriatrica - Departamento de Enfermeria, Hospital Italiano de Buenos Aires, CABA, Argentina

Abstract: Aim of Investigation: To describe a multidimensional assessment program of Chronic Pain in the Elderly. **Methods:** The first part of the assessment is made by trained nurses, the second by doctors specialized in pain. Information collected includes demographic details, economic status, social supports, environmental factors, family structure, education level, present and past activities, the religious affiliation, the home and any areas of conflict. The clinical assessment focuses on factors that can modify the pain or change therapeutic decisions. Addictions (smoking, alcohol, hard drugs, pharmaceutical drugs), a history of the medications the patient is taking and non-pharmacologic treatments. The sleep assessment, bowel and urinary habits, vision testing, and hearing assessment. The Mini Mental State Examination and the Clock Test for cognitive assessment. The Yesavage Geriatric Depression Scale, PHQ9 and PRIME-MD (to evaluate depression, anxiety, somatic disorders, nutritional disorders, and alcoholism). The quality of life using the EQ-5D scale. Assessment of pain using a visual analog scale (VAS), a pain drawing using a three-color scheme. The pain interference in the patient's life using the activities of daily living (ADL), instrumental activities of daily living (iADL), and the Brief Pain Inventory Scale (BPI). We add the McGill pain questionnaire to all these assessments. A physical examination oriented to the pain problem is done. A neurological examination and primary and dynamic posture is assessed. **Results:** We establish the presumptive diagnosis, the diagnostic plan, the suggested therapeutic plan, the follow-up plan. A written report is sent to the patient´s primary care physician. Although we are just beginning to evaluate patients in this Holistically - Multidimentional Assessment (less than 2 years), we are impressed by the preliminary results, that this assessment detects "geriatric" problems that interfere the interpretation of pain, and can identify better what is undergoing behind the painful complaint. **Conclusions:** The multidisciplinary model we have developed has created a structure that allows us to gain a multidimensional understanding of our patients and their pain. In addition, the patients' satisfaction is huge. They appreciate the multidimensional approach, which helps them confront their pain. This assessment allows us to select better pharmacological and non-pharmacological treatment schemes, customized for each individual patient.

P-09-01 | SHORT TERM MORTALITY AFTER ISCHEMIC STROKE; THE IMPACT OF RENAL DYSFUNCTION

Hojs Fabjan, Tanja; Hojs, Radovan
Depto. Of Neurology and Clinic of Internal Medicine Dept. of Nephrology. Slovenia

Background: Atherosclerosis is accelerated in patients with different stages of chronic renal failure. Renal dysfunction predicts mortality in patients with myocardial infarction and congestive heart failure. Less is known about the impact of renal dysfunction on mortality after ischemic stroke. The aim of our study was to determine if renal dysfunction is associated with increased short term (≤ 30 days) mortality after ischemic stroke.

Patients and methods:. All 356 patients (181 men and 175 women) suffered from ischemic stroke in one year period with renal dysfunction, determined as glomerular filtration rate (GFR) < 90 ml/min/1.73m2, were included and followed-up (up to 30 days) in our study. The mean age of included patients was 72.08 ± 10.8 years, ranged from 36 to 96 years. GFR was calculated according to abbreviated Modification of Diet in Renal Disease (MDRD) formula. At admission stroke severity was determined by National Institutes of Health Stroke Scale (NIHSS).

Results: The mean GFR in our patients was 61.53 ± 16.61 ml/min/1.73m2; 201 (56.5%) patients had GFR > 60 ml/min/1.73m2, 137 (38.5%) between 60 and 30 ml/min/1.73m2 and 18 (5%) < 30 ml/min/1.73m2. There were 42 (11.8%) deaths in the first 30 days. Patients who died were older (P=0.002), had higher NIHSS (P=0.0001), higher hs-CRP (P=0.0001), lower GFR (P=0.012), lower total cholesterol (P=0.015), lower albumin (P=0.044) and had more frequent atrial fibrillation (P=0.002). No differences in presence of diabetes and hypertension, smoking, HDL cholesterol, LDL cholesterol, triglycerides and BMI between patients who died or survived were found. With Cox multivariable regression analysis, NIHSS (P=0.0001), total cholesterol (P=0.028) and GFR (P=0.031) were only predictors of short term mortality.

Conclusions: In patients with ischemic stroke, renal dysfunction (decreased GFR) was associated with higher short term mortality. GFR was independent predictor of short term mortality.

P-09-02 | RETROSPECTIVE STUDY OF 5 YEAR'S OF GUILLAINBARRÉ SYNDROME IN AN INTERNAL MEDICINE SERVICE

Freitas, Hilda; Ferreira, Paulo; Lopes, Emilia.; Cotter, Jorge
Servicio de Medicina Interna, Centro Hospitalar do Alto Ave, E.P.E.- Unidad de Guimarães.; Portugal

Guillain-Barré syndrome (GBS) is an acute immune-mediated polyneuropathies, rapidly progressive, leading to disability.

The authors present a retrospective study of patients with GBS interned in an Internal Medicine Service from March 2003 to March 2008. In the clinical evaluating processes the following parameters were studied: age, sex, time from the onset of symptoms until the internment and until the therapy, hospitalization period, prior infection, vaccination, results of lumbar puncture (LP), electromyography (EMG), neurological involvement, treatment, complications and clinical outcome.

Six patients with GBS were hospitalized. 50% were female, with a range spectrum of 48 years old. The average hours from the onset of symptoms until the internment were 35 hours and until the therapy 96,6 hours. The mean hospitalization was 27,5 days. They had in 50% infection and 0 % vaccination prior. We performed to all patients LP, 33,3% normal and 66,6% with albuminocytologic dissociation.

We've done to 83% of the patients EMG and from these 80% presented with axonal neuropathy and 0% with demyelinating polyneuropathy. 50% had dysautonomia, 0% involvement of cranial nerves and 16,6% severe respiratory muscle weakness. Treatment was with immunoglobulin in all patients. 16,6% of the patients required intensive care unit with need of ventilatory support. The mortality rate was 16,6%. 83% of patients showed some disability at the time of internal release.

This study aims to show that the GBS is a disease uncommon and the clinical suspicion is essential for a therapy early, the only way to change the natural evolution of the disease.

P-09-03 | DURAL SINUS THROMBOSIS CLINICAL CASE

Freitas, Hilda; Oliveira, Natalia; Lopes, Emilia.; Duarte, Ana.; Cotter, Jorge.
Servicio de Medicina Interna, Centro Hospitalar do Alto ave, E.P.E.- Unidad de Guimarães.; Portugal

The authors report the case of a woman, 39 years old, domestic, II gestation, a spontaneous abortion in the first trimester of pregnancy and childbirth with 26 weeks of pregnancy, with a medical history of peripherial venous insufficiency complicated with thrombophlebitis of the left lower limb in 1996 and reactive depression. She was being followed in the consultation of Internal Medicine.

She came to the Emergency Service in 08-02-2008 with severe, throbbing, generalized headache that worsens with Valsalva maneuvers, accompanied by neck pain, photophobia, sensitivity to sound, vomiting and right otalgia which have started for 8 days. On physical examination showed pain on palpation of the right mastoid; otoscopia - acute otitis media (AOM); neurological examination unchanged. After performing a head computed tomography scan - spontaneous hyperdensity of the right transverse and superior sagittal sinus.it can not be excluded dural sinus thrombosis (DST); head magnetic resona! nce imaging (MRI) in combination with head MRI venography - demonstrating the thrombosis of the right transverse, superior sagittal, right sigmoid sinus and left anterior frontal cortex vein. She was admitted in the Internal Medicine Service with the diagnosis of DST end AOM, medicated with anticoagulation (low molecular weight heparin) and ceftriaxone.

She was observed by otorhinolaryngologist that excluded mastoiditis. The study of the etiology: autoimmunity, serology of syphilis and markers virus- negative.

The study of prothrombotic condition revealed dysfibrinogenemia (delection for plasminogen activator inhibitor 1). Laboratory studies revealed folic acid deficiency, correction began. She had good clinical outcome, was asymptomatic, without complications in internment. She went home on 20-02-2008, followed into consultation of Internal Medicine and of Immunohaemotherapy. DST is less common than other types of stroke, uncommon in adults. Many causes or predisposing condi! tions are associated with DST, the more frequent are prothrombotic conditions, oral contraceptives, pregnancy, puerperium, malignancy and infection. It has a varied clinical spectrum of presentation.

The main treatment option is anticoagulation. DST can result in death or permanent disability, but usually has a favorable prognosis.

P-09-04 | NEUROSYPHILIS AS A CLINICALLY RELEVANT CAUSE FOR STROKE IN YOUNG ADULTS CASE REPORT (POSTER)

Freitas, J.M.; Fernandes, F. S.; Santos, D.; Faria, N.; Jardim, M; Silva, AS, Reis, AP, Araújo, JN.
Internal Medicine 1- Funchal Central Hospital; Portugal

Neurosyphilis results from the infection of the central nervous system by a bacterium named Treponema palidum. It causes diverse clinical signs and symptoms similar to other better known neurological and psychiatric diseases. Its form of presentation may be divided into two groups: early (asymptomatic, meningeal and meningovascular neurosyphilis) and late (progressive general paralysis and tabes dorsalis).

The case report presented involves a 47-year old man that appeared in the emergency service with an 8-day evolution diplopia. His past medical history showed promiscuous sexual activity, an episode of urethritis in his twenties and about 3 weeks before admission a sudden loss of strength in this right arm that lasted 24 hours.

His physical examination revealed, apart from a paresis of the external rectus muscle in the left eye, no signs of fever, high blood pressure or any kind of alteration in the fundoscopic analysis on both eyes. The laboratorial evaluation disclosed: hyperglycemia (157 mg/dl), hyperlipidemia (cholesterol 249 mg/dl, triglyceride 301 mg/dl), VDRL and TPHA (+) and HIV 1+2 (-). The CT scan showed "stroke on the right caudate capsule region, associated with ischaemic lesions on the white front-parietal substance". The Echocardiogram was normal. He was admitted to the Infectious Disease Unit.

The cerebral spinal fluid examination showed Pleocytosis, Increased Protein (74,4 mg/dl), VDRL and FTA/ABS and TPHA (+), compatible with neurosyphilis. Further observation did not reveal fundoscopic or field modifications. Neurosyphilis is a disease that still occurs nowadays and due to its clinical polymorphism must be considered as a differential diagnosis for a stroke in a middle age adult.

The fact that the tests are difficult to interpret and sometimes associated to the irregular response to the usual treatment, makes it difficult to treat and stresses the need for thorough knowledge of this disorder and its multiple presentations.

P-09-05 | QUETIAPINE IN THE TREATMENT OF BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

Ettorre, E.; Servello, A.; Calabrese, C.; Guglielmi, S.; Marigliano, V.;Sapienza

Universita di Roma- Dipartimento di Scienze dell Invecchiamento.; Italy

Introduction: Neuropshycologichal symptoms are very common in patients with Azlheimer's disease. They become more and more severe with the progression of the illness, so that a pharmacological treatment becomes necessary. The objective of our study is to establish the effectiveness and the tolerability of quetiapina in a group of patients with dementia and neuropshycologichal symptoms.

PATIENTS AND Methods: 60 patients with dementia and neuropshycologichal symptoms were enrolled. Every subject has been submitted to first level evaluation for identification of cognitive impairment, neuropshycologichal symptoms and reduction of the functional autonomy. Six-monthly controls have been scheduled over two years of observation. All the patients received quetiapina to the initial daily dose of 25 mgs. This dose has subsequently been modified according to the specific necessities.

Results: 16 patients (27%) have developed adverse effects. The mean CDR at the beginning of the study was 1.60. At the end of an observation of two years the mean CDR was 2.03. 42 patients worsened their cognitive function;10 patients improved, 8 patients remained in the same condition. The mean value of the MMSE at the final examination was 13.34, with a mean worsening of 3.66. The evaluation of behavioural disorders by Neuropsychiatry Inventory showed a mean improvement of 8.57. The mean efficacy dose of quetiapina for controlling behavioural disorders resulted to be 100 mgs / die.

Conclusions: In several studies quetiapina showed to have a good efficacy and tolerability. Of the 60 patients enrolled in this study, only 8 patient (13%) discontinued the pharmacological treatment. Comparing these data with other studies, we can notice that the percentage of patients that discontinued the therapy with quetiapina is lower in comparison to the percentage of patients that discontinued the therapy with risperidone (27,3%) and with olanzapina (14,9%). The tolerability of quetiapina has been valued satisfactory. The most meaningful adverse effect has been the orthostatic hypotension. These results show a good effectiveness of the quetiapina in reducing neuropshycologichal symptoms. In our study we found a mean improvement of the NPI of 8.57, with a positive response to the treatment in the 73.3% of patients.

P-09-06 | THE DIAGNOSTIC CHALLENGE OF BILATERAL FACIAL PALSY

Neves, Clarinda; Rocha, Gonçalo; Araujo, João Paulo.; Friões, Fernando.; Almeida, Jorge.

Hospital São João, Porto- Portugal

Bilateral facial palsy is a rare condition, occurring in 0.3% to 0.2% of facial palsy cases. The aethiology remains a clinical challenge, often being part of a complex myriad of signs and symptoms of a systemic disease, sometimes life-threatening.

We present the case of a 51 year-old diabetic woman, with asthenia and baack pain, followed by left facial palsy. She presented to her attending physician and a Bell´s palsy was diagnosed, being medicated with vitamins and started physiotherapy.

Seven days later she developed bilateral facial palsy and was admitted at the hospital. The neurologic examination was otherwise normal, she had no history of fever, skin lesions, enlarged lymph nodes or other complaints. The cerebral CT-scan was normal. Routine blood investigation with serological tests was negative.

The spinal fluid showed 1.16 g/liter of proteins and 7 nucleated cells, with normal glucose; the culture was negative. She was medicated with immunoglobulin for suspicion of atypic variant of Guillain-Barré syndrome and ceftriaxone for Lyme disease.

Neuroborreliosis was confirmed by PCR for DNA of Borrelia burgdorferi in the liquor. She was treated with ceftriaxone for 27 days and started reabilitation. At the sixth day o! f hospitalization she developed pancitopenia.

The blood smear was normal and the bone marrow revealed no abnormalities. She progressively recovered from the pancitopenia. Two months after discharge, the recovery was almost complete.

Facial nerve palsy is a major symptom of neuroborreliosis, although the complexity of the differential diagnosis is challenging. This diagnosis has a major significance in the treatment and prognosis of most patients.

P-09-07 | LEUKOENCEPHALOPATHY CEREBRAL CALCIFICATIONS AND CYSTS A CLINICAL CASE

Brito, V; Fonseca, A.G; Mendes, I; Guarda, C; Amaro, M

García de Orta Hospital Almada. Portugal.

Introduction: Leucoencephalopathy with intracranial calcifications and cysts (LCC) is a rare syndrome with few clinical case described

Case: a 48 year old man, known to have non treated epilepsy, was admitted after a partial seizure with secondary generalization. On objective examination he had a dimorphic face and intellectual impairment. Complete clinical and neurological exam was otherwise normal. Cerebral CT scan revealed multiple nodular lesions in frontal, nucleobasal, and parietal regions with some hemorrhagic component and multiple calcifications. Extensive screening for neoplasic and infectious etiology was negative, namely liquor citoquimical, microbiological and citological analysis; HIV, toxoplasma gondii, echinococus and neurocysticercosis serology's; body CT scan; tumour biomarkers. Cerebral MRI confirmed the presence of cystic intra axial lesions. Family relatives underwent clinical and imagiological screening (brain CT scan) and no alterations were found.

Discussion: LCC first manifestations usually begin in childhood with seizures, cognitive deterioration and cerebral signs. When histopathological exam is done angiomatous like lesions with microvessels rearrangements are found. Aetiology is unknown.

Conclusion: This represents an unusual finding of this identity in an adult person.

P-09-08 | A RHEUMATOID ARTHRITIS CASUISTRY.

Joaquim, Ana; Magalhaes, Sandra; Ferreira, Alvaro.; Gregorio, João; Alves, Manuela.

São Sebastião Hospital, Portugal

Introduction: Rheumatoid arthritis (RA) epidemiology isn't homogenous worldwide; in Portugal, it has a prevalence of 0,3%. Both the disease and its treatment have a significant impact on patients' functional capacity.

OBJECTIVE: and **Methods:** To characterize demographically and clinically the RA patients that attended an Internal Medicine of autoimmune diseases consultation of São Sebastião Hospital (SSH) between 1st January 2006 and 31th December 2007. Data were collected from SSH clinical files. **Results:** 126 patients were included (105 female), with diagnosis median age of 47 years and median disease evolution of 8 years. Two died (abdominal malignancy and myocardial infarction). 78,8% were rheumatoid factor positive and 22% had extra-articular involvement, namely rheumatoid nodules (10), carpal tunnel syndrome (four), secondary Sjögren syndrome (three), rheumatoid vasculitis (one) and Felty syndrome (one). Of the 107 (84,9%) medicated patients: 38,3% underwent second line therapy, 12,1% third line, 4,7% fourth line, 1,9% fifth line and 0,93% sixth line; 94 were treated with metotrexat, 50 with leflunomide, antimalarial agents or salazopirin, 13 with anti-TNF agents and two with rituximab. 39 (31%) underwent surgical procedure. Of the 58 registered adverse effects, the most prevalent were: osteoporosis and osteopenia (36,2%); gastrointestinal effects (22,4%); hepatic cytolysis (13,8%); Cushing's syndrome (8,62%); arterial hypertension (6,9%); opportunistic infe! ctions (6,9%); leukopenia and thrombocytopenia (5,2%) . The median Disease Activity Score (DAS) 28 at the first evalutation was 4,69 and, at the last one, 3,39; as far the Erythrocyte Sedimentation Rate (ESR), the median value initially was 25 mm and finally was 12 mm. In the last consultation, 37,2% of the 113 evaluated patients were in American College of Rheumatology (ACR) functional class I, 31% in II, 29,2% in III and 2,65% in IV; the Health Assessment Questionnaire median score was 1,69.

Conclusions: More than 50% of RA patients were medicated with more than one therapy line and there were a significant number of adverse effects. Although there have been a good RA median evolution (evaluated with DAS 28 and ESR), the ACR class II was the most prevalent in the last consultation, which reinforce the functional incapacity inherent to RA.

P-09-09 | UNILATERAL PHRENIC PALSY: CASE REPORT

Joaquim, Ana; Custódio, Sandra; Magalhaes, Sandra.; Alves, Manuela.

São Sebastião Hospital, Portugal.

Introduction: Unilateral phrenic palsy is often asymptomatic in basal conditions and discovered incidentally. Patients may experience dyspnea on exertion or other stressful situation, like infection. The most common cause is nerve invasion from malignancy of structures near the phrenic nerve, usually a bronchogenic carcinoma. Other less common causes are: trauma, infection or polyneurophaties (as in diabetes or alcoholism).

Case Report: An 81 year-old female, with history of stroke 20 years before and hypertension, went to Emergency Room in March 2008 because of rest dyspnoea and fever beginning one week before. She also complained of palpitations and hyperactivity during one month. They were detected: global severe respiratory failure; upper respiratory tract infection; and elevated right hemidiaphragm on thorax radiography, confirmed to be right phrenic palsy.

The previous radiographies already showed it but in a less extent. She was hospitalized in the Medicine Department, where she she needed oxygentherapy for three days and had a fast recovery with antibiotherapy. During hospitalization, she was diagnosed with diabetes mellitus, microalbuminuria probably in relation with diabetic nephropathy, hyperthyroidism and three heterogeneous solid thyroid nodules, the biggest with 3,5 cm of largest diameter. She was oriented to surgery department for study.

Conclusion: This case is an example of diagnosis exercise in internal medicine.

This unilateral phrenic palsy patient was asymptomatic, until an extra demand episode of respiratory infection, which represented an extra demand. Two possible causes were diagnosed and are still in study. In one hand, she has diabetes non medicated and somehow advanced; on the other hand, the thyroid nodes, independently of the aetiology, may compress the phrenic nerve.

P-09-10 | DEMYELINISATION PROCESS RATE IN ADOLESCENTS: ASSESSMENT CRITERIA.

Filippovich, AN.; Filippovich, N.F.

Research Institute of Medical and Social Assessment and Rehabilitation Minsk. Belarus

Methods: 127 multiple sclerosis patients 15 to 19 years old were examined. CT and MRI of cerebrum and spinal cord, conventional clinical methods, immunoassays and a patented radioimmunobiological assay for measuring the myelinotoxic activity (MTA) of blood serum and spinal fluid were used.

Results: The MRI findings (decreasing T-1W signal and increasing T-2W signal) were diagnostically important in 91.4% of cases and the CT findings were important in 42.6% cases. Four groups of patients were distinguished: (1) latent phase (16.6%), (2) slow progradient phase (33.1%), (3) acute phase (35.4%) and (4) fast progradient phase (14.9%). Characteristic of group 1 were slight increase in MTA of blood serum (average of 7.6 units compared to 3.9 in control group), decreased CD4+ (33.9% compared to 40.1% in control) and increased CIC levels (94.65 optical units compared to 69.32 in control). In group 2 with MTA level as high as 22.1, clear decrease of T-lymphocyte, CD22+, CD4+ and CIC levels was noted, along increase in CD8+ level and weak induction of TNF-α. In group 3 MTA level was 40.2 units coupled with increased CD8+, IL-2P+, Ig G, A, M, TNF-α, IL-8 and CIC and decreased T-lymphocyte and CD22+ levels. In group 4 MTA level was as high as 79.3; high level of CD4+, CD8+, IL-2P+, IgG, IgM, IgA and CIC and low level of T-lymphocytes and CD22+ were noted.

Conclusions: Measurement of blood serum MTA in combination with immunoassay and MRI findings helps to correctly estimate the rate of demyelinisation in multiple sclerosis patients.

P-09-11 | THE LONG TERM RESULTS OF TREATMENT AND REHABILITATION OF MULTIPLE SCLEROSIS PATIENTS.

Filippovich, AN.

Research Institute of Medical and Social Assessment and Rehabilitation Minsk. Belarus.

Methods: Long term results of treatment of multiple sclerosis were studied. The dynamic monitoring of 110 patients over the period of 1 to 1.5 years following the successful in-hospital treatment of MS was carried out. Clinical methods, CT and MRI of cerebrum and spinal cord, and a patented radioimmunobiological assay of the myelinotoxic activity (MTA) of blood serum were used.

Results: Four groups of patients were distinguished: group 1 (36 patients; 32.7%) - patients with low MTA level (4.56*0.7 units) after successful hormone therapy. No rehabilitation was required out afterwards. Group 2 included 41 patients (37.3%) with low MTA level (3.76*0.81) after hormone and corrector therapy; a rehabilitation course was carried out at a later stage. Group 3 consisted of 22 patients (20.0%) that required long term immunomodulating therapy due to a higher rate of demyelinisation (MTA = 19.2*0.43). The remaining 11 patients (group 4, 10.0%) with moderate rate of demyelinisation (16.4*0.52) were prescribed general health improvement therapy and rehabilitation based on intensive motional activity and physical exercise.

Conclusions: Hormone therapy helps to reduce the demyelinisation rate to acceptable level within 2 to 4 month. The subsequent rehabilitation helps to achieve the extended remission period. However, long time after treatment of acute MS the hormone therapy is not justified.

P-09-12 | BRAIN ABCESS.

Hissa, Abdon; Costa Da Ponte Souza, M.; Lande Rosa, F.; Laport de Freitas Silva, G.; Almeida Guabiraba, D.

Clínica Médica Dr. Abdon Hissa - Hospital Copa D´Or –Río de Janeiro.; Brazil

Introduction: A brain abcess is a focal supurative infection within the brain parenchyma, typically surrounded by vascularized. Your incidence is 0.3-1.3 / 100.000 person per year. Predisposing conditions include otitis media and mastoiditis, paranasal sinusitis, penetrating head trauma or neurosurgical procedures and dental infections.

The clinical presentation depends on it location, the nature of the primary infection, if present. Less than 50% of cases have the classic clinic triad: headache, fever and focal neurologic deficit. Case discution: MKF, 32 years old, medical surgeon presenting change of the conscience level, intercalating moments of sleepiness and agitation, fever and headache. He was interned and submitted to a neuroimage exam, examination of CSF, cultures and blood exams with non especific resoults, but showing a dengue sorology IgM positive at this time.

A hige-dose pharenteral, large specter antibiotics was initiated however, it evolved with worsening of the headache, the neurological state and the laboratory with infectious standard, being thus sedated and intubade. New brain TC evidences cerebral abscess and empyema being necessary a neurosurgical drainage.

Conclusion: He remains then interned in neurointensive care unit with gradual improvement and can go home after 42 days of venous antimicrobial without sequels.

P-09-13 | ACUTE HEMORRHAGIC LEUKOENCEPHALITIS: A CASE REPORT IN AN ADULT PATIENT

Cruzat, Vanesa; Wainsztein, Néstor; Hlavnicka Alejandro; Alderuccio, Juan Pablo; Longstaff, Jennifer.

FLENI Sede Belgrano; CABA. Argentina

Acute Hemorrhagic Leukoencephalitis (ALHE), is a rare severe variant of Acute Disseminated Encephalomyelitis (ADEM) characterized by a fulminant progressive inflammation of the white matter. Early diagnosis is critical because it leads to death in a few days and causes severe morbidity despite treatment.

Case: A 43-year-old Peruvian male tourist, was admitted because of altered mental state. Six days before admission he developed flu-like symptoms, associated with headache and vomits. The following day he became lethargic and forgetful. He was taken to another hospital, where a lumbar puncture was performed. A clear and colourless cerebrospinal fluid was obtained with an elevated protein concentration.

Due to impairment mental status, he required intubation and mechanical respiratory assistance. Brain magnetic resonance (MR) revealed multiple diffuse non-enhancing hyperintense rounded lesions on T2 and FLAIR sequences suggestive of demyelination, involving both hemispheres, but mostly in basal ganglia and brainstem. There was mass effect. He was treated with ceftazidime, vancomycin, ganciclovir, doxiciclin, dexametasone and was transferred to FLENI. On examination the patient was, unresponsive to stimuli. The pupils were equal, minimally reactive to light. He was hypotonic. The corneal reflexes were present and deep-tendon reflexes were live and symmetric. Electroencephalogram showed diffuse, disorganized and slowed background rhythm, without epileptiform activity. Another non-enhancing low cervical spinal cord lesion was seen in a cervico-thoracic RMI.

On the second hospital day, the RMI showed progression of the white-matter lesions and he developed intracranial hypertension, which required ventriculostomy placement, barbituric coma and hypothermia. Brain biopsy revealed perivascular lymphocyte inflammation, extensive necrosis and edema, including an active demyelinization process.

Cerebrospinal fluid (CSF) cultures for bacteria, acid-fast bacilli, fungi and serologic tests for Chlamydia, Cytomegalovirus, Mycoplasma, Bartonella, syphilis, arbovirus and Brucella were negative. Polymerase-chain-reaction (PCR) test in CSF for herpes simplex, Varicella-zoster, tuberculosis, Ebstein-Barr Virus, Human herpes virus 6, Chlamydia, Mycoplasma, Enterovirus, were all negative. Intravenous immune globulin and methylprednisolone at high doses were administrated without response. After seven plasmapheresis sessions and cyclophosphamide he showed mild neurological improvement. When he was derived for rehabilitation, he was alert, comprehended simple commands and could move hands, forearms and feet.

P-09-14 | NEAR DROWING SYNDROME IN A SPANISH HOSPITAL

Escribano Dueñas, AM; García, Gaspar; Manzano Badía, C.; Lescano, ML; Padilla Galo, A

Hospital Costa del Sol, Marbella, Spain. Hospital Juan Ramón Jiménez, Huelva. Spain. Hospital Perrando. Chaco. Argentina

Introduction: The near-drowing sindrom(ND) is a prevalence, frecuency, rate disease in some place of holidays and, in summer. There are deaths no esperadas. Our objectives describe the cases of ND that was hospitalized in Hospital Costa del Sol .

Material and Methods: A retrospective study and we analise the patients with ND that were hospitalized in Hospital Costa de Sol between 1993 and 2007. We excluid the patients less than forteen years. We study 81 patients, 63%males y 37% females . the leght year was 54.8 years old .The patients were foreigners in the 50.6%.

Results: The 71.6% were ND in salad water. The most frecuenty cause was accidental (53.1% and we don´t know the cause in the 24.7%). This situation could have an origin in previus diseases in the 12.3%, in the drink alcohol and drugs in the 7.4%. There were" try to suicide" in the 2.5%. The 64% of the patients had a previous disease (33% cardiovascular and in the 9.9% respiratory). The most frecuenty manifestation of ND were the dyspnea (39.2%) and cardiorespiratory "stop"(27.8%). We see change in the ray X chest in the 87.7%, the most frecuenty was infiltrated alveoli-intersticial bilateral. The 34.6% was admited in UCI , the leght of stay was 1.4 days. Then , the 28.4% of total patients need ventilation with respirator. During 1.21 days (media), and only the 6% was in UCI withought ventilation with respirator. The leght of stay was 4.33 days.. The 27.2% had some complications during stay in the hospital: 7 aspiration pneumonia, 1 pneumothorax associated to respirator, and ! 3 arrhythmia. The 13.8% were dead, the most frecuenty cause was encephalopathy by anoxia (81.8%). All patients that deadth was found in cardiorespiratory stop in the place of sucess withough nobody can sayhow much time begin this situation (PCR)

Conclusion: In our area, the near-drowing syndrome was more frecuenty in males and in the salad water. The main cause was accidental but in the 25% cases can´t say what was the reason. The encephalopathy by anoxia was the most frecuenty of death.

P-09-15 | CEREBLAR VENOUS THROMBOSIS

Fraga, Laura; Romero, Cecilia

Clinica Médica C. Depto. Medicina Hospital de Clinicas Dr. Manuel Quintela UDELAR Montevideo; Uruguay

Introduction: The annual incidence of cerebral venous thrombosis (CVT) varies from 3 to 4 cases per million population, in peripartum arises up to 11, 6 cases per 100000 deliveries. Represent 1% of stroke. CVT have been considered an uncommon disease, until the improvement of high sensitive imaging techniques, but still remains a diagnostic challenge.

Affect women 70-80%, young to middle age with a variable clinical presentation. There is an identified cause in 85% of patients; most of them have multiple predisposing conditions. Hypercoagulable state, oral contraceptives are the most common risk factors. Mortality varies from 4 to 20% and recurrence 2, 8%. The objective was to describe demographic data, clinical presentation, etiologic, morbidity and mortality and treatment received in patient with confirmed diagnosed of CVT from November 2000 to 2007.

MATERIAL AND Method: We performed a retrospective, descriptive study. We investigate data from patient record form, laboratory and imaging techniques and treatment received.

Results: We recruited fourteen patients diagnosed in this period, 11 females, 3 males, with a mean age of 33 years, and median delay from the onset of symptoms to diagnosis was 9, 3 days. Headache was the most frequent symptom at presentation in 12/14 patients, isolated or associated with papilloedema in 8/12, other were seizures, aphasia and focal deficits. We found predisposing factors in the totally of patients, hypercoagulable state in 6/14 and associated with the use of oral contraceptives in five of them. Every patient received anticoagulant treatment with subcutaneous low molecular weight heparin or intravenous heparin; none had complications associated to treatment. One patient died during hospitalization and 2 had permanent neurology impairment,11 recovered completely.

Discussion: The International Study on Cerebral vein and Dural Sinus Thrombosis (ISCVT) is the largest prospective series of 624 patients with CVT published, our findings are similar to those described at this study.

P-09-16 | GLIOMATOSIS CEREBRI REPORT OF SEVEN CASES AND LITERATURE REVIEW

Lasa, Juan; Young, Pablo; Pellegrini, Debora; Finn, Bárbara C.; Bruetman, Julio E.

Hospital Británico de Buenos Aires.; Argentina

Gliomatosis cerebri (GC) is a diffuse infiltration of central nervous system by malignant glial cells. This paper goal was to analyze clinical features, treatment and evolution of a group of patients carrying GC.

The clinical records of 7 patients diagnosed with GC between January 1998 and February 2001 at the British Hospital in Buenos Aires were retrospectively analyzed. Four were female and three male. The media age was 51.4 (range 29-75). According to the prevailing cell type four were oligodendrogliomas, two astrocytomas and one mixed. Patients were given chemotherapy, radiotherapy, or a combined treatment.

The global survival rate was of 17.8 months (range (12-24). The survival in the astrocytoma group was 13.2 months and in the oligodendroglioma group was 20 months. Although it is a small number of patients and a retrospective study, we emphasize the significance of biopsy, not only to achieve diagnosis, but also prognosis. Some recent papers remark that patients carryi! ng oligodendroglioma tumors show longer survival

P-09-17 | TO COMMENT A CASE OF SUBACUTE INSANITY OF TOXIC ORIGIN BY AN UNUSUAL AGENT

González Valeriano, Uruñuela Griselda, González Estevarena Luís,Queti Felipe.(felipeq04@hotmail.com)

Sanatorio Pringles. Coronel Pringles. Buenos Aires. Argentina

Patient and **Methods:** Male, 56 years of age, veterinarian. Antecedents hepatitis B, diabetes 2, hiperuricemia. Consulting the 26/08/2002 by loss of memory, disorientation temporoespacial, severe amnesia, Disorder of language and lectoescritura. Convulsions tonic clonic. At exam hiperreflexia in inferior members, rest normal, hiperglucemia (2,30gms.). Consume grounded linen since 2 years, has arrived to consume 250 gr. daily.

Consultation with neurologist, EEG that shows moderate disorganization, without focus nor paroxismes and TAC of normal brain dating 28/08/02. He's medicated with Valproato and Fenobarbital, Glibenclamida y Allopurinol. RMN the 30/08/02 normal. Sent to Buenos Aires with probably diagnosis of subacute insanity, interned for a month: LCR normal, RMN: slight extentision of both ventricles, laterals. SPECT: frontal and parietal hipoflujo, VDRL, HIV, Hudlesson: negatives. Vit B12: Normal; Ác. Fólico: Normal; Cortisol: Normal, Thyroid hormones: normals, T.A.C de Thorax, abdomen and pelvis, normals, Ecografía testicular: Normal. Anticuerpos Anti HU y Anti SO en LCR: Negatives.

Discharge with probable diagnosis of : Alzheimer, Encefalitis Espongiforme, Sme paraneoplásico medicated with Difenilhidantoina 3/day; Fenobarbital 100 mg; Glibenclamida y Allopurinol.

Disorientation temporoespacial, does'nt recognize his family and has muscular weaknes that prevents being mobilized, convulsions in spiteof the medication, monthly evaluated by neurologist. He is declared insane. Because of nettle-rash the medication is suspended, resting only with Clonazepam, complejo vitamin B e hipoglucemiantes. Ten days afterwards begins to be located temporoespacialmente, rocognize, he has complex dialogs,etc. Three months later has no more symptoms.

Conclusion: For the development of the case, its propose retrospectively the poisoning for linen. The daily amount recomended is 25 or 30 gr a day the patient consumed 250 gr daily. This grounded free Ac Cianhidrico and lineina. The first provoke Hipoxia citóxica, at SNC level the symptoms owe to the inhibition of the utilization of O2. The lineina is antagonist of vitamin B6 (increase the triptofano, decrease dopamine, serotonina and GABA). Both toxins provoke basically convulsions, damage and mental confusion as well as peripheral neuropathy.

P-09-18 | INPATIENT CARE FOR STROKE PATIENTS IN THE NORTH OF CORDOBA SPAIN

Garcia de Lucas MD; Domingo Gonzalez S; Martin Escalante MD; Gonzalez Vega R; Garcia Alegria J

Internal Medicine Department. Hospital Costa del Sol, Marbella. Malaga; Spain

AIMS: The purpose of the present study was to describe inpatient care for ACVD during 2004 in the Valle de los Pedroches health area in the province of Cordoba, as well as survival at six months, and the use of health resources offered for this condition.

PATIENTS AND Methods: A longitudinal study of the acute phase of the illness and survival at six months was conducted by means of face-to-face interviews.

Results: The prevalence of arterial hypertension (75.5%) stands out as a risk factor. The mean age was higher than in other series. There is no characteristic profile of clinical symptoms. The proportion of ischaemic to haemorrhagic strokes falls within the normal range. All 110 patients were submitted to a cranial computerised axial tomography scan. Senility, a compromised level of consciousness, haemorrhagic stroke, poorer scoring on the Canadian Neurological Scale, hard comorbility and complications all affected mortality rates. The study showed that 20% died while in hospital and 19.1% at six months. At discharge, 30.9% were undergoing rehabilitation. The spouse was the main caregiver in 55.5% of cases. A total of 79% had sequelae at six months. The use of health care resources was low.

Conclusions: Instruments that allow fast effective diagnoses and treatments and guarantee proper clinical practice while reducing brain damage and its dependence should be made generally available. Improving primary and secondary prevention is essential in order to halt the progression of ACVD. The use of rehabilitation and social services was scarce.

P-09-19 | VALUATION OF THE FUNTIONAL LIMITATION AND QUALITY OF LIFE IN STROKE PATIENTS

García de Lucas MD.; Martin Escalante D.; Domingo González S.; Aviles B.; García Alegría J.

Internal Medicine Department. Hospital Costa del Sol, Marbella. Málaga.; Spain

AIMS: valuation of surviving patients diagnosed with stroke between January and September 2004 of the modifications and the quality of life six months after being admitted in the Valle de los Pedroches health area in the province of Cordoba.

PATIENTS AND Methods: observational study on discharge and 6 months after through a personal assessment of the functional valuation by Barthel Index (BI), Modified Rankin Scale (RMS), Frenchay Index (FAI) and StrokeImpact Scale SIS-16 (both instrumental activities) and the mental function by MMS-35, of the depression by Yesavage test and quality of life by health questionnaire Short Form 36 (SF-36).

Results: of 88 patients discharged, 67 survived the 6 months predominating in a significant way, the younger without sex difference with an average case of 73±10.2 years. The neurological deficit measured by the Canadian Scale (CS) was less in survivors not reaching the significant (6.3 vs 5.5). There was a significant result from the more severe effect of BI (<60) and RMS (3-5) in those who died, which predominated the haemorrhagic stroke and the ischemic ones in the total anterior circulation infarction (TACI). The improvement was significant in the BI and RMS but not in the CS. Even like this 35% of patients showed sequences which made it necessary for a third person for the ACVD. The FAI, SIS-16, MMS-35 and Yesavage showed more limitations on patients with a greater neurological deficit. The questionnaire SF-36 showed a bigger compromise in the areas which estimate the general physical functioning (BI and RMS) more than in the emotional and vital area.

Discussion: after six months of a stroke severe dependence persists in 7 of every 10 patents as the tools to improve these results have to be increased. **Conclusion:** the valuation of the functional and participating limitation at six months of the neurological deficit and its effect on the quality of health related life, improves in survivors especially if it is an isquemic stroke, but less than 20% reach total recuperation and autonomy. The desfavourable autoperception of the quality of life generates social isolation, but with hardly any repercussion of the emotional sphere

P-09-20 | REVISION OF THE PREVALENCE PRESENTATION AND TREATMENT OF NEUROCYSTICERCOSIS

Gaset, Margarita; Cassese, María del Rosario; Basile, Claudio.; Schinocca, Néstor.; Pace, Gabriela.

Internal Medicine Hospital General de Agudos Parmenio Piñero. Buenos Aires City.; Argentina

Introduction: In Latin American countries, Asia and Africa, neurocysticercocis is the most frequent parasitic pathology of the central nervous system. Also, in relation to the immigration currents, neurocysticercocis has appeared in countries and regions in which was absolutely unusual. Taking in consideration these data, and evaluating the interest to review the treatment, we have made an analysis of the prevalence of this pathology in our internal medicine unit, the common characteristics, the differences between the patients, and the response to the treatment instituted.

METHODOLOGY: A descriptive, retrospective study was performed on the population of admitted patients in the internal medicine unit, of the Hospital General de Agudos Parmenio Piñero of the City of Buenos Aires during the period of time between the January 1 2004 and December 31 2007. Inclusion criteria: all patients admitted into the internal medicine unit during that period and were diagnosed with neurocysticersosis. The following variables were analyzed age, sex nationality, motive for consultation, first and ulterior diagnosis, treatment, clinical outcome. The variables were analyzed and the graphics performed with MS Excel.

Results: During this period 6 patients were diagnosed with neurocysticercosis. Four male and two females . Their ages oscillated between the 19 and 68 years old, with a media of 24 years. Five patients were admitted because they presented seizures and only one was admitted because of migraines, vomiting and gait instability. All patients were medicated phenytoin, one of them also required glucocorticoids and two received antiparasitic drugs. The outcome was favorable in all the cases. Three patients, required re admittance due to abandonment of the medication.

Conclusions: This pathology may present symptoms that jeopardize the life of the patient. The study of this pathology allows the physician to propose a therapeutic conduct considering each case individually and analyzingthe necessity of the administration of an antiparasitic drug.

P-09-21 | CHOREA ASSOCIATED WITH DIABETES. CASE REPORT

Grunholz, Daniela; Pavez, Claudia; Sanghinetti, Antónella.; Carrillo, Katya.
Servicio de Medicina Interna. Hospital Militar de Santiago. Santiago de Chile.

Introduction: A wide variety of central and peripherical nervous system can be found direct or indirectly in diabetic patients. Chorea is an infrequent manifestation of hyperglycaemic non-ketotic status, which disappears when glycemic control is achieved. It usually associates to hyperintensity lesions in T1-weighted magnetic resonance imaging.

Case Report: 62-year-old, female patient with history of type 2 diabetes, with insulin-based treatment and bad metabolic control and complicated with diabetic retinopathy and neuropathy. Frequently hospitalized for acute diabetic complications secondary to infections. Arrives to the emergency department in January 2008 for an 8-day history of polydypsia and elevated capillary glycaemia associated to dental infectious foci, which is removed without any further antibiotic treatment. Returns to the emergency department for 1-day history of disorientation and involuntary cephalic, orolingual and upper extremities movements. At admission is oriented, with the previously described movements and moderate dehydratation signs, the rest of physical and neurological exam without any findings. Laboratory at admission: glycaemia 551 mg/dL, venous blood pH 7,37, bicarbonate of 26 mmol/L, negative ketonemia and ketonuria, normal plasma electrolytes, with a calculated osmolarity of 304 mOsm/L, and glycosylated haemoglobin of >14%. Brain CT is performed that shows ischemic microangiopathy, without other findings, and brain MRI that shows multiple bilateral confluent foci of periventricular and subcortical ischemic microangiopathy, without hiperintesity lesi! ons. During hospitalization presents difficult glycemic control, with high requirements of crystalline insulin. Choreic movements decrease when metabolic control is achieved. Patient is discharged. At 3 months follow-up disappearance of abnormal movements is observed.

Discussion: The pathophysiology of this syndrome is unknown, however it has been postulated that the decrease of the gamma-aminobutyric acid (GABA) and acetylcholine in the basal ganglia in combination with ischemia or other noxa might play a role in the genesis of abnormal movements. Most patients with hyperglycaemic non-ketotic chorea have good outcomes with complete remission of the syndrome.

P-09-22 | ACUTE MENINGITIS IN MIGUEL PÉREZ CARREÑO HOSPITAL VENEZUELA. EXPERIENCE IN 10 YEARS

Villamil H., Karen; Méndez S., Lisbeth; Calderón B., Liz; Castro, Mirtha; Nunes, Angélica.
Hospital Miguel Pérez Carreño. Caracas- Venezuela. Servicio de Medicina Interna.; Venezuela

Introduction: Meningitis is an important cause of morbidity. The incidence of bacterial meningitis is approximately of 2-5 cases by 100,000 people/year in developed countries and is up to 10 times greater in developing countries. In spite of the advances in the therapeutic boarding of this disease, mortality is placed approximately in 10%. **OBJECTIVE:** To determine the epidemiological and clinical profile of Meningitis and its global impact in a tertiary hospital from Venezuela during 1996-2006 period.

PATIENTS AND Methods: This is a retrospective and descriptive study,in all patients older than 12 years old who consecutively were hospitalized with the diagnosis of Meningitis in a period of ten years at the Miguel Pérez Carreño Hospital (Caracas-Venezuela).

Results: The following data correspond to an analysis from 45 medical reports of patients (76% men, 24% women) who were hospitalized with the diagnosis of Meningitis in an Internal Medicine Service during the study period. Forty nine percent of cases correspond to age range between 12-31 years, 32-51 (31%) and 52-older than 62 (26%). The Phadebact was realized only to 15 patients (33%) and when the culture was realized, it was negative in 67% and positive in 32%. Fourteen patients (31%) didn't have culture. The principal isolated germ was a S.pneumoniae (37%) followed by viral etiology (25%); N. meningitides, S.aureus, Enterobacter aerogenes, Enterococus sp., S. salivarius were isolated in one patient each one. Among 19 patients who practice CT, diffuse cerebral edema (9) and hyperdense image (1) were found and in 9 patients this study was normal. The treatment used more frequently was Ceftriaxone plus Vancomycin (80%) with satisfactory treatment response, two patients entere! d in an ICU. Dexametasona was use before the beginning of theantibiotic only in 13 patients (29%).

Conclusion: In the studied period was observed in our Hospital that in most of the patients with Meningitis it was isolated S.pneumoniae like the common pathogen and in the majority of the cases the treatment was satisfactory with the combination of antibiotics Ceftriaxone-Vancomycin. The majority of the patients corresponded to masculine sex and the most frequent ages were between 12-31 years.

P-09-23 | ISCHAEMICH STROKE AND FACTOR V LEIDEN MUTATION

Abel Dieguez, V.; Alvarez Gonzalez, S.; Perez Carral, O.
Hospital Val D´Aran . Viella.; Spain

Introduction: Ischaemic stroke is a frequent heterogeneous multifactorial disease that is affected by a big number of genetic and environmental factors. The factor V Leiden mutation is the most common genetic risk factors of venous thrombosis. Its importance for arterial events, in particular ischaemic stroke, is less clear. In unselected adult populations with a mean age of 65 years or older, no or only a modest association between these mutation and the risk of ischaemic stroke has been found by recent meta-analyses. Some studies reported an association between this mutation and the risk of stroke in young patiens, younger than 45 years in most studies, particulary in patiens with cryptogenic stroke; whereas others did not. Its causative role in ischaemic stroke is still a matter of debate.

Clinical Case: We present a case of 30 years old man who developed ischaemic stroke in cerebellar artery territory, (PICA). It was documented by cerebral MRI. He did not exhibit any of the classical risk factors for ischaemic stroke. After a wide study we did not find trigger factors. On diagnostic work-up no arterial sources of embolism were found. Only laboratory investigations revealed resistance to activated protein C (heterozygosity for factor V Leiden mutation). Treatment of patiens with this condition are discussed and we decided proceed with anticoagulation therapy (INR between 2-3). The patient is today 18 months after ischaemic stroke asymtomatic and without new events.

P-09-24 | IDIOPATHIC CENTRAL SLEEP APNEA. CASE REPORT

Ovando, Fátima; Sequera, Victor; Baez, Santiago; Montaner, Luis; Britez, Gloria.
Primera Cátedra de Clínica Médica. Hospital de Clínicas - Asunción. Paraguay

Introduction: Sleep apnea is the result of a superior air way obstruction (obstructive), a lack of breathing effort (central) or a combination of these two types (mixed). Central apnea is characterized by temporary suppression of respiratory effort during sleep, resulting in a insufficient ventilation and gas exchange.

Case Presentation: Women, 43 years old, smoker (15 packs/year). Has a several days history with progresive asthenia, somnolence and decreased respiratory excursion, followed by loss of consciousness. Several previous incomes (six) in Intensive Care Unit with similar symtoms, Assisted Mechanical Ventilation (AMV), difficult-to-wean, requiring tracheostomy. Clinical examination: hypotrophic, sleepy, superficial breathing, hypoventilation over the right lung base. Labs: Hb 12.5 g%, Arterial Gasometry: pH 7,36, PCO2 65, HCO3 32. Presented respiratory arrest, was intubated and transferred to intensive care for AMV, returns with tracheostomy. TSH normal. Tests for myasthenia gravis negative. Thorax X.Ray and CT: Right lower lobe athelectasy. Fibrobronchoscopy: Normal. Direct and indirect laryngoscopy: Normal. Ecography Normal;good diaphragm moves. Echocardiography: Normal. Limbs Electroneuromyography: Normal. Brain CT and MRI with gadolinium normal. Spirometry: not obstructive pattern. Basal Polysomnography: total sleep time: 107 minutes, sleep efficiency: 97%. Intra-Sleep Vigil Time: 3 minutes. Stadiums sleep: Stage I: 1.5 min (1.4%), stage II: 84 minutes (78%), stage III: 5 minutes (4.6%), stage IV: 2 min (1.86%), REM sleep: 15 min (13.9%) Respiratory Events: 44 apneas (43 central and 1 mixed). The longest central apnea lasted 18 seconds, with average 12 sec. Index apnea / hypopnea per hour: 24.5. Prolonged periods of alveolar hypoventilation. Minimum Saturation 81%, average 87%. Percentage of sleep with SpO2 <90%: 94.5%. **Diagnosis:** Moderate Central Sleep Apnea Syndrome, alveolar hypoventilation. Good results with domiciliary NIMV.

Conclusions: Central sleep apnea covers a wide range of distinct but interrelated forms of unstable breathing that can lead to a substantial comorbidity and increasing cardiovascular adverse events.

P-09-25 | BILATERAL SUBDURAL HEMATOMA AS PRESENTATION OF AUTOIMMUNE THROMBOCITOPHENIC PURPURA

Vinicki, J.P.; Cranco, S.; Dupont, M.L.; Armenteros, C.; Faracce, G.

Internal Medicine, Dr. C. Argerich Hospital, Buenos Aires City.; Argentina

We bring forward a case of a 24 year-old female patient. She came to the emergency service with a headache and somnolence. She had not medical records. She had been complaining of headache for one month and had taken several pain killlers. When she was exanimated, she was stuporous, with mild nuchal rigidity and some pethequiae and equimosis on her legs.

Laboratory analysis showed 16,000 platelets/mm3, and brain scan informed diffused edema and a thin left parietal crescent-shaped hyperdense image. Peripheral blood smear confirmed low platelet count and excluded other abnormalities. With presumptive diagnosis of autoimmune thrombocytopenic purpura (ATP) she started treatment with metilprednisolona, intravenous immunoglobulin and platelets transfusions.

A brain MRI performed 48hs after being admitted showed bilateral T1 spontaneously hyperintense phronto-tempo-parietal collections consistent with methahemoglobin that confirmed the presence of bilateral subdural hematoma. Serology for HIV, hepatitis B and C were negative. Antinuclear antibodies (ANA) titer was positive 1:2560. She had a favourable outcome and was discharge with oral corticoids

Intracerebral bleeding is the most ominous complication of ATP. The frequency is below 1%. Treatment of subdural hematoma is conservative in most of case and the prognosis does not differ from those patients without ATP. We did not find bilateral subdural hematoma as presentation of ATP at the bibliography. ANA are part of the studies for secondary ATP. This study is positive in 30% of the adult patients with ATP, but is not enough to identify patients at risk of SLE o other connective tissue disease.

P-09-26 | CUTANEOUS HISTOPLAMOSIS AND GUILLAIN BARRÉ SYNDROME IN A PATIENT WITH BCELL CHRONIC LYMPHOCYTIC LEUKEMIA

Chiganer, Adrián; Ramírez, Mariano; Mattu, Yanina.; Brandolisio, María Eugenia.; Martinelli, Florencia.

Sanatorio Plaza. Rosario Argentina

Histoplasmosis is usually a lung infection due to Histoplasma capsulatum. Skin lesions are present in 10 to 25% of cases and it appears to have higher prevalence in South America. The presence of skin lesions due to the early suspicion in this entity can take us to early diagnosis and treatment.

We report a case of cutaneous Histoplasmosis and Guillain-Barré Syndrome which appeared after mobilization therapy in a patient with B-cell chronic lymphocytic leukemia (B-CLL). After obtaining a partial remission with four cycles of fludarabine and cyclophosphamide at standard dose, the patient experienced gradually progressive erythematous nodules and plaques distributed over the face, chest and abdomen.

He experienced mild burning and pain in the lesions. Some of them also showed spontaneous ulceration and crusting. There was no evidence of any internal organ involvement. Culture on Sabouraud's dextrose agar revealed no growth. Histology obtains 7 days after dead, showed a granulomatous skin infiltrate with numerous intracellular PAS positive rounded yeast cells within macrophages. Subsequently developed numbness in the fingers, with progressive weakness in the arms.

On neurologic examination he had diffuse weakness in his upper extremities, normal sensation and absent ref! lexes. CSF showed albuminocytologic dissociation (2 WBC/mm3, protein of 61 mg% and glucose of 170 mg %). Nerve conduction studies showed conduction blocks consistent with a demyelinating neuropathy. His weakness continued to progress over the next four days, and he received treatment of plasmapheresis without improvement in his strength.

Despite appropriate treatment and a transfer to the intensive-care unit, one day after the patient died. The low number of cases described in the international literature doesn't permit to understand the association of this neurologic disease with B-CLL. It is possible that a viral-induced activation of an antigen-specific T and B-cell clone caused a local inflammation and toxicity of Schwann cells with demyelination and axonal damage.

Collecting more data could lead interesting information to know the place of malignant hematological disease in the natural history of GBS.

P-09-27 | CASE OF SPORDIC CREUTZFELDTJAKOB IN MENDOZA ARGENTINA

Blazquez, L.; Cassar, A.; Lucero, V.; Castro, R.; Furnari, R.

Hospital Italiano de Mendoza. Guaymallen- Mendoza.; Argentina

Introduction: Prions diseases are neurodegenerative process with neuropathology findings including neuronal loss, proliferation of glial cells and presence of small vacuoles produces a spongiform appearance. Creutzfeldt-Jacob's Diseases (CJD) is the most frequent affecting humans. Sporadic form (sCJD) it corresponds to 85-95% of cases.

Case Report: 63 years old male with superior intellectual's dysfunctions. (Indirect Interrogation) 15 previous days to the admission, he presented temporal-space disorientation and behavioural abnormalities, visual hallucinations with abrupt and repetitive movements of members. He travelled California (USA) 2 years ago. Transfusions and skin tattoos (-). Epidemiology: Brucellosis and Chagas diseases (+). Traumatic enucleating left eye in the childhood. Physical exam: Regular general state. No fever, vigil, disoriented at time and place. He understood simple orders and emitted monosyllabic .Left ocular prosthesis, isochoric and reactive right pupil. Cranial nerve and strength muscle were conserved with normal reflexes and myoclonus. Sensibility, taxia and praxia were non rateable. There was no evidence of pyramidal symptoms. **Laboratory:** WBC 10000 mm^3, Na 137 meq/l, glu: 1.0 gr/dl, Creatinine 0.8 mg/dl, TSH: 11 uUl/ml, T4: 7.1 mcg%, T3 112 ng%, normal immunologic and metabolic ! cooper test, CSF analysis: prot 0.08 / glu 0.59 / WBC 2 x mm^3. Urine, blood and CSF culture were negative. HIV, HTLV 1-2; in CSF: HSV 1-2 and entervirus negatives. He had normal levels of CEA, Ca19.9 and PSA. RMN: slight diffuse hyper intensity of the right hippocampus formations and light relative increment of the intensity sign of the CSF in subaracnoid spaces in FLAIR sequence with significant increment lactate concentration, indicative of deviation of the normal oxidative and glucose metabolism. EEG: slowly diffuse in whole layout

Evolution: The 20 days after admission it's repeats EEG that evidenced periodic synchronous triphasic sharp wave complexes. Finally 14-3-3 protein positive determination in CSF was made (Western blot). Patient died 6 months after symptoms appearance. It was diagnosed (sCJD) probable fulfilling six approaches settled down in literature (progressive dementia, myoclonus, akinetic mutism, extrapyramidal dysfunction, typical EEG and positive 14-3-3 assays) once discarded other alternatives diagnostic.

Conclusions: we present one patient with diagnostic of probable (sCJD) due to it low incidence, unfavourable clinical course and absence at the present time of validated therapeutic alternatives.

P-09-28 | LIMBIC ENCEPHALITIS

Bagnato, Cristina; Coppani, Marcelo; Brevedan, Gretel.; Spada, Julieta.; Vicente Masanés, Francisca.

Hospital General De Agudos Parmenio Piñero; Argentina

Objetive: to present an infrecuently patology to analyse diagnostic and treatment. **Material and Methods:** we choose a 26 years old patient with antecedents of depresive sindrom when he was 15 and 24 years old, who goes to psyquiatrist service of our hospital because of he presents halucinated delirious and psycomotriz exitation with danger for him and the others. he evolves with a difficult manage of his sintoms, presenting simple and complex parcial epileptic crisis, being treated with rysperidone, fenitoin, lorazepam and as he repeats this events, it is decide to move the patient to clinic service.when he enters to this service he is unfevered (tº 37.5ºc), hipoxemic (sat fio 21 0.35), vigil, disartric, with an inapropiated verbal answer, without other positive clinic signs or in the laboratory.showyly in complementary exams: eeg: "very desorganize design, distinguished by generalized and asimetric slowly activity." lp: "light pleocitosys (20 cels 80% mn). mri: "asimmetry of hippocampus, having less volume the right than the left temporal lobe..."

Results: we arrived to the diagnostic of limbic encephalitis having descarted an other patologies with respective complementary exams (lab with vdrl, aids, measles, german measles, chagas, toxoplasmosis, hepatitis serologies, porphyries exams; lp analized by arbovirus, enterovirus, hps, cmv, veb, pryones, onconeural antibodies) and making empiric treatment whith other anticomicial and antiviric agents, it is decided to begin cycles of methylprednisolona, having a very significative clinic and electroencephalo grafyc improve.

Conclusion: we present a very unfrecuently patology to analyse and discuss.

P-09-29 | DIFFERENCES IN STROKE OUTCOMES BETWEEN MEN AND WOMEN: IS IT ONLY THE AGE OF ONSET OR A MATTER OF GENDER?

Brescacin, Laura; Alonzo, Claudia; Zurrú, María Cristina; Romano, Marina; Brienza, Silvina; Cámera L A; Cristiano E; Waisman G.

Hospital Italiano de Buenos Aires; Argentina

Background: women have poorer outcomes from stroke than men, but some aspects of this sex difference remain partially understood. Older age at the onset of stroke could partially explain the discrepancy because, when adjusting for age, women have greater post-stroke disability, higher likehood for admission to nursing home facilities and greater mental impairment. We sought to confirm this observation in a Latin American cohort of stroke patients.

Material and Methods: ambulatory stroke patients were included in PROTEGE-ACV, a multidisciplinary-team program aimed to improve management of vascular risk factors (RF), the evaluation of functionality, quality of life, cognitive impairment and compliance to clinical practice guidelines. One month after discharge, the following tests were performed: Mini-Mental test (MM: ≤24 cognitive impairment), clock drawing test (normal or abnormal), Barthel scale, modified Rankin scale (≥3 functional impairment), Geriatric depression scale-15 (≤5 depression). **Results:** 193 stroke patients were included between December 2006 and April 2008. Mean age 74.5±11.5 years (women 77±9.7; men 72±12.5; p=0.001), 52% males. Main RF control prior to stroke trend to be worse in women without statistical difference, except for HDL-cholesterol (43±10 mg/dL for men and 51±13 mg/dL for women; p=0.00001). Large artery disease was more frequent in men (n= 12 vs 7) and cardioembolia in women (n=22 vs 14). Mean MM values were 27.57 (SD 2.67; CI 95% 27.03-28.10) for men and 25.89 (SD 4.15; CI 95% 24.99-26.79) for women (p= 0.001), and cognitive impairment was found in 13 men and 25 women (p=0.02) Clock drawing test (n=181) was abnormal in 23 men and in 38 women (p=0.003). Barthel score was 93.40 (SD 15.61; CI 95% 90.19-96.62) for men and 86.66 (SD 20.25; CI 95% 82.34-90.98) for women (p=0.01). Rankin score was ≥3 in 10 men and 18 women (p=0.05). Seventeen men and 29 women were depressed (p=0.01). These differences persisted after adjusting by age. **Discussion:** despite the fact that RF control before stroke was similar in both sex, women have a less favourable outcome in cognition and functionality. As this difference is not fully explained by age, perhaps a gender approach has to be considered when treating stroke patients.

P-09-30 | A STROKE PREVENTION PROGRAM: NARROWING THE GAP BETWEEN GUIDELINES AND CLINICAL PRACTICE. PROGRAMA INTEGRAL GENERAL DE ACV (PROTEGEACV)

Alonzo, Claudia; Brescacin, Laura; Zurrú, María Cristina; Romano, Marina; Brienza, Silvina ; Cámera L A ; Cristiano E; Waisman G

Hospital Italiano de Buenos Aires; Argentina

Background: use of evidence-based therapies for ischemic stroke prevention in daily practice remains inadequate. Development and implementation of secondary prevention programs improves the quality of care and the observance of guidelines recommendations.

Material and Methods: ambulatory stroke patients were included in PROTEGE-ACV, a multidisciplinary-team program, coordinated by internists and neurologists, aimed to improve identification and management of vascular RF, evaluation of functionality, quality of life, cognitive impairment and compliance to clinical practice guidelines. Adherence to program goals was assessed 3 months after the stroke. Patients with severe functional impairment (Rankin ≥ 4) or life expectancy less than three years were excluded.

Results: 193 stroke patients were included between December 2006 and April 2008. Mean age was 74.5 ± 11.5 years (women 77 ± 9.7; men 72 ± 12.5; p=0.001) with 52% males. The main vascular RF were hypertension (83%), hyperlipidemia (66%); obesity (43%); previous stroke or transient ischemic attack (22%); 15% were smokers and 32% former smokers. Diagnosis of metabolic syndrome (50%) and tobacco use detection were significantly improved. According to TOAST classification, 25% of strokes were attributable to small vessel disease (lacunar infarct), 19% cardioembolic, 10% large artery disease, 3% other determined etiology and 43% undeterminated. Blood pressure was significantly reduced: 8 mmHg in systolic blood pressure (p=0.00001) and 4 mmHg in diastolic blood pressure (p=0.0001), associated with a significant increase in the use of ACEs (p=0.0001). Post-stroke total cholesterol and LDL cholesterol were also lowered: 151 ± 34 mg/dL and 81.5 ± 26 mg/dL, respectively (p=0.00001) with ! a significant increase in the prescription of statins (p=0.00001). The entire cohort was receiving antithrombotic therapy three months after the stroke.

Discussion: a quality of care program improved vascular RF detection, evaluation and management within the first 3 months of follow-up after the event, achieving the targets of clinical practice guidelines for high-risk patients and increasing the prescription of first-line drugs. Our program has demonstrated that a multidisciplinary approach with special target on RF control and patient education significantly improves the adherence to treatment and narrow the gap between evidence-based guidelines and clinical practice.

P-09-31 | SAINT LOUIS ENCEPHALITIS (SLE). CASE SERIES

Di Rienzo, P.; Ré, HA.; Vilchez, VS.; Rettore, MO.; Tedesco, JF.

Residence of Internal Medicine.Hospital San Martin, Paraná. Entre Ríos. Argentina

The Flaviviridae family includes more than 68 arthropod-borne viruses, with some of them causing human disease. Wild birds are the usual intermediate hosts, especially the small passerine species, whereas the Cullex pipiens and the Cullex quinquefasciatus mosquitoes are the vectors. SLE is an American endemic disease, with every 10-years epidemic outbreak, characterized by an acute onset of meningeal and brain inflammation, with a mortality ranging from 5 to 20%. Elderly people are at an increased risk of SLE, as compared to the children; syntomatic/asyntomatic ratio of 1/85 and 1/800, respectively. Here we report a SLE six-case outbreak in the Province of Entre Ríos, Argentina.

SLE was diagnosed by detection of specific IgM with MAC ELISA performed both in serum and cerebrospinal fluid (CSF). Mean age of patients (4 men, 2 women) was 33 years (range 16-63). Preceding symptoms were present between 1 and 24 days before admission as follows (n): headache (5); nausea (1!); vomiting (4); myalgias and photophobia (2 each); dizziness, malaise and anorexia (1 each). Physical examination at admission revealed (n) fever (6); altered sensorium (4); stiff neck (4); kerning sign (2); Brudzinsky sign (1); hyperreflexia (1) and generalized seizures (1). Relevant laboratory findings were leucocytosis (4) and increased ESR (3). CSF was transparent in 5 patients and glucose was unaltered in all subjects. White cell counting (Nº/mm3) ranged from <50 to >500, with mononuclear form predominance. One of 3 patients with CT scan showed diffuse cerebral edema. Mean length of hospital stay was 10 days (range, 5-21).

Two patients had to be admitted to ICU and 1 required treatment for intracranial pressure increase. All patients were discharged in good condition, but whole recovery was displayed at a variable time. These are the first cases of SLE reported in Entre Ríos, supporting that this infection should be considered in patients with sign and symptoms of enceph! alitis in our Province, like other regions of Argentina where SLE has already been described. Despite morbidity of SLE was considerable in our patients, no attributable mortality was observed.

P-09-32 | PREVALENCE OF STROKE AMONG SMOKER PATIENTS ADMITTED IN THE CRITICAL CARE UNIT

Gambino, F.; Ugo, K.

Intensive Care units of Central Military Hospital and Rio Gallegos Regional Hospital, Argentina.

OBJECTIVE: Determine the prevalence of stroke among smokers admitted in the Intensive care Unit. **Materials and Methods:** Prospective study of 700 adults patients admitted in the intensive Care Unit. In each of them age ,smoking habit, diagnose in the admission, requirement of invasive mechanical ventilation and outcome were taken into account. All data base was tested with logistical regression and Fisher tests and a p value less than 0.01 was significant. **Results:** Among 700 adults patients admitted in the Intensive care unit: Mean age was 58 years old (sd=16) 404 (58%) patients were younger than 60 years old 539 (77%) patients were smokers of more than 10 cigarettes daily. Regarding the diagnose at the admission: 193 (28%) patients were admitted after a surgery and 139 were smokers 98 were admitted after a neurosurgery due to hemorrhagic stroke. 105 (15%) suffered from respiratory failure and 73 were smokers 104 (14%) had acute coronary síndrome and 72 were smokers. 102 (12%) patients had stroke and 88 were ischaemic ones. 61 of them were smokers. . 135 (19%) had severe brain injury and 113 were smokers. Among the patients admitted due to neurosurgical stroke, 35 (57%) were smokers older than 60 years old and 28 (56%) required mechanical ventilation. Among the patients admitted due to neurosurgical stroke, 35 57% were smokers older than 60 years old and 28 (56%) required mechanical ventilation. Among the patients admitted due to non neurosurgical stroke, 62 (46%) were smokers older than 60 years old and 30 (46%) required mechanical ventilation. Among the patients admitted suffering from acute coronary syndrome, 37 (51%) were smokers older than 60 years old and 20 (28%) required mechanical ventilation. Among the smoker patients admitted due to neurosurgical stroke, 16 (24%) died. Among the smoker patients admitted due to non neurosurgical stroke, 14 (23%) died. Among the smoker patients admitted suffering from acute coronary syndrome, 16 (22%) died. **Conclusions:** The prevalences of stroke and its mortality were higher among the heavy smoker patients admitted in the Intensive Care unit (p less 0.01) It is necessary to increase the preventive measures against smoking to the people of all ages, specially youngsters and to provide feasible ways to all those smokers who are fond of giving up the habit in order to reduce the morbimortality prevalence of stroke and acute coronary syndrome.

P-09-33 | TRENDS IN MORTALITY BY CEREBROVASCULAR DISEASES

Hernández Rodríguez, Susana María; Galván Pintor, Ana Melba

Hospital "Antonio Luaces Iraola" Ciego de Ávila, Cuba

Esencial words: cerebrovascular diseases/ mortality

An cbservacional descriptive investigation to know the bejavior and trenes in the mortality by cerebrovascular desease in Ciego de Avila province from 1993 to 2007.

All deceased were studied by means of the informationin the record of the health provincial board.Mortality gross rate and its lineal trend related to etiologic type, sex and age groups.It was found that mortality by cerebrovascular disease in the last few years has had a a lineal trend slighthly descending.

Among its etiological type the intracraneal herrohage is the only event that show off in a clear increase eschemic and subaracnoid hemorrhage diminished.In people younger than 50 years although mortality rate is low the trend is to increase ,age groups among 50 and 70 year the trends asc to the lowering, stable among 70 and 79 and markedly increasing in people older than 80 years.

P-09-34 | CARCINOMATOUS MENINGITIS AS THE ONLY MANIFESTATION OF LUNG ADENOCARCINOMA

Gómez Ayerbe, C.; Pérez Sanchez, L.; Montero Ruiz, E.; Lopez Alvarez, J.García Sánchez, F.

Internal Medicine. University Hospital Principe de Asturias. Madrid.; Spain

Carcinomatous meningitis is the diffuse involvement of leptomeninges infiltrating malignant cells. The primary malignancies most common associated are lung cancer, breast cancer, melanoma and leukemias and lymphomas. Diagnosis is established by cytological examination of the cerebrospinal fluid, which showes malignant cells, although initial tests may be falsely negative in up to 50 % of patients. When a diagnosis of malignant meningitis is suspected, a brain imaging study should be performed, and MRI is the preferred imaging study.

We report a case of a 78-year-old woman without any previous disease, who complained of dizziness and disorientation. Physical examination was unremarkable, without focal neurologic deficits.

The rutine laboratory parameters and the imaging studies were normal, except Ventryculomegalie in the MRI. We needed two lumbar punctures to identify malignant cells. During the hospitalization, the patient suffered a Miocardial Infartation and died in the Intensive Care Unit. The necropsy study reveled a solitary pulmonar node with the anatomopatological diagnose of bronquial adenocarcinoma.

Conclusion: Lung cancer is one of the most common cancer. Meningeal metastases are unusual, occur in approximately 5-18% lung cancer, and normally the patients have active cancer disease.

The interest of the case we report is the Carcinomatous meningitis as the only manifestation of the bronquial adenocarcinoma.

P-09-35 | ST. LUIS ENCEPHALITIS IN THE PROVINCE OF BUENOS AIRES (ARGENTINA)

Coiro, Martin S.; Fuentes, Jorge; Botas, Alicia.; Contigiani, Marta.; Martín, Carlos.

Clínica Bazterrica- Buenos Aires.; Argentina.

In Argentina, Saint Louis Encephalitis (SLE) is an endemic arbovirosis. The vector of this disease is a mosquito, Cullex spp, that is widely spread at the warm and subtropical regions of the country. Its final host are birds, and mammalians are "incidental" hosts.

Oftenly the disease occurs in elder people (more than 60 years old). A 61 YO, female patient from the city of Baradero, in Buenos Aires Province, was admitted with a 48 hours meningoencefalitic syndrome. She showed generalized thin trembling predominating at rest. Herpetic and bacterial meningoencephalitis was excluded. SLE serology in CRF was found positive.

Although the patient did not came from a high notification SLE area, she had the syndrome and it happened in summertime. We believe that this disease is underdiagnosed in Argentina. The conditions for this disease are given and there are a lot of meningoencephalitis without any etiologic source during summertime.

P-09-36 | PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY IN GOOD PROGRESS

Testoni, Ileana; Negri, Mariana; D´Ippolito, Romina.; Rojas, Silvina.; Galimberti, Paula.

Hospital de Emergencias Dr. Clemente Alvarez. Rosario- Santa Fe. Argentina

The neurological pathology is commonly seen in AIDS, HIV patients and this opens up the etiologic spectrum to numerous entities. The progressive multifocal leukoencephalophathy or PML is an opportunistic disease, of viral etiology, that affects the brain substance subacutely or chronically, producing progressive demyelinization. It is a pathology described in the deep immunodepression or at the beginning of antiretroviral treatment (ART).

Case: Forty-year old male patient, HIV-diagnosed 13 years ago, with marker disease for two months, pneumonia Pneumocystis carinii and esophageal candidiasis. Prophylactic doses of ARTs, fluconazol and trimetroprim sulfametoxazol were started since then. Latest CD4 count of 25 cells/mL and viral load of 2.3 million copies. A month ago, the subject suffered a disorder within the left visual field followed by an episode of generalized tonic-clonic seizure a week before admission, which reverted spontaneously. During the physical exam, the patient was alert, oriented in time and space, Babinsky-negative; had muscle stretch reflex hyperactivity in left homonymous hemianopsia, predominantly over the left hemibody; and had no motor or sensible focus. The lab test results showed anemia with a pattern for chronic diseases, leucopenia, CD4 84 cells/mL, and negative VDRL, HBV, HCV, and latex for Cryptococcus.

The lumbar puncture showed normal spinal fluid. The MRI showed right brain parenchimatous structural disorder on upper parietal topography and on splenius of villous body, which manifests by diffuse edema, cortic-subcortic hyperintensive in T2 and flair, and hypointensive in T1. Normal angio-MRI. Positive polymerase chain reaction for DNA of virus JC in spinal fluid. Thanks to the immune recovery from onset of ARTs, the patient is stable, his neurological signs do not progress, but he keeps his campimetric deficiency. PML is a pathology with a somber forecast which, most often, leads to dementia, progressive neurological impairment and death.

This patient is presented due to his favorable progress, which included disease interruption, after onset of ARTs.

P-09-37 | ANTEROGRADE AMNESIA AS ONLY EXPRESSION OF NEUROSYPHILIS

Sforza, M.; Santoro, R.; Roma, J.C.; Vetulli, M.F.; Carrano, R.P.
Hospital Zonal General de Agudos Descentralizado de Zárate "Virgen del Carmen". Zárate- Pcia. De Buenos Aires. Argentina.

Summary: A 72-year old man was admitted to the hospital because by presenting respiratory and urinary infections. He began empirical therapy with Ampicillin-Sulbactam and Clarithromycin, after taking of urine and blood cultures. The sediment urinary reveals the presence of about Trichomonas vaginalis for what it was conducted for sexually transmitted diseases screening tests (VIH, HBV, HCV and VDRL). The patient detained with improvement in your infectological satus, but disoreder of anterograde amnesia was persistent. Their family concerns submission this one for several months ago. We receives the results of serologic assays: VIH does not reactive, B and C hepatitis negative, VDRL reactive with title 1/12 dils confirmed by specific tests (FTA-Abs). In the absence of clinical about primary and secondary syphilis and lack of neurological symptoms, lumbar puncture was performed resulting: CSF clear, pleocytosis, concentration of slightly proteins and VDRL titles increased and reactive, which confirms the diagnosis of neurosyphilis.

Conclusions: The late neurosyphilis was divided into two categories principal clinical: the meningovascular form that can produce a broad spectrum of diseases as a result of the gradual destruction of nerve tissue by endarteritis of small arteries, proving focal stroke, aphasia, epileptic seizures (focal generalized or both); and parenquimatosa: the progressive general paralysis (commitment cortical) and the tabes dorsalis (commitment medullary). The parenchymal damage can cause manifestations psychiatric and neurological fixed signs. The decline in recent memory in olde patients not always taken into account as a manifestation of neurosyphilis, besides the anamnesis of these patients is usually not registered the background of sexually transmitted diseases or sexual habits, thereby not arises the diagnostic suspicion of syphilis, historic disease which, by its social connotation, there was no reason for consulting the doctor. We believe that due to the broad range of neurological manifestations that may cause the tertiary syphilis, the VDRL test in aging patients would be useful for diagnosing the infection of the nervous system by Treponema Pallidum and offer a treatment for the disease does not progress until a disability neurological serious.

P-09-38 | CRANIAL INVOLVEMENT IN GUILLAIN BARRE SYNDROME: A PROPOS OF TWO CASES

Chumpitaz, Rafael; Claros, José; Soto, Alonso.; Quispe, Betsy.; Angeles, Verónica.

Department of Medicina, Hospital Nacional Hipólito Unánue Lima, Perú

Introduction: Guillain Barre Syndrome is a relatively uncommon polineuropathy. Occasionally it involves the cranial nerves. We describe two cases of atypical variants of Guillain Barre Syndrome with cranial nerve involvement.

Case 1: 54 year old male who 12 days before admission referred tingling of lower limbs and "dry mouth" feeling. Afterwards, he developed progressive weakness of lower limbs. While paresthesias became generalized, weakness increased. Parcelar sweating, dysarthria and solid dysphagia added as well as constipation and myalgias. Previous medical history was not contributory except for diarrheal disease 2 months before admission. Clinical examination showed amimic facies and unmotivated laughing. The patient was alert and muscle strength was diminished (3/5) in four extremities. There were no sensitive deficits. Deep tendon reflexes were absent. Cranial nerve examination showed bilateral facial paralysis and absence of the reflex of nausea. Routine laboratory testing did not show abnormalities. Electromyographic examination showed severe demielinizating pattern with axonal component in face and extremities. The diagnosis was sensitive-motor polirradyculoneuritis (AIDP) of bulbar variant.

Case 2: 40 year old male without previous medical history who 4 weeks before admission developed diplopia. Afterwards, palpebral ptosis and right facial weakness including chewing difficulty, dysphagia and dysarthria were added. Clinical examination revealed wide base gait and generalized weakness (3/5) with absence of deep tendon reflexes but without sensitive deficit. Cranial nerve examination showed paralysis of right abducens, right facial paralysis, bilateral absence of corneal reflex, absence of the reflex o nausea and tongue paresis. Routine laboratory analysis showed no abnormalities except for leucocytosis (14,700 WBC /mm3). MRI was normal. Tensilon test was negative .Electromyography showed severe cranial polineuropathy which compromised right facial nerve, both trigemine nerves, hypoglosus and left spinal nerve. Diagnosis was Acute Motor Desmielinizant Neurpathy(AMDN) of multicranial variant. **Conclusion:** Guillain Barre not only comprises the classical ascendant flaccid paralysis but has other presentations. Clinicians should be aware of cranial variants which include Millar Fisher síndrome, Bulbar and multicranial presentations. **Key Words:** Guillain Barre, cranial, polineuropathy.

P-09-39 | CEREBRAL PARACOCCIDIOIDOMYCOSIS: CASE REPORT.

Rodriguez Enciso, Hernán Diosnel; Cañete, Nery; Jara, José

Hospital de Policía "Rigoberto Caballero".Paraguay

Introduction: Paracoccidioidomycosis is a systemic infection caused by a fungus call Paracoccidioides brasiliensis. The most common lesions frequently occur in the bucopharinx mucosa.

Case: The patient is a 48-year-old man, living in a rural area, farmer, chronic smoker and drinker of alcohol. Usually he use thorns of plants to clean his teeth. He consulted due to progressive cephalalgia of six months duration and decrease of the vision in the right eye. He also had ulcerated lesions in the right hand and the labial right commissure. A computer tomographic scanning revealed multiples hypodense images in cerebellum and cerebral hemispheres. An exploration of ocular ultrasound showed an image compatible with a tumor of choroidea. A chest X-Ray film showed bilateral inhomogeneous infiltrates, specially of the right side. The examination of a bronchioalveolar lavage sample did not reveal neither presence of fungus nor Mycobacterium.

The histological study of the lip biopsy reported presence of mycotic microorganisms compatible with paracoccidioidomicosis. Urea, creatinine, glucose, liver tests in blood were normal and HIV serology was negative. It reported leukocytosis (15000 /ml), neutrophilia (91%) and ESR: 125 (1st. hour); CD4: 832 /ml, CD8: 504 /ml, activated NBT: 36%, not activated NBT: 20% and Phagocytosis: 43%. He was treated with anfotericine B (reaching a total accumulated dose of 1250 mg). After that he received itraconazole (200 mg /day during two months and then 100 mg /day). The patient had a favorable clinical evolution with disappearance of the tomographic abnormal images, as well as an improvement of the chest X-Ray and the ocular ultrasound abnormal images.

This case is presented due to the cerebral affectation as a clinical unusual presentation.

P-09-40 | TUBERCULOSES CEREBRAL ABSCESS

Soli, Silvana; Pastor, Emilio; Careno, Ernesto.; Parodi, Roberto.; Carlson, Damian.

1era Cátedra de Clínica Médica. Facultad de Ciencias Médicas.

Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Santa Fé.; Argentina

Introduction: Central nervous system space-occupying lesions in HIV infected patients is a diagnostic and therapeutic challenge. Here we show a cerebral tuberculoma that illustrates these difficulties.

Presentation of Case: A 45 year- old woman comes to hospital because of moderate headache for the last two months. She had HIV diagnosed 9 years ago and has received irregular antiretroviral treatment in several opportunities. She has not taken the medication in the last nine months. The last CD4 lymphocyte count was 52 per mm3. Brain CT shows a right parieto-occipital mass of 25 mm of diameter with ring enhancement after contrast administration.

She starts receiving empiric treatment for toxoplasmosis with pyrimethamine, sulfadiazine, leucovorin and dexamethasone. She persists clinically stable during the evolution but control images do not improve. 45 days later she starts with space and time disorientation associated with tonic-clonic seizures. A brain biopsy obtained acid-alcohol resistant bacillus and Mycobacterium tuberculosis grew in the culture. **Laboratory:** Hematocrit: 34%, leucocytes: 3700/mm3, ESV: 50 mm/1st h, negative Chagas serology, negative VDRL and 5 Arch, negative Cryptococcus antigen and anti Toxoplasma gondii antibodies 1/32.

Discussion: Brain masses are relatively common in the most immunodepressed stages (CD4 <200/mL). Differential diagnosis includes opportunistic infections and neoplasms. Cerebral biopsy is the gold standard to obtain the precise diagnosis, although it is and invasive and not always available method. Hence, empiric treatment for frequent infections such as toxoplasmosis is prescribed.

Cerebral tuberculoses masses may be solitary or multiple and may appear without having other localizations. Neuroimaging does not provide a characteristic pattern and literature reviews agree that biopsy is a priority. **Conclusion:** This cerebral tuberculoma illustrates the difficulties and the delay that empiric therapies may cause. The need of biopsy is remarkable as soon as empiric treatment for toxoplasmosis fails in order to avoid diagnostic delays.

P-09-41 | INCIDENCE AND PREVALENCE OF MULTIPLE ESCLEROSIS IN ORENSE (NORTHWEST OF SPAIN)

Rodriguez Gómez, Diego; Gómez Fernandez, Rocío; Aneiros Penedo, Victoria.; Pintos Chamadoira, Alberto.; Sanchez Masid, M. Luisa.

Servicio Medicina Interna. Complexo Hospitalario de Ourense; Spain

Introduction: .Multiple sclerosis is a chronic and potentially highly disabling disorder with considerable social impact and economic consequences. The epidemiological studies done in Spain in recent years show higher figures for the prevalence and incidence of multiple sclerosis than before. Spain is now in the area with a high risk of contracting the disease. The incidence and prevalence of multiple sclerosis(defined on the criteria of Poser) in Ourense, northwest of Spain, has been studied between 1 January 1996 and 31 December 2006.

Patients and methods:. On the prevalence day we have found 217 patients with definite multiple sclerosis over 350.000 inhabitans in the sanitary district of Ourense. During the studied period 171 patients were diagnosed of definite multiple sclerosis.

Results: and conclusions. The rate of prevalence is 62 per100.000 inhabitants and the average rate of incidence is 4'43 per100.000 inhabitants per year, the female/male rate is 2'35. The ! estimated mean prevalence and incidence in Spain is 52 and 3'8 patients per 100.000 inhabitans .The incidence and prevalence of multiple sclerosis in Ourense are higher than Spain's mean, however it has decreased in the last two years.

P-09-42 | MULTIDETECTOR CT QUANTIFICATION OF MIDDLE CEREBRAL ARTERY SIGN IN ACUTE STROKE

Meli, Francisco; Vallejos, Javier; Alvarez, Claudia; Capuñay, Carlos; Carrascosa, Patricia

Diagnóstico Maipú; Argentina

Introduction: the hyperdense MCA sign refers to an appearance of increased attenuation of the proximal middle cerebral artery that is often associated with thrombosis and may be the only diagnostic feature on Computed Tomography (CT) early after ischaemic stroke. The purpose of he study was to obtain an absolute and relative CT quantification value of the middle cerebral artery (MCA), and then give rise an objective value for hyperdensity MCA sign in acute stroke.

Material and Methods: twenty adult patients, 10 with suspected diagnosis of stroke (mean age: 72.9 years) and 10 controls (mean age: 70.4 years, p=0.59) underwent brain CT scans with a 64-row multi-detector scanner (Brilliance 64; Philips Medical Systems). Absolute quantitative analysis was assessed by tracking tissue density of the MCA segment using region of interests. For relative quantification, the difference between MCA attenuations and its contralateral MCA attenuations were calculated in cases and control patients. Differences between groups was calculated using Student t test. Two observers with difference level of expertise performed all measurements to calculate inter-observer variability.

Results: the affected MCA mean density (62.5 HU, 99% CI 46.2 - 78.7) was greater as compared with non-affected contra-lateral MCA segments (39.3 HU, 99% CI 33.3 - 45.3) (p=0.0004) and as compared with control MCA segments (44.7 HU, 99% CI 37.4 - 52) (p=0.0045). In cases, the difference between affected and non-affected contra-lateral MCA attenuation was 23.2 HU (95% CI 11.7 - 34.7). In control patients, the difference between right and left MCA attenuation was 5.2 HU (95% CI 2.4 - 8.4). The mean difference for relative quantification was 17.8 HU (p=0.0032, 95% CI 6,8 - 28,8). For inter-observer variability analysis, correlation coefficient was calculated (r=0.87) with 95% limits of agreement for MCA attenuation ranging from -8.4 to 6.3 HU.

Conclusions: we showed significant differences (relative and absolute) in attenuation values of the MCA in our patients with diagnostic of acute stroke in relation to normal subjects.

P-09-43 | ACUTE BILATERAL AMAUROSIS AND PARAPLEGIA AS MANIFESTATIONS OF NEUROSYPHILIS.

Dr Roberto Movia, Dra María Laura Moreira, Dra Valeria Cazzulino, Dra Cecilia Sampere y Dra Ana Astudillo. dracazzu@hotmail.com

Hospital Interzonal de Agudos Evita de Lanús - Servicio de Clínica Médica –Argentina

Presentation of a **Case:** A 44-year-old man was admitted to hospital due to acute bilateral amaurosis with temporary improvement to count finger vision at a distance of 30 centimeters in the left eye, progressing to definite bilateral amaurosis afterwards.

During the following days, left leg paresis with later extension to the right leg appeared. These symptoms were followed by paraplegia, increasing anesthesia (D4 sensitive level), deep sensibility was normal, areflexia, bilateral Babinksi, anisocoria and regular pupils, absence of photomotor reflex, hypotonic sphincter, constipation, acute urinary retention. Burning pain in both legs and lumbar region was reported. Computer tomographic scan (CT) and magnetic resonance imaging (MRI) of the brain and spine were normal. Slightly pale papilla in fundoscopy. White cell count: 4, 580 per cubic milimeter (85%neutrophils), VDRL 36 dils, positive MHA–TP, lumbar puncture: slightly opalescent CSF cell count 18 per cubic milimeter, CSF glucose 47 mg/dl (glycemia 85mg/dl) proteins 0.67gr/litre. CSF culture, cytology and proteins were normal. VDRL in CSF: 32 dils. HIV tests were negative, ESR 42 mm/h with oligoclonal gammaglobuline characteristics.During his stay in hospital, he developed deep venous thrombosis. Anticardiolipin antibodies: IgA lower than 5 (negative), IgM higher than 100 (positive), Ig G 20 (undetermined), Beta 2 glycoprotein: negative. Pending: new blood sample for anticardiolipin antibodies. Anticoagulation therapy was prescribed.

After a 14-day-treatment with penicillin G, neurological (motor and sensitive) improvement was observed. Slight to moderate right crural paresis and left plegia with normal sensitivity. Control plasma VDRL 128 dils. At present the patient can move both legs actively and can sit independently at the edge of the bed. He can also walk with help. He has intense refractory neuropathic pain in both legs and persistence of bilateral amaurosis.

Although at present there is a resurgence of Syphilis and HIV associated neurosyphilis, this patient serological tests were negative. Otherwise, as clinical manifestations were varied and evolution was fast, possible differential diagnosis had to be considered.

P-09-44 | ABIOTROPHIA DEFECTIVA: REVIEW OF ONE CASE.

Braulio Vargas1,2; Alonso Salazar1; Reinaldo Gámez1; María Carolina Maldonado1, Valentina Ovalles1; Richard Scalonna1 doctorvargas@gmail.com

1Department of Internal Medicine, Perez Carreño General Hospital. 2La Floresta Cardiovascular Center, Caracas, Venezuela.

Case:

A 24-year-old previously healthy woman presented to our Emergency Room complaining with a one-week history of fever and dry cough, small-effort dyspnea and pleuritic chest pain. At physical examination patient was icteric, tachychardic and tachypneic, with nasal flare and hypoexpansible thorax with crackles at auscultation. Neurologic examination revealed patient was somnolent, bradylalic and CBC analysis revealed 40,000 leucocyte count (94,4% neutrophils). Chest X-ray showed left pleural effusion. Patient was admitted to intensive care unit (ICU) due to clinical deterioration, requiring assisted mechanical ventilation and use of inothropic agent norepinephrine. Echocardiographic evaluation revealed massive pericardic effusion with cardiac tamponade so emergency pericardic window was performed, obtaining 300 mL of purulent fluid, with chemical/cytological analysis compatible with exudate and Gram staining compatible with grampositive cocci, even though conventional culture did not report any growing. In this setting, cefepime therapy was started with good outcome at 8th day, so was discharged from ICU. After three days from transfer to hospitalization room, the patient presented fever, tachycardia/tachypnea and seizures. Head CT-scan did not report any findings, but bilateral pleural effusion was evident on chest X-ray. This effusion sample was compatible with empyema and special cultures were positive for Abiotrophia defectiva so antibiogram-guided meropenem therapy was started with satisfactory outcome.

Conclusion. This case shows a real clinical and microbiologic challenge, since A. defectiva culture is possible in non-conventional culture media. Nutritionally variant streptococci (both Abiotrophia sp and Granulicatella sp) infections are extremely rare, with only 39 cases reported between 1961 and 2005, hence clinical suspicion, appropriate microbiologic investigation and antibiogram-guided antibiotic therapy are paramount.

P-09-45 | CHAGASIC ENCEPHALITIS IN PATIENT WITH SCLERODERMA.

Pisarevsky, Ana Andrea.; Sposato, Luciano.; Esteso, Federico.; Maliandi, Rosario.; Petrucci, Enrique Alberto.

Hospital de Clínicas. VI Cátedra Clínica Médica; Argentina

Introduction: The reactivation of Chagas' disease with central nervous system involvement is uncommon, and occurs among immunocompromised patients. We present a patient with scleroderma under immunosuppressive treatment who developed Chagasic encephalitis. A 68 year-old woman from Northern Argentina was admitted with a confusional syndrome. She had a history of tuberculous peritonitis in 1991 and scleroderma with pulmonary involvement in 1994 treated with prednisone 20 mg/day, cyclophosphamide 100 mg/day, and isoniazid 300 mg/day over the past three months. On admission, the patient was confused and bradikinetic. Blood tests showed no abnormalities. Viral serology for Hepatitis B and C, HIV, Cytomegalovirus, and Herpes Simplex (HSV) I and II were negative. CSF was normal. PCR for HSV I and II as well as cultures for bacteria, Mycobacterium tuberculosis, fungi and parasites were all negative. Non-enhanced CT, and MRI on day 2 showed leukoaraiosis. The patient's neurological status worsened, as she developed aphasia, echopraxia, and bilateral frontal lobe release signs. EEG on day 13 showed diffuse disorganization. CT and MRI on day 20 showed enlargement of the frontal lesion with extension to the left frontal lobe and a new lesion in the posterior fossa was seen. She rapidly deteriorated and presented with akinetic mutism and generalized spasticity. On day 25 a stereotaxic brain biopsy was performed. Pathological examination evidenced a necrotizing lesion with lymphocytic and plasma cell infiltration, and histiocytes loaded with Trypanosoma cruzi amastigotes. Indirect immunohistochemistry was positive for Chagasic antigens. There was no response to treatment with benznidazol 5mg/kg. The patient died 45 days after hospital admission.

Conclusion: Reactivation in the chronic stage of the disease is uncommon and has only been observed among immunocompromised patients. Most reports involve patients with AIDS in advanced stages. Lesions of the CNS in these patients are so similar that clinical diagnosis and neurological images can not distinguish them from other infections or neoplasic disease. Chagas disease should be considered in the differential diagnosis taking into account the prevalence of this pathology in Argentina and the origin of our patient. We found no reports of Chagasic encephalitis in patients with rheumatological diseases under immunosuppressive treatment.

P-09-46 | SPINAL NEUROCYSTICERCOSIS.

Nuñez Villegas, Henry.; Condori Montes, Shirley J.; Nuñez Daza, Carolina.; Rodríguez Quiroga, Sergio A.; Quiroga A, Rodolfo.

Caja Nacional de Salud- Hospital Obrero Nº 2 Cochabamba Bolivia.

Background: The Neurocysticercosis (NCC) is a parasitic illness more frequent in the Central Nervous System related with poor sociocultural conditions. The Latin America incidence is of 350 per 100 000 inhabitants , but in Bolivia it would be of 450 per 100 000 inhabitants.The Neurocysticercosis of the spinal channel is less than 5% of the total of Neurocysticercosis in the Central Nervous System and exceptional cases have been described in the literature.

Patients and Methods We report a series of 14 patients with spinal Neurocysticercosis , highlighting the sintomatology in all cases; the age average was 47 years, and spastic paraparesia was the main presenting symptom. Other presentation were syringommyelia and ataxia. The average of illness was 5 years. The diagnostic studies were TAC and MRI, other diagnostic studies include CSF examination, ELISA'S test in the CSF and pathological study. We carry out a longitudinal prospective study in a public hospital and a private clinic in Cochabamba Bolivia (1 million inhabitants). **Results:** The prevalence of cerebral neurocysticercosis (NCC) in Cochabamba-Bolivia is of 1.4 for 100 000 inhabitants. In the Spinal Neurocysticercosis, the most frecuent level was dorsal (64%) from which Intramedullary was the most common , 21% had very good outcome , 14 % better ; 14% stationary , 36% worsened and one died. 50% of the patients didn´t have cerebral Neurocysticercosis the brain and TAC was positive in 29%. The medical treatment was realized with surgery in 14%, only with albendazol in 14%, 62% albendazol and surgery.

Discussion: The Spinal NCC is a rare presentation of this illness, that it evolves in years before being diagnosed. The spastic paraparesia or tetraparesia was the main presenting symptom and the most common localitation it was Intramedullary form. Surgical treatment of the subaracnoidea NCC patients have been unfavorable, although the Intramedullary form had a favorable evolution. The treatment with Albendazol has not shown to be beneficial in these patients. For the magnitude that the NCC represents it should be considered as a national problem of health in Bolivia.

P-09-47 | DEMENTIA IN A YOUNG PATIENT: A DIAGNOSIS TO KEEP IN MIND.

Rinaldi, D; Beninati, D; Vazquez, C; Cugat, M; Iñiguez,E

Hospital Regional de Rio Gallegos, Santa Cruz, Argentina

Introduction: Dementia is a syndrome that consists of chronic impairement of cognitive functions that is severe enough to interfere with the ability to perform everyday activities. Alzheimer disease, Vascular disease and Lewy body dementia represent 90% of cases. in the 10% left, among multiple ethiologies we find HIV related dementia.

Case Report: We present a 40 years old man who was admitted to the internal medicine service at Hospital Regional Río Gallegos presenting: weight loss, febrile syndrome, severe cognitive impairment, ataxia, sphincter incontinence and oral candidiasis.

He had a history of: Herpes Zoster episode six years earlier , mild behaviour disorders during the past year and delirium with later amnesia during a trip.

After the initial evaluation y complementary tests we arrived to a diagnosis of HIV- related cognitive impairment.

DISCUSION: We established that near 10% of HIV patients have any neurologic symptom and between 30-50 % of them will develope any nervous system disorder during the evolution of the disease. (oportunistic infection, neoplasm or disease related to the hiv).

The diagnosis of HIV dementia is achieved by eliminating other causes that affect the central nervous system in HIV patients. even if the incidence of dementia in HIV patients is of 15-20 %, it's unusually the first manifestation or the begining of the disease, as it was in our patient. Moreover, as we are talking about a lethal disease if left without treatement, but that with HAART (high activity antiretroviral treatement) evolution can change, it's vital to arrive to an early diagnosis to avoid severe damage or even death.

Conclusion: It's important to perform HIV serology in every young patient with behaviour, mood or cognitive disorders, even if they are mild, keeping in mind that it may be the first manifestation of aids.

P-09-48 | BRAIN ABSCESS CAUSED BY PROTEUS SPP IN HIV INFECTED PATIENT. A CASE REPORT

Dra. Ferazza Patricia; Dra. Signorelli Mariela; Dr. Nakagawa Francisco; Dra. Labasse Silvia hirofn@yahoo.com.ar

Hospital General de Agudos Petrona Villegas de Cordero, San Fernando, Pcia. De Buenos Aires, Argentina

Introduction: Up to 90% of patients infected with Human Immunodeficiency Virus (HIV) will have affected the Central Nervous System (CNS). In order of frequency, the focal brain lesions in HIV patients are: cerebral toxoplasmosis, primary CNS lymphoma, progressive multifocal leuko-encephalopathy, cerebral cryptococoma, brain abscess / cerebral tuberculoma, neurosyphilis (meningovascular). Periodontal and paranasal sinuses infections (chronic sinusitis) are responsible for 15% of brain abscess.

Case Presentation: A 45-year-old male patient, who denies any pathological background, was admitted to the hospital for Jacksonian motor seizures of the right hemi-body. On examination he presented a right sided face-arm-leg hemiparesis, dysarthria, and pain in the left maxillary area. A cranial magnetic resonance showed two hypointense images on T1 in the left parietal and paraventricular area that slightly collapse the ventricular system, with perilesional hiperintense images. Administration of gadolin shows annular enhancement of both injuries. Cranial Tomography of paranasal sinuses shows occupation of the left maxillary area. The case was interpreted as space occupying lesions of infectious cause. The HIV test was positive so an empiric treatment was started for toxoplasmosis completing three weeks with no results. Then a stereotactic biopsy was made, with positive culture for Proteus spp. It was started treatment with levofloxacin during four weeks with positive response.

Discussion: In HIV patients most frequently founded germs that cause brain abscesses are: polymicrobian in more than 60%, and a mix between anaerobious and facultative aerobious in 30%. For those with sinuses origin, the germs involved are usually Streptococcus, Staphylococcus, and Haemophylus.

Conclusion: What motivates the presentation of this clinical case is the finding of brain abscesses in HIV patients after sinusopathy for Proteus.

P-09-49 | TUBERCULOUS MENINGITIS IN A INMUNOCOPETENT HOST. CASE REPORT

Villamil H. Karen, Viñoles Clemark, Méndez Lisbeth, Rey Joanny , Rodríguez Oswaldo karenyisela@yahoo.com

Hospital Miguel Pérez Carreño. Caracas-Distrito Capital. Servicio de Medicina Interna

Tuberculous meningitis (extrapulmonary form 5 - 10%), is a AFB M. tuberculosis infection over the structures of CNS by direct haematogenous invasion or inoculation from parameningeal contiguous lesions into the subarachnoid space. Consists in a granulomatous inflammation consequence of local lymphocyte T reaction with the presence of tubercles, vasculitis and adhesive exudates in a basal meninges and subpial regions. Symptoms: fever, headache (50%), confusion, neck stiffness (Kernig and Brudzinsky 75%), cranial nerve palsies (III, VI y VII 30-50%). Lumbar Puncture show a yellowish spinal fluidwith increased pressure, pleocytosis predominantly lymphocytes, hyperproteinorrachia and hypoglycorrhachia, acid-fast stains and cultures of cerebrospinal fluid usually are negative (15-25%), ADA (sensitivity 65% / specificity >90%) and chest x-ray may be normal. Treatment must be precocious with empirical antituberculous therapy in two phases which is essential for survival and to minimize sequelae and the addition of corticosteroids for patients with focal deficits or altered mental status.

Case Report: 18 years old female in cesarean late postoperative day, have on 04/09 daily fever, vomits and holocranean oppressive headache, take ambulatory treatment for urinary infection with parcial recovery. On 06/09 present divergent strabismus, diplopia, walk disturbances, mixed aphasia and behavioral changes. PE: BP: 110/70mmHg. HR: 92x'. RR: 21x'. T: 39.5ºC. Anisocoric pupils LE 4 mm > RE 2 mm with right paralytic pupil, neck stiffness. Glasgow 10/15 (RO3, RV2, RM5), Left altern Hemiphlegia, Babinsky y left clonus, Kernig y Brudzinsky were present.

Clinical exams: leucocytosis with neutrofilia, hyponatremia, LP (3 opportunities): hypoglucorrachia, pleocytosis and hyperproteinorrachia, cultures, gram, cryptococcal antigen, VDRL test and acid-fast stains: negative. ADA: 13,7 (VN=until 4,5) and ADA: 11,3 UI/L (VN: until 4,5). HIV-VDRL: negative. PPD: 0 mm. Chest x-ray: normal. TAC: (06/09) widespread cerebral edema and (14/09) right widespread cerebral edema and frontotemporal hypodense area without reinforce after a contrast and hydrocephalus with mass effect and ventriculomegalia. RMN: rigth frontotemporal infarction areas.

The diagnosis was Tuberculous meningitis + meningoencephalitis complicate with Cerebritis initiating antiTBC treatment (4 drugs) and Ceftriaxone - Vancomicina meningeal dosis plus dexamethasone with clinical and neurological improvement: Glasgow 15, left altern hemiphlegia without another affection.

P-09-50 | PRIONIC DISEASES

Perez C.±, Maciel G.±, Menoni J.*, Fariña M.#, Perroni V

Assistant Professor of Medical Clinic 1. Hospital Maciel. * Assistant of Medical Clinic 1. Hospital Maciel. # Resident of Medical Clinic 1.Clínica Médica 1, Montevideo, Uruguay.

SUMMARY It is reported the case of a patient with a history of Rheumatoid Polyarthritis, carrier of a fast progressive myoclonic encephalopathy, attended at Medical Clinic "1". It started a year before her admittance with apathy, visual hallucinations and behavioral disorders. Initially diagnosed as psychotic depression, she received neuroleptics and antidepressants. She also showed progressive and incapacitating gait disorder, urinary incontinence and generalized myoclonic jerks for which she was admitted. At the examination the patient presented: insomnia, cachexia, akinetic mutism. Cranial Nerves: Horizontal nystagmus. Meningeal Area: Axial rigidity. Spinal Area: Generalized myoclonias. Muscular atrophy. Spasticity. Bilateral cogwheeling. Palmomental reflex and altered oral reflex. Crural paraplegia, generalized hyperreflexia and bilateral Babinski sign. A diagnosis of probable Creutzfeldt-Jakob disease was made. Paraclinic: Magnetic Resonance: basal ganglia hyperintensity, Spinal tap: positive 14-3-3 protein. Differential diagnostics are analyzed, the most important was autoimmune encephalopathy; discarding other causes of encephalopathy. An immunosuppressive treatment is administered, with no response. We investigate the subject. The prionic diseases are transmissible neurodegenerative diseases. The incidence is 1 to 1.5 cases per million of inhabitants. The incidence in men/women is similar, being 61 years old the average age of presentation. They are originated by the transformation at neuronal level of a normal cellular protein (PrPc) into an anomalous protein denominated prion protein (PrPsc) with its subsequent accumulation. They are clinically presented as a fast progressive demential syndrome with myoclonias and other neurological symptoms.

The Creutzfeldt-Jakob encephalopathy is the most frequent one, these authors describe it in humans in 1920, recognizing three clinical forms: sporadic (85%), genetic and acquired. There are other human cryonic diseases like the Kurú disease, the Fatal Familiar Insomnia, and the Gerstmann-Straussler-Scheinker disease.

The differential diagnostics must be performed with encephalopathies of other causes (toxic, metabolic, infectious, and fundamentally autoimmune, among others), also with neurodegenerative diseases. The definitive diagnosis is anatomopathological by brain biopsy; not used in our environment. The clinic associated to discoveries on Magnetic Resonance and electroencephalogram with the 14-3-3 Protein in cephalorachidian liquid strongly orientate the diagnosis. There is no effective treatment, accepting the use of empiric immunosuppressants before the differential diagnosis of autoimmune encephalopathy.

P-09-51 | CEREBRAL NOCARDIOSIS

Dr.Carnelli, Luis; Dr. Romano, Daniel; Dra. Beunza, Gretel; Dra. Senillosa Mónica.

Hospital Piñero. Buenos Aires. Argentina

We present a patient case with antecedents of HIV/AIDS, which begin with febrile syndrome and cough. He admits in hospital to complete studies. In the thoracic Rx find a pulmonary consolidation in right lung. In the CT scan appears an occupant brain mass. It evolves in torpid form, appearing different complications.

It's made all the complementary studies and finally stereotaxy brain biopsy, arriving at diagnosis of cerebral nocardiosis. At the same time the alveolar culture turn positive confirming pulmonary nocardiosis. We will update the concepts of an opportunist infection in an inmunodeficient patient, with multiple intercurrences previous to their definitive diagnosis.

P-09-52 | AUTOLOGOUS BONE MARROW DERIVED PROGENITOR CELL TRANSPLANT (A-BMDPCT) IN PARKINSON'S DISEASE

Novoa JE, Medina A, Pérez Chavez F, Soto Valdez M, Pérez Chavez A, Ortega A, Cazares R, Caride R novoa.je@gmail.com

Universidad Autónoma de Nuevo León, Monterrey, México. Hospital Policial, Montevideo, Uruguay. Clinica Real Terapia Celular. Montevideo, Uruguay. CellTher International Program for Cell Therapy.

Background: the most common cause of parkinsonism is idiopathic Parkinson's disease, a neurodegenerative disease, first described by an english physician Dr. James Parkinson in 1817. Current therapy can not avoid progression. **Objectives:** control of symptoms and signs of the disease and quality of life, evaluate other aditional therapeutic effects, evaluate the presence of side effects related to the autologous bone marrow derived progenitor cell transplantation in this group of patients.

Methods: from july 2007 to march 2008, 20 patients were evaluable to be included on this protocol with neurological diagnosis of idiopathic or primary parkinson's disease (IPD).13 men and 7 women. Median age 70 years old (53-87). For the initial evaluation score and follow up the Unified Parkinson Disease Research System (UPDRS) scale was employed. The control group was the same cohort of patients in the six months before A-BMDPCT. Local anaesthesia was employed in 9 patients with 2% xilocaine for harvest and transplantation in the gastrocnemius muscle. General anaesthesia with propofol was received for the other 11 patients. Bone marrow cell concentration was obtained by gradient of density. Mobilization with filgrastim was employed, 5 ug/kg of body weight daily (two doses) before transplantation (48 hours). Unmanipulated autologous bone marrow derived progenitor cells were implanted in one of the lower limbs in 2 ml aliquots. The mean number of bone marrow mononuclear cells was 2,2x109/kg body weight.

Results: the procedure mortality rate was 0%. The only complication of this treatment was local hemathoma in the transplanted leg (5%). 70% of patients showed a positive answer to treatment with desappear of IPD symptoms. This clinical response was maintained for six months or more in all this patients.

Conclusions: autologous bone marrow derived progenitor cell transplant, by the "Conzi-Fortunato effect"TM, can be performed safely and appears to be a benefical com! plementary therapy for patients with idiopathic Parkinson's disease. www.celltherorg

P-09-53 | CYSTIC INTRACRANIAL MASSES AS MANIFESTATION OF METASTASES OF LUNG ADENOCARCINOMA

Longstaff Jennifer, Caneo Natalia, Alderuccio Juan Pablo, Wainsztein Nestor jlongstuff@yahoo.com

FLENI. Ciudad de Buenos Aires, Argentina

Cystic intracranial masses have a broad imaging and pathologic spectra. The differential diagnosis includes infection, tumours (primary or metastatic) and cystic-appearing masses originated from neuroectodermal tissue

Presentation of case A 49 year old man was admitted to this hospital for neurosurgical treatment of intracranial cystic masses. The patient was well until July 2007, when he began with aggressiveness and behaviour disturbances. A computed tomography (CT) showed bilateral frontal and right parieto-occipital intracranial masses.

The histopathology of one of the cysts by surgical puncture was negative for atypical cells. Serologic testing of antibodies disclosed HIV, toxoplasmosis, trichinellosis, hydatid disease, cysticercosis and Chagas were negative. Treatment with albendazol was initiated. The patient developed headaches and weight loss. The cerebrospinal fluid was negative for atypical cells and there was no bacterial growth. In December 2007 the patient was admitted for removal of the right frontal cyst.

The procedure was performed without complications. The histopathology revealed nervous tissue infiltration by adenocarcinoma type methastases. Immunofluorescent stain was CK7 and TTF1 positive and negative for CK20.

Cystic fluid was positive for atypical cells. A thorax CT scan showed an enlarged right hilum, pretraqueal adenopathies and posterior mediastinum adenopathies. A bronchial fiber-optic endoscopy exposed submucous infiltration of middle lobe bronchi and ostium of basal lower lobe bronchi. The histopathology evidenced atypical cells with a glandular epithelium pattern compatible with lung adenocarcinoma. The patient is currently receiving systemic chemotherapy with carboplatin and paclitaxel.

The aim of this report is to alert about pure cystic presentation of intracranial masses as manifestation of metastases from adenocarcinoma of the lung.

P-09-54 | IDIOPATIC INTRACRANIAL HYPERTENSION IN AN OBESE YOUNG FEMALE

Mattos Nestor; Restucci Florencia; Bouza Gabriel; Lantos Jorge

Sanatorio de los Arcos; Buenos Aires; Argentina

Idiopathic intracranial hypertension is a syndrome characterized by symptoms of intracranial hypertension with normal biochemical CSF but with elevated opening pressure, in absence of CNS expansive mass lesion, obstructive hydrocephalus, sinus vein thrombosis, intracranial infection or hypertensive encephalopathy. It affects 1/100000 females and 0,3/100000 males. The incidence rises to 19/100000 in women between 15 and 44 years and overweight above 20% with respect to the theoric .

We present a 30 year old obese female (BMI: 69), medicated with oral contraceptives admitted due to frontal and occipital headache of increasing intensity during the last week associated with episodic blurred vision. Physical exam was unremarkable except for bilateral papillary edema. CNS CT , gadolinium enhanced MRI and MRI venography and arteriography were normal. A lumbar puncture was performed with normal CSF composition and opening pressure of 32 cm H2O. Automated visual perimeter examination showed a bilateral defect in peripheric vision, with left predominance . Laboratory including thyroid function and prolactin level evaluation was normal.

Diagnosis of idiopathic intracranial hypertension was made according to Dandy criteria, and treatment with acetazolamide 500 mg BID and furosemide 60 mg daily was started with partial symptoms relief. The Patient was dismissed from hospital with the same medication and a diet restricted in calories .

She was controlled as outpatient by a neuro-ophtalmologist, a nutritionist and a general physician. She achieved a significative weight loss and later a laparoscopic gastric by pass surgery was successfully performed.

Nine months after discharge her BMI was 38 and headache and visual symptoms had disappeared. It is relevant to consider this diagnosis in patients with persistent and new headache, mainly in young females with associated conditions like obesity, hypothyroidism, menstrual cycle alterations or consumption of known related drugs such as Vitamin A, minocycline and tetracycline. Early diagnosis and proper treatment (acetazolamide, treatment of predisposing factors and eventually lumbo-peritoneal or ventricle-peritoneal shunt) may avoid potentially severe visual secuelae.

P-09-55 | BONE MARROW TRANSPLANTANTION (BMT) IN NON-HODGKIN´S LYMPHOMAS (NHL): A SINGLE CENTER 12 YEARS EXPERIENCE

Guillermo C*, Zunino J*, Topolansky L*, Diaz A*, Rocca A*. Isaurralde H**, Diaz L**, Stevenazzi M**, Nese Martha** ceciliaguillermo@hotmail.com

CITMO*, Clinica Hematologica - UDELAR**. Montevideo, Uruguay.

Introduction: We evaluated the results of BMT in NHL between 1997 and 2007.

Methods: We performed 108 BMT, 104 autologous, 4 allogeneic, 8 tandems; 64 men and 44 women. Median age: 48 years (18 - 64). 78 B NHL: 57% DLBCL, 29% FL, 4% MCL, 10% others. 30 T NHL: 60% PTCLU, 40% others. Disease state at BMT was: 45% CR1, 16% CR2, 5% CR3 or + ; 20% PR1, 33% PR2 and 6% other. Conditioning was: 86 BEAC, 15 BEAM, 3 RIC, 2 BU Cy and 2 CBV.

Results: Median follow-up was 50 months (0-144). OS at 12 years is 50.2%, 51% in Autologous, 33 % in allogeneic. OS in FL was 42% (median time survival 2718 days); in DLBCL was 50.17%, in MCL median time survival (MTS) was 1900 days. OS in PTCLU was 46% (MTS 3448 days). OS depending disease state at BMT was 69% in CR1, 32% in CR2 (MTS 1900 days) and CR3 or + had a MTS of 332 days. Sixty-five (60%) patients are alive. The first cause of death was relapse or progression (56%). Transplant related mortality (TRM) in autologous BMT was 2.8%.

Discussion: Auto BMT was the main indication in high risk NHL with a good long term OS and a low TRM. The inmunomodulation in the BMT scenery promise improvement in relapse related mortality.

References:

1.T S Fenske et al. Pre- transplant Rituximab is associated with improved progression -free and overall survival in patients undergoing autologous hematopoietic Stem cell trasplantation for DLBCL. Blood, 2007; 110(11):14

2.M. Ladetto et al. Long- Term follow up the randomized GITMO/IIL trial comparing CHOP - R vs high- dose therapy with Rituximab (R-HDS) in high risk follicular Lymphoma: updated results suggest the use of R HDS as salvage treatment. Blood, 2007; 110(11):14

P-09-56 | CRYPTOCOCCOSIS MENINGITIS IN NON-HIV PATIENTS. REPORT OF 3 CASES

Ugarte L.; Schiavino K.; Saúl P. lucita236@hotmail.com

Policínico Metalúrgico Central - Ciudad Autónoma de Buenos Aires

Introduction:- Cryptococosis meningitis in non-HIV patients with no evident immunocompromise is weird, however a 20% may present predisposition factors. We report 3 cases where serology for HIV, RT PCR for HIV were negative.

Clinic Case.-

Patient Nº 1. - Male, aged 48. Antecedents of pulmonary and lymph gland. Admitted with a 2-year-evolution headache and a 20 days cerebellar syndrome prior admission. MRI: Communicating hydrocephalus with ischemic Injuries in cerebellum and left paraventricular injuries (vasculitis).CSF: opening pressure 20 cm of H2O Proteinorrachia 80 mg%, Glucorachia 60mg%, cells 50(100% linfocites). Indian ink and culture +Cryptococcus Neoformans. Antigenorachia 1/10, antigenemia1/10.

Patient Nº2. - Female, aged 62. **ANTECEDENTS:** 9 m of hospitalization due to Cryptococcus Menìngitis, treated with Anfotericine B, no follow-up prophylaxis. Upper Chest Chronic Eczema. Admitted due to Meningitis syndrome with sensorium deterioration. CSF: opening pressure:18 cmH2Ol, protheinorrachia 24 mg%, glucorrachia 22mg%, cells 4, Indian Ink and cultures positive for Cryptococcus Neoformans. Antigenemia 1/100, antigenorrachia 1/10. Brain MRI: left paratalamic ischemic injuries (vasculitis) CD4 54 mm3 (8%). Skin injuries were reevaluated plus positive Antinuclear Antibody 1/620 homogeneous pattern matching Chronic Cutaneous Lupus.

Patient Nº3.- Male, aged 58. Admitted with headache, sensorium deterioration, and 15-day-evolution CSF opening pressure: 20 cmH2O, proteinorrachia 120 mg%, glucorrachia 20 mg%, cells 150 mm3, lymphocyte predominance. Indian Ink and culture positive for Cryptococcus Neoformans. MRI ischemic injuries (vasculitis) CD4 454 mm3, Antigenemia 1/100, Antigenorrachia, direct positive. Diagnosis of Hypotiroidism. All of the cases were treated with Anfotericine B and Fluconazol. The antigenemia P24 was negative in several occasions.

Conclusions: Cryptococcal meningitis have an subacute evolution,suspect it is very important, even without evident inmunodeficiency.In our experience the treatment was use in pacients hiv+(induction with anfotericina for 2-3 weeks, follow consecutive for fluconazol 400-800 for 10 weeks)is efective in pacients HIV-. The subsecuent profilaxis with fluconazol for 1 year period and antigens concentration follow up is a rasonable strategy.

P-10-01 | CREACTIVE PROTEIN IN COMMUNITYACQUIRED PNEUMONIA

Baran, Ezequiel; Baran, José Edgardo; Pincence, Antonio Alejandro; Magri, Sebastián

Hospital Italiano de La Plata; Argentina

The objective of this study was to determine the usefulness of C-reactive protein (CRP) to manage community-acquired pneumonia (CAP).

METHODS

We prospectively studied 169 patients diagnosed with CAP. It was used as a diagnostic criteria: the presence of anteroposterior chest radiograph infiltrated front and profile, plus one of the following signs and / or symptoms: fever or hypothermia, crackles, productive cough and blood or sputum culture with germs compatible with CAP diagnostic. We compare two scores and severity of pneumonia: PSI (Pneumonia Severity Index) and CURB-65 (Confusion, Urea, Respiratory Rate, Blood Preasure, Age 65) with C-reactive protein.

RESULTS

The mean age was 70.96 years (range 25-97 years). The gender distribution was 52% female and 48% male. Mortality was 7.69% (13/169). It established five categories of CRP: I < 29 mg / l, II between 29 and 39 mg / l, III between 40 and 59 mg/l and 75 mg IV 60 / l and V older 76 mg / l. We considered positive values greater than or equal to 39 mg / l.

CONCLUSION

A correlation was found between CURB-65 and PSI, and CURB-65 (in all classes of severity) and CRP (P = 0.000) as well as between PSI category IV and CRP (P = 0.007). The values of CRP have relationship with regard to the seriousness of pneumonia using CURB-65.

REFERENCES

1. K. Armitage, M. Woodhead. New Guidelines for the management of adult community-acquired pneumonia. Curr Opin Infect Dis 2007; 20: 170-176.

2. Z. Hoare, W. S. Lim. Pneumonia: update on diagnosis and management. BMJ 2006; 332: 1077-9.

3. A. Igonin, V. Armstrong, M. Shipkova, et al. Circulating cytokinesas markers of systemic inflammatory response in severe community-acquired pneumonia. Clinical Biochemestry 2004; 37: 204-209.

4. K. L. Buising, K. A. Thursky, J. F. Black, et al. A prospective comparison of severity scores for identifying patients with severe community acquired pneumonia: reconsidering what is meant by severe pneumonia. Thorax 2006; 61: 419-424.

P-10-02 | PNEUMOCYSTIS JIROVECII COLONIZATION IN BRAZILIAN CYSTIC FIBROSIS PATIENTS

Gustavo Wissmann , João Carlos Prolla , Vicente Friaza , Rubén Morilla , Carmen de la Horra , Marco Antonio Montes-Cano , Nieves Respaldiza , Luciano Zubaran Goldani , Enrique Calderón

Grupo de Estudos em Pneumocystis, Unidade de Infectologia, Hospital de Clínicas de Porto Alegre, Brasil, CIBER en Epidemiología y Salud Pública (CIBERESP), Hospital Universitario Virgen del Rocio, Sevilla, Spain

Introduction: Cystic fibrosis (CF) is the most common autosomal recessive disorder in Caucasian populations. Several organs are affected in this disorder, but the most serious clinical problem is chronic bronchopulmonary infection, which causes the most morbidity and mortality. Although colonization by Pneumocystis jirovecii in European CF-patients has been described previously using polymerase chain reaction (PCR) technologies, there are not data about epidemiology of Pneumocystis colonization in CF-populations from other areas. This study provides the first molecular epidemiological data about P. jirovecii colonization from South American CF-patients. **Materials and Methods:** Clinical data and bronchoalveolar lavage samples from 34 CF-patients without Pneumocystis pneumonia at the Hospital de Clínicas de Porto Alegre (Brazil) were obtained between 2004 and 2007. P. jirovecii colonization was detected by a nested-PCR. Genotypic characterization at the mitochondrial large-subunit rRNA (mt-LSU-rRNA) and Dihydropteroate synthase (DHPS) genes were investigated by direct sequencing and restriction enzyme analysis, respectively.

Results: P. jirovecii colonization was detected in 13 (38,2%) CF-patients. Twelve of these positive samples yielded typing results for positions 85 and 248 of the mt-LSU-rRNA gene. Three different genotypes were detected: 41.6% genotype 1 (85C/248C); 16.6% genotype 2 (85A/248C); 25 % genotype 3 (85T/248C); and 16.6% mixed genotypes. Wild DHPS genotype was detected in all cases. Pseudomonas aeruginosa infection and non-use of anti-Pneumocystis drugs were more frequently associated with Pneumocystis colonization.

Discussion: This study shows for the first time a high rate of P. jirovecii colonization among Brazilian CF-patients. It has been found that Pneumocystis colonization can stimulate a host inflammatory response and might play a role in the progression of chronic lung diseases. The knowledge of this commonly colonization in CF patients can be a major focus to understand the progression of lung disease in these patients. Genotype characterization of P. jirovecii from Brazilian CF-patients provides interesting epidemiological information: the distribution of P. jirovecii mt-LSU-rRNA polymorphisms is similar to described previously from European studies, and at the moment, there are not mutations associated with sulfa resistance in Brazilian CF-patients.

Supported by ERA-NET Pneumocystis-PathoGenoMics

P-10-03 | PLEURAL AND PULMONARY SUPPURATIVE INFECTIONS

Fernández, Francisco; González, Laura; Puerta, Rubén; Sánchez, Paula; de la Fuente, Javier

POVISA. Vigo.;Spain

Introduction: Pleural and pulmonary suppurative infections are lung abscess (LA), complicated parapneumonic effusion (CPPE) and empyema. LA is defined as necrosis of the pulmonary parenchyma caused by microbial infection. CPPE and thoracic empyema represent persistent bacterial invasion of the pleural space. We describe the clinical aspects of suppurative pleural and pulmonary infections, focusing on their presentation and management.

Methods: Retrospective and descriptive study of all patients diagnosed of CPPE, empyema and LA in POVISA between 2002 and 2007. LA was diagnosed if the Rx revealed a pulmonary infiltrate with a cavity. Patients were included as CPPE/empyema if they had any of these characteristics: pleural fluid with pus, pH <7.2, glucose <60 mg/dl, positive Gram stain or positive culture. Patients with tuberculosis or septic embolisms were excluded.

Results: Eighty-six patients (70 males, mean age 52) were included: 47 CPPE/empyema, 32 LA and 7 mixed. An underlying disease was present in50%: cancer in 15, neurological diseases, COPD and diabetes mellitus in 8, and injection drug use and HIV in 5 patients. The most frequent symptoms at diagnosis were fever (64%), thoracic pain (52%) and cough (51%), with a mean duration before diagnosis of 11 days. The etiologic agent was identified in 34 patients. Pleural fluid culture was positive in 41%, sputum in 33%, bronchial aspirate in 17% and blood cultures in 10%. Isolated pathogens were gram-positive cocci in 20 patients (streptococci in 13), gram-negative bacilli in 16 (E. coli in 5) and anaerobic bacteria in 7 patients (P. magnus in 5). Antimicrobial therapy with resistance<10% were cefotaxime, imipenem, piperacillin-tazobactam, clindamycin and aminoglycosides. Tube thorascostomy was performed in 50 patients, and fibrinolytics were administered in 22 patients. Surgical drain! age was performed in 16 patients. Mortality rate was 13%, and the existence of an underlying disease was the only poor prognostic factor.

Discussion: Suppurative pleural and pulmonary infections have a significant mortality, and it is associated with the presence of an underlying disease. Previous use of antimicrobial therapy probably influenced the low positivity of the diagnostic methods. The association of third-generation cephalosporins with clindamycin may be highly effective as empiric initial therapy.

P-10-04 | PATIENTS WITH COMMUNITY ACQUIRED PNEUMONIA: THE DECISSION TO HOSPITALIZE

López, Daniel Emilio; Scianca, Gabriel; Pon Cavallo, Mara

Servicio de Clínica Médica. Hospital Gral. De Agudos Dr. Teodoro Alvarez.; CABA. Argentina

Background: Community-acquired pneumonia (CAP) is a serious health problem, represents a frequent cause of ambulatory care. CAP compromises annually more than 1% of the population requiring hospital admissions and mortality in immune competent adults and severe cases representing 2.8 % of the hospitable income. In Argentina there are near of 200.000 cases per year, reaching the 6th cause of death. Studies demonstrating large variations in rates of hospital admission for patients with pneumonia across nearby geographic regions suggesting that the criteria for hospital admission are uncertain. The aim of this study was determining the degree of fulfillment of the criteria that justify the hospitalized and to identify the variables of bad prognosis in immune competent patients with CAP.

Material and Methods: we review the clinical histories of 97 men patients with diagnosis of CAP, boarding in the Unit N° 1 of Medical Clinic of the Hospital Gral de Agudos "Dr. T Alvarez" GCBA Bue! nos Aires República Argentina, during period 01/01/2004 to the 30/06/2006. The following variables were analyzed: age, place of residence, co morbid states, clinical manifestations, laboratory and radiological alterations.

Results: Mean Age: 61.6 years SD 16.5, 10 (10.31%) did not have any predominant criteria of internment with COPD were: 1-Asthma 38 (39.18%), 2-Chronic Cardiac Disease 26 (26.80%), 3-Diabetics 21 (21.65%), 4-Alcoholic 27 (27.84%), 5- Abnormal laboratory values 42 (43.30%), 6-Radiological alterations 46 (47.42%) and 7-Insecurity in treatment 22 (22.68%). The etiology settled down in 17.53% of cases (n= 17), being the Streptococo pneumoniae the germ most frequently found (7/17= 41.18%). Mortality was of 13.4% (n= 13). The patients who died had a significantly greater average criteria in relation to who not died (4.15 versus 2,26)

Conclusions: in this study more of 90% of the patients admitted with CAP, fulfilled the criteria of admission recommended by the different international guides. Those who have 4 or more criteria, have a poor prognosis and more risk of death.

P-10-05 | SYSTEMIC INFLAMMATORY RESPONSE IN THE COMMUNITYACQUIRED PNEUMONIA. BALANCE BETWEEN INFLAMMATORY CYTOKINES AND ANTIINFLAMMATORY MARKERS AND THEIR ASSOCIATION WITH SEVERITY

Maria Ines Rodriguez Pastore, Ana Belen Mallo, Eduardo Reyes Martín, Manuel Rodriguez Zapata, Melchor Alvarez-Mon irodpas@hotmail.com

Unidad I+D Asociada CNB-CSIC. Departamento de Medicina. Universidad de Alcalá. Madrid-España

Background: The community-acquired pneumonia presents a high prevalence worldwide, mostly in immunocompromised patients at risk as, the elderly and carriers of chronic diseases. It is one of the leading causes of hospitalization and mortality in developed countries contribute to an excessive consumption of medical resources. The development of resistant bacterial strains represents another problem added to effective treatment. A major challenge for the scientific community, as well as preventive measures, is the development of new therapies to improve and strengthen the defenses of the individual and thus diminish the alarming morbidity and mortality of this disease. The immune-inflammatory response in the lungs is of great significance for the proper control, repair and resolution of the infection. Inflammatory mediators such as cytokines play a key role in recruiting and characteristics of the immune response, however disbalance between the inflammatory cytokines and anti-inflammatory has beeninvolved in the development of serious complications such as sepsis and shock.

The pattern of serum cytokines in acute pneumonia is not well characterized, nor his association with clinical factors predictive of severity and mortality.

Objectives: To analyze the pattern of serum cytokines (IL6, TNF 945;, IL8, IL10, sTNFR-sTNFR-I and II) in a group of patients with community-acquired pneumonia and their possible association with groups at risk of classification of purpose. **Methods:** There quantitatively identified by technical ELISA serum cytokines in immunocompetent patients, diagnosed as having acquired pneumonia in the community, before the start of antibiotic therapy.

Results: We observed a significant increase in all inflammatory cytokines both as anti-inflammatory at the time of diagnosis of the NAC. With increased molar excess of sTNFR-I and II in connection with the molecules of TNF 945; which is accentuated in patients included in the high risk groups of Pneumonia Severity Index.

Conclusions: These findings suggest that there is a mechanism to regulate the intensity of the immune response during the acute across soluble anti-inflammatory mediators, however excess anti-inflammatory response is associated with a significant prognostic markers of high mortality.

P-10-06 | PNEUMOCYSTIS COLONIZATION AND SYSTEMIC INFLAMMATORY RESPONSE IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Morilla, Rubén; Revero, Laura; Montes Cano, Marco A.; Martín- Garrido, Isabel; Calderón, Enrique J.

CIBER de Epidemiología y Salud Pública y Servicio de Medicina Interna, Hospital Universitario Virgen del Rocío, Sevilla; Spain.

Introduction: Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality worldwide. COPD is a slowly progressive condition characterized by airflow limitation, which is not fully reversible. The airflow limitation is associated with a chronic inflammatory response in both airways and lung parenchyma. Besides the presence of chronic local inflammation in the respiratory organ, there is increasing evidence of the important role of systemic inflammation in patients with COPD. Thus, high levels of airway and systemic inflammatory markers are associated with a faster decline in lung function. In a recent pilot study, Pneumocystis-colonization in COPD patients has been associated with increase systemic inflammation, suggesting a possible pathogenic link with COPD progression.

The aim of this study was to confirm the ability of P. jirovecii colonization of increase the inflammatory response in COPD patients.

Methods: A case control study matched by sex, age, smoking habit and severity of COPD was carried out including 126 patients. For each Pneumocystis-colonized COPD patient, defined by detecting P. jirovecii DNA in sputum using nested-PCR assay that amplifies the mitochondrial large-subunit rRNA, two noncolonized-matched control COPD patients were studied. IL-8, TNF-α, IL-6 and MCP-1 levels were measured in serum samples by commercially available EIA. Results. Forty two Pneumocystis-colonized COPD patients showed higher mean levels of IL-8 (21.9 vs 5.3 pg/ml, p= 0.003), TNF-α (25.3 vs 19 pg/ml, p= 0.06), IL-6 (9.8 vs 2.5 pg/ml, p= 0.01) and MCP-1 (802.5 vs 505.1 pg/ml, p< 0.0001) than do 84 non-colonized patients.

Conclusion: These data confirm results of previous study showing that Pneumocystis colonization in COPD patients induces increase in systemic inflammation response and strongly suggest that P. jirovecii is an infectious agent that play a role in the pathophysiology of COPD.

P-10-07 | PNEUMOCYSTIS JIROVECII COLONIZATION INDUCES CHANGES IN INFLAMMATORY RESPONSE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

Friaza, Vicente; Gutierrez, Sonia; Varela, José M.; Calderón, Enrique J.; Respaldiza, Nieves

CIBER de Epidemología y Salud Pública y Servicio de Medicina Interna, Hospital Universitario Virgen del Rocío, Sevilla; Spain

Introduction: Idiopathic pulmonary fibrosis (IPF) is the most common variant of the chronic idiopathic interstitial pneumonias. These diseases result from injury of the lung parenchyma that leads to a cascade of inflammatory and immune processes that cause lung fibrosis. The mechanism by which connective tissue proliferation occurs is unknown, although infectious agents have been implicated. A high Pneumocystis colonization prevalence has been detected in subjects with interstitial lung diseases. In animal models, it has been demonstrated that Pneumocystis organisms induce activation of alveolar macrophages and changes in pulmonary surfactant. We addressed the question of whether Pneumocystis colonization could cause changes in innate immunity response in patients with IPF.

Methods: Thirty six non-selected patients with IPF were included. Every patient underwent a clinical examination and bronchoalveolar lavage (BAL) samples were collected for analysis. Identification of P. jirovecii colonization was done analyzing BAL samples by nested-PCR assay that amplifies the mitochondrial large-subunit rRNA. IL-8, TNF-α; and IL-6 levels were measured in BAL samples by commercially available EIA. Pulmonary surfactant-associated proteins, SP-A and SP-D, were determined by densitometry, EIA and western-blotting. All data were normalized with total protein concentration for each sample.

Results: P. jirovecii was identified in 15 out of 36 (41.6%) patients. Pneumocystis colonized IPF patients showed lower levels of SP-D (414.9 ± 381.6 vs 874.7 ± 740.1 pg/mg- protein; p= 0,021), TNF- α; (0.2 ± 0.6 vs 1.6± 2.1 pg/mg- protein, p= 0.009) and IL-6 (24 ± 32 vs 69.8 ± 90 pg/mg- protein, p= 0.041) than did non-colonized. There were not differences for SP-A and IL-8 levels.

Conclusion: There are a high prevalence of P. jirovecii colonization among patients with IPF and an association between this colonization and changes in pulmonary surfactant components and inflammatory response, suggesting a a possible role of Pneumocystis colonization in the pathophysiology of Idiopathic pulmonary fibrosis.

P-10-08 | LOWER LUNG FIELD TUBERCULOSIS. UNUSUAL CLINICAL PRESENTATION

Maciel, Gabriel; Puppo, Daniel; Fabius, Alberto; Leiro, Ricardo

Clínica Médica, Departamento de Medicina Interna, Hospital Pasteur, Montevideo.; Uruguay

It is reported the case of a black, female, 28-year-old patient who consulted because of general malaise and fever of 15 days' evolution. A side-stitch like pain in left hemithorax and mucopurulent expectoration. Progressive dyspnea. At examination: dullness to percussion and absent or decreased breath sounds in left base. Thoracocentesis is performed revealing pleural exudate.

A diagnosis is made of acute pneumonia with pleural effusion, unspecified germs, probable pneumococus. Thorax radiography in agreement with the diagnosis. Leukocytosis present. Negative HIV. Treatment with ceftriaxone and clarithromycin is started. Bad clinical response. Patient's condition worsens and is transferred to ICU. Fever persists. Thorax radiography reveals no changes. Thorax CAT scan: pneumonic block with bilateral cavitation. Staphylococcus Aureus Pneumonia or gram-negative rods is diagnosed.

Treatment with imipenem and amikacin is started. The respiratory function improves and patient is discharged from ICU but fever persists and there are no radiologic changes. Due to the prolonged clinical course with no favourable response to the administered treatments, a pneumonia of unusual evolution is considered. Bacilloscopies are performed and revealed positive mycobacterium tuberculosis culture.

A diagnosis of reactivated pulmonary tuberculosis in lower lobes (lower lung field tuberculosis) is performed. This is an unusual presentation mode of this disease, more frequent in sub-Saharan countries and very rare in our environment.

Differential diagnostics with more common disorders are usually considered, like bilateral basal pneumonia due to unspecified germs. This usually slows down the diagnosis and the specific therapeutics.

As a conclusion we summarize that due to the increasing incidence of tuberculosis in unusual locations, an immediate diagnosis of reactivated pulmonary tuberculosis in lower lobes should be made in every patient with this clinical presentation! mode and bacilloscopies should be promptly perform, with the aim of improving the prognosis of the patient affected with pulmonary tuberculosis through a precocious administration of the appropriate treatment.

P-10-09 | COMBINATION THERAPY IS NOT NEEDED FOR THE TREATMENT OF HOSPITALIZEDPATIENTS WITH PNEUMOCOCCAL PNEUMONIA: RESULTS FROM THE CAPO DATABASE

Repetto, M.F.; Saavedra, Federico; Pryluka, Daniel; Lambierto, Alberto; Peyrani, Paula

Division of Internal Medicine, Sanatorio Otamendi Mirolli. Argentina. Division of Infectious Diseases, University of Louisville, Louisville. KY

Introduction: Controversy exists in the literature regarding the beneficial effect of combination therapy in the clinical outcomes of hospitalized patients with CAP due to Streptococcus pneumoniae. The objective of this study was to define if combination therapy is associated with improved clinical outcome in this population.

Methods: This was a secondary analysis of the Community-Acquired Pneumonia Organization (CAPO) database. Patients in whom Streptococcus pneumoniae was identified (blood, respiratory samples, and urinary antigen) were included in the study. The outcomes variables were time to clinical stability (TCS), length of stay (LOS), and mortality. Logistic regression models were used to adjust for twenty confounder variables.

Results: A total 295 patients were evaluated, 115 patients were treated with monotherapy and 179 patients were treated with combination therapy. Combination therapy was not associated with decreased TCS (OR, CI, p value), LOS (OR, CI, p value), or mortality (OR, CI, p value).

Conclusion: This study shows that combination therapy is not associated with improved clinical outcomes. Moreover, considering the likely collateral damage of combination therapy, hospitalized patient with CAP due to S. pneumoniae should be treated with monotherapy.

P-10-10 | ACUTE POSTOBSTRUCTIVE EDEMA: A CASE STUDY

Luciano Piazzoni, Nahuel Rubatto Birri, Ignacio Gutiérrez Magaldi, Federico Holzer, Mariano Werner. piazzoni@hotmail.com

Internal Medicine Service, Reina Fabiola University Clinic, Catholic University of Córdoba

Introduction: Acute Postobstructive Edema (APOE) is a rare and potentially fatal complication of obstruction of the airways. Its physiopathogenia is multifactorial: forced inspiration against airway obstruction produces high intrathoracic negative pressure which causes in turn an increase in venous return, a decrease in cardiac output and trasudation of liquid to the alveolar space. Type I variant of this entity is found in young men because of their ability to create extremely high pressures, in obese patients with short neck and sleep apnea as well as in patients with pharynx, mouth or nose surgery.

Discussion: : a 33-year-old man was admitted to the institution for a programmed septumplasty due to ventilatory insufficiency caused by desviation of nasal bone. Pathologic history: grade 1 obesity (BMI 31), allergic to penicillin. Normal presurgical assessment. Surgery under general anesthesia; endotracheal intubation with a number 8-mm endotracheal tube. Phentanyl, tiopental, atracurio, succinylcholine, isofluorane, dexamethasone and one liter of crystalloids were used. Two hours long. Procedure with no complications. After extubation the patient presented abundant foamy salmon color secretions, crepitant rales and generalized ronchus, tachycardia, tachypnea, 56% arterial saturation. B/P 140/80 mmHg. Bronchial secretions were aspirated and he was referred to the ICU. Non invasive mechanical ventilation was initiated, persistent hypoxemia. ECG: sinus tachycardia. Laboratory Tests: Hcto 44.9%, Hb 15.5 %, 15,900 leukocytes (Nc3/Ns8/L10/M1), arterial gases: pH 7.38, PaO2 53.5 mmHg, PaCO2 49.5 mmHg; glycemia de 225 mg%, urea 0.44 g/l, creatinine 1.29 mg%, normal coagulation. Central line was inserted, central venous pressure 4 cm of water. Chest x-ray: diffuse bilateral alveolar infiltrate. Echocardiogram: cavities size, left ventricle function and pericardium normal. Poor respiratory dynamics. He was reintubated and mechanic ventilation was initiated; controlled by 35mmHg peak pressure + 12 mmHg PEEP. Important gasometric improvement in the following hours. Computed tomography: alveolar interstitial infiltrate predominantly in both lower lobes, partial collapse of both lobes, pneumomediastynum.

Complication: pneumonia associated to ventilation, isolating of Klebsiella oxytoca by tracheal aspirate. He completed antibiotic treatment; he was extubated on the tenth day. He was sent to a common ward. He was then discharged from hospital.

Conclusion: We chose the filing of this case to increase the casuistry of this phenomenon and to alert colleagues on a serious complication in patients who are somente to a low risk surgery.

P-10-11 | FEVER MASQUERADING PULMONARY EMBOLISM

Facal, Jorge; Borrás, Lila.

Departamento de Medicina Interna. Casa de Galicia. Montevideo.; Uruguay

Introduction: The diagnosis of pulmonary embolism (PE) may be difficult due to the nonspecific and polymorphic clinical picture of the disease. Fever can be a possible presenting feature in patients with PE. We describe three patients who had prolonged low grade fever as a presenting symptom of PE.

CASE REPORTS

Case 1: A 79 year old woman was admitted with 3 week's fever < 38ºC and cough. CT: bilateral pulmonary infiltrates, ESR: 110 mm/h. WBC 13.000/mcL. A CAP was diagnosed and antibiotics were prescribed. Three months later she returned with 38ºC fever of seven days' duration and dyspnea. D-dimers: elevated. Echo-Duplex no DVT. CT angiogram confirmed PE.

Case 2: A 70 years old woman came with 1 month history of 38.5ºC and dyspnea. ESR: 50 mm/h, normal WBC count. TTE: pulmonary hypertension. D-dimerselevated. CT angiogram confirmed PE. Echo-Duplex negative for DVT. LMWH was begun and warfarin added later, with fever resolution. Four months later warfarin was stopped and fever recurred. Scintigraphy revealed PE. Anticoagulation was reinstalled with fever resolution.

Case 3: A 80 year old woman presented with recurrent fever, cough and sputum and received antibiotics without improvement. One month later, fever persisted and pleural effusion appeared. ESR 100 mm/h, normal WBC count.-dimers positive. Echo-dupplex: DVT. Scintigraphy confirmed PE.

RESULTS: We report three cases of older women with PE and fever as the presenting symptom. CAP was the initial diagnosis in two cases and fever persisted o rapidly recurred in spite of antibiotic therapy. No other cause of fever except PE could be determined. All cases presented with prolonged or recurrent low grade fever. Fever resolved with anticoagulant therapy and in one case recurred when warfarin was stopped.

CONCLUSSION The presence of fever as an initial symptom can delay PE diagnosis. The possibility of PE should never be dismissed, even in the absence of a proven emboligenous cause. Regardless of the degree and pattern of fever, PE should be among the list of differential diagnoses in patients with unexplained fever.

P-10-12 | COMMUNITY HOSPITAL ACQUIRED PNEUMONIA EVOLUTION

Musacchio, Hector.; Dorigo, Catalina; Zilli, Enrique; Biegkler, David.; Volpato;Virginia

Internal Medicine Service, J.B. Iturraspe Hospital.; Argentina

OBJECTIVE: Describe clinics characteristics and complications of hospitalized patients diagnosed with community acute pneumonia (CAP) in our hospital.

METHODOLOGY: Medical records with a NAC diagnosis were reviewed from 17th April, 1998 to 21st April, 2008.

Age, gender, clinical characteristics, comorbilities, laboratory data, complications and evolution were registered. The British Thoracic Society (BTS) mortality prediction score was applied.

CAP diagnosis was defined according the criteria of the Infection Disease Society of America.

Results: 300 patients were registered, aged 52 ± 20 years old. 12.7% were diabetics, 21% with a chronic obstructive pulmonary disease, 10.7% with heart failure, 8.3% with neoplasia, 8.3% with chronic renal failure, 5.7% with chronic liver disease and 4% HIV positive.

68.7% (n=206) had at least one BTS mortality prediction rules.

13.7% from the hemocultures were positive (n=41) and the prevalent germ was pneumococcus, representing the 8.3% (n=25).

The length of hospital stay was 6.8 ± 5.30 days; The lenght of the fever was 1.38 ± 1.92 days (values are informed in mean ± SD)

Complications: pleural effusion 21%, respiratory insufficiency 22% and mechanical ventilation 5.3%.

The mortality was 3.3% (n=10); all with one or two mortality prediction rules of the BTS.

Conclusions: The positive hemocultures percentage coincides with the reported in the bibliography. Probably, due to patients' hospitalization under social criteria, our mortality was low. None of the patients met the three BTS criteria.

P-10-13 | PULMONARY NECROBIOTIC NODULES MASQUEARING AS MALIGNANCY. A CASE REPORT

Aguayo, C.; Pagán, E.; Sánchez, A.; León, M.D.; Mesa, P

Hospital Los Arcos. San Javier. Murcia. Spain

Case Report: A 69-year-old male was admitted for evaluation of hemoptysis. The patient was a heavy smoker with a long history of seronegative rheumatoid arthritis (RA) with rheumatoid nodules in elbows and metacarpophalangeal joints. Treatment with etanercept (Enbrel) was initiated two years before, after use of different disease modifying antirheumatic drugs (prednisolone, methotrexate and azathioprine) with no control of activity disease. Subcutaneous etanercept was well tolerated and resulted in prompt clinical and laboratory improvement.

Six moths before admission, a new episode of hemoptysis occurred, chest radiography and computed tomography (CT) showed three subpleural nodules in the left lung, the one in the left lower lobe had a cavitated lesion. A bronchoscopy with biopsy and cytologic features were negative for malignancy, different cultures were also negative. In a new CT the nodules in the left upper lobe increased in size but the one located in the lower lobe was smaller. The patient denied to continue in the hospital or go throw any other tests.

At a subsequent visit, the patient reported hemoptysis and dyspnea. In a new CT a mass was found in the left upper lobe and also had others nodules in the liver. He underwent repeated transthoracic needle aspiration, and a diagnosis of adenocarcinoma was made. He died in the next week, because of cardiac tamponade.

Conclusion: Patients with RA and pulmonary nodules presents a difficult diagnosic dilemma, especially when confounded by a history of smoking and immunosuppression. Because necrobiotic nodules may be indistinguishable radiologically from carcinoma and infectious granulomas it has been recommended that all the pulmonary nodules in the rheumatoid patients be biopsied. In unclear if etanercept has something to do with the development of new cases of cancer described in the literature.

P-10-14 | UNILATERAL PLEURAL DISEASE AND THYROID ALTERATIONS DUE TO AMIODARONE TOXICITY

Racca, Fabricio; Egri, Natalia; Pastor, Emilio.; Parodi, Roberto.; Carlson, Damian.

1era Cátedra de Clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Santa Fé.; Argentina

Introduction: Amiodarone is usually used in daily practice though its toxicity may impair multiple organs. Our purpose is to show the compromise of the thyroid function and the severe pleural affection in a patient after a high-dose and long term administration of the drug.

Presentation of Case: A 57 year-old male with diabetes, congestive heart failure and chronic atrial fibrillation receiving high dose of amiodarona (800 mg/day) for16 years shows progression of his habitual dyspnea in the last two months. At the physical examination his arterial pressure and body temperature were normal, his periferic pulse was irregular, and had tachypnea. He had a hard-elastic multinodular goiter with collateral circulation and surrounding erythema. In the respiratory tract, a low vesicular breath sound and disminished resonance were found mainly in the right side as well as few left basal crackles. The laboratory showed polycytemia, leukocytosis, ESV: 3 mm/1h, glycemia: 128 mg/dL., dehydrogenase lactate 641 UI/L and a slight arterial hypoxemia. Thyroid hormones´ profile: TSH: 0.08 uUi/MI; T3 1.25ng/MI; free T4: 0.66 ng/dL. Inmunologic thyroid **Laboratory:** anti-microsomal antibodies: positive, 1/1,638,400. Antithyroglobulin antibodies: positive, 1/1,024,000. Antiperoxidase antibodies: negative, 1000 U/mL. The chest radiography and the enhanced CT revealed a massive unilateral pleural effusion in the right hemithorax with a pleural thickening in the superior lobe. The pleural effusion had exudative physicochemical characteristics and the neoplasic origin was ruled out as the cytology and the three (two percutaneous and one thoracoscopic) pleural biopsies were negative. The hyperthyroidism was treated with metyl-mercapto-imidazole.

Conclusions: The purpose of showing this case is to emphasize the consequences of a long term and not properly justified therapy with common drugs such as amiodarone, which has a 40-100 days half-life period, and can cause severe damage of difficult resolution, that has more correlation with the accumulative total dose than with the seric values. The incidence of lung damage is 5 to 15% with more than 400 mg/day. Besides this is an atypical presentation of pleural damage caused by amiodarone because of the great quantity and the unilateral affection of the pleural effussion. Generally the pleural effussion is bilateral and minimum.

P-10-15 | SUBGLOTTIC STENOSIS AND AFFECTION OF NASAL CARTILAGE

Sotelo, H.R.; Castillo, I.E.; Thompson, C.; Fernández Céspedes, NA.; Pomares, D.

Servicio de Clínica Medica Hospital J. R. Vidal. Corrientes.; Argentina

Introduction: Histoplasmosis is a fungal infection caused by the Histoplasma capsulatum that primarily affects the lungs. It can be asymptomatic and submit a period of active infection or become chronic spread. Most patients with symptomatic histoplasmosis develop a flu-like disease and lung diseases. The elderly or immunocompromised hosts are at high risk of spread. The mortality rate is highest in disseminated histoplasmosis (up to 80% if treatment is not carried out and reduces to 25% if treatment is done).

Case Report: A 29 years old female, with dyspnea functional class I-II since 15 years ago, assumed and treated as bronchial asthma. Laryngoscopy 4 years ago with subglottic stenosis not traumatic. Consulting by cough with purulent sputum, fever and night sweats. Weight loss approximately of 10 Kg. in the last year and deformation of the nose 4 months ago. Physical examination: respiratory stridor, wheezing and roncus in left lung base. Sputum BAAR(-) Lab: Chagas(-) VDRL(-) Artritest(-),pANCA(+), Aspergillus, Histoplasma and Coccidiodomycosis serology (-) Otorrinolaryngologic exam: erythematous nasal mucosa with black scabs.There were no perforation or granuloma. Subglottic stenosis. Biopsy of scabs: fibrinoleucocytary exudate and necrosis. Multislice Chest CT: concentric narrowing of the trachea with diffuse thickening of the walls, 6mm caliber, which extends a length of 25mm. Similar findigs in both principal bronchi. Complete obliteration of left upper segmental bronchi. Pre tracheal, pre aortic and aorto-pulmonary adenopathies. BAL culture developed Histoplasma capsulatum. Diagnosis of Histoplasmosis was performed, and we started itraconazole 800 mg/day with good clinical and tomographic response.

Discussion: In a patient with subglottic stenosis without history of trauma and affection of nasal cartilage we should keep in mind infections such as tuberculosis, Hansen disease, syphilis and fungi; neoplasms, congenital and autoimmune diseases (Wegener granulomatosis). Diagnosis of Histoplasmosis was performed in our patient. Mediastinal fibrosis, an uncommon complication of infection, may result in multifocal narrowing of the trachea. In the other hand mediastinal granuloma is another clinical presentation found incidentally by imaging studies, but symptoms related to compression of adjacent structures can occur.

P-10-16 | CLINICAL SPECTRUM OF PULMONARY ASPERGILLOSIS

Peña, Sandra; Bozzola, Joselina; Ruiz, Andrea.; San Martín, Andrea.; Piñeyro, Luis

Cátedra de Neumonología y Cirugía de Tórax. Hospital Maciel. Montevideo. Uruguay

Introduction: Aspergillus related lung disease have increased in the last two decades. Aspergillus fumigatus is a ubiquitous filamentous fungus that causes a variety of clinical syndromes in the lung depending on the fungis virulence and the inmunologic state of the patient. Although there are distinct pulmonary entities, clinicians must be aware that on ocasions one condition may change to another.

OBJECTIVE: Describe different forms of the Aspergillus infection in the lung

Method We describe three patients hospitalized at the Clínica Neumológica, Hospital Maciel, Montevideo Uruguay with diagnosis of allergic bronchopulmonary aspergillosis, multiple aspergillomas inside pulmonary cavities secondary to tuberculosis and a patient with chronic necrotizing aspergillosis. We emphasized risk factors, clinical pictures, laboratory tests, images and therapeutic approaches of this fungal infection.

Conclusion: As pulmonary aspergillosis has increased its mortality (50 - 85%) it is essential for clinicians to be familiar with the clinical presentation, diagnostic methods and approach management of the spectrum of the infection.

Bibliography

C Díaz Sánchez y A López Viña .Aspergillus y pulmón. Arch bronconeumología 2004; 40:114-22.

-Walsh TS.Treatment of aspergilosis: Clinical Practice Guidlines of the Infections Disease Society of America. Clini Inf Dis 01feb 2008; 46(3) 327-60

-Barnes P Aspergillosis: spectrum of disease, diagnosis, and treatment. Infect Dis Clin North Am 01 set 2006; 20(3) 545-61

-Osoreda H-Nihon Kokyuki Gakkai Zasshi.A case of allergic broncopulmonary aspergillosis localized in one bronquial segment-01 nov 2007;45(11):898-902

P-10-17 | UNCOMMON DIAGNOSTIC OF ACUTE RESPIRATORY FAILURE

Nunes Velloso, V.; Schmidt, A.; Canedo, E.; Canepa, C.; Deheza, M

Intensive Care Unit Hospital Bernardino Rivadavia CABA.; Argentina

Introduction: Frequency patients with HIV AIDS at world-wide level has been increased as well as its secondary survival to therapeutic Highly Active Anti Retroviral Therapy (HAART). Many patients do not received this therapy and that's way they suffered severe AIDS diseases and will require early Intensive Care Unit (ICU) in the evolution of its disease. The acute respiratory failure (ARF) is the most common cause of admittance in ICU. The Kaposi´Sarcoma (KS) epidemic or related to HIV, is a rare multifocal tumor involving blood and lymphatic vessels. KS affect more aggressively in immunocompromised hosts, because the gene viral protein which transactivates HIV (HIVTAT) would increase the infectivity of the Human Herpes Virus-8 associated to the KS in the endothelial cells, generating the same induction over citokinas (TNFα, IL1, IL8, IL6) and growth factors, like the vascular endothelial growth factor and the granulocyte-macrophage colony stimulating factor, as well as an! increased angiogenesis.

OBJECTIVE: We report a case of a patient with VIH-AIDS without treatment admitted into de ICU with acute respiratory failure secondary affectation of the KS.

Material and Methods: Patient 41 years old, male with diagnosis of HIV from 2002 without HAART, the was admitted into the internist medical floor by prolonged febrile syndrome. During his stayed he presented paroxistic hemoptisis, diagnosis of KS cutaneous was reached by biopsy from chest injuries. He developed a ARF and was translated to ICU. Chest X- ray presented difusse,reticular-nodular infiltrates and mediastinal enlargement. It was made a pulmonary bronchoscopy that showed slightly rised submucosal cherry-red lesions. We contraindicated the biopsy for concern to severe thrombocytopenia and high bleeding risk. Patient developed multiorganic failure and died.

CONCLUSIONS: The communication present a unusual fatal pulmonary KS in a AIDS patient without HAART. The pulmonary form of the KS is an ominous sign whose world-wide incidence post HAART have been decreased significantly.

P-10-18 | EMPIRIC ANTIBIOTIC WITH ANTIINFLAMMATORY ACTIVITY ARE NOT ASSOCIATED WITH IMPROVED CLINICAL OUTCOMES IN HOSPITALIZED PATIENTS WITH PNEUMOCOCCAL PNEUMONIA: RESULTS FORM THE CAPO INTERNATIONAL COHORT STUDY

Repetto, M.F.; Saavedra, Federico; Pryluka, Daniel; Lambierto, Alberto; Peyrani, Paula

Division of Internal Medicine, Sanatorio Otamendi Miroli. Argentina. Division of Infectious Diseases, University of Louisville, Louisville. KY

Introduction: In vitro and in vivo studies indicate that macrolides and quinolones have anti-inflammatory activity (AIA). However, it is controversial if this AIA will translate into any beneficial effect in the clinical outcomes of patients with CAP due to Streptococcus pneumonaie. The objective of this study was to define if antibiotics with AIA are associated with improved clinical outcomes in this population.

Methods: This was a secondary analysis of the Community-Acquired Pneumonia Organization (CAPO) database. Patients in whom Streptococcus pneumoniae was identified (blood, respiratory samples, and urinary antigen) were reviewed. Regimens including macrolides and quinolones were classified as the group with anti-inflammatory activity [AIA (+)]. Other regimens were classified as not having anti-inflammatory activity [AIA (-)]. The outcome variables were time to clinical stability (TCS), length of stay (LOS), and mortality. Logistic regression models were used to adjust for twenty confounder variables.

Results: A total 295 patients were evaluated, 211 patients in the AIA (+) group and 84 patients in the AIA (-) group. Beta-lactams were the primary antibiotics in the AIA (-) group. Regimens that included antibiotics with AIA (+) were not associated with decreased TCS (OR, CI, p value), LOS (OR, CI, p value), or mortality (OR, CI, p value).

Conclusion: This study shows that the use of macrolides or quinolones does not have a beneficial effect in the clinical outcomes of hospitalized patients with CAP due to S. pneumoniae. Narrow spectrum Beta-lactams antibiotics should be considered optimal therapy for the treatment of hospitalized patient with CAP due to S. pneumoniae.

P-10-19 | HYDROCHLOROTIAZIDE INDUCED ACUTE NON CARDIOGENIC PULMONARY EDEMA

I Hevia, A Vilela, M De Zan, F Alda, R Watman

Medical Clinic Service. Clinic Santa Isabel; CABA. Argentina

Introduction: Acute non-cardiogenic pulmonary edema is an infrequent side effect related to the use of hydrochlorotiazide. ewer than 40 cases have been reported in the world. Its origin is idiosyncratic. It hasn't got cross reaction with other diuretics.

Case Report: We report the case of a 50 year-old woman who had previously had two hospital admissions by diarrhea, vomiting, fever, dysnea and hemodynamic instability; a shock was interpreted in both cases, the first time because of pulmonary infection and the second time because of heart failure, improvement was evident under supportive treatment and antibiotics within 24hs . In this opportunity, thirty minutes after in taking hydrochlorotiazide, she presented vomiting, diarrhea, fever and intense dysnea.

ANTECEDENTS: moderate hypertension (treatment with Losartan and diuretics occasionally); hyperthyroidism (treatment with levotiroxina) Obese Physical Examination: Her blood pressure was 80/50mm of mercury, pulse rate was 110 per minute, breathing frequency was 30 per minute and the temperature was 38ºC. She had difficult to breathe, auscultation of the chest showed decrease breathing sounds and it revealed bilateral rales.

Laboratory parameters (hypoxemia, leukopenia, cardiac enzymes, renal function and thyroid lab were normal, HIV non-reactive), ECG (sinuses Tachycardia), Chest x-ray (diffuse interstitial lung infiltration) Evolution: The patient received supportive and antibiotic treatment. Rapid recovery was evident within 24hs. Blood and urine cultures were negative. In a new interview with the patient, she said that in both previous cases she had received hydrochlorotiazide by medical prescription 1hour before symptoms started.

Conclusion: It is important to know about severe side effects induced by frequently used medicine to be able to diagnose.

P-10-20 | SYNDROME LOFFLER: PRESENTATION OF CASE

Gudiño Solorio, Humberto; Olaya López, Enrique; Díaz, Mariano;

Hospital Regional 1 "Carlos Mac Gregor Sanchez Navarro" IMSS; México

The Lôffler syndrome was initially described by the name of cryptogenic eosinophilic pneumonia in 1932 by the Swiss Lôffler Wilhelm, who reported the case of a young woman who was presenting with respiratory symptoms and peripheral eosinophilia, as well as infection with Ascaris lumbricoides.

Presently it is known that this syndrome refers to a hypersensitivity pneumonitis with hypersecretion of IgE and degranulation of mast cells, associated with temporary migration of certain parasites through the lungs. Ascaris lumbricoides, Ancylostoma duodenale and Necator americanus are the most frequent cause in underdeveloped countries, but can occur with any parasite wich spread via haematogenous.

The diagnostic criteria include evanescent and migratory X ray opacities and peripheral eosinophilia. The most serious form of this disease is known as tropical pulmonary eosinophilia encompasing an hyperresponse to infectious microfilariae (Wuchereria bancrofti, Brugia Mal ayi) and wich course may be acute.

We present the case of a 59 years od woman, with a 1 month with productive cough,dyspnea, chest pain, fever and asthenia. Of note patient without running water W.C. at home.

Prior 3 years on treatment with oral anticoagulation for pulmonary embolism. Physical exam with wheezing pulmonary murmur in upper right lobe. Chest x-ray revealed right apical opacities . Laboratory showed: eosinophilia 2600, total leukocytes 7900, negative dimer D. Chest CT Scan with apical consolidation, with normal pulmonary artery, with "tarnished glass" image. The patient received treatment with systemic steroids. 2 days later chest X rays showed no opacities. Chest CT Scan showed "tarnished glass" image, it was interpreted how inflammatory dates. Sputum culture was negative.

Laboratories control report Leucocytes 6900, eosinophils 1600. The stool exam showed evidence A. lumbricoides. Based on the clinical and radiological findings, marked eosinophilia and spontaneous resolution of the same, as well as the presence of the parasite in feces, we concluded to Lôffler syndrome.

P-10-21 | TIMING OF ANTIBIOTIC ADMINISTRATION AND OUTCOMES IN HOSPITALIZED PATIENTS WITH COMMUNITY ACQUIRED PNEUMONIA

Cancela, Joana; Ribeiro Almeida, José; Vasco Barreto, J.; Mendoça, Denisa; Capucho, Rosario

Hospital Pedro Hispano- Unidad Local de Saúde de Matosinhos; Portugal

Introduction: Community-acquired pneumonia (CAP) is responsible for more than 100 000 hospitalizations yearly in our country. Guidelines recommend initial antibiotic administration (IAA) within eight hours of arrival at the hospital. The authors proposed to analyze if these recommendations are being followed in our hospital and its influence in outcome.

Material and Methods: A retrospective study of hospitalized adults with CAP in our hospital in 2006 identified 157 eligible patients. Outcomes were mortality, clinical stability at 48 hours and length of stay (LOS). Results were severity-adjusted using Pneumonia Severity Index (PSI) and CURB-65. Outcome percentages were compared using the Chi-Square test.

Results: Eleven patients did not have IAA recorded. Among the remaining 146 patients, 37.7% had an IAA 8h. Although no statistically significant differences were found in the 3 outcome percentages in terms of timing of IAA (within eight hours of arrival: yes /no), we observed a slightly lower mortality (9.9% vs 12.7%, p=0.595) in IAA<8h group; clinical stability (47.2% vs 49%, p=0.835) and LOS lower than the 10-day median (45.1% vs 50.0%, p=0.591) were slightly more frequent in the IAA8h group. When stratifying by PSI, we verified these trends in clinical stability and LOS were only observed in PSI class III. When stratifying by CURB-65, the IAA<8h groups present lower mortality and shorter LOS for high-risk patients.

Discussion: This study allowed us to acknowledge our institution's reality and alert our professionals to improve their healthcare proceedings towards the guidelines. Albeit our results were not statistically significant (which can be explained by a small sample size and the retrospective nature of this study), they partially agree with the current opinion: that a precocious IAA has a positive impact, specially on high-risk patients. This study is the basis for a prospective one.

P-10-22 | HEMATIC PLEURAL EFFUSIAN AS A MANIFESTATION OF AORTIC FISSURA

Freitas, Sara; Alves, Gloria; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital-; Portugal

M.P., male, 77 years, caucasian, married, resident in Angola, with personal background of malaria; nephrolithiasis and acute myocardic infarction. Since April 2004 he noted weight loss > 10% of his weight, asthenia, dyspnea for medium efforts with gradual aggravation, dry cough, and sporadically mucopurulent cough. During this period he self treated with paracetamol, but without improvement of his complaints. In May 2004 he returns to Portugal on vacation and because of the maintenance of the complaints he decided to appeal to his Cardiologist, who sent the patient to our Emergency Department, with the suspect of a pleural effusion.

He was conscientious, eupnoea, without cyanosis, without signals of respiratory distress, pallid and hydrated mucous, anycteric; cardiac auscultation normal; pulmonary auscultation with reduction of the vesicular murmur in the 2/3 inferiors of the left hemitorax, with reduction of the transmission of the vocal vibrations; abdomen without alterations; without edemas of the inferior members. We performed the following exams : Thorax X ray suggestive of pleural left effusion, normochromic normocytic anemia; renal and liver function without alterations; arterial blood sample without respiratory insufficiency, sinusal rhythm, FC: 75 ppm, without signals of acute ischemia; echocardiogram: cardiac chambers of normal dimensions, preserved global systolic function of the left ventricle.

We performed a Toracocentesis with exit of serohemathic pleural liquid. We decided to request a thoracic tomographic scan: "small amount of blood between cross of aorta and pulmonary artery - fissuration of aorta? To clarify with angiography". We contacted the colleagues of Cardiothoracic Surgery and the patient was transferred to their Service. He was submitted to surgery 2 days latter and now he is asymptomatic.

P-10-23 | PULMONARY SARCOIDOSIS RESISTANT TO GLUCCORTICOID THERAPY

Rocha, Margarida; Alves, Gloria; Cotter, Jorge

Hospital de Guimarães- Portugal.

The authors present a case of a 38 year old female without pathological record that began a symmetrical polyarthritis (elbows, wrists, knees and ankles) on Dec 2006.She was then medicated, by her physician with an oral glucocorticoid with clinical response. With tapper of corticoid she refered reappearance of articular symptoms then associated with fever and red nodular lesions in her legs. On Jan 2007 was hospitalized in the Medicine Service with fever, erythema nodosum and symmetrical polyarthritis. Thoracic CT revealed multiple hilar and mediastinic adenopathies without pulmonary infiltrates. A Gallium scan was suggestive of sarcoidosis.

The bronchoalveolar lavage revealed a lymphocitic alveolitis with inversion of CD4/CD8 relation (12.8). **Diagnosis:** Pulmonary Sarcoidosis Stage I. Lung function Tests (LFT) were normal. After excluding other infectious and neoplasic causes of linfadenopathies, she initiated glucocorticoid therapy (prednisolone 1mg/Kg/day with posterior tapper) with clinical improvement. After 2 months of theraphy the thoracic CT revealed no differences.

After 7 months of treatment the thoracic CT remained unaltered. Since she was asymptomatic and became overweigh with Cushingoid facies, glucorticoids were discontinued. On Oct 2007 (3 months after discontinuation) she refers cough without sputum and dyspnea on exertion, with reappearance of erytema nodosum. Repeats LFT- normal. Fine needle aspiration of a mediastinic adenopathy- inconclusive. On Nov 2007 she initiates methotrexate (7.5mg/week) with clinical response. At the 3rd month of treatment with methotrexate, thoracic CT revealed a radiological regression. She remains on clinical and radiological surveillance.

Conclusion: Even when clinical manifestations of sarcoidosis are associated with high rates of spontaneous remission (Lofgren´s syndrome) is important a follow-up to re-stage the disease and consider therapeutic options.

P-10-24 | TRANSTHORACIC ULTRASOUND IN EVALUATION OF PULMONARY FIBROSIS. OUR EXPERIENCE

Sperandeo, M.; Muscarella, S.; Sperandeo, G.; Filabozzi, P.; Vendemiale, G

Scientific Institute"Casa Sollievo della Sofferenza" Hospital, S. Giovanni Rotondo.University of Foggia, Foggia.; Italy

Introduction: Pulmonary fibrosis is a terminal condition in many patients. It is characterized by progressive respiratory insufficiency and usually develops beginning from the lower posterior lobes. Our aim was to evaluate the possible contribution of transthoracic ultrasound (US) in the diagnosis of mild, moderate and severe pulmonary fibrosis.

Material and Methods: We evaluated 108 patients (pts) (46 females and 72 males, mean age 61yrs) affected by pulmonary fibrosis. In 66/108 cases fibrosis was idiopathic, in 4/108 it was associated with reumatoid arthritits, in 33/108 with systemic sclerosis, in 4/108 with mixed connective tissue disease and in 1/108 with LES. Disease severity was classified as mild, moderate or severe based on traditional methods of **Diagnosis:** clinical findings, pulmonary function tests (lung capacity and DLCO), standard chest radiography and high-resolution computed tomography (HRCT); (mild: non-productive cough; DLCO 80-100%, lung capacity 70-90%; reticular opacities in posterior costophrenic recesses at chest radiography; irregular reticulonadular thickening at HRCT; moderate: non-productive cough, dyspnea on exertion; DLCO 60-80%, lung capacty 50-70%; diffuse reticulonodular opacities at chest radiography; reticulonadular pattern with ground-glass opacities and asymmetric honeycombing in lo! wer lobes at HRCT; severe: non-productive cough, dyspnea at rest, digital clubbing; DLCO<50%, lung capacity<50%; peripheral raticular opacities with honeycombing at chest radiography; reticulonodular pattern with ground-glass opacities, traction bronchiestasis, more diffuse bilateral honeycombing, enlarged mediastinal lymphnodes at HRCT. All subjects underwent then transthoracic US by a 3.5 MHz convex scanner and a multifrequency (8-12 MHz) linear scanner.

Results: At transthoracic US, pulmonary fibrosis was associated with the following signs in both lungs: 1) fragmented irregular thickening (3mm) of the "pleural line" over the whole surface of the lung, above all at the lower posterior lobe (100% pts); 2) subpleural nodules (0% pts with mild, 75% pts with moderate, 100% pts with severe fibrosis; 3) reduction or absence of the physiological "gliding sign" (0% pts with mild, 41% pts with moderate, 76% pts with severe fibrosis).

Conclusion: Even if our preliminary findings have to be confirmed in larger patient groups, our results suggest that transthoracic US could be an additional tool in the diagnosis of pulmonary fibrosis.

P-10-25 | ASTHMA CONTROL TEST TM (ACT) SCORES CORRELATIONS IN COMORBIDITIES

Gemicioglu B, Dogan I, Musellim B, Guven K.
Istanbul University, Cerrahpasa Faculty of Medicine, Dept of Pulmonary Diseases. Turkey

Asthma Control TestTM (ACT) is a validated practical questionnaire to understand asthma control in asthmatics. Comorbidities in asthma patients become important problem in asthma control. The correlation of ACT with different comorbidities was evaluated in this study to demostrate the usefulness of ACT in follow-up of asthma patients also with comorbidities.

ACT, pulmonary functions was measured in 294 (70.7%) female, 122 (29.3%) male persistent asthma patients on combined therapy, with a mean age of 41.8±13.9. All patients responded prepared comorbities questionnaire.

74.6% were nonsmokers, 42.6% were skin prick test positive. During past year only 16.8% of them had emergency room visit and 5.8% was hospitalized.

Mean FEV1 was 2.4±0.9 lt (%83.4±19.3). Mean ACT was 19±5.2. In only 55% ACT was above 20; that means controlled.

ACT scores were positively correlated with FEV1 (r=-0.22; p=0.001). But FeNO levels were not correlated with FEV1. Hospitalization and emergency room visit last year decrease significantly ACT scores (p<0.0001)

ACT which correlated very well with FEV1 and FeNO may be best practical instrument to understand asthma control in asthmatics.

P-10-26 | ADVANCED LUNG CANCER: CASE REPORT

Joaquim, Ana; Custódio, Sandra; Magalhaes, Sandra.; Alves, Manuela.
São Sebastião Hospital, Portugal

Introduction: Lung cancer is one of the most common malignancies in the western world and it is the leading cause of cancer deaths in both men and women. Commonly, it is diagnosed in advanced stages, not only because of its unspecific clinical initial pictures but also because of the usually fast turn over of the lung cancer cells. The non oat cells squamous type usually appears in smokers and advances locally whereas the adenocarcinoma affects also non-smoker women and generally the advanced types have distance metastasis.

Case Report: A 76 year-old non actively or passively smoker woman was brought to the Emergency Room because of prostration and behaviour alterations with one week duration. The daughter said patient has been with hemoptyses for two weeks and dysphagia and hoarseness for three months, symptoms that were being studied in otorhinolaryngology and pneumology consultations. She had already done an esophagogastroduodenoscopy, which showed external oesophageal compression, a thorax CT-scan, which revealed a right hilum mass with bilateral bronchus invasion and bilateral mediastinic and left supraclavicular pathological lymph nodes, and a bronchofibroscopy with biopsy, whose histology revealed the squamous neoplastic nature of the lesion.

Objectively, patient paid attention to questions but wasn't able to answer them and was completely hypotonic. It was detected a tachyarrhythmia (atrial fibrillation) reversible with amiodarone. The cranial CT-scan showed a metastatic left hemisp! heric lesion, with a mean line deviation. After antiedematous and antiarrhytmic therapeutic, she was less prostrated, with expressive aphasia and a right hemiparesia grade 4, and she was hospitalized in Internal Medicine Department and has initiated brain radiotherapy. She died one week later.

Conclusion: This case reports an atypical presentation of squamous cells lung cancer in a non smoker woman with exuberant brain metastasis. It also pretends to bring up the need of elevated suspicion to make early diagnosis of lung cancer.

P-10-27 | CRITICAL FACTORS OF COMMUNITYACQUIRED PNEUMONIA A CLINICAL REVIEW

Moya, Borja; Francisco, Ana Rita; Fernandes, Ana Margarita; Fera, Manuela; Carvalho, Carlos , Alcatrao, Mario.
Servicio de Medicina Interna Centro Hospitalar de Setubal; Portugal

Introduction: The Community-acquired Pneumonia is an important cause of mortality and morbidity worldwide and has been the principal reason of admission in our Internal Medicine Service throughout last 4 years, coming up to 25 % of the income in plant.

Discussion: We present a retrospective study through review of patients' clinics diagnosed of Community-acquired Pneumonia, and that were admitted in our service describing the clinical, epidemiological, laboratory and imaging that led the admission, its relationship with the evolution and the morbimortality.

CONCLUSSION Most of the patients had comorbidities such as chronic obstructive pulmonary disease, lung structural disease and cardiac insuficiency, these factors were related to the gravity of the clinical situation. Another information will be exposed on the empirical antibioterapia, its duration and the motives that took us to their alteration.

P-10-28 | RISK FACTORS FOR COPD: URBAN AND RURAL REGIONS.

Stojanovski, Z.; Minov, J.; Andjelkovic, D.; Janackov, B.; Andonovski, G; Lazarevska; A.
Health Center Skopje, Medical Center Kumanovo PZU Intergin Macedonia

Background: Tobacco use is a well-recognized risk factor for COPD

Aim: The aim of our article was to compare the prevalence of the risk factors for COPD in patients from deprived agricultural and urban regions in Skopje area.

Subjects and **Methods:** We performed cross - sectional, randomised, comparative study, including 127 COPD patients in each group - rural group-RG (70M and 57F, aged 57-69) and urban group-UG (73M and 54F, aged 59-69). The duration of disease varied from 8 to 15 yrs. Evaluation of the study subjects included completion of standardized questionnaire and lung function tests.

Results: We evaluate tobacco smoking (smoking experience and cigarettes per day), occupational history, BMI and physical activities. The prevalence of active smokers was significantly higher in UG (82.6% vs. 37.8%, P < 0.05). The prevalence of passive smokers was non significantly higher in UG. Majority of the subjects from UG (81.9%) were employed as office workers, while 76,4% o! f the subjects from RG were agricultural workers. The prevalence of subjects with physical activity longer than 3 hours/day was significantly higher in RG (81.9% vs. 27.5%, P < 0.05). We found similar mean BMI value in both examined groups.

Conclusion: Our findings suggest that other factors behind active smoking may play a role in COPD development.

P-10-29 | COMPARISON OF SELF ASSESSMENT SCORING METHOD WITH QUALITY OF LIFE QUESTIONABLE FOR ADULT KOREAN ASTHMATICS

Ji Ye Jung, Yong Won Lee, Yoo Seob Shin, Jung-Won Park, Chein-Soo Hong

Department of Internal Medicine, Yonsei Univeristy College of Medicine, Seoul, Republic of Korea

Introduction: Quality of life questionnaire for adult Korean asthmatics (QLQAKA) is a valid and reproducible tool for evaluating and monitoring Korean adult asthmatics. However, questionnaire is still burden to some patients, so we developed a simple self assessment scoring method. –

OBJECTIVE: The goal of this study is to compare self assessment score with QLQAKA scores and evaluate how well it reflects quality of life of asthmatics.

Materials and Methods: 199 adult asthmatics were enrolled and asked to answer QLQAKA composed of 17 items in 4 domains (activity, symptoms, emotion, and exposure to environmental stimuli) and one more self assessment question of a 5-point scale was added. According to Global Initiative for Asthma (GINA) 2006 guideline, patients were divided into three groups : controlled, partly controlled, and uncontrolled. –

Results: The mean QLQAKA scores and self assessment score showed statistically significant differences within the three different asthma control status groups. Pulmonary function tests also showed statistically significant differences not only within the 5 different QLQAKA total score groups but also within the 5 different self assessment score groups.

Moreover, self assessment score was well correlated with QLQAKA scores.

Conclusion: Therefore, in busy outpatient clinic, we may estimate QOL of asthma patients using simple self assessment scoring method.

P-10-30 | AUTOMATED VOLUME LUNG NODULE ASSESSMENT BY MULTIDETECTOR CT

Capuñay, Carlos; Carrascosa, Patricia; Vallejos, Javier.; Martin López, Elba.; Carrascosa, Jorge.

Diagnóstico Maipú- Argentina

Introduction: This automatic technique demonstrates the potential for a clinically useful automated nodule assessment system that quantifies nodule size and characterize growth in solid pulmonary nodules. The purpose of the presentation is to determine the performance of an automated three-dimensional software for quantifying pulmonary nodule volume compared with the manual measurement.

Method and materials: Thirty-one patients with the suspected diagnosis of pulmonary nodule were evaluated. All CT examinations were performed on a 16-row CT scanner (Brilliance 16; Philips Medical Systems, Cleveland, OH). Scanning parameters were: collimation 16 x 0.75 mm; slice thickness 1mm; slice increment 0.5mm; 140 kV; 180 mAs/slice. The images were evaluated in the axial plane to identify the lung nodule and these selected images were transferred to a workstation on which the nodule assessment computer system was implemented. The nodule selection was based on solid nodules, calcified or not. Those sub-solid or larger than 50mm in the greatest diameter nodules were excluded. Data were analyzed by two different operators. The operators performed twice the measurements with an automatic nodule assessment software and with a manual method. The volume of the nodule and its diameters (x, y, z axis) were determined. The repeatability of the measurements were assessed using the ! Bland and Altman method.

Results: The automated nodule assessment system was applied to the database of 31 CT scans and 39 nodules were evaluated. Among these nodules, 26 (67%) were non-calcified nodules, 2 (5%) were partially calcified nodules, and 11 (28%) were totally calcified nodules. The mean of nodule volume was 1847.42 mL (SD: 91.48). The variability between first and second automated measurements was lower to 1%, and the variability between manual and automated measurements was lower to 10%.

Conclusion: There was good agreement and repeatability in automatic lung nodule measurements, and when was compared with manual measurements.

P-10-31 | CT VIRTUAL TRACHEOBRONCHOSCOPY: SPECTRUM OF FINDINGS

Capuñay, Carlos; Carrascosa, Patricia; Vallejos, Javier.; Martin López, Elba.; Carrascosa, Jorge.

Diagnóstico Maipú- Argentina

Introduction: CT virtual tracheobronchoscopy is a new technique developed in order to assess airway's pathology diagnosis. We will illustrate its usefulness on the base of the imaging findings from our daily CT cases. The objective of this paper is to be familiar with the CT virtual tracheobronchoscopy technique and with its main advantages and major goals.

Material and Methods: Chest CT scans performed between January 2006 and March 2008 were retrospectively reviewed. CT´s were performed on a 16-row and 64-row CT scanners (Brilliance 16 and 64; Philips Medical Systems) using 16x1.5 configuration; 2mm collimation and 64x0.625 configuration and 1mm collimation respectively. Scans were carried out with or without the injection of iodine contrast, based on the clinical indication. Images were evaluated on a dedicated workstation. A systematic analysis using multiplanar reconstructions, maximum intensity projections, three-dimensional and endoscopic views for evidence of airways pathology and its localization was performed.

Results: the sprectrum of CT findings were illustrated and the major key features were pointed out. In the CT findings we encountered: 2 tracheal bronchi; 3 tracheal diverticula; 1 patient with tracheo-papillomatosis; 23 tracheal stenosis; 5 endotracheal polyps; 4 endobronchial tumors; 10 compressions.

Conclusions: virtual tracheobronchoscopy can improve airways pathology diagnosis showing different endoluminal projections with characteristic CT features for each pathological condition.

P-10-32 | SISTEMIC DISEASE MARKERS IN COPD

Scarímbolo, Juan José; Martínez Cortizas, María Alicia; Pereiro, Miriam Patricia.; Artana, Cristina Noemí.; Leone, Fabio; Pistillo, N ; Majewski; G; Figueroa; JM.

Hospital Interzonal General de Agudos Pedro Fiorito: Servicio de Terapia Intensiva, Servicio de Neumonología, Laboratorio de Inmunología.Instituto Médico Adrogué. Hospital Evita Pueblo Berazategui. Centro de Estudios Respiratorios y del Sueño. Buenos Aires.; Argentina

Objectives: To assess the usefulness of C-reactive protein (CRP), leukotriene E4 (LTE4) and bombesin like peptides (BLP) in both functional and clinical COPD follow-up.

Materials and Methods: 77 COPD patients who had neither smoked, nor required hospitalization in the last year and without corticoid treatment during the last four weeks, were enrolled in the study. Patients were classified by GOLD. Serum high sensibility CRP, urinary LTE4 and BLP were measured initially. Afterwards, salmeterol/fluticasone treatment (25/125 or 25/250 mcg) was started according to severity. After a year follow-up (±3 months), serum CRP was measured and the patients were separated in bad and good follow-up. Bad follow-up was considered when there was functional class impairment, increase in the number of visits to doctors, hospitalizations or deaths. Data were expressed as mean ± DS. Significant $p<0.05$.

Results: 77 patients were enrolled with the following GOLD: I: 44, II: 20, III: 13. 41% of patients had a good clinical course. Five patients died. CRP basal values were high in 82% of the patients, being higher in those with bad follow-up (0.81 ± 0.492 vs. 0.45 ± 0.227 mg%. p=0.001, Mann Whitney). Despite treatment, CRP got higher in both groups (bad follow-up: 1.12± 0.460 vs. good follow-up: 0.92 ± 0.391 mg %). That increase was significant in the last group (p=0.01). LTE4 showed higher levels in COPD patients than the controls (583.5 ± 507.36 vs. 55.9 ± 20.23 pg/mg creatinine, $p<0.01$), without significant differences between the groups, according to GOLD or clinical follow-up. There was not correlation between LTE4 and IgE levels. Although BLP basal levels were higher in the most severe patients, (GOLD I: 5.7 ± 2.2 vs. III: 118.5 ± 31.0 pg/mg creatinine, p= 0.03, Mann Whitney) data were not useful enough to predict clinical course

Conclusions: CRP basal values were good predictor markers of clinical-functional follow-up. The inhaled corticoid treatment did not control the inflammatory response. The LTE4 significant increase suggests its participation in the obstructive process. BLP showed correlation with GOLD.

P-10-33 | USEFULNESS OF THE SCALES OF STRATIFICATION OF RISK IN THE PREVENTION OF THE VENOUS THROMBOEMBOLIC IN PATIENTS HOSPITALIZED WITH MEDICAL PATHOLOGIES. CENTRAL UNIVERSITY HOSPITAL ÄNTONIO MARÍA PINEDA. BARQUISIMETO.

Lara Rivero, Ludwig; Martínez, Jose O.; Arteta, Federico

Hospital Central Antonio María Pineda. Venezuela

The Venous Thromboembolic (VTE) is an important reason of morbimortality in patients with pathology medical and surgical. There exist scales that allow to individualize the boarding of the VTE and to use as help in the capture of decisions for the prevention in hospitalized patients; there was realized an analytical, not experimental study, of transverse court, to evaluate the usefulness of the scales of stratification of risk in the prevention of the VTE, in patients hospitalized with pathology medical, in the services of the Department of Medicine of the Central Hospital Antonio Maria Pineda during the space June 2006-June, 2007. There was obtained, across a sampling not probability intentionally, a sample of 50 patients with major of 18 years of age that criteria of hospitalization were fulfilling for medical pathology. There conformed two groups of patients of agreement to the service of hospitalization and there were applied to them the scales of risk of Franklin Michota's VTE and that of Sylvia Haas. To every group there was realized an Ultrasound dupplex of legs than the beginning of the study and they applied the measures thromboprophylaxis according to your stratification. Fifteen days of fulfilled the tromboprofilaxis carried out a new ultrasound dupplex of legs who identified the presence or VTE's absence. The results revealed that 86 % of the hospitalized patients had criteria for thromboprophylaxis, 92 % received prevention according to the scale of Michota and 80 % according to Haas. 4 % of the patients at the risk of ETV stratified with Michota's scale developed TVP and 100 % of the patients without risk did not develop TVP; likewise 100 % of the patients at the risk of ETV and without risk stratified with Haas's scale they did not develop TVP,

Conclusion: there does not exist statistical significant difference (p: 0.20) between the usefulness of both scales in ETV's prevention in patients hospitalized with pathologies medic! al and in the capture of decisions for the beginning of thromboprophylaxis.

P-10-34 | MORTALITY AND HOSPITALIZATIONS FOR PNEUMONIA IN INFLUENZA VACCINATED

Aliperti, V.; Taliercio, V.; Figar, S.; Gómez Saldaño, A.; Garfi, L; Pollán, J ; Seinhart, D; Langloise, E; Marchetti, M; Cámera, L A.

Hospital Italiano de Buenos Aires.

Introduction: influenza vaccination in people older than 65 years is recommended. **OBJECTIVE:** to assess the effectiveness of influenza vaccination on the reduction of overall mortality (OM) and hospitalizations for pneumonia (HP) in persons affiliated to a health care plan in a community hospital (HMO). **Methods:** retrospective inception cohort. Persons over 64 years were included. HP and/or death were obtained from hospital databases. Each patient contributed time to the study since March 2006 or HMO affiliation date (whichever occurred later) until death, HP, voluntary desenrollment or March 2007. Incidence density (ID) per 100 person-years and rates ratio (RR) with their 95% confidence interval (CI) were calculated. Adjusted rates were obtained using Poisson regression for the following variables: vaccination, age, heart failure (HF), cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), and diabetes mellitus (DM).

Results: 37030 patients contrib uted 35810 person-years.11969 patients received influenza vaccination. Overall there were 748 deaths and 238 HP during follow up. The OM and HP rates were 2.08 (CI: 1.94-2.24) and 0.65 (CI: 0.57-0.74) respectively. Vaccinated patients (VAC) were compared with none vaccinated (Non-VAC): mean age 76.6 (SD 6) vs. 75.2 (SD 7) (p < 0.001), female 65.3% vs. 67.2% (p< 0.001); DM 12.3% vs. 8.7% (p< 0.001); COPD 4.21% vs. 2.5% (p< 0.001); HF 3% vs. 2% (p< 0.001); and CVD: 13.7% vs. 9.8% (p <0.001) respectively. Among VAC crude mortality rate was 1.64 (CI: 1.4-1.9) vs. 2.31 (CI: 2.1-2.5) in Non-VAC (RR 0.7 (CI: 0.6-0.8; p< 0.001)).HP ID was 0.59 (CI 0.5-0.7) in VAC vs. 0.68 (CI: 0.6-0.8) in Non-VAC (RR 0.87 (CI: 0.7-1.1); p= 0.33). Adjusted RR (CI) for death were: vaccination: 0.64 (0.5-0.7), age: 1.1 (1.09-1.12), HF: 0.9 (0.6-1.2), CVD: 1.66 (1.4-1.9), COPD: 2.72 (2.1-3.4) And for HP were: vaccination: 0.75 (0.6-1), age: 1.12 (1.1-1.14), dementia: 4.94 (3.7-6.6), HF: 2.47 (1.7-3.5), CV! D: 1.7 (1.3-2.3), and COPD: 4.4 (3.1-6.2).

Conclusion: Vaccinated patients had significantly more comorbidities. Vaccination significantly reduced (36%) the risk of death from any cause and reduced 25% the risk of hospitalizations for pneumonia (although without statistical significance). The effect of vaccination remained even after adjusting for many other possible confounders.

P-10-35 | A YOUNG WOMAN WITH PULMONARY INFILTRATES AND HEMOPTYSIS

Verdi, Dolores; Mansilla, Paula; Martín, Carlos.; Kors, Lisandro.; Fuentes, Jorge; Menchaca, A.

Clinica Bazterrica, Buenos Aires.; Argentina

Case: A young woman with pulmonary infiltrates and hemoptysis. A woman of 37 years old, former smoker who had TBC 17 years ago and received complete treatment. She began in December 2006 with non symmetric and migratory polyarthralgias (elbows, proximal interphalangeal joints and ankle). In July 2007 she added odynophagia, bloody sputum and class II-III dyspnea. She was admitted with hemoptysis, hematuria and palpable purpura in both legs. The first diagnosis proposed was a lung-Kidney syndrome, so she received metilprednisolone bolus and continued her treatment with prednisone 0,5mg/kg/day.

She didn´t respond to this treatment and she began with ciclofosfamida 400mg /day. With this last treatment the symptoms disappeared and she was discharged. Until September 2007 she had no symptoms. She began again with functional class III- IV dyspnea and hemoptysis .She was admitted and received again metilprednisolona with out any improvement of her clinical status. Physical examination: BP: 125/72; HR: 100 x´; RR: 22 x´.Generalized hypoventilation, mainly of right lung with O2 saturation of 89% (Fraction of inspired oxygen 50%). Laboratory exams: anemia; leukocytosis; Erythrocyte sedimentation rate 80mm; ANCAp +; Anti-MBG -; FR +; Crioglobulinas -; FAN + débil; Complemento normal.

Peripheral blood smear: spherocytosis without schistocytes. The renal function was normal during her staying at hospital with microhematuria, urine sediment shows 50% dysmorphic red cells, less than 4 % of the acantocitos, without Red cell casts. Thoracic radiographs showed diffuse interstitial opacities in both lungs and emphysema. Tomography, Lung computed showed, diffuses intersticial - alveolar in both lungs with more compromise of the left, mainly in the lower lobe and posterobasal segment of the upper lobe.

We performed videothoracoscopy with lung biopsy that showed Polyangiitis Microscopic. Diffuse alveolar hemorrhage is always a potentially life-threatening situation. In young woman with pulmonary infiltrates and hemoptysis, it should be consider a vasculitis process may be developing.

P-10-36 | CHRONIC LUNG ABSCESS. UNCOMMON PRESENTATION DUE TO INDISCRIMINATE USE OF ANTIBIOTICS

Yelin, Carlos; Yelin, Ivan; Yelin, Gabriel.

School of Medicine, Rosario University. Rosario. Argentina

Background: The irrational use of antibiotics in higher and lower respiratory tract conditions mainly in acute bronchitis has frequently caused the clinical presentation of processes defined as classical manifestations to be modified to produce unclear symptoms that unnecessarily postpone diagnosis.

Object: In August 2007, a 70-year-old patient starts having lower respiratory tract symptoms which persist until February 2008 with a cough, fever, catarrh and a progressive compromise of the general condition. She receives numerous treatments, including PPI for presumption of GER. Material: Fortnightly radiological checkups do not provide a clear diagnosis, until a CT Scan identifies an inferoposterior left basal process which must be punctured to clarify the pathology. This study uses puncture under CT guidance, and shows the cytology of a Chronic Lung Abscess with a pneumococcal bacteriology, resistant to most ATBs, except for Ceftriaxone, Gentamicin, and Azithromycin. A 60-day period begins, with an almost immediate disappearance of both the symptoms and signs the patient presented.

Methods: Diagnostic CT Scan, Puncture CT Scan, Cytologic smear and CT Scan with recovery after 30 days of ATBs.

Conclusion: In respiratory pathologies, with an unwise administration of ATBs, there will be an increase of uncommon presentations of conditions which used to be well-defined and easily diagnosed.

P-10-37 | ACUTE HYDROTHORAX AS A COMPLICATION OF PERITONEAL DIALYSIS IN PATIENTS WITH THE POLYCYSTIC VARIANT OF TUBEROUS SCLEROSIS. A CASE REPORT

Sanchez Laura, MD; Ramos Elix, MD; La Cruz Yokeimi, MD; Wai Leung Kin, MD; Lopez Yubizaly, MD lvsanchezt@hotmail.com

Postgrade of Internal Medicine, Department III, Vargas Hospital, Universidad Central de Venezuela. Caracas. Venezuela.

Introduction: Hydrothorax due to a pleuroperitoneal communication occurs in 1.6% of patients undergoing Continuous Ambulatory Peritoneal Dialysis (CAPD), due to the increase in the intra-abdominal pressure that occurs with the infusion of the dialysate; the adult polycystic kidney disease is a predisposing factor for this condition.

Case Report: A 50 year-old woman with diagnosis of polycystic variant of tuberous sclerosis presented with a 7 day-progressive dyspnea on exertion, 4 months after the initiation of CAPD. Pleural fluid analysis was reported as a transudate, with protein 0.2 mg/dL and glucose 354 mg/d. Acute thoracentesis was performed and 2200cc of fluid was obtained; the patient was temporary transferred to hemodialysis and chemical pleurodesis using talc was performed.

Discussion: Tuberous sclerosis (TS) is an inherited disorder characterized by multiple benign neoplasms of the brain, kidney and skin. A small number of patients have a contiguous gene syndrome with a large deletion of both the TSC2 gene and PKD1.

This is the polycystic variant of TS, and it predisposes to the development of pleura-peritoneal leaks, due to the reduced abdominal capacity; it is possible that peritoneal fluid moves into the pleural space through congenital diaphragmatic defects that are rendered patent by the increased peritoneal pressure. Hydrothorax presents as an incidental finding in a chest x-ray of a asymptomatic patient, as dyspnea on exertion or acutely as respiratory failure. It occurs on the right side in 88% of the cases, and shortly after the initiation of CAPD. The diagnosis is established documenting the combination of low protein level in pleural fluid (<0,5 g/dL) and high levels of glucose (200-2030 mg/dL). The management initially includes the discontinuation of CAPD. There are no uniformed criteria for a definitive treatment; after temporary transfer to hemodialysis, some pleuroperitoneal leaks spontaneously resolve, and cure rates are at best 40%. Chemical pleurodesis or surgical correction of an identified diaphragmatic defect can also be performed; despite these various options, most patients ultimately require permanent transfer to hemodialysis.

Conclusion: hydrothorax is an infrequent but serious complication which may compromise CAPD; these patients may need to be switched temporarily or permanently to hemodialysis.

P-10-38 | CHRONIC PERSISTENT INFLAMMATION DUE TO MASSIVE SMOKE INHALATION.

Ortiz Naretto, Alvaro Emilio; Pereiro, Miriam Patricia.; Artana, Cristina Noemí; Rodríguez, Juan Manuel; Ziblat Andrea; Conforti Antonio; Dure Roberto

Servicios de Terapia Intensiva y Laboratorio Central del Hospital Pedro Fiorito

Introduction: During a fire in an enclosed area, there was a massive liberation of toxic combustion products with less heat than was expected (smoldering). These products were deposited over the bronchial mucosa of people staying there causing a local and permanent inflammation with neurogenic involvement.

OBJECTIVE: to evaluate in 4 patients who initially had required mechanic ventilatory assistance, the progression of the inflammatory process after one and four years since the initial event.

Materials and Methods: After a year since the sinister, four patients underwent spirometries, fibrobronchoscopies with bronchoalveolar-lavage (BAL) and bronchial division biopsies. Blood samples were taken. After four years from the initial event, clinical and pulmonary judgment was made and the blood measurements were repeated.

Results: No mucosa alteration was found in the fibrobronchoscopies. The anatomopathology showed an increase of T lymphocytes (CD3), neuroendocrine cells (synaptofisin) and angiogenesis (CD34). Secretory IgA (IgAs) was undetectable. One patient with suspect of tracheobronchomalacia showed a flow-volume loop typically flattened in the spirometry with endoscopic confirmation. He and another patient showed paradoxical response to bronchodilators. Serum IL8 was increased, higher in the second measurement than in the first. The four patients had cough with eventual expectorations and an increase of bronchial crisis (more than three during a year).

Discussion: The pulmonary restructuring shown after a year due to the angiogenesis or the pulmonary reparation induced by neuroendocrine cells may develop pathologies like asthma, chronic obstructive pulmonary disease or cancer. Due to the low IgAs levels, we believe these patients have flu-vaccine criteria. The IL8 could be the systemic marker of the local process in the airways. Due to the persistence of cough and expectorations, our patients received inhaled corticoid with long-acting beta2 treatment during the first 3 years and the last year, ciclesonide.

Conclusion: As our results suggest the persistence of a chronic inflammatory process in people exposed to massive smoke inhalation, we must follow these patients very closely. The study of the inflammatory sequels is of great importance in the prevention of the development of other worse pathologies.

P-10-39 | PNEUMONIA ACQUIRED IN THE COMMUNITY HOSPITAL MILITAR DE SANTIAGO.

Grünholz, D.; Veas, N.; Pavez, C.; Ojeda, M.; Sanguinetti, A.

Hospital Militar de Santiago. Servicio de Medicina.Chile

Introduction: Nowadays community-acquired pneumonia (CAP) is a problem in public health with major relevancy along the world. In Chile it represents the third reason of specific death and the first among infectious diseases. To evaluate the gravity of the pneumonia different objective criteria have been implemented, being the most used the CURB-65 and the ATS. These will allow determining the place of managing, the antibiotic empirical treatment, the way of administration, the duration of treatment and the risk of mortality.

Objectives: Achieve information about CAP patients hospitalized from emergency room, by evaluating incoming CURB-65 and ATS, clinic, radiology, mortality, complications and costs.

Patient and **Methods:** A 1-year prospective assay was developed, so this review will gather preliminary results. The sample included all the patients who joined with the diagnosis of pneumonia acquired of the community between 01/01/08 and 03/31/08 at the Hospital Militar de Santiago. The information based on protocol was gathered ad-hoc. The study will also include the Kaplan-Meier estimator of survivor. Also we estimate the degree of compatibility between both radiologist and clinician diagnosis.

Results: Mean age of 81 year old. A 72.58% of the patients turn out to be woman. A 20.97% was previously prostrated before the diagnosis. A 25.81% suffered from Asthma or COPD. All the patients presented a CURB-65 ≥ 3 and ATS ≥ III. A 75.8% received Ceftriaxone as first line of antibiotic therapy. Mortality reached the 22%, mainly in patients with concomitant illness. The difference of compatibility between both radiologist and clinician diagnosis was statistically significant ($p<0.05$). The mean of duration of treatment was 10 days.

Conclusions: CAP is a prevalent pathology in Chile. Mortality is associated with concomitant illness and age. The CURB-65 is useful to evaluate the gravity of pneumonia in the emergency room. ICU patients stay longer in the hospital and have a much higher mortality. We can reach more information at the end of the study.

P-10-40 | NONINVASIVE MECHANIC VENTILATION (NIMV) AT A CONVENTIONAL INTERNAL MEDICINE HOSPITAL WARD

Alfonso-Megido, Joaquín; Carcaba, Victoriano; Gallo, Cesar.; Lobo, Julia.; Gonzalez- Franco, Alvar

Hospital Valle del Nalon Asturias; Spain

Several meta-analysis show that the NIMV considerably reduces the need for intubation as well as the mortality when compared to conventional therapy. Any decision regarding the place where this NIMV ward must be placed should be made considering the particular characteristics of each hospital. It is suggested setting up this NIMV on general hospital wards selecting the type of patients and establishing tables showing the level of risk.

The experience of our hospital when applying NIMV on patients who have been admitted to a general hospital ward is being described. The protocol includes patients with an COPD descompensated protocol, with pH>7,30, Glasgow> of 11 and tachipnea under 35 breathings/min with an APACHE Glasgow> level under 29, acute lung aedema non-ischemic or respiratory failure of any other origin, cases in which the possibility of ICU is not considered. The patients admitted were all cared for in the same conventional hospital ward with a VIVO40 (Breast) breathing device, following a closed protocol of pressure rise and parameter settlement.

Training courses were carried out for nurse staff and guard duty doctors and just one respiratory model and interface were kept. 21 NIMV cases have been registered with a 6 months period of follow-up after hospital discharge (mortality 20%). Most of them COPD and only 1 patient had to be transferred to the ICU, the number of days NIMV was 3,81 (SD3,55) and they had to stay in hospital for 11,6 days (SD6,80) in average. There were no NIMV complications and was well tolerated (81%). All the cases were given, at the beginning, an IPAP of 8 cm/H20, EPAP of 4 cm/H20 and CPAP of 5 cm/H20, with some maximum values of 24, 11 and 8 cm/H20, respectively. 1.- The NIMV is a technique which can be used on general hospital wards as long as a selection of patients is carried out properly and the activities follow a protocol. 2.- Simple respiratory devices, allow a wide number of professionals to use it properly, since it is very easy to handle, keeping the necessary assistance.

P-10-41 | PLEUROPERICARDITIS AS PARADOXICAL RESPONSE AFTER PULMONARY TUBERCULOSIS TREATMENT

Brañas, F.; Marazzo, V.; Ordax, A.; Matarrelli, J.; Tortosa, F.

Argentina Clinical Residency "Dr. Julio Méndez"Sanatorium.; Argentina

Introduction: The paradoxical response (PR) during tuberculosis (TB) treatment consists of the development or emergence of new pulmonary or non-pulmonary lesions attributable to an immunological response by the host, making the differential diagnosis difficult in the presence of treatment failure, resistance to treatment or another infection. The PR may appear from days to months after treatment is adopted and it gets better with no need of changing therapeutic plan and, from time to time, through the association of corticoids.

Clinical Case: 45-year-old female patient, having antecedents of bilateral cavitary pulmonary TB, who has undergone 9 months of an anti-TB treatment with first-rate drugs. 14 days after ending treatment she has fever, althralgias of the large joints, arthritis and functional impotence of the left elbow. She enters having an important comprise of general condition, having fever, hypotension, tachycardia and tachypnea. Bibasal pulmonary rales and a left-sided pleural rub are auscultated. Laboratory **Results:** WC 28.900 mm3 with neutrophilia; erythrosedimentation: 110 mm/h ECG: ST segment diffuse elevation of 1mV. Echocardiogram: Severe pericardial effusion, without collapse of cavities. Abdominal echography: slight homogeneous hepatomegaly. Pleural echography: bilateral pleural effusion. Thorax CT: Bilateral basal pleural effusion and, in some sections, it is loculated. Pericardial enlargement, fibrotic tracts in left superior lobe. Non-reactive HIV serology, Ig M CMV negative. Positive FAN 1/640, positive SS-A/RO, Normal Complement, Negative coccidiomycosis serology.

A thoracotomy is performed, with a pericardiopleural window and left-sided pleural drain making a pericardial and pleural biopsy. Pericardial fluid: purulent aspect, many leucocytes with polymorphonuclear predominance. Biopsy revealed chronic granulomatous pleuritis and pericarditis. Positive BAAR Z-N. Negative culture of microbacteriaand fungi. Negative PCR of M. tuberculosis (perocardial and pleural liquid). Treatment is restarted using 4 drugs adding systemic corticoids which produced marked improvement of clinical picture.

Conclusion: PR during anti-TB treatment in a non-HIV patient is described up to 6 months after treatment is begun. In this patient, it appeared after 9 months, however, the clinical picture -negative of cultures, strong inflammatory reaction and the improvement using corticoids without having to change the therapeutic plan- strongly support this diagnosis, which has to be made of exclusion.

P-10-42 | PULMONARY EMBOLISM (PE): MANAGEMENT SINCE SUSPICIOUS.

Vázquez, Fernando Javier.; Giunta, Diego.; Baleirón, M.; De Toma, A.; Elizondo, C; Millán Ramos, C; Parra, C; Arbelbide, J; Waisman; G; González, B de Quirós; F

Hospital Italiano de Buenos Aires. Argentina

Introduction: Clinical probability of pulmonary thromboembolism (PTE) occurrence may be evaluated by Gestalt or by objective scores.

OBJECTIVE: To describe accuracy of diagnostic processes applied in our Hospital when PTE is suspected. **Methods:** Follow-up of a cohort of adults with suspected PTE (SPTE) between 6/1/06 and 2/1/08, in order to define diagnostic accuracy on suspicion and outcome. We describe type of studies for evaluation used and order in performance, i.e. systematic or not systematic (SS vs NSS). We assess the way in which probability was awarded, PPV and positive likelihood ratio (LR+) of each method.

Results: PTE was suspected in 409 patients, 11% of which were lost and 8.5% were not studied due to clinical causes. Median age was 67 years (interquartile interval 22). 61% of patients received a systematic evaluation strategy. No differences were found between SS and NSS on: admittance (94% vs 90%; p 0.22), confirmed PTE (35% vs 29.5%; p 0.29), median of permanence (7.5 vs 9 days; p 0.64), intrahospital mortality (13.7% vs 11.2%; p 0.53). According Gestalt 82% of patients had a high probability and according Wells 42% (p<0.001). PPV was 38% and 52%, respectively. LR+ was 1.24 and 2.23, respectively. Discriminating power was 3.2 (38%/12%; p<0.001) for Gestalt and 2.7 (52%/19%; p<0.001) for Wells score.

Conclusion: PPV of SPTE was acceptable for Gestalt in our Medical society, but may be improved by assessing clinical probability with objective scores.

P-10-43 | SPONTANEOUS PNEUMOMEDIASTINUM IN A YOUN MALE PATIENT.

Castañeda, S.; Cañas, C.; Verón, F.; Rodríguez, L.; Martínez, R

Sanatorio Nuestra Señora del Rosario. San Salvador de Jujuy.; Argentina

Introduction: Spontaneous pneumomediastinum (SPM) (mediastinal enphysema) is a fairly uncommon condition in which free air is present in the mediastinum, often in young patients without injury or serious underlying pulmonary disease suffering from chest pain and shortness of breath.

Case Report: A 20-year-old male patient sought medical assistance at our hospital due to retrosternal and left hemi thorax pain. The patient had been experiencing intense and constant thoracic oppression for 18 hours of evolution, irradiated to the left arm, exacerbated with deep breathing and deglution. The patient experienced work overload during the 24 hours previous to the medical consultation.

Physical Examination: Jugular engorgement without inspiratory collapse. The patient showed subcutaneous emphysema over the supraclavicular region and the neck and Hamman's sign. Pulse 86/min regular, blood pressure 110/70, respiratore rate 21/min, apyretic. A CT chest showed extensive mediastinal emphysema with free air outlining the mediastinal structures and air tracking along the fascial planes in the neck. An esophagography was performed and the study did not reveal a leak of the water-soluble contrast.

Discussion: The prevalence of pneumomediastinum ranges from 1 per 800 to 1 per 42.000 in patients admitted to a hospital emergency department.

Pneumomediastinum commonly results from alveolar rupture in which case, air tracks along interstitial and vascular supporting tissues until it reaches the mediastinum.

The patient received a diagnosis of spontaneous pneumomediastinum associated with Valsalva maneuvers, without injury or serious underlying pulmonary disease.

P-10-44 | SPONTANEOUS LYSIS OF LUNG MYCETOMA.

Antolín, J.; Cigüenza, R; Amérigo, MJ.; Antolín, D; Cigüenza, M.L.

Servicio de Medicina Interna I. Hospital Clínico Universitario San Carlos. Madrid. Spain

Abstract: We Report a case of candida lung mycetoma with spontaneous lysis without specific therapy.

Introduction: Pulmonary mycetomas (fungus balls), consist of spherical masses of mycelia and hyphae that partly fill cavitary lesions. They are usually caused by molds of the Aspergillus species, rarely by Mucormicosis, coccidioidomicosis, cándida and nocardia.

Case: 71 years old patient with fever and progresión of basal disnea, cough, persistent expectoración and ocasional hemoptoic sputum. Allergic asthma with immunoterapy treatment and silicotuberculosis 17 years ago. COPD with respiratoy tract infection episodes.

Phisic Exploration: tª: 38ºC, TA: 120/80 mm Hg, FC: 80 lpm. Acropaquias. PA: bilateral roncus. Rest normal.

Complementary Explorations: Mantoux (-). sputum: Zhiel (-), cultive: Candida albicans. Broncoscopy: BAS: Zhiel (-), cultive: Enterococcus faecalis and cultivation of fungi (-), citology of malignancy (-); BAL: Zhiel (-), Gram (-), cultive (-); Catheter telescoped: cultive (-).immunoprecipitation serologics test (-). Spirometry: FVC 2.92 (99%), FEV1 2 (86%), FEV1% FVC 68.52 (88%). Thorax Rx (fig 1), Thoracic TAC (fig 2, 3).

After sintomatic treatment he had favorable evolution with disappear the hemoptoics sputum. No specific therapy was initiated and the patient was asintomatic. The pulmonary mycetoma continued in TAC control two years after without variation. The fourth year Thoracic TAC (fig 4) showed spontaneus lysis of lung mycetoma.

Discussion: The diagnostic suspicion is radiologic: intracavitary solid mass witouth air fluid levels. The Treatment is conservative in low or moderate hemoptysis. Resectional surgery should be the treatment of choice in cases of severe hemoptysis (> 500 mL/24h). Systemic and local administration of antifungal agents is of uncertain efficacy. The Vascular embolization was practiced in some cases of severe hemoptysis. Therapy with antifungal agents or resectional surgery is not required unless hemoptysis or chronic suppurative infection develops.

CONCLUSSIONS: The spontaneous lysis of lung mycetoma is infrecuent. Systemic and intracavitary administration of antifungal agents have not much efficacy. The resectional surgery is the more effective tretment in the sintomatic mycetoma.

P-10-45 | RESPIRATORY COMPLICATIONS IN SYSTEMIC SCLEROSIS.

Martín Rebella(1), Ricardo Silvariño (1,*), Ernesto Cairoli (1,2,*), , Osmar Tellis (3), , Marta Gutierrrez (4).

Clinica Médica "C", (2) Departamento Básico de Medicina, (3) Departamento de Radiología, (4) Laboratorio de Exploración Funcional Respiratoria, (*) Unidad de Enfermedades Autoinmunes Sistémicas Hospital de Clínicas, Facultad de Medicina, Universidad de la República, Uruguay.

Introduction: The involvement of the respiratory function was analyzed in patients with systemic sclerosis (SSc) at the Systemic Autoinmune Diseases Unit.

METHODOLOGY: clinical features, respiratory function parameters and the presence of pulmonary hypertension were documented in patients with SSc, between January 2007 and March 2008. Results are presented as the mean ± standard deviation (SD), and comparisons between the means were performed using non-paired Student t-test.

Results: 31 female patients were enrolled and the mean age was 50.7 (SD±13.4). 11patients (35.5%) presented with diffuse disease and 20 (64.5%) with limited disease. A restrictive respiratory pattern in the spirometric evaluation (forced vital capacity  80% of predicted value) was found in 38% of the patients. A high-resolution computed tomography was obtained in 24/31 patients. A diffuse parenchymal lung disease pattern (DPLD) was found in 4 cases. To evaluate respiratory muscles compromise, maximal inspiratory (MIP) and expiratory pressures (MEP) were measured (cmH2O). Both parameters were found significantly decreased in 16/17 patients. The mean MIP expected was -80,7 SD±1,92 and MIP founded was -54,3 SD±3,51 (p <0,0001). The mean MEP was 126 SD±1,71 and 65,1 SD±5,07 (p <0,0001) respectively. These patients were asymptomatic and 7 (44%) had a restrictive alteration. Pulmonary hypertension (PH) was present in 6/31 patients. The mean systolic pulmonary artery pressure in these patients was 60.4 mmhg SD±28,6. In 4 patients PH was primarily associated with the SSc while in 2 associated DLPD All the patients with respiratory compromise had positive plasma antinuclear antibodies. Four patients died during the study period. DPLD and secondary PH were present in 3 of them and PH in the other one.

Discussion: Restrictive respiratory pattern was frequent in our patients, even in the absence of DPLD. Respiratory muscles forces were significantly decreased. These patients were asymptomatic and a restrictive functional alteration was present only in 44 %. The prevalence of PH in our series was similar to others reported series.

P-10-46 | ACUTE PHASE REACTANTS AND COMMUNITY-ACQUIRED PNEUMONIA: RELATIONSHIP WITH ASSOCIATED DISEASES AND COMPLICATIONS.

*Grandes-Ibáñez J, Díaz-Peromingo Ja, Pesqueira-Fontán P, Molinos-Castro S, García-Suárez F, Padín-Paz E, Naveiro-Soneira J, Iglesias-Gallego M, Saborido-Froján J.

Department of Internal Medicine. *Hospital Xeral-Cíes. Vigo. Hospital da Barbanza. Riveira. Spain.

Objectives: Acute pneumonia is commonly associated to inflammation expressed as an increase on serum inflammatory markers. Our objective was to investigate the initial levels of several acute phase reactants upon presentation of community-acquired pneumonia (CAP) in relation to associated diseases and the incidence of complications during hospital stay.

Methods: We prospectively studied 52 patients with CAP. Platelet count, C-reactive protein, haptoglobin and fibrinogen concentrations were measured in serum. Associated diseases and in-hospital complications were also reported.

Results: 24 patients were men and 28 women. Middle age was 72 ± 17.71 (SD) (range 16-93) years old. Average platelet count was 243384 ± 77895 (SD) /mm3 (normal range 150000-400000), C-reactive protein 15.94 ± 13.16 (SD) mg/dl (normal range 0-5), haptoglobin 283.92 ± 114.74 (SD) mg/dl (normal range 34-200), and fibrinogen 475.47 ± 77.61 (SD) mg/dl (normal range 200-400). Correlation was found between male sex and hospital complications, Spearman Rho 0.482 (p=0.043), and between haptoglobin and platelet count, Spearman Rho 0.404 (p=0.045). Main associated disorders were multiple conditions in 61.5% of patients, followed by neurologic complications (7.7%), and hypertension (7.7%). Among the most frequent complications during hospital stay were those affecting the cardiovascular system (26.9%), infectious diseases (15.4%) and hematologic disorders (11.5%). One (1.92%) patient died during hospitalization.

Conclusion: 1.- In our study patients affected by CAP are predominantly old people with high levels of C-reactive protein, haptoglobin and fibrinogen when admitted to hospital.

2.- Male patients had more complications during hospital stay as compared to women.

3.- A majority of patients had multiple associated diseases as could be expected from the relatively old age of the population studied.

4.- Cardiac complications were the most frequent especially atrial arrhythmias and heart failure. Infectious diseases such as herpes simplex or cystitis and hematologic disturbances such as anaemia were also common.

P-10-47 | LUNG KIDNEY SYNDROME

Curcio, F.; Caino, H.; Siquiroff, G., Serra, D.

Department of Internal Medicine, Pabillion DÁmelio. San Martín Hospital, La Plata. Argentina

Objectives: 1) Investigate the incidence of lung - kidney syndrome in an Internal Medicine room. 2) Analize the different etiologies and clinical traits. 3) Evaluate the complimentary methods and the treatment used.

MATERIAL AND METHOD: 10 Patients suffering from lung kidney syndrome who were hospitalized in room XVIII, Department of Internal Medicine, Pabellion D´Amelio (men´s room) from 01/01/05 to 31/12/07, were studied according to protocol.

RESULTS: AND CONCLUSIONS There were 10 patients with lung kidney syndrome (1,69 %) out of a total of 592 hospitalized in that period (3 years). They were all male, with an average age of 41 years old and a rank age from 19 to 63 years old. Etiologies: Wegener syndrome (4 patients), Microscopic Polyangiitis (PAM) (4 patients), Lupus Erithematosus(1 patient) and Churg Strauss syndrome (1 patient). 60 % of the patients showed breathing manifestations in the beginning, 20% of them started showing kidney symptoms, and the remaining 20% showed simultaneously, kidney and breathing symptoms. Other relevant clinical manifestations were pericardial effusion in 5 patients, and Purpura cutaneous mucosa with painful joints in 4 patients. In the laboratory, 80% of the patients had a glomerular filtration rate lower than 40 ml/min. The ANCA-C was found in 3 patients with Wegener syndrome and the ANCA-P in 3 patients with PAM. The most frequent images found in the chest computed tomography were pulmonary infiltrations (in 90% of the cases), followed by nodules and pleural effusion (40% of the cases). The most frequent complications observed were the infections,specially the neuropathies (60% of the cases) and the kidney failure with hemodialysis (50% of the cases). The different therapeutic schemes used will be discussed in the presentation.

P-10-48 | COMPARISION OF 2 CLINICAL MODELS OF PREDICTING THE PROBABILITY OF PULMONARY EMBOLISM

Baran Ezequiel, Baran José Edgardo, Pincence Antonio Alejandro, Magri Sebastián

Hospital Italiano de La Plata. Argentina

OBJECTIVE: To assess the incidence and severity of patients with a diagnosis of pulmonary embolism. Compare models for predicting clinical pulmonary embolism Wells simplified and Geneva for diagnosis.

Materials and Methods: A prospective study of patients with suspected pulmonary embolism admitted to the Italian Hospital of La Plata during the period from June 2004 to June 2007. We studied 28 patients with clinical suspicion, and 16 of them were confirmed the diagnosis. 13 patients died during hospital stay. At admission was made: PO2, PCO2, electrocardiogram, chest radiography. As a diagnostic method was used: ventilation-perfusion centollogram, Computed axial tomography and those with high clinical suspicion leg echo-doppler.

Results: Simptoms Dispnea 24, Taquipnea 25, pleurític pain 2 Crackles 2 Hemoptisis 2 Taquicardia 18 Chest pain 1 deep vein Trombosis 3 WELLS Score Low (0-1) 5 Intermediate (2-6) 20 High (7) 3 GENEVA Score Low (0-4) 9 Intermediate (5-8) 16 High (9)3 COMPLEMENTARY STUDIES: Chest Radiography 9 - Oligohemia 1 - pleural effusion 4 - hemidiafragm Elevation 3 - Opacities in Chest Radiography 2 - Atelectasia 1 - Centellogram V/Q 12 -Centellogram Q 5 - Computed Axial Tomography 6 - Leg eco-Doppler 4 - EKG S1Q3T3 2. Risk Factors Neurologic disease 4, Cancer 8, Surgery 15.

Conclusion: The pulmonary embolism is a common disease. It is estimated an incidence of 23-69 per 100000 annually. Presents high mortality and is the leading cause of death in hospital of 5-10 cases. In our series mortality was high (46), despite a diagnostic was made. Despite their difficulty in the diagnosis, the extent of symptoms and signs; clinical suspicion and timely diagnosis is important for the survival of the patients. The models for predicting clinical Geneva and Wells can be objective methods for suspicion of this disease.

REFERENCES: :1. British Thoracic Society Standards of Care Committee Pulmonary Embolism Guideline Development Group. British Thoracic Society guidelines for the management of suspected acute pulmonary embolism. Thorax 2003; 58: 470-484.

2. S. Goldhaber, L. Visani, M. De Rosa. Acute pulmonary embolism: clinical outcomes in the international cooperative pulmonary embolism registry (ICOPER). The Lancet 1999; 353: 1386-1390.

3. M. Miniati, M. Bollai, S. Monti. Comparison of 3 clinical models for predicting the probability of pulmonary embolism. Medicine 2005; 84: 107-114.

4. M. Righini and H. Bounameux. External validation and comparison of recently described prediction rules for suspected pulmonary embolism. Curr Opin Pulm Med 2004; 10: 345-349.

P-11-01 | RETROVESICAL HYDATIC CYST WITH SPONTANEOUS FISTULIZATION TO BLADDER. A CASE STUDY

Lezcano, M. L; Escribano Dueñas, A.; Manzano Badia, C.; Merida, Rodrigo L.; García Jiménez JM

Hospital Perrando. Chaco. Argentina. Hospital Costa del Sol, Marbella. Spain. Hospital Juan Ramón Jiménez, Huelva. Spain

INTRODUCTION. Hydatid disease(HD) is prevalent and wudespread in most sheep-raising countries in Asia, Australia, south America, Near East and southern Europe. HD caused by echinococcus granulosus (EG) is often manifested by a slowly growing cystic mass. The cyst may be single or multiple and thin or thick walled. It may lodge in the liver, or pass to the lungs or other organs. It has been known to affect any organin the body including brain, bone, spleen, kidney and pancreas. We present a case in Spain : male wich white sediment in the urine and intrabdominal mass.

MEDICAL HISTORY: A 59 year old patient .Brucelosis in his youth.He had epididymis tuberculosis 4 years ago had finished treatment. He had consulted that he had white sediments in the urine of aproximadly 3-4 mm were deteted which formerd deposits ARTE out. He acocopaned miccional syndrome. Tehere was no blood in the urine. He hadnt temperature nor abdominal pain.

COMPLEMENTARY TEST: haemogram (incluiding eosinophys), biochemistry, urine sedimentarious and coagulation were normal. Chest and abdominal X-rays: without any significance. Abdomen and pelvic ecograph: Behind the bladder was seen a mass that supported the gall bladder wall, with a heterogenous ecogenicity and with multiple cystic areas, the rest of the study was normal. Abdominal scan: At the pelvic level between the rectum and the bladder a swollen calcified cystic lesion was observed of 12.5x13x10 cm . The bladder with posterior support due to the lesion describied without significant alterations. Urine cytology : remains compatible with scolex.

CLINICAL FINDINGS: bladder cyst fistula from hydatid cyst. A laparotomy was done on the patient which showed a large tumour behind the bladder and outside the peritonium stuck to the retum and the ureter.

The cyst was extracted after aspiration of its contents and an injection of 33% hypersonic saline and reconstructy the bladder area that was damaged. There were no complications postoperative.

The diagnosis was confirmed an hydatid cyst. After 3 moths the patien had no more symptons but continued to take albdendazole therapy 800 mg /day , before the surgery.

P-11-02 | AN UNUSUAL CAUSE OF NEPHRITIC COLIC: A DELAYED MIGRATION OF A VENA CAVA FILTER

Montero, Esperanza; Franco, Ricardo; Iriarte, María; Moreno, Ana; Miguel, Felipe

Internal Medicine Department, Basurto Hospital, Bilbao; Spain

Introduction: Inferior vena cava filters are an excellent protection against fatal pulmonary emboli in patients at risk and in those who anticoagulant therapy is contraindicated. The perforation of cava is frequent, but complications are rare and the clinical manifestations are different.

Case: A 51-year old woman referring a 10-month history of right upper quadrant pain, without diagnosis yet and resistant to analgesics. A vena cava filter was placed 20 years ago due to chronic and recurrent pulmonary emboli. She has a ventricle-peritoneal catheter secondary to a hydrocefalia, colonic poliposis and has been appendicectomized. The patient is under anticoagulant therapy. The pain is colic, with a right renal fose location, irradiating to inguinal zone, without miccional clinic or fever. Laboratory results find to be negative, except for a slightly haematuria; Urocultive is negative. X-Rays and abdominal ecography do not show abnormalities. Intravenous urography describes an incomplete duplicity of the right ureter, with a normal urinary tract and kidney. Computed tomography (CT) reveals a migrated cava filter, placed in retroperitoneum, with no relation with venous structures; The filter seems to be in contact with the right ureter. An abdominal angioCT and a ca! vography confirm the diagnosis.

The cava filter is surgically removed without incidents. The postoperative outcome is successful and the patient remains asymptomatic two years later.

Conclusion: The complications of vena cava filters are described at any moment of the placement: immediately, months or years after. As a long term complication is described the cava vein penetration, normally occult and insidious. The endothelium adapts and the pericaval fibrosis prevents from the morbidity, being an asymptomatic process. The clinical manifestations are secondary to the contact with adjacent structures. In this case, the filter was in contact with the ureter, producing a mechanic irritation, which clinically traduces a nephritic colic. Some authors support that respiratory movements or aortic pulsations, could contribute to the transcaval penetration and migration.

P-11-03 | RISK FACTORS FOR COMMUNITYACQUIRED URINARY TRACT INFECTION DUE TO QUINOLONERESISTANT ENTEROBACTERIA

Pintos, Marcos; Frantchez, Victoria; Seija, Verónica; Echizarto, Diego; Bravo, Natalia

Hospital Pasteur. Montevideo-Uruguay.

Background: In our country fluoroquinolones (ciprofloxacin, norfloxacin) are the most commonly used antibiotic in the treatment of community acquired urinary tract infections (CAUTI). Resistance to fluoroquinolone drugs is emerging among pathogens causing CAUTI. Our objective is evaluate clinical risk factors associated with UTI due to fluoroquinolone-resistant enterobacteria (FQRE).

Methods: Descriptive prospective study of CAUTI diagnosed in the Pasteur Hospital emergency department during 2007. Exclusion criteria were: hospitalisation in the previous month, nursing home resident and patients with an indwelling catheter (urethral, suprapubic, nephrostomy, or others)

Results: A total of 159 patients were diagnosed CAUTI but we included 148 patients in whom we isolated an enterobacteria as the causative agent. Mean age was 45,7 years, 80,4% were females, 54,5 % presented upper UTI, 50,7% complicated UTI and 18,9% episodes were due to FQRE. By univariate analysis, FQRE was associated to older patients, complicated UTI, recurrent UTI, hospitalisation within previous year, antibiotics and FQ use within the previous 3 months. A multivariate analysis was performed to identify independent risk factors for FQRE. The only variables that remained significant in the logistic regression analysis were: use of FQ within the previous 3 months (OR 8.88, [CI 95%: 2.64 - 29.92], p= 0.0005) and complicated UTI (OR 4.64, [CI 95% 1.75 - 12.25], p= 0.0014).

Conclusion: In our country fluoroquinolones continue to be an appropriate empiric treatment in most patients with uncomplicated UTI. The empiric use of fluoroquinolones should be reconsidered in patients with complicated UTI and/or FQ use within the previous 3 months. In these cases nitrofurantoin or a cephalosporin could be better choices.

P-11-04 | RELATIONSHIP BETWEEN CORTICAL RENAL VOLUME MEASUREMENTS USING MULTIDIRECTOR CT AND PRIMARY HYPERTENSION

Vallejos, Javier; Carrascosa, Patricia; Capuñay, Carlos.; Deviggiano, Alejandro.; Carrascosa, Jorge.

Diagnóstico Maipú.; Argentina

Introduction: Cortical renal volume is a good indicator of the number of nephrons, a renal parameter that plays an important role in the pathogenesis of primary hypertension. The purpose of this study was to determine the relantionship between cortical renal volume measurements by using multi-detector row CT and primary hypertension.

Materials and Methods: twenty adults patients (mean age: 70 years), 9 (45%) with normal blood pressure and 11 (55%) with hypertension, underwent abdominal angiography with a 16 row CT scanner (Brilliance 16; Philips Medical Systems). Renal length was measured by using multiplanar reformations. A contour-detection three-dimensional assessment for calculating cortical renal volume with the voxel-count method was developed. Two observers performed all measurements twice, with an interval of two weeks between the measurements. The relationship between renal length and cortical volumen was established. Differences in volume measurements between men and woman, between rigth and left kidney, and between normotensive and hypertensive patients were analyzed by using the Student t test. The ROC curve analysis was used to define the cut-off point of cortical renal volume between normotensive and hypertensive patients.

Results: in all patients, the cortical renal volume mean value was 94.10 mL (range: 44.80 - 138.33), and the renal length mean value was 112.72 mm (range: 96.01 - 133.95). The correlation between renal length and cortical renal volume was weak, which means that renal length is a poor indicator of renal size. No significant differences in cortical renal volume between the men and women or between the rigth and left kidneys were found. The cortical renal volume mean value in normotensive patients was 115.74 mL, whereas in patients with hypertension the mean cortical renal volume was 76.41 mL, with a difference of 39.33 mL ($p < 0.001$, 95% CI: 23.07 a 55.58). A cut-off point of 102.10 mL (sensitivity: 100%, specificity: 88%) of cortical renal volume was found between normotensive and hypertensive patients.

Conclusion: a significant reduction of cortical renal volume measured with 16 detector row CT was observed in patient with primary hypertension.

P-11-05 | ACUTE KIDNEY INJURY INDUCED BY SPINNING: FIRST CASE REPORT IN CHILE

Vujcic V., T.; Pavez O., C.; Grunholz G., D.; Briones N., E.; Flores H., J.C.

Hospital Militar de Santiago.; Chile

Rhabdomyolysis is a destruction of striated muscle, resulting in a release of intracellular components to the blood stream, with elevation of serum muscle enzymes, acid-base and electrolyte disturbance, and renal failure.

We report a case of a 25 year-old female patient, with unremarkable medical history. Following a 15-minute spinning workout she develops intense pain in both legs, leaving her unable to walk. Consequently she takes two diclofenac and one ketoprofen and begins passing dark urine and malaise, with nausea and vomit

Upon admission, vital signs were stable and a painful muscle compression of legs was found. Laboratory tests revealed: Serum Creatinine: 4.1 mg/dL; BUN: 33 mg/dL; Creatine Kinase (CK): 104,206 U/L; Blood count was normal; Urine analysis showed red blood cells: 4-6/field. Treatment in the Intensive Care Unit (ICU) included generous hydration with saline solutions and sodium bicarbonate in order to maintain a urine pH above 7.

Acute non oliguric kidney injury developed, with serum creatinine increasing up to 5.2 mg/dL at day three and weight gain of 7 kg. In the following days, CK dropped sharply to normal and renal function gradually improved, until full recove ry 5 weeks later.

We present a case of Rhabdomyolysis Acute nonoliguric Kiney Injury induced by spinning.

The intense muscle pain following Spining must suggest de diagnosis The main target of treatment is hopefully preemptive and then agresive hydration and urine alkalinization facilitating myoglobin excretion. Mannitol has not demonstrated benefit beyond the latter.

P-11-06 | SPONTANEOUS KIDNEY RUPTURE IN A PATIENT WITH YELLOW FEVER. A CASE REPORT

Ruiz, Y.; Ojeda, A.; Rojas, JM.; Samudio, S.; Marin, S.

Hospital de Clínicas- Paraguay.

Yellow fever is a haemorrhagic fever caused by the Yellow Fever Virus, a flavivirus transmitted to humans through the bite of infected mosquitoes. It can be presented from an asymptomatic to serious form with liver failure, acute renal failure and blood dyscrasia. Mortality in the toxic phase goes up to 50%.

We present the case of a 22 years old male from San Estanislao, a town outside the city, with epidemiologic background of yellow fever and dengue fever; with 9 days of fever, hematic vomiting, jaundice, melena, sensorium alteration and tonic clonic convulsions. In the physic exploration, the patient was sleepy, icteric with painful distended abdomen in right hypochondrium. Laboratory showed liver and renal failure, metabolic acidosis and hypoglycemia. At the second day in the hospital, he showed pain in the right flank, peritoneal irritation and sudden hemoglobin descent.

Ultrasonography and abdomen computerized tomography showed a not uniform mass that moves the ! kidney, he is commited to exploring laparotomy that showed a big quantity of blood in the abdomen cavity, right kidney rupture and retroperitoneal hematoma. A nefrectomy an liver biopsy is done and the results are mid-zonal necrosis and Councilman bodies in the liver, findings thatare typical in yellow fever, and Acute Tubular Necrosis. Yellow fever IgM antibody titre and Polymerase Chain Reaction specific for the disease were positive. He is admitted in the ICU anuric, and goes through haemodialysis till getting back renal functionality.

Conclusion: This case is interesting because of the exceptional complication that this yellow fever patient presented.

P-11-07 | RENAL COMPROMISE IN MULTIPLE MIELOMA

Perrotti, Pablo; Buchovsky, Gregorio; Lezcano, Silvina.; Requena, Andrea.; Pepermans, María

Servicio de Medicina Interna, Hospital Escuela José Francisco de San Martín, Corrientes. Argentina

Introduction: Multiple mieloma is frequently associated with renal failure, which is present in nearly half of the cases at the time of diagnosis. Causes are multiple and are traditionally associated with a bad prognosis.

Methods: Clinical histories of eight patients admitted at the Hospital Escuela of Corrientes city, were retrospectively describe. They were diagnosed with multiple mieloma and renal failure, using as including criteria urea greater than 0.40mg/dl and creatinine greater than 1.40mg/dl. The aim of this paper is to determine the degree of renal failure in patients with multiple mieloma, their prognosis and treatment.

Results: Mean age was 60 years of age, mostly males and in 62.5% of cases, bone pain was the reason for consultation. Results for laboratory analysis included, renal failure in all eight patients, with an average creatinine clearance of 32.2mg/dl and a LDH of 417mg/dl. The electrophoretic protein study informed that 62.5% of all patients presented monoclonal hypergammaglobulinemia, in wich Ig G was evidenced in 50% of cases and Ig A in 25% of patients. The electrophoretic uroprotein study showed a kappa like light chain that was predominant in six of the patients. 87.5% of patients received the melpahlan and prednisone treatment plan. Chemotherapy with vincristine, adriamicine and dexamethasone (VAD) was only performed in 4 patients.75% of the patients required hemodialysis. 50% of cases ended with patient death.

Conclusions: As evidenced, results correlate to reviewed literature, given that out of the 17 patients diagnosed with multiple mieloma in the last 10 years in our hospital; 8 presented renal failure and 50% of them past away in the first year alter diagnose.

P-11-08 | DESCRIPTION OF THE SITUATION OF PAIN IN A HAEMODYALISIS UNIT

Barragán- Gonzales, María Jesús; Blanco Suarez, Carmena; Gallo- Alvaro, Cesar Manuel

Hospital Valle del Nalón, Langreo, Asturias. Spain

Introduction: Pain is a common symptom in haemodialysis units that implies a worse quality of life for patients. Little is known about pain situation and management.

PATIENTS AND Methods: We found a prevalence of moderate-severe pain of 26,4% in hemodialysis patients in our hospital with a Health questionnaire, so we decided to analize severity, etiology, pain characteristics and response to treatment in this group of patients. Pain severity was classified using visual analogic scales (VAS) in three categories: Group I (no pain-mild: VAS 0-2,5), group II (moderate: VAS 2,5-5), group III (severe: VAS >5).

Results: 29 patients were included, 15 men (51,7%), average age 70,4 years (44-81). 6 patients had no pain (20,68%). Group I: 10 patients(35,5%), group II: 8 patients (27,6%), group III: 11 patients (37,9%). Pain etiology : Musculoskeletal 16 (55,2%), Mixed (somatic-neuropathic) 2 (6,9%), vascular 1 (3,4%), others 4 (13,8%). 3 patients in group I (30%), 4 in group II (50%) and 6 in group III (54,4%) were taking analgesics regularly,with good response in 3 (100%) in group I, 2 (50%) in group II and none patient in group III. Treatment was made with nonopioid medications 44,8%, weak-opioidregimens 3,4%, strong opiates 3,4%, 48.4% none treatment.

Discussion: Pain is a prevalent problem in our haemodialysis unit. It is usually infradiagnosticated and undertreated. A “culture of pain” is neccesary among professionals, and patients bear pain like something natural with few options to improve. Pain questionnaires are useful instruments to detect patients suffering pain and classify the intensity. These items should be included in the initial valoration of patients, as it allows a better approach and follow-up.

P-11-09 | DROPPED HEAD SYNDROME AS AN UNUSUAL PRESENTING SIGN OF HYPOKALEMIA

Baied C, Salinas L, Caballero V, Pi A, Gamba A. carbaia@yahoo.com.ar

Sanatorium Agote Argentine

Introduction: Dropped head is a syndrome caused by weakness of the next extensor muscles resulting in chin-on-chest deformity in the standing or sitting position, it's found in different kinds of neuromuscular disorders, hypothyroidism and also in hypokalemic states.

Case Report: we report a 46-year- old female patient who complained of pain in neck and progressive weakness of the limbs muscles. Three days before she came to the emergency room she was unable to move her neck and she presented with her head hanging forward. Her symptoms of neck pain started one month ago. She used to smoke 60 cigarettes a day since she was a teenager, had a history of depression, fibromyalgia, and anorexia, she also used to take diuretics to loose weight.

She referred diarrhea in the last month. There was no hystory of trauma, no complaint of paresthesias, no fasciculations, no skin rash, no joint swelling. On physical examination, the neck extensor strength was grade 0/5, and in the extremities the strength was grade 5/5. The magnetic resonance imaging of the cervical and dorsal spine were normal. The blood biochemical analysis were as follows: hypokalemia as low as 1.6, normal levels of CPK , magnesium, and TSH. The renal and liver function were normal. Large doses of potassium supplementation were required to restore muscle strength with remission of her symptoms, then she was able to hold her head in the natural position.

Discussion: the dropped head syndrome is a rare and interesting neuromuscular syndrome characterized by a progressive weakness of the neck extensor muscles. The differential diagnosis of a patient presenting with neck extensor weakness includes: myasthenia gravis, amyotrophic lateral sclerosis, polymiositis, chronic inflammatory demyelinating polyneuropathy, hypothyroidism and the rare condition of isolated neck extensor myopathy. Hypokalemic myopathy is a less recognized but reversible disorder that should be considered in the differential diagnosis of this syndrome.

P-11-10 | PRECOCIOUS DIAGNOSTIC OF CRONIC KIDNEY INSUFFICIENCY

Antuña Raul, Arduz Jaime jarduz@hotmail.com

Hospital San Juan de Dios, Tarija. Bolivia.

OBJECTIVE: Determine the prevalence of cronic kidney insufficiency in patients hospitalized in a Internal Medicine Service, making use of the Cockoft Gault modified equation an the MDRD 4 IDMS.

MATERIAL AND METHODS:: A descriptive, prospective, transversal study was carried out from September 1st and November 1st 2007 in the Internal Medicine Service of San Juan de Dios University Hospital, in Tarija, Bolivia. The sample consists of 25 patients, admitted in the Internal Medicine Service, taken from a population of 260 patients that entered the hospital during this period. The data were collected and then the glomerular filtration was probed through the Cockroft Gault modified equation, as well as through MDRD-4 IDMS

Results: It was found out that the chronic kidney insufficiency took place in 10% of the hospitalized patients, 52% of the women (13 patients) and 48% men (12 patients). This condition becomes more frequent from the age of 40 onwards. Concerning the relation between the equations and the patient`s stage it was observed that, according to Cokcroft-Gault, 56% (14 patients) were in the third stage of the sickness, 24% (6 patients) in stage V, 16% (4 patients) in the second stage, whereas only 4% (1 patient) was in the fourth stage.

Conversely, the MDR equation revealed that 40% (10 patients) were in the third stage, 28% (7 patients) in the fifth stage, 20% (5 patients) in the second stage and 12% (3 patients) in stage IV. Contrasting both equations, Cockroft Gault overestimates the glomerular filtration, whereas the MDRD one is more accurate regarding the FG assessment.

P-11-11 | HYPOKALAEMIC RHABDOMYOLISIS. REPORT OF THREE CASES

Luzardo, L.; Boggia, J.; Silvariño, R.

Clínica Médica C- Departamento de Fisiopatología. Hospital de Cínicas

Introduction: Rhabdomyolysis is the destruction of striated muscle. The syndrome is characterized by muscle breakdown and necrosis with leakage of the intracellular myocyte constituents into the circulation. It ranges from an asymptomatic illness with elevation in the creatine kinase (CK) level to a life-threatening condition.

Main clinical manifestations are muscular fatigue, cramps, myalgias, and dark urine. However, over 50% of the patients may not complain of muscle weakness. Laboratory tests reveal elevated CK, GOT, GPT, aldolase, and LDH levels. Other findings may include electrolyte disorders and rhabdomyolysis-induced acute renal failure. The major cause of rhabdomyolysis is alcohol abuse; others include infections, trauma, toxins, excessive muscle activity, HIV, hyperthermia and electrical injuries. Rhabdomyolysis due to hipokalaemia is a rare condition. The Johns Hopkins Hospital inpatient records describe 475 cases between January 1993 and December 2001; 34% of etio! logies were abuse of alcohol or drugs, and only 9 patients presented metabolic causes. The aim of this work is to describe a clinical experience of hypokalaemic rhabdomyolysis.

Materials and Method: We analyze three patients from July 2005 to July 2007 assisted in the Hospital de Clínicas, Montevideo. **Results:** We report three female patients, aged between 35-45 years. They came to our Emergency Department referring a few days suffering myalgias, adding progressive leg paralysis. At admission they showed severe neurologyc symptoms, two of them were quadriparetic and the other presented cephalo paretic. Systolic blood pressure was below 120 mmHg in the three cases. None submitted relevant background or drug or toxic substance intake. On admission a laboratory test revealed the following: potassium values were from 1.3 - 1.7 mEq/L and CK levels between 1,300 to 6,700. Replacing potassium ntravenously, via central line quickly reversed symptoms.

Discussion: Two patients with elevated potasiuria and metabolic alkalosis had a Gitelman syndrome. On the third one, hypokalaemia was due to intestinal losses. We point out in the three cases the severe paresis at the time of hospital addmission, that surely there is also due to hypokalaemia. Hypokalaemic rhabdomyolysis is not frequent, or there is not well documented. It would be due to a relative muscular ischemia.

P-11-12 | URINARY ALBUMIN EXCRETION: PREVALENCE OF MICROALBUMINURIA IN NONDIABETIC POPULATION

López, Daniel Emilio; Sturgeon, Carlos

Departamento de Medicina Interna, Servicio de Clínica Médica. Unidad Nº 1

Background: The term microalbuminuria (MAU: 30 to 300 mg/24 h)) was introduced by Parving et al. in 1974 to describe an increase of the urinary albumin excretion, non detectable by the habitual analyses of it tinkles, in patients with insufficiently treated hypertension. In studies epidemiologists made in nondiabetic population, is an important predictor of risk of progressive renal disease, cardiovascular disease and mortality. It has been observed that its presence is variable according to the criteria of selection, geographic situation, sex, race and / or presence of hypertension, with a range of frequency between 5% and 37%. The Aim of this work is to know the prevalence of MAU in non diabetic adult patients and their possible correlations with the tensional evel, lipid profile and Body Mass Index (BMI).

Material and Methods: There were studied 131 nondiabetic patients selected between 01/11/2004 to 31/10/2005, performed in the external offices of Medical Clinic of the Hospital Gral. de Agudos "Dr. Teodoro Alvarez" GCBA Buenos Aires Republica Argentina. All patients signed a written informed consent prior to the study. The following variables were analyzed: Age, sex, MAU, BMI, Blood Pressure, Total Cholesterol, LDL, HDL, ApoA, ApoB, Triglycerides.

Results: For the statistical analysis we used Fisher's exact test, Odds ratios were taken as approximation of relative risk and expressed with 95% CI. A logistic regression analysis was performed. Of the 131 patients included (Mean age 54,5, 50,4% women, 26,7 % Hypertensive) 7,6% had MAU: µ9.47 (CI 95% 4.44-14.50). There was a significant correlation between MAU and Hypertension p=0.004; Women OR=2.64 (CI 95% 1.22 -5.70); Men OR 2.864 (CI 95%2.044-4.012) Men with overweight / obesity had more risk of MAU OR= 1.55 (CI 95% 1.289-1.864); if LDL >= 130 OR= 1.432 (CI 95% 1.217 - 1.684) and if TG > 150 OR= 1.465 (CI 95% 1.238 - 1.734)

Conclusions: MAU is present in a small percentage of nondiabetic people. The risk of MAU is more in men with hypertension, overweight, obesity and lipids alteration.

P-11-13 | ACUTE RENAL INSUFFICIENCY IN YOUNG MEN WITH PLASMIDIUM VIVAX MALARIA IN KOREA

Shin, Ho Sik.

The Armed Forces Yangju Hospital; Korea

Background: : Plasmodium vivax (P. vivax) malaria accounts for more than half of all malaria cases in Asia and Latin America. Despite the high prevalence of disease caused by this parasite, research into its effects (especially its renal effect) has lagged disproportionately. We analyzed the cases of vivax-malaria induced renal insufficiency in young Korean men.

Methods: : This was a retrospective analysis of P. vivax patients with acute renal insufficiency (all males, n = 75), defined by an estimated glomerular filtration rate (eGFR) < 80 mL/min (group1, n = 31) or proteinuria (group 2, eGFR ≥ 80 mL/min, n = 44), between January 2004 and December 2007. The eGFR was calculated using a simplified Modification of Renal Disease (MDRD) equation. None of the patients had a history of traveling abroad, drug abuse or blood transfusion. The clinical manifestation, laboratory abnormalities and risk factors of renal insufficiency were reviewed.

Results: : Out of 398 cases of vivax malaria, 75 patients (all males) suffered from to vivax malaria-induced acute renal insufficiency. The mean age of the patients who were divided into 2 groups was 22.8 ± 3.7 years and 21.6 ± 1.8 years, respectively (P = 0.089). In group 1, the total bilirubin significantly correlated with creatinine and eGFR (P = 0.004 and 0.035, correlation coefficient = 0.508 and −0.387, respectively). In group 2, 24 hour proteinuria significantly correlated with hemoglobin (P = 0.004, correlation coefficient = −0.424).

Conclusion: : Total bilirubin (group 1, eGFR < 80 mL/min) and hemoglobin (group 2, eGFR ≥ 80 mL/min and proteinuria) are useful to predict vivax-induced renal insufficiency.

Key words : vivax malaria, renal insufficiency, proteinuria, bilirubin, hemoglobin

P-11-14 | NEPHROTIC SYNDROME AND PREGNANCY

Teliz, M.; Patrone, C.; Pattarino, C.; Graña, A.; Sosa, L.

Hospital de Clínicas "Dr. Manuel Quintela" R. Oriental del Uruguay

We introduce a 22 year old patient in her 18th week of pregnancy. A month prior she started with generalized edema whith normotensive, without hematuria or uremic syndrome. She was diagnosed with impure Nephrotic Syndrome due to microscopic hematuria.Hypoalbuminemia 1.8 g/dl. Primary or secondary glomerulopathy were considered . Early pre-eclampsia were discarded according to the laboratory and persisting normotension. 24 h proteinuria 4.4 g/day, diuresis 1700 mL, urea 20 mg/dL, creatinine 0,28 mg/dL, haemoglobin 11,2 g/dL and platelets 309 K/uL, prothrombin rate 102 %.Hypercolesterolemia 287 mg/dl, LDL-c 173 mg/dL, hypertriglyceridemia 312 mg/dL, ANA+ speckled pattern 1/40, Anti- MPO 81 U/mL, Anti DNA - , Anti Ro +. Urinary tract ultrasound was normal.

Treatment normoproteic diet, 40 mg/day of prednisone, and prophylactic anticoagulation with LMWH. Due to the persistence of nephrotic range proteinuria, a renal biopsy was performed during the 24th week of gestation which showed a glomerulopathy mesangial and segmental glomerulos clerosis. During the 32nd week, a severe IGR was found with increased placental resistance, which forced the interruption through cesarean section, obtaining a 690 g newborn, Apgar 6/7. Both evolve satisfactorily. Now she´s receiving azatioprine with complete remission of the proteinuria. Nephrotic Syndrome occurs in 0,012 - 0,025 % of pregnancies. The usual causes are pre-eclampsia, primary glomerulopathy, secondary glomerulopathy due to diabetes or SLE. Most authors agree on performing a renal biopsy in sudden renal insufficiency or massive nephrotic proteinuria prior to the final 2 months of pregnancy. In moderate proteinuria, normotension, normal renal function, the conduct is to monitor the patient and defer biopsy to the postpartum.. The complications of the renal biopsy are the same as outside the pregnancy. Proteinuric nephropathies during pregnancy have bad prognosis, with elevated risk of evolving towards pre-eclampsia/eclampsia and bad obstetric results. Proteinuria during pregnancy is an independent risk factor for renal insufficiency. The nephrotic syndrome during pregnancy is very rare. Its diagnosis implies the presence of a primary or secondary glomerulopathy and the consideration of a pre-eclamptic disease. Renal biopsy can be safely performed during pregnancy.

BIBLIOGRAPHY

1) Pandya B K, Gibson S P, Robertson I G, Nephrotic syndrome in early pregnancy- is renal biopsy always necessary?, Nephrol Dial Transplant, 2002,17:672 - 674.

2) Paller M S, Connaire J J, El riñon y la hipertensión en el embarazo, in Brenner y Rector, El Riñon tratado de nefrologia, 7ª edición, Elsevier, España, 2005; 1680 - 1683.

3)Lindheimer M, Davison J, Enfermedades renales crónicas. In: Gleicher. Tratamiento de las complicaciones clínicas del embarazo. 3ª ed. Buenos Aires: Panamericana, 2000; 1257-67.

P-11-15 | STATE OF THE CALCIUMPHOSPHORUS METABOLISM IN PATIENTS UNDER HAEMODIALYSIS TREATMENT

Cervantes, Rita; Arduz, Jaime

Internal Medicine Department. San Juan de Dios Hospital, Tarija- Bolivia

WORK **OBJECTIVES:** To determine alterations in the calcium-phosphorus metabolism in patients with chronic kidney disease under haemodialysis treatment.

MATERIAL Y **Methods:** descriptive and analytical, cross sectional study was conducted all through December 2007 and February 2008 in 14 patients who receive haemodialysis treatment in San Juan de Dios Hospital and Obrero Hospital Nº 7, Tarija city. Clinical and laboratory parameters were taken into account. Dosage of plasma figures of Parathyroid hormone (PTH) were requested: phosphorus, calcium and serum albumin.

Radiography to estimate osseous calcium deficiency and calcifying of the soft tissues Eco Doppler of common carotid artery to determine the presence of calcium spots Anthropometric parameters such as IMC and brachial perimeter were considered.

Results: from 5 patients (35%) figures of PTH were compatible to those of hyperparathyroidism, in 4 (30%) the figures were within the expected normal ranges and in 5 patients (35%) the figures of PTH fewer than 65 pg/ml. The patients with high calcium phosphorus rate suffered from hyperparathyroidism, 8/14 had calcium spots in the carotid and 3/14 calcium spots in peripheral arteries.

The high of prevailing alterations of the calcium-phosphorus metabolism in patients with chronic kidney disease under haemodialysis treatment is the conclusion.

KEY WORD: CALCIUM-PHOSPHORUS METABOLISM CHRONIC KIDNEY DISEASE

P-11-16 | GLOMERULONEPHRITIS IN A PATIENT VIH. A CASE REPORT

Campo, Evelyn; Gutierrez, Octalys; Ochoa, Rafael.; Machuca, Vanel.

Nephrologic and Medicine Department-Hospital Universitario de Caracas-Venezuela

A Case Report The Human inmunodeficency virus (HIV) infection can present itself with various characteristics common to Systemic Lupus Erithematosus(LES): rash, arthritis,fever ,renal and haematological disorders.However coeinfection is rarely observed in the same patient.In reference to the topic we presented the follow case. A 33 old-years man with history of hypertension treated with calcioantagonist, is admitted for syndrome nephrotic: proteinuria> 3.5 g, dyslipidemia and renal failure with normal ultrasonography.Inmunological test are made reported hypocomplementemia and ANA+.A renal biopsy is unsuccessful and the patient was treated ambulatory with BRA.

Two months after returned for fever,chills, progressive edema and dyspnea; laboratory showed metabolic acidosis, uremia and urinary sediment with albumin 3+ and red casts cells;proteinuria 9 g (see table 1);hepatitis B and C viruses were negative and HIV positive confirmed by Western Blot.Celular count: CD3 3500; CD4 251;CD8 2000. During evolution furosemide,ASA,IECA, BRA and antiretroviral therapy were prescribed.

The uremia decresed and the dialytic support was omitted.A renal biopsy is performed and new immunological test were negative. The patient was heterosexual promiscued,married and lived with his wife and childrens. No had history of illicit drugs.He had worked in construction. During interrogatory refered weight loss 7 Kg in three weeks,anorexia and fatigue;fever and chills,dyspnea,volume urinary 1 lt/24 h and edema. On examination blood pressure 130/90 mmHg- pulse 98 beats for minutes-respiratory rates 28 for minutes.Weight 58 Kg.Height 1.65mt.temperature 38.5ºC,white,pallid,fevered,hydrate.Oral mucous membranes dry.Chest with basilar pulmonary soun disminuished.Cardiac normal. Ascites+ and edema in extremities.The remainder of examination was normal.A biopsy specimen showed changes consistent with nephritis lupus Class IV.

P-11-17 | ACUTE RENAL FAILURE: TUBERCULOSIS AGAINST RIFAMPIN INDUCED HYPERTENSITIVITY

Manzano, Fernando; Lifschitz, Alberto; Gil, Susana.; Acuña Elias, Andrea.; Vanzetti, Cecilia.

Hospital Vélez Sarsfield - Servicio de Clínica Médica, Buenos Aires. Argentina

We present a 25-year-old male patient, without BCG vaccine who develops miliary tuberculosis with multiple organ repercussion, due to the hematogenous dissemination of the Koch bacillus. He started tuberculostatic treatment with isoniazid, rifampin, pirazinamide and ethambutol. 28 dats after he developed non-oliguric Acute Renal Failure with creatinine clearance impairment, non-nephrotic range proteinuria, granulous and hialine cilinders, pyuria, persistent hypokalemia and metabolic hyperchloremic acidosis. He also presented a eritematous rash and peripheral eosinophilia.

The signs were interpretated as possible interstitial acute nephrytis due to rifampin hypersentivity. Hence, this drug was suspended. Since the patient did not evidence clinical improvement, we decided to perform a percutaneous kidney biopsy (guided by ecography). The result was "intense interstitial nephrytis and acute interstitial necrosis associated to drug sensitivity (probably rifampin) and granulomatous gigantocellular lesions compatible with tuberculosis". The patient was discharged receiving a three-drug scheme to treat tuberculosis and systemic steroids (0,5mg/kg/day of methilprednisone). He improved creatinine clearance, metabolic disorders , rash and eosinophilia once this treatment had started.

Discussion: We present a case of acute renal failure in a 25 year old patient that could have been explained by two different mechanisms: tuberculosis itself or / and drug hypersensitivity. Rifampin induced hypersensitivity is rather unfrequent when the drug is administered continuosly. It has been described after re-exposures during treatments. Most of the cases of rifampin-induced acute renal failure present themselves in an oliguric form, and the drug disruption leads to improvement in up to 7 weeks. Some cases-reports reported also described improvement after a short course of steroids. In contrast, the renal commitment during the course of miliary tuberculosis is also unfrequent without extrarrenal manifestations, and granulomatous lesions are secondary as hypersensitivity epiphenomena.

Most of cases have normal renal images and negative urine baciloscopy. We considered primarily the possibility of drug hypersentivity, but we wouldn´t have been able to diagnose the combined ethiology of the renal failure without the kidney biopsy. Despite of several reasons to believe the rifampin-induced-hypersensitivity was responsible for the disorders found, we were only able to prove the multiplicity of the lesions when the kidney percutaneous biopsy was performed.

P-11-18 | CASE REPORT: RHABDOMYOLISIS AND ACUTE RENAL FAILURE SECONDARY TO 300 AFRICANIZED BEE STING

Lopez Rivera, Arturo; Velasco Gutierrez, Arturo; Rodríguez González, Daniel.; Prieto Miranda, Sergio Emilio.

Hospital Civil de Guadalajara Dr. Juan I Menchaca. México

Latest reviews report fatal outcomes after exposure of more than 200 bee sting. Product of the anaphylactic and toxic venom´s effect. Our patient survived both toxic and anaphylactic effects of 300 bee sting. A 73 year old male was admitted to the intensive care unit because of anaphylactic and toxic reaction due to a massive (up to 300) africanized bee attack. The patient was previously healthy, he was outdoor on a field collecting food when the attack occurred. After exposure patient was taken to a primary care facility. Patient was alert but hoarseness, sneezing, tachycardia, low blood pressure, on acute respiratory failure, reasons that made him receive ventilatory support, epinephrine and fluids intravenously and transferred to our intensive care unit.

At the time of admission, patient had BP 88/56, Heart rate 112 Respiratory rate 26. Norepinephrine was initiated Blood chemical value was as reported: CK 98,000. CK-MB 550. Potassium: 4.5 Glucose: 122 Sodium: 139 Urea: 92 Creatinine: 2.9. CBC: Hb: 10 Htto: 32 Plt: 162 Leu: 14.7 Despite the Fact patient was treated with profuse fluids, kidney function was non responsive, so it was decided to start haemodyalisis. 24 hours alter first session CK 91,756

Creat: 3.5 Urea: 130 K: 6.44 Uric acid: 12.6. Patient received every 48 hours haemodyalisis sessions until kidney function recovered. On 7th day urine output were 0.8 ml/kg/h. and a progressive descend of muscular enzymes, getting on 12th day after exposure a serum CK 69, CKMB 12 DHL 318 and an urine output above 1.2 ml/kg/h.

His ventilatory support was successfully removed on 6th day and recovery to a normal neurological status was obtained.

P-11-19 | METABOLIC ACIDOSIS AN ETIOLOGY TO THINK

Arista, E.; Nunes Velloso, V.; Vazquez, M.; Scovotti, C.; Marino, A.

Hospital Churruca Visca. PFA.CABA

Introduction: The metabolic acidosis (A.M.), is the initial presentation of many diseases in Intensive Care Unit(ICU). Many of them jeopardize life, for example hyperlactataemia, the diabetic ketoacidosis, poisonings and drugs including methanol, salicylates or etilenglicol, their metabolites (oxalatos) and the renal tubular acidoses (ATR). Objective Present a clinical case of hiperclorémic A.M. (HAM) with normal anion gap and severe hipokalemia that it required admittance to ICU.

Materials and Methods: Woman 42 years old,Graves disease with treatment I.131. Vulgar Psoriasis. She denies ingestion of diurétics or laxatives.Admitted to floor of internal medicine by myalgias and muscle weakness of 36 hs of evolution with Plasmatic Potassium (k) 1,5 mEq/L. and HMA. CLK it was reponed. Complicated with cardiac arrest wich responds to cardiopulmonary resuscitation and transfers to ICU. Evolves with abolished reflexs. In spite of the energetic resuscitation persists with HMA and hipokalemia with urinary pH 7,1, 31,2 urinary Na mmol/L, 44 urinary K mmol/L, 4 urinary bicarbonate mmol/L., 62 urinary CL mmol/L, GAP urinary + 13. Urea 43 mg/dL, Creatinina 1 mg/dL. Diagnostic ATR type I, distal or classic, replacing the deficit of CLK and HCO3, with substantial improvement of her reflexes. Transfer to floor of internal medicine after 11 days of stayed in ICU. Continue in control by the services of nefrology and cardiology. After 28 days of internment she receives the hospitable discharge.

Conclussion The correct diagnosis of A.M. requires a careful knowledge of the physiopathological processes that maintain this complex disorder acid-base. The severe A.M. with hipokalemia can jeopardize life. The ATR distal or type I, is a syndrome characterized by an incapacity to acidify appropriately the urine and to excrete normal amounts of acidity titleable and ammonium in spite of acidemia metabolic systemic. The joint demonstration, of an urinary pH elevated and a aniónic hiatus urinary positive diminished establishes the diagnosis. The high index of suspicion, the complementary antecedents and studies allow the diagnosis of the renal tubular acidosis in the ICU.

P-11-20 | THE RELATIONSHIP BETWEEN SERUM FREE TESTOTERONE AND ERECTILE FUNCTION IN AGING MEN AT THE GENERAL HOSPITAL

Dr. Arroyo C. , Dr. Cedrés S. , Dr. Dufrechou C. , Dr. Decia R. , Dr. Montes J. santiagocedres@yahoo.com

School of Medicine- Pasteur Hospital – Uruguay

Background: People with low serum testosterona often comlain of erectile dysfunction. (1)

OBJECTIVES: To evaluate the relationship between serum free testosterone (FT)and erectile function in aging men at the General Hospital.

Materials and Methods: FT was measured between 8:00 and 10:00 a.m. in all men aged ≥55 assisted (for any reason) in the Internal Medicine and Urology rooms of the Hospital. Low FT was defined as FT ≤7,2 ng/dL between 55-60 years old and ≤ 5,6 ng/dL in patients > 60 years old. All the patients included completed the IIEF-5 questionary, which score ranges from 1 to 25 and the ED was classified into five groups according to the scores: severe (1-7), moderate (8-11), mild-moderate (12-16), mild (17-21) and no ED (22-25).

Results: 52 patients were included. The prevalence of all degrees of erectile dysfunction was 43/52 (RF= 0,83). The degree of erectile dysfunction was mild in 7/43, mild to moderate in 10/43, moderate in 14/43 and severe in 12/43. 27/52 (RF=0,52) had significantly low FT levels and 11/52 (RF=0,21) had low-normal levels. It was a statistical significance between the presence of low FT and moderate and severe ED (p<0.05, chi-squared test - alpha of 0,05).

Conclusions: We found high prevalence of DE in hospitalized patient. It showed a clear correlation with low FT. We should screen this groups of patients to offer specific treatment.

References: (1) Bancroft J. The endocrinology of sexual arousal. J Endocrinol 2005;186:411.

P-11-21 | PROFILE OF ACUTE PYELONEPHRITIS (AP) AT TWO SERVICES OF INTERNAL MEDICINE

Micheletto G, Soljancic A, Rojas V, Santa Cruz F.

Primera Cátedra de Clínica Médica y Segunda Cátedra de Clínica Médica. Hospital de Clínicas. Asunción; Paraguay

Introduction: AP is a frecuent cause of consult in the Emergency Department. It´s characterized by high morbility and low mortality; many patients miss at work because of this and in ancients might be cause of shock.

Objetive: To analize different variables of the AP.

Materials and Methods: Observational study, retrospective chart review of 88 patients admitted with AP, from January 1998 to November 2007.

SETTING: Primera Catedra de Clinica Medica y Segunda Catedra de Clinica Medica. Hospital de Clinicas. Asuncion. Paraguay.

Results: 65% of the studied population was women. The average of hospitalization was <10 days (61%). A diabetes history was present in a 40%, previous episodes of nephrolithiasis were found in a 16% and recent urinary tract infection (UTI) in a 20% (<30 days ago). Sistolic blood pressure under 90 mmHg was present in a 19%, fever (Tº>38º C) in a 65% and elevated white cells count (10.000-20.000 mm3) in a 58%. Blood culture was positive only in a 6%. Urinary sediment was patologic in a 100% and its culture (+) in a 30%. E. Coli was the infecting pathogen in the mayority of the urinary culture. Ciprofloxacin was the antimicrobial more used (57%).

Conclusions: AP was more frequent in adult women. Previous UTI and history of nephrolithiasis were very important risk factors. Both of them-pathogen involved: E. Coli and antimicrobial used: ciprofloxacin-were the same founded in the international publications.

P-11-22 | VALIDITY OF THE URINARY SEDIMENT TEST FOR CLINICALLY SUSPECTED ACUTE COMPLICATED PYELONEPHRITIS

Ragonese, Gabriela; Colavita, Silvia; Di Iorio, Laura; Cuellar, Verónica; Chamorro, Elena ; Chilano , S.

Clínica Privada Pueyrredón S.A.;Mar del Plata. Argentina

Objetive: To evaluate if the urinary sediment (US) is as useful in Clínica Pueyrredón as refered to in the bibliography in the clinical suspicion of acute complicated pyelonephritis.

Introduction: Patients with clinically suspected acute complicated pyeloneprhitis are frequently admitted, and contrary to the bibliography, urinalysis sediment does not seem to be an effective instrument of measure in Clínica Pueyrredón.

PATIENTS AND Methods: An observational retrospective study was carried out from March 9, 2005 to April 3, 2007. The patients were evaluated in the general clinical area of Clínica Pueyrredón. Patients with suspected acute pyelonephritis were included. Samples were taken by the clean catch method and using a urinary catheter. The urocultures with a concentration of more than 50000 CFU/ml (Colony Foming Units) were considered positive samples. The Bauer-Kirby disk-diffusion method was used.

Results: Out of a total of 172 patients included in this study, 52 had a pathological urinary sediment and a positive uroculture (30.23%) and 49 had a pathological urinary sediment and a negative uroculture (28.48), as a result the specifity of the sediment was 51.48% . Of the 172 patients, 65 had normal urinary sediment with a negative uroculture (37.79), another 6 cases had normal urinary sediment with positive uroculture (3.48), totaling 31.96% of the cases and therefore making sediment sensitivity 91,55%.

Discussion: Given the high sensitivity of the urinary sediment (91.55%) and its moderate specificity (51,48%), it was effective in the diagnosis of suspected acute complicated pyelonephritis in accordance with the bibliographic evidence.

P-11-23 | SEXUAL DYSFUNCTION ASSOCIATED WITH HIV INFECTION IN MALE PATIENTS

Torales, M.; Puppo, D.; Cedres, S.; Cardozo, A.; Dufrechou, C.

Republic University. School of Medicine.UDELAR. Uruguay

A high proportion of male patients with HIV infection suffer from sexual dysfunction (erectile dysfunction or low sexual desire) that decrees their quality of life (1).

OBJECTIVE: To evaluate the degree of sexual dysfunction in a population of men with HIV, and make the correlation with demographic, immunological and treatment characteristics.

Methods: The analyses include 47 men with HIV infection assisted in ambulatory service of the Infection Institute, using an anonymous questionnaire, the International Index of Erectile Function-5 (IIEF-5), and Test of Sexual Desire of Masters & Johnson. Regression analysis was used to determine the correlation among the variables.

Results: The mean age of the patients was 42.13 years; there were 31 cases of erectile dysfunction and 39 cases of low sexual desire. 36 were treated with active antiretroviral treatment (HAART). There was statistically significant correlation between sexual dysfunction and : age, homosexual contact as HIV transmission mode, symptomatic infection, use of tranquillizers, low cultural level, no stable couple, smokers, CD4 cell count < 200 cells/mm, viral load >30.000 and treatment containing protease inhibitors (PI). (p< 0.05).

Conclusion: The etiology of SD is often multifactorial, and may be caused by endocrinological, psychogenic, neurogenic arteriogenic or iatrogenic abnormalities. Results of this study suggest that erectile dysfunction and low sexual desire are also found in patients who are on HAART, specially if their regimens contain PI. Physicians need to talk about sexual issues with their patients, in order to improve the sexual well being.

References: (1) Schrooten W., Colebunders R., Youle M, et al. Sexual dysfunction associated with antiretroviral treatment. AIDS 2001, 15:019-1023.

P-11-24 | THIAZIDE ASSOCIATED HIPONATREMIA COMPARED TO OTHER CAUSES OF HIPONATREMIA

Michelangelo, H.; Serra, M.; Vallone, M.; Parra, C.; Giunta, D.

Hospital Italiano de Buenos Aires. CABA: Argentina

Background: Hiponatremia is a common electrolytic disorder in medical practice. It is common in patients in treatment with thiazide diuretics (T). There are no reports about differences between such patients and those presenting hiponatremia of other etiology.

Objectives: Compare mortality and hospital stay in patients with hiponatremia associated to T (TH) and patients presenting hiponatremia associated to other causes.

Methods: Case control study. We compared patients with TH with a group of patients without receiving T matched by gender, age, and morbidity Charlson score (CS). All patients belong to the Institutional Hiponatremia Registry of Hospital Italiano de Buenos Aires.

Results: We included 45 TH, and 104 patients in the control group. In TH group the median age was 80 years (intercuartil range IR 11), and were women 69% (31/45). The median sodium value was 124 (IR 5). The CS was 1.5 and the morbidities more frequently seen were: hypertension (84%), dislipidemia (60%), and hypothyroidism (20%). 62% (28/45) had symptoms and were all considered to have normal extra cellular fluid. In control group the median age still was 80 years, 75% were women, and the median CS was 1 (without statistical differences compared to TH 0.44, 0.64 and 0.51 respectively). The median sodium value was 125 (IR 8). 80 % were symptomatic (75/94). 21% had expanded, 47% normal and 32% low extra cellular fluid. There was no statically differences in sodium value (p 0.23), hypertension proportion (0.49), hypothyroidism (p 0.73), altered mental status (p 0.32) or other associated symptoms (0.21). The median hospital stay was 5 days vs. 5.5 days (p 0.86) and hospital mortality was 0 in cases and 12% in controls (p 0.053).

Discussion: As we clear up the differences between groups in age, gender and morbidity, we found statistic heterogeneity in mortality in the group who were not receiving T. This might be related to the good response to the withdrawal of drug and that they had normal extra cellular water. Nevertheless, as TH happened to be so frequent, it will be necessary to understand better the mechanisms of the development of this disorder.

P-11-25 | SYSTEMATIC DETERMINATION OF GLOMERULAR FILTRATION RATE TO ALL PATIENTS IN THE LABORATORY OF A GENERAL HOSPITAL

Mortaloni, S.; Riveros, S.; Alvarez, J.; Arrieta, O.; Stradiotto, J

O.S.E.P. Mendoza, Argentina

Introduction: The isolated creatinine value is known to be a very bad marker of Chronic Kidney Disease. There are a lot of formulas to estimate de Glomerular Filtration Rate (GFR) according to patient´s age, sex, weight and race. MDRD4 is easy to calculate because it doesn´t need weight.

OBJECTIVE: Evaluate the importance of a systematic determination of GFR to all patients with MRDR4 formula to all blood samples at the central laboratory of Hospital El Carmen. **Methods:** We analyzed all the results of Creatinine obtained in our central Laboratory from June 1st to December 27th of 2007. We separated the patients in 4 groups according to their origin: Outpatients (group 1), Emergency room (group 2), Inpatients (group 3), Preventive Programs (group 4). We excluded the repeated determinations of a simple patient. We separated the results of MDRD in 3 stages (S-III, S-IV AND S-V) of CKD.

Results: We obtained 7018 creatinine values. Group 1: 2679; Group 2: 1280, Group 3: 2460 & Group 4: 599, we detached the patients according the following detail: Group 1: S-III 156(5.82%), S-IV 9 (0,33%), S-V 11(0.41%); Group 2: S-III 221(17.26%), S-IV 65(5.08%), S-V 69(5.39%); Group 3: S-III 462(18,78%), S-IV 156(6.34%), S-V 116(4,71%); Group 4: S-III 19(3,17%) S-IV 1(0.17%), S-V 1(0,17%); Total: S-III 858(12,22%), S-IV 231(3,29%), S-V 197(2,8%). We found a number of 1286(18, 32%) patients with CKD.

Conclusion: The high number of patients with CKD found in our population suggests that there is a lot of people with CKD that don´t know their situation. We recommend to set a protocol to determine GFR to all creatinine values obtained from patients who go to the hospital for any cause. MDRD formula is the most appropriate because it doesn´t need the patient´s weight to be calculated.

P-11-26 | HYPONATREMIA Treatment: DO WE TREAT SERUM SODIUM CONCENTRATION OR PHYSIOPATHOLOGIC MECHANISM?

Michelangelo, H.; Millán Ramos, C.; Giunta, D.; Elizondo, C.; González Bernaldo de Quirós, F

Hospital Italiano de Buenos Aires. Argentina

Background: The selection of hiponatremia treatment is usually based in the extracellular fluid (ECF) evaluation, plasmatic and urinary parameters. Many diagnostic algorithms have been described. It is not clear which parameters are considered by the attending physician in deciding the treatment in patients with hyponatremia. **OBJECTIVE:** The aim of this study was to correlate the use of treatment in hyponatremia patients with ECF evaluation, serum sodium concentration (SSC) and presence of symptoms. **Methods:** Cross sectional study. We included patients with hyponatremia and low or normal ECF. We registered hipovolemia related symptoms (HS) and cerebral edema related symptoms (CES). In multivariable analysis the outcome was the use of any treatment (hypertonic infusion, rehydration, water restriction). **Results:** We included 278 patients with hyponatremia: 96 (34.5%) with low ECF and 182 (65.5%) with normal ECF. In the first group the median age was 78, 62% female, median SSC 126. 75% were symptomatic, 81% HS and 61.5% CES. 59% were rehydrated, 19% received hypertonic parenteral infusions. In the normal ECF median age was 75, 54% female, median SSC 128. 67% were symptomatic, 43% HS and 69% CES. 16% received hypertonic parenteral infusions, 13% were rehydrated, 13% were water restricted and 56% were not treated. Charlson´s comorbidity score was 2 in both groups. Age (p 0.039) and SSC (p 0.005) were significant different. In univariable analysis, to receive treatment had a low ECF OR of 8.3 (95%CI 4.33 - 16.00), symptoms presence 2.3 (95%CI 1.37 - 3.88), HS 1.73 (95%CI 1.07 - 2.80), CES 2.58 (95%CI 1.5 - 4.4), below 125 SSC 2.2 (95%CI 1.29 - 3.77). In multivariable analysis low ECF adjusted OR was 8.09 (95%CI 4.16 - 15.74; p 0.0000), below 125 SSC 1.82 (95%CI 1.00 - 3.30; p 0.049), symptoms presence 2.11 (95%CI 1.18 - 3.79; p 0.012). Gender, age, HS were not statistical significant in multivariable analysis. **Discussion:** ECF seems to be the most important factor in deciding to treat hyponatremia, even stronger than the presence of symptoms or lower SSC. As the ECF evaluation variability is very high is necessary to complement the ECF evaluation with more sensitive measures.

P-11-27 | CPROFLOXACIN: ACUTE INTERSTITIAL NEPHRITIS

Bordenave, C.; Butto, S.; Scian, C.; Sacchetti, F.; Klein, M.
Servicio de Clínica Médica, Clínica Modelo de Lanús, IMAGMED. Pcia. de Buenos Aires. Argentina

The ciprofloxacin is an antibiotic with few adverse effects and extensively utilized. There are few reports of interstitial nephritis associated to ciprofloxacin, and its frequency is not known. We present a case of interstitial nephritis associated to ciprofloxacin.

Clinical Case: a 25-year-old man was admitted for spontaneous pneumotorax. It was drained. Persistent fever and purulent secretions were observed around the pleural drainage. He received multiple antibiotics until the fever disappeared. The renal function was stable (urea 22 mg/dl, creatinine 0, 8 mg/dl). Antibiotics were suspended. Seven days latter, he presented diffuse abdominal pain and urinary symptoms, begining treatment with ciprofloxacin 400 mg/12 hs. 24 hs later a cutaneous rash was observed, also tremor, vomiting. The hemogram revealed 9.000 leucocytes with eosinophilia of 27%. Acute deterioration of the renal function was observed (urea 190mg/dl; creatinine 13, 8 mg/dl). Abdominal ultrasound revealed increase of the ecogenicity of both kidneys suggesting edema. Eosinophils were observed in urine. 7 days later he recovered normal renal function.

Discussion: The clinical picture was interpreted as acute kidney injury due to interstitial nephritis by idiosincratic reaction to ciprofloxacin. Adverse effects as these due to ciprofloxacin are very unusual, and undoubtely serious.

P-11-28 | CALCIPHYLAXIS IN TWO CAPD WELL CONTROLLED PATIENTS.

Erica Yama Mosquera, Sonia Yaneth Celis Conde

Hospital Militar Central

Two female patients, 63 and 70 years old, from CAPD program had present painless lesion in legs, redness, geographic border, with progressive course to necrosis. The two patients complied to CAPD program with adequate adherence to therapy; they had diabetic nephropathy as a cause for ESRD.

Them controls of calcium and phosphorus before presentation of lesion was adequate and they didn't need to use phosphate binders, they iPTH values always were normal.

The older patient present neurogenic syncope too, the cerebral MRI report calcification of the vertebral arteries. One time the lesion began had rapidly evolution to necrosis, the bough patients died from soft tissue sepsis. The bough skin biopsies reveal calciphilaxis.

Discussion: Calciphylaxis characterized by schemic skin ulceration due to subcutaneous small arterioles calcification, is a rare disease but usually fatal.

Disorders of calcium metabolism and vascular calcifications are common in dialysis patients but calciphylaxis prevalence is low.

We present two patient who have adecuade adherence to therapy without disturbances in calcium phosphate metabolism and iPTH normal. Histopathologic examination reveals calcium deposits in arteriole-sized and small vessels with vascular thrombosis. The outcome of our patients, like the known prognosis was poor, the two patients died secondary to a sepsis originated in infected cutaneous ulcers. Like found in literature, female gender, diabetes mellitus, are risk factors to develop calciphylaxis, in absence of severe disorders of calcium metabolism.

P-11-29 | CALCULATED AND MEASURED SERUM OSMOLALITY IN PATIENTS WITH HYPONATREMIA.

Alderuccio, JP.; Longstaff, J.; Capparelli, F.; Isola, N.; Delorme, R; Wainsztein, N.

FLENI Capital Federal, Buenos Aires. Argentina

Introduction: Osmolality is a property of the solutions that depends on the number of dissolved particles. In patients with hyponatremia serum osmolality is a helpful parameter for diagnosis. Osmometers are not widely available and serum osmolality is frequently calculated as the sum of concentrations of principal solutes. The osmole gap is the difference between measured (Mosm) and calculated osmolality (Cosm). The normal osmole gap is regarded to be <10 mOsm/kg.

OBJECTIVE: Evaluate the validity of Cosm and the correlation with Mosm in patients with hyponatremia. Design Prospective, observational and transverse study.

Materials and methods Between June 2006 to May 2007, we included all adult patients admitted to general ward who presented hyponatremia (Na<135 mEq/L) in the initial laboratory. Patients were excluded if they were under mannitol treatment, non measurable serum osmole or alcoholic intoxication. Sodium was measured by selective ion method and Mosm was measured by delta cryoscopic method. Cosm was calculated from Na, urea and glucose: 2Na+glucosa+urea (in mOsm/kg). Difference between Cosm and Mosm was evaluated with Student T test for paired values and the relationship between them was assessed with correlation and lineal regression analysis.

Results: Forty two men and 38 women were analyzed. Mean age was 61.8 (SD17.8) years. Cosm was 14.2 mOsm/kg lower than Mosm (95%CI 12.3-16.1; p<0.001). Mean Cosm was 274.3 mOsm/kg (SD1.51) and Mosm was 288.5 (SD 1.48). The correlation between Cosm and Mosm was statistically significant (R2 0.80; p<0.001). The coefficient of regression analysis was 0.80 (95% CI 0.65-0.91;p<0.001).

Conclusion: Our study suggests that in patients with hyponatremia Cosm underestimated Mosm with a higher osmole gap than the normal referred. It should be note this difference since it may bias the diagnostic interpretation in hyponatremic patients.

P-11-30 | PREVALENCE OF ERECTILE DYSFUNCTION IN INTERNAL MEDICINE PRACTICE: IMPORTANCE OF RISK FACTORS FOR VASCULAR DISEASE

Cedrés S.; Dufrechou C.; Piñeiro N.

Republic University. School of Medicine.UDELAR. Uruguay

Background: The prevalence of erectile dysfunction (ED) and associated risk factors has been described in many clinical settings (1), but there is little information regarding men seen by internal medicine physicians.

OBJECTIVES: To evaluate erectile dysfunction (ED) using a validated self-administered 5-item questionnaire (5-item version of the International Index of Erectile Function [IIEF-5]) in the internal medicine practice, to correlate it with risk factors for vascular disease an to determinate the sildenafil use and its effectiveness.

Materials and Methods: We studied patients consulting internal medicine physicians for 3 moths. Participants completed a full medical history including alcohol consumption , smoking, physical activity, hypertension, physical examination for calculation of BMI , and measurement of fasting blood glucose and lipid levels. ED was defined by the 5-item version of the International Index of Erectile Function (IIEF-5). It was stratified as complete (4 or less), severe (5 to 10), moderate (11 to 14), mild (15 to 18), or none (19 to 20). Men were also asked about use of Sildenafil.

Results: A total of 132 men responded to the questionnaire. 81% of men < 50 years were sexually active compared with 16% of men > 80 years. 62% sexually active men reported severe (34,5%), or moderate (51,6%) or mild (13,9 %) ED. The prevalence of complete ED increased with age, rising from 32.2 % in the 40-49 age group to 67.9% in the 70-79 age group. Only 19.3 % of men with ED had received treatment . The response to sildenafil deteriorated with age and increasing degree of ED. Odds ratios for having DE were significantly higher in men with smoking (1.96), physical inactivity (1.28), hypertension (2.04) and abnormal fasting blood glucose.

Conclusions: This study confirms the strong correlation between ED and some comorbidities. With an ageing population, erectile dysfunction may become a significant health problem. Health care providers should plan their resources accordingly.

References: (1) M.Burchardt et al.IMPOTENCE. EPIDEMIOLOGY AND RISK FACTORS. International Journal of Impotence Research (2002) 14,Suppl 13, S48-S65.

P-11-31 | LUPUS LIKE GLOMERULONEPHRITIS (LLGN)

Levalle, J.; Teijeiro, R.; López Alcoba, H.; Begher, S.; Chattas, A; Faccioli , K. Ciris, J.; Mindlin; P.

Hospital Dr. Ignacio Pirovano, Buenos Aires, Argentina.

Background: HIV-associated nephropathy (HIVAN) is an important cause of renal failure in HIV-1 seropositive patients. Another form of renal damage is LLGN, which is immuno complex- mediated

Methods: A 39 - year - old woman was admitted to hospital with anasarca and neutropenia . Examination has shown anasarca , blood pressure140/90, axilla temperature 38,4°C and heart beat 100/m. **Laboratory:** WBC 2700 (neutrophil 1.100), Hct 24%, platelets count: 103000/mm, ESR 61 mm/h, U 73 mg/dl, creatinine 1,3 mg/dl, creatinine clearance 44 ml/min, uric acid 9,7 mg/dl, proteinuria 1,2gr/24 h , total proteins 5,5 gr/dl, albumin 1,9 g/l, polyclonal gamma globulins, high level of immunoglobulin A, immunoglobulin G and immunoglobulin E, normal levels of collagen disease test , complement test , and the antinuclear antibody was no reactive.

Serology test results : HIV , HAV , CMV , HCV were reactive, CD4 T cell count 50 cells/µl. Renal biopsy showed a variant membranoproliferative with a¾ activity rate and chronic rate 0/4 , concurrent with global lupus diffuse nephritis. The patient's renal function got worse and she caught temperature. As the patient had good response to the treatment given (HAART, corticosteroids and some others to improve the renal function), she was discharged from hospital .

Conclusions: LLGN has been reported in HIV patients. It is very difficult to distinguish LLGN from systemic lupus erythematosus (SLE) through renal biopsy. However, unlike HIV- infected patients with lupus nephritis , patients with LLGN lack both serologic and clinical evidence of SLE . About 30% of HIV patients have disorders in their renal function without symptoms shown .It is advisable to have proteinuria and creatinine clearance tests run as well as an early start HAART treatment to prevent renal damage.

P-11-32 | PROSTATE CARCINOMA WITH NEUROENDOCRINE DIFFERENTIATION

Fiorentini, Fernando.; Magaz, Mercedes.; Matta, María.; Funtowicz, Gabriel.; Cámera, Luis.

Servicio de Clínica Médica, Hospital Italiano Bs. As. Argentina.

Introduction: Prostate carcinoma is the most common neoplasia in men. More than 95% of the malignant prostatic neoplasm are adenocarcinomas. Neuroendocrine (NE) cells are abundant and diffusely distributed in the prostate, but his cancer is rare. We describe a patient having prostatic adenocarcinoma with neuroendocrine differentiation

Case Report: A white male patient, 86 years old, who was admitted, with fever and hematuria. He underwent a prostate transcapsular adenomectomy (Millin) because of hematuria five months before. A pelvic tumor compromising prostate and bladder was found.The microscopy informed a poorly differentiated adenocarcinoma with neuroendocrine differentiation, characterized by epithelial cell proliferation with plump nuclei and granular chromatine, infiltrating the prostate parenchyma. The immunohistochemical panel was positive for prostatic specific antigen (PSA), chromogranin A, and synaptophysin; negative for HMB45. The patient suffered a number of hospital admissions and complications such as pulmonary embolism, bleeding and anemia, urinary infections and generalized weakness. The tumor have paradoxical response to PSA. An abdominal ultrasound examination revealing two heterogenous focal images in the right hepatic lobe, the biggest one of 68 mm, compatible with metastases.. Abdominal and pelvic CT scan Multiple show hipodense images in both hepatic lobes, adenopathies in the retroperitoneum and external illiac chains displacing the illiac vessels **Discussion:** The prostate contains a great number of NE cells, which are involved in the regulation of growth, development, and secretory processes of the gland. Neuroendocrine differentiation of prostatic carcinoma usually presents in three different ways: a) small cell neuroendocrine carcinoma (5% of all prostatic carcinomas) b) carcinoid-like tumors (more frequent), c) adenocarcinoma with traces of neuroendocrine differentiation. The current report describes a case of prostatic carcinoma with an aggressive behavior. Only 6 months enlapsed between the initial diagnosis and the detection of disseminated neoplasia

Conclusion: Our case shows the importance of evidencing neuroendocrine differentiation in prostatic neoplasm, as an aid in determinating the agresiveness and evolution of the disease. There is still no effective treatment for malignant prostate neoplasm with neuroendocrine differentiation. Future therapies directed toward NE cells should be evaluated.

P-11-33 | TRACKING LONG-TERM USE LERCANIDIPINA IN PATIENTS WITH HYPERTENSION AND RENAL INSUFFICIENCY CHRONICLE

Dennis Bueno

Diaverum Jujuy- Argentina

Objetive: to evaluate the drug, lercanidipina, in patients with hypertension and chronic renal insufficiency.

Materials and Methods: 30 patients (16 male,14 female) with an average age of 52 (46 -58)who had renal insufficiency (more than 1,4 mg/dl of creatinine in blood in men or 1,2 mgr/dl in women and/or creatinine clearance less than 80 ml/min).All patients received ACE inhibitors and/or AT1 blocker receptors in this study.None of them received diuretics and the controls were done at 1, 3,6 and 12 moths.

Results: : blood pressure was reduced from 155+/- 18 /95 +/-12 mm hg to 130 +/-12 /80+/- 6 mmHg.45% of the patients had normal blood pressure,9 patients had protoinuria of 3,2 +/- 1,2 gr/24 hs and it were reduced to 2,1 +/- 0,7 gr/24 hs. 80% of these patients achieved a blood pressure of 120/75. Creatinine in blood decreased from 1,9 +/- 0,3 to 1,4 +/- 0,2.In both sexes. the results were similar.No adverse reactions were detected and lercanidipina was well tolerated.

Conclusion: lercanidipina showed and effective reduction of the systolic and diastolic blood pressure and maintained effiency for 12 months. No collateral effects were observed, and renal function and proteinuria were improved.

P-11-34 | CARVEDILOL IN TREATMENT OF HIGH BLOOD PRESSURE IN ARTERIAL PATIENTS IN HEMODIALISIS

Dennis Bueno

Diaverum Jujuy- Argentina

OBJECTIVE: To evaluate the efficacy of carvedilol, as antihypertensive medication in patients with hypertension treated by hemodialysis.

Materials and Methods: were evaluated 15 patients (11Men-4Women) in hemodialysis treatment with a mean age of 53 years (18-80) who had hypertension predialysis

Results: Because of the income dialysis of the 15 patients evaluated were: 3 by glomerulonephritis, 3 per diabetic nephropathy with hypertension, 4 per Nephroangioesclerosis secondary to various causes and 6 per nephroangioesclerosis secondary to hypertension. 5 were medicated with enalapril, 3 enalapril and carvedilol, 3 with carvedilol alone (diabetic patients) and 4 with carvedilol, enalapril and barnidipin.All patients who were medicated with carvedilol, standardize their blood pressure after hemodialysis, while 3 of the patients taking enalapril failed to control the BP post dialysis. 5 patients with blood pressure controlled predialysis (4 diabetic) were medicated with carvedilol 25 mg / d.

Conclusion: good response was observed, tolerance and without side effects of carvedilol in treating hypertension in patients undergoing hemodialysis

P-11-35 | USING ROSUVASTATINA IN PATIENTS DISLIPEMICOS WITH RENAL FAILURE CHRONICLE IN HEMODIALYSIS

Dennis Bueno

Diaverum Jujuy- Argentina

OBJECTIVE: To evaluate the efficiency, tolerabiliy, side effects of 10 mg Rosuvastatin in patients with dyslipidemia in Hemodialysis.

Materials and Methods: We evaluated 20 patients (12 women and 8 men) with an average age of 56 years (48-66) with a time of dialysis average of 50 months (12-170). The diabetic population were 5 patients (2 women and 3 men). The time was 6 months evaluated with biochemical controls of Total Cholesterol, LDL, HDL, Triglycerides, GOT, GPT and medical abdominal pain, myalgia, diarrhea, nausea, asthenia, constipation, insomnia. The checks were conducted in the months 0, 2, 4 and 6 months. The dose of Rosuvastatin was 10 mg. The results were compared with 30 patients who received placebo with an average age of dyslipidemia and values similar to the study population.

Results: We note that total cholesterol decreased in a 42% vs. 24% placebo at the end of the study. The HDL improved by 32% vs. 6% in the placebo group. LDL improved 31% vs. 4% in the control group. The triglycerides improved 19% vs. 5% in the control group. The 15% presenting any side effect vs. 43% of the control group

Conclusion: Rosuvastatin demonstrated to be an effective and well tolerated drug for the treatment of dyslipidemia in Hemodialysis patients.

P-11-36 | EVALUATION OF SEXUAL FUNCTION IN MEN WITH BENIGN PROSTATIC HYPERPLASIA

Dr. Arroyo C. , Dr. Cedrés S. , Dr. Dufrechou C., Dr. Decia R. , Dr. Montes J.

School of Medicine - Pasteur Hospital - Uruguay

Multiple studies have demonstrated a true relationship between benign prostatatic hyperplasia (BPH) and erectile dysfunction (ED) (1)

OBJECTIVE: To evaluate the degree of sexual dysfunction in a population of men with benign prostatic hyperplasia (BPH) accompanied by lower urinary tract symptoms (LUTS), and to assess the correlation between sexual dysfunction and urinary symptoms and age.

Methods: Hospitalized men > 55 years were evaluated.They all received digital rectal examination by urologist and were evaluated through the International Prostate Symptom Score (IPSS), International Index of Erectile Function-5 (IIEF-5), and serum testosterone. ED was classified into five groups according to the scores: severe (1-7), moderate (8-11), mild-moderate (12-16), mild (17-21) and no ED (22-25). Regression analysis was used to determine the correlation among the variables.

Results: 52 patients were included. The prevalence of benign prostatic hyperplasia was 41/52 (RF= 0,92). The mean age of the patients was 68.23 years, the mean IPSS score was 19,2, and the mean IIEF-5 was 8.45. There were 45 cases of erectile dysfunction . There was statistically significant correlation between IIEF-5 scores and : age, serum testosterone, IPSS scores, BPH ($p< 0.05$). Serum testosterone did not correlate to IPSS score.

Conclusion: Results of this study suggest that age, serum testosterone, BPH and LUTS are risk factors of sexual function, and sexual dysfunction is closely related to the severity of LUTS. This makes a direct association between male ED and BPH, supports the theory that the association between the two pathologies could be due instead to the common link of ageing.We recommend further studies, preferably of a longitudinal and/or qualitative character, to gain a more profound understanding of the interaction, probably multifactorial, between them.

References: (1) Morales A, Heaton JPW. Hormonal erectile dysfunction: evaluation and management. Urol Clin North Am. 2001;28:279-288.

P-11-37 | IMPROVEMENT OF SEXUAL FUNCTION IN MEN WITH PARCIAL ANDROGEN DECLINE AFTER ANDROGEN REPLACEMENT THERAPY

Dr. Cedrés S. , Dr. Arroyo C. , Dr. Dufrechou C.

School of Medicine. Pasteur Hospital – Uruguay

Introduction: The decrease of plasma testosterone (T) in old age may be inherent to the aging process or secondary to environmental factors. This is called "PADAM" (Partial Androgen decline in the aging male), defined as bioavailable testosterone (BT) < 0,75 ng/ml(1). The Androgen replacement therapy has demonstrated great improvement of quality of life and sexual function (2).

Methods: We determined plasma T, luteinizing hormone (LH) and calculated the BT of patients that consulted for sexual dysfunction without severe prostatic disease, and not using potentially interfering medications. The aims were to determine the presence of PADAM, to find a relation with chronic illness, to study the changes in sexual function and to determine the presence of adverse effects (benign prostate hyperplasia, polycythaemia, changes liver function tests or in lipids test) after 6 injections of Testosterone enanthate (250 mg) in oil vehicle deep intramuscular. Sexual function was assessed with the International Index of Erectile Function and the Sexual Desire Test at baseline and after treatment.

Results: 92 patients consulted for sexual dysfunction, and 72 had PADAM (mean age 58 years). There were considerable comorbidities : 54/72 (FR=0.75) stress, 51/72 (FR=0.70) type 2 diabetes, 50/72 (FR=0.69) smokers, 48/72 (FR=0.67) social alcohol ingestion, 28/72 (FR=0.39) cardiac failure, 10/72 (FR=0.14) renal insufficiency and 49/72 (FR=0.68) overweight. The duration of sexual complains was on average 2.5 years. 70/72 were hipergonadotropic hipogonadism (high LH). In all patients serum testosterone levels were restored to normal within 4 weeks. All of them reported a significant improvement in all domains of erectile function and sexual desire after treatment (p<0.005 - Wilcoxon pairs range test). After treatment, no significant changes were noticed in serum PSA, liver function, lipids tests, haemoglobin or haematocrit.

Conclusions: All patients with sexual dysfunction need to be screened for hipogonadism. Testosterone supplementation improves sexual function in all of them.

References: 1. Harman SM, Metter EJ, Tobin JD, Pearson J, Blackman MR. Longitudinal effects of aging on serum total and free testosterone levels in healthy men. J Clin Endocrinol Metab 2001; 86: 724 - 731.

2. Vermeulen A. Androgen replacement therapy in the aging male. A critical evaluation. J Clin Endocrinol Metab 2001; 86: 2380 - 2390.

P-11-38 | HEALTH- RELATED QUALITY OF LIFE AND ERECTILE DYSFUNCTION IN STROKE POPULATION OF MEN

Cedrés S.; Dufrechou C; Franco I.

School of Medicine. Pasteur Hospital- Uruguay

Background: Sexual problems and poor quality of life have been a common finding in chronically ill and physically disabled patients such as those with strokes. Previous studies have supported the association between stroke and erectile dysfunction (ED) (1).

OBJECTIVE: To investigate the health related quality of life (HRQoL) and characteristics of sexual function in patients with stroke 6 month after the hospitalization and to look for the relation with: gender, marital status, severity and nature and topography of stroke, disability, depression and cognitive status.

Methods: Patients were evaluated 6 month after the stroke. HRQoL was measured through the SF-36 questionnaire. ED by the 5-item version of the International Index of Erectile Function . Severity of stroke through Canadian Stroke Scale, Nature and topography according to tomography findings, disability through Bartel Index, Depression according to Hamilton Scale and Cognitive Status through the Mini Mental State Examination de Foldstein.

Results: A total of 31 patients ages from 55 to 78 years were involved The severity of sexual dysfunction increased as the scores of the scales of the SF-36 decreased (chi(2)-test statistic; p<0.001). It was demonstrated a statistic relation (chi(2)-test statistic; p<0.001). between erectile dysfunction and the following characteristics: isquemic stroke, dominant lobule, depression (mild, moderate or severe) and disability (moderated or severe).

Conclusion: Our study findings revealed a great prevalence of ED in stroke patients. We found a clear pattern of negative association between self-perceived sexual function and HRQoL. Post-stroke rehabilitation care helps to improve it.

References: (1) Marinkovic SP, Badlani G. Voiding and sexual dysfunction after cerebrovascular accidents. J Urol 2001;165: 359-70.

P-11-39 | CLINICAL CHRACTERISTICS OF PAUCI-IMMUNE GLOMERULONEPHRITIS

Münzenmayer Jorge, Barra Eduardo.

Faculty of Medicine-Universidad de Concepcion, Chile

FOREWORD: histologically the pauci-immune glomerulonephritis (PIGN) is presented with extracapilary crescients, negative immunofluorescence and can exist glomerular necrosis. It is associated with positive ANCA vasculitis, several entities: Wegener's granulomatosis, microscopic poliangiitis, vasculitis limited to the glomerulus, among others. Its clinical presentation is polimorfa, usually with a fast progression to end stage renal disease and severe life-threatening sometimes.

Materials and Methods: we studied retrospectively 34 cases (PIGN) diagnosed in the last 17 years at Regional Hospital in Concepcion. We analyzed clinical, biochemical, immunological, histopathological, treatment and outcome. Excel Office.

Results: 29 women (85%), average 57 years old (15 - 82). Clinical presentation: general commitment (GC) (fever, weight loss, fatigue, adinamia) 74%, hemoptysis and respiratory symptoms 32%, neurological damage (paresia and paresthesia) 24%, digestive symptoms (anorexia, nausea, vomiting) and gross hematuria 23%, 15% skin. Income creatinine: 5.1 mg% (0.7 - 14.9), only 8.8% were normal. Microhematuria and proteinuria were present in all cases, five nephrotic proteinuria. ESR average 110 mm / h (44 - 150), p-ANCA positive in 70%, 3% c-ANCA, both negative and 18%.

Pulmonary infiltrates in 41% of thorax X-Ray, 56% of biopsies were over 50% with crescentic proliferation. All were treated with methylprednisolone, cyclophosphamide and prednisone. 58% with creatinine greater than 4.5 mg% at the beginning, recovered renal function. Observation average time 46 months (5 - 209), 6 patients died finally (pneumonia, carcinoma, pulmonary hemorrhage), and five remain on dialysis. The actuari! al survival rate free of dialysis was 81% at one year, 77% in 2 years and 69% in 5 years. Two patients relapsed: 162 and 2 months after therapy. No parameter analysed shows statistical significance in relation to prognosis.

Discussion: PIGN have nonspecific clinical presentation, which dominate GC symptoms associated with rapidly progressive renal failure, active urinary sediment, high ESR and ANCA (+) suggest this entity. Overall, the histologic diagnosis was delayed (5.1 mg creatinine% at admission). Relapse can occur at any time and requires ongoing monitoring. The response to the treatment was not determined by any specific parameters, however, that intervention enabled a high survival kidney.

P-11-40 | HYPERNATREMIA: A FRECUENT SITUATION IN HOSPITALIZED PATIENTS

Verges J., Babbino V., Quintana B., Abdala Yáñez A.

Hospital General de Agudos Teodoro Alvarez. Buenos Aires. Argentina.

Background: normal sodium (Na+) levels (135-147 mEq/L) have narrow boundaries, alterations on Na+ concentration beside these limits are capable of producing pathologies unrelated to the primary cause of the Na+ alterations. Although the most common disorder in Na+ levels is hyponatremia (Na+ <135 mEq/L), is not unusual finding hypernatremia (Na+ >147 mEq/L) in patients from intensive care units (ICU). This situation requires daily control, state of alert from the physician and fast correction of level Na+ concentration.

AIMS: this report aims to determine incidence, and mortality rate in ICU patients with hypernatremia.

Material and Methods: 35 individuals were admitted in Hospital with hypernatremia (64.4±16,8 years, 60% male) from April 2007 to June 2008. Following variables were recorded, age, sex, Na+. Normal values for Na+ in mEq/L were accepted according to the international standards. Statistical analysis: differences between characteristics of participants were analyzed using Student's t and chi-square or Fisher's exact tests, depending on the nature of variables. Two-sided p<0.05 was considered statistically significant.

Results: the study cases were distributed as follows: group 1 (G1) 26 patients that died, group 2 (G2) 9 patients that survived. Mortality rate: 74%; G1: age and sex: 64±18, male 54%, G2 age and sex: 58±16, male 67%. There was no significant difference regarding age and sex between G1 and G2 (p=0.2, and 0.7 respectively). Sodium levels in patients from G1 varied between 150-173 mEq/L, G2: 150-158 mEq/L. There was a significant difference in mortality rate related to high levels of hypernatremia (G1 vs G2 p<0.04). There were no significant differences regarding total hypernatremia duration in patients from G1 vs G2.

Conclusion: hypernatremia is not a rare situation in Hospital patients. This research shows a higher mortality in patients with more elevated levels of hypernatremia. Neither was any association between patient's age and sex, and the development of hypernatremia, which is usually inadequately treated, or lately detected. Medical education is the most important condition for hospital-acquired hypernatremia's early diagnostic and treatment. The accurate choice of the fluid type is the cornerstone for a adecuate treatment.

P-11-41 | HYPERKALEMIA AS A CONSEQUENCE OF THE USE OF SPIRONOLACTONE AND ACE INHIBITORS IN SEVERE HEART FAILURE

Figueiredo, Felipe

Universidade Federal do Estado do Rio de Janeiro- UNIRIO-; Brazil

Introduction: Heart failure (HF) is one of the priorities of World Health Organization with regard to chronic diseases. It is estimated that there are about 15 million people, worldwide, affected by HF, and it is the leading cause of hospitalization of adult population.This is reflected in 5% of total admissions, excluding pregnancy, childbirth and puerperium. This clinical review aims to confront theories and medical articles regarding the use of spironolactone in this condition.

Material and Methods: In this medical literature review, several articles were selected, each one with its perspective on the treatment of severe heart failure and among the various peculiarities of each drug, focused on the association of spironolactone inhibitor and angiotensin-converting enzyme (ACE) and its possible deleterious effects.

Results: It is known that aldosterone plays important role in the development of fibrosis, both in the remodeling of systolic HF and in the development of left ventricular hypertrophy (LVH). In the study "Randomized Aldactone (spironolactone) Evaluation Study for Congestive Heart Failure (RALES)", the patients in the placebo group with the highest serum markers of collagen degradation had the worst developments, but that was the best response to spironolactone therapy. Among patients who had been hospitalized for heart failure, the frequency of prescription of spironolactone was 34 per 1000 patients in 1994 and has risen immediately after the publication of RALES study, to 149 per 1000 patients in 2001. At the same time, the frequency of hospitalization for hyperkalemia increased from 2.4 per 1000 patients in 1994 to 11 per 1000 patients in 2001.

Discussion: Looking up the reason of these hospitalizations by hyperkalemia, we see that also had been prescribed ACE inhibitors for these patients, which, in combination with spironolactone, can attend persistent and deadly hyperkalemia.

Conclusion: The use of spironolactone in a low dose (25mg/day) is beneficial, acting directly in reducing morbimortality of HF and should only be emphasized the importance of monitoring serum potassium, when used in combination with ACE inhibitors.

P-11-42 | INFLUENCE OF ERYTHROPOIETIN THERAPY ON SERUM PROHEPCIDIN LEVELS IN DIALYSIS PATIENTS

Arabul, Mahmut; Gullulu, Mustafa; Yilmaz, Yusuf; Ali Eren, Mehmet; Baran, Bulent;

Uludag University Medical School, Bursa. Turkey

Background: Anemia is a common finding in dialysis patients. Recent evidence has accrued that hepcidin, an iron regulatory peptide, may play a crucial role in the pathophysiology of this condition. In this study, we sought to investigate the effect of erythropoietin (EPO) therapy onserum levels of prohepcidin - the pro-hormone of hepcidin - in patients with end stage renal disease (ESRD) undergoing chronic dialysis treatment.

Materials and Methods: A total of 40 ESRD patients with renal anemia receiving either hemodialysis or peritoneal dialysis were included in this study. Patients were randomly allocated to EPO (subcutaneous 2000 ug three times weekly) plus parenteral iron (n = 23) or parental iron only (n = 17). Serum prohepcidin levels were measured before and at the end of the study.

Results: Both groups were comparable in their demographic and aboratory characteristics. No significant differences were found in hemoglobin, hematocrit, iron store indices and serum levels of prohepcidin at the study entry. A significant increase in both hemoglobin and hematocrit as well as a decrease in serum prohepcdin level were evident in the EPOgroup at the end of the 6-month follow-up in comparison to their values at the study entry compared to the control group ($P < 0.01$).

Conclusions: We conclude that EPO therapy - besides enhancing erythropoiesis - modulates serum prohepcidin levels in dialysis patients. **Key Words:** end stage renal disease; dialysis; anemia; erythropoietin; hepcidin.

P-11-43 | THERAPEUTIC INTERVENTIONS FOR CHRONIC INFLAMMATION IN HEMODIALYSED PATIENTS

Tirlea, Felicia; Bako, G.; Farcas, Dorina María.; Burta, Ligia.; Burta, O.
City Hospital of Oradea, Internal Medicine Department Faculty of Medicine and Pharmacy of Oradea. Romania.;

Aim: Patients undergoing chronic hemodialysis have a chronic inflammatory syndrome, which represents nowadays a major cardiovascular risk factor.We evaluated the effect of ACE inhibitors and statins on the markers of inflammation.

MATERIAL AND Method: The study included 60 patients in hemodialysis , with normal or elevated blood pressure, who didn't use Ace inhibitors or statins before.We evaluated:the proinflammatory cytokine TNF-alpha(Elisa chemoluminescence,R&D Systems, Minneapolis), blood pressure, C reactive protein, alpha 1, alpha 2 globulins, total cholesterol, LDL, HDL-cholesterol, triglycerides. Then patients were divided in 2 groups: one received Perindopril 2 mg/48h , the other Perindopril 2 mg/48h and Simvastatin 20 mg/day, one month. We evaluated TNF alpha after the first dose, at 14 days and at one month. At the end the other parameters were measured again.

Results:TNF had increased values in all hemodialysed patients:25,72+/-1,36 pg/ml(normal values! 2,9+/-0,8 pg/ml). After the first dose(in both groups), there was only a slight decrease of TNF;23,44+/-1,18 pg/ml. After 2 weeks, TNF value in group 1 was 16,43+/-0,82 pg/ml and 15,11 +/-0,98 pg/ml,respectively At the end of therapy, TNF value in first group was 11,69+/-0,52 pg/ml and in the other 9,74 +/-0,59 pg/ml. The BP was elevated in 24 patients; it decreased from 163,33/97,66 mmHg to 136/81,33 mmHg. In group 2 , with patients with dyslipidemia , cholesterol level became normal in 40% of patients, LDL-chol in 50% and the HDL- chol didn't change. CRP was measured semiquatitative; it was found elevated in 55% of patients and it was normalized in 22% of patients from group 1 and in 28 % of patients from group 2.

Conclusions:TNF alpha is a very sensitive marker of chronic inflammation, being found elevated in all hemodialysed patients; ACE inhibitors and statins decrease these values, with the best results in the group with combined therapy. The overall decrease w! as with 55% in group 1 and 62,2% in group 2. CRP and lipids had improvements in their values, with better results in the group with combined therapy.

P-11-44 | NEPHROTIC SYNDROME AS INITIAL MANIFESTATION OF SYSTEMIC LUPUS ERYTHEMATOSUS.

Rodrigues Pereira, Antonio.; Oliveira, C.; Contreras, R.; Lemos Costa, Carla.; Gomes, Marta.

Hospital Santa María Maior. Barcelos; Portugal.

Introduction: The Nephrotic Syndrome may occure in association with a wide variety of primary and systemic diseases. In adults, approximately 30 percent have a systemic disease such as systemic lupus erythematosus(SLE), diabetes mellitus or amyloidosis. We report a case of a 24 year-old woman with a lupus nephritis.

Description: A 24 year-old woman with a history of depression (diagnosed one year early), exsmoker and a voluntary interruption of pregnancy(two years early). She was medicated with mexazolam 1mg and oral contraceptive. She have history of LES in family (her mother). She was admitted in the hospital with anasarca. First noticed in lower extremities followed by progression over 8 days to anasarca. She presented a normal vital signs. Heart sounds are normal and pulmonary auscultation are normal. Abdominal distension, exuberant edema of lower extremities and periorbital edema. Laboratory exams revealed creatinine and urea in plasma normal; hypercholesteremia (296mg/dl), hypoalbuminemia (2,3g/dl), proteinuria (7.4g/24h), decrease of immunoglobuline(A,G and M); presence of antinuclear antibodies (stippled pattern in titers higher than 1/640); positive anti-ds-DNA and Anti-SS-a , consumption of the complement C3 fraction and crioglobulinemia. Serology for Syphilis, Hepatitis B, Hepatitis C and HIV 1 and 2 were negative. The chest x-rays, kidney ultrassound, electrocardiogram and echocardiogram were normal. Computed tomography of chest, abdomen and pelvis revealed small pleural effusion bilateral and mild hepatomegaly homogeneous and moderate ascites. Renal biopsy showed a lupus nephritis in classe IV. The patient is making monthly pulses of cyclophosphamide and prednisolone 60 mg per day. It is in the fifth month of treatment Actually she presents a regression of proteinuria (3.6 g/24 hours), but an increase of hypercholesterolaemia (348 mg / dL) and hypertriglyceridemia (397/mg/dL). In spite of creatinine clearance is 95,8 ml/minute.

Conclusion: This patient presented as the initial manifestation of SLE the nephrotic syndrome. The lupus nephritis is one of the most serious manifestations of SLE because it is a major cause of mortality in the first decade of the disease. As a group, approximately 20 % of patients with lupus nephritis will reach end-stage disease, requiring dialysis or transplantation.

P-11-45 | SEVERE DULOXETINE-INDUCED HYPONATREMIA WITH NO EVIDENCE FOR A INAPPROPRIATE ANTIDIURETIC HOMONE SECRETION (IASH) MECHANISM

R. Zaccaria, A. Milani

Institute of Patologia Medica - Università Cattolica S. Cuore - Rome - ITALY.

The occurrence of severe hyponatremia (*) is a well-known side-effect of selective serotonin reuptake inhibitors (SSRI), and it has been occasionally reported also in patients treated with duloxetine, a second generation selective dual (serotonin-norepinephrine) blocker (SNRI). The involvement of an inappropriate antidiuretic hormone secretion (IAHS) mechanism has been usually assumed to explain the phenomenon. Hereby we describe the case of a severe Duloxetine-induced hyponatremia, whose clinical features appear however incompatible with the occurrence of an IAHS mechanism.

Case Report: a 75-year-old woman, hospitalized for ischemic cardiomyopathy, with history of depression and a previous episode of mild hyponatremia induced by paroxetine, was rechallenged with a low-dose (30mg bid) duloxetine regimen. Two days later she progressively developed fatigue, emesis, polydipsia, dizziness, disorientation and lethargy. Brain CT-scan was normal. Blood investigations revealed severe hyponatremia (110 mEq/l) and serum hypo-osmolality (257 mOsm/Kg H2O). Urine density (1005), osmolality (86 mOsm/kg), and sodium excretion (39.2 Meq/24 h) were within the normal levels, as well as renal function tests and ADH serum levels (3.3 pg/ml). After discontinuation of duloxetine treatment and fluid intake restriction, the patient progressively recovered, with a complete disappearance of symptoms and return to normal plasma sodium levels in six days. The patient was discharged, uneventfully, a week later.

Discussion: the observed low values of urine density, osmolality and sodium excretion, along with normal ADH serum levels, are incompatible with the hypothesis of an inappropriate antidiuretic hormone secretion mechanism (IASH) in determining the observed Duloxetine-induced hyponatremia. Our data provide therefore new clues to consider mechanisms different from IASH in explaining the occurrence of hyponatremia associated to the administration of SSRI and SNRI. Our findings confirm however the opportunity that all patients beginning any SSRI or SNRI treatment should be closely monitored for clinical or laboratory evidence of hyponatremia. (*) - Lane R.M. Br. J.Clin Pract. 1997; 51: 144-6 - Maramatton B.V. Neurology 2006; 66: 773-4.

P-11-46 | DO EXIST THE DIFFERENCES IN PLASMA LEVELS OF NT-PROBNP AND BIG ENDOTHELIN BETWEEN PATIENTS WITH END-STAGE RENAL DISEASE UNDERGOING HAEMODIALYSIS AND CONTINUOUS AMBULATORY PERITONEAL DIALYSIS?

Ludka O, Spinar J, Pozdisek Z, Vitovcova L, Sobotova D, Spinarova L, Musil V, Vitovec J, Tomandl J

Cardiology Department, University Hospital Brno, Czech Republic

Background: Plasma levels of brain natriuretic peptide (BNP), N-terminal fragment of brain natriuretic peptide (NT-proBNP) and big endothelin are elevated in cardiovascular diseases such as congestive heart failure. Although, they are known to be increased in hemodialysis patients, little is known about plasma BNP, NT-proBNP and big endothelin in patients undergoing continuous ambulatory peritoneal dialysis. **Aim:** To evaluate differences in neurohumoral activation between patients with end-stage renal disease undergoing haemodialysis and continuous ambulatory peritoneal dilaysis. Patients: Ninety nine patients with end-stage renal disease enrolled in regular hemodialysis program and eighteen patients with end-stage renal disease treated by continuous ambulatory peritoneal dialysis.

Methods: clinical evaluation, echocardiography, biochemistry including NT-proBNP and big endothelin.

Conclusion: In patients treated by peritoneal dialysis significantly higher number of individuals ! had normal levels of NT-proBNP than in group treated by hemodialysis (56% opposite 3%). Patients with preserved left ventricle systolic function treated by peritoneal dialysis had lower plasma levels of NT-proBNP, which can demonstrate lower hemodynamic stress caused by this type of dialysis. This type of hemodialysis could be more often used in patients with congestive heart failure.

P-11-47 | MIRTAZEPIN: A RARE CAUSE OF HYPONATREMIA

Mehmet Yildiz,Neyran Kertmen,Ceyhun Varim ,Nevzat Iliman

Second Department of Internal Medicine , Diskapi Education and Research Hospital , Ankara , TURKEY

The incidence of hospitalization for hyponatremia is about 1- 2.5 % and as high as 11.3% in geriatrics clinics .In the elderly, this condition is due to accompanying heart diseases, liver failure, decreased glomerular filtration, disordered water metabolism and polypharma.

Case: A 61-year-old female patient was admitted to our clinic after an amputation procedure due to a diabetic foot. The treatment comprised the use of proton pump inhibitor, antiacids, crystallized and NPH insulin, pentoxıfyllın, bencyclane fumarate, thyroxine sodium, bifosfonat, calcium, enoxaparine sodium, and laxatives .The patient was agitated and on psychiatric consultation, was diagnosed with adaptation disorder and started on mirtazepin. At the beginning of the treatment, sodium (Na) values were normal (141 mmol /l); however, in the first week of the treatment, a significant decrease (110 mmol /l) was noted in the Na levels. The patient developed a tendency to sleep and confusion associated with decreased Na. Mirtazepin was immediately withdrawn, and the patient was started on total parenteral nutrition and Na infusion. During the following 20 days, Na values gradually improved (130 mmol/l)

Discussion: Most agents such as diuretics, agents for cardiac events, insulin, oral antidiabetics, antibiotics, antiepileptic drugs, chemotherapeutics, antidepressants, laxatives may lead to hyponatremia. Our patient had poor general condition and additional disorders. However, all of the sodium values of the patient were normal. One week after mirtazepin treatment was started, a marked decline in the sodium level of the patient was noted. Seratonin reuptake inhibitors (SSRI) usually increase ADH secretion through alpha 1 or seratonergic stimulation and lead to inappropriate ADH syndrome. Another potential reason is that SSRI increases osmoreceptor sensitivity and decreases the salt and water retention capability of the kidneys. Patients who are started on mirtazepin should be monitored for electrolytes. Particularly in the first week, there is a higher risk of hyponatremia. If Mirtazepin is held responsible for the etiology, it should be withdrawn immediately. Because in elder patients, the effects of the drugs may be exaggerated due to accompanying disorders and organ failure, few studies have shown the relationship between the drug use and electrolyte imbalance in this population.

P-11-48 | EFFECT OF FLUSVASTIN ON SERUM PROHEPCIDIN LEVELS IN PATIENTS WITH END STAGE RENAL DISEASE

Mahmut Arabul, Mustafa Gullulu, Yusuf Yilmaz, Ibrahim Akdag, Mehmet A Eren

Uludag University Medical School, Department of Internal Medicine, Bursa, Turkey

Objectives: Anemia, low grade inflammation and/or alterations in lipid metabolism are common findings in individuals with end stage renal disease (ESRD) despite advances in dialysis treatment. Hepcidin, a key regulator of iron metabolism, may play an important role in the interdependence of inflammation and anemia in ESRD patients. Statins may reduce cardiovascular events in dialysis patients and have pleiotropic effects in addition to lowering total and low-density lipoprotein (LDL)-cholesterol.

Design and **Methods:** Because there is a paucity of data on the effect of statins on serum prohepcidin levels in dialysis patients, this 8-week study was conducted to test the effect of fluvastatin (80 mg/day, n = 22) compared with placebo (n = 18) on circulating serum prohepcidin, a prohormone of hepcidin, and high sensitive C-reactive protein (hs-CRP) in dyslipidemic ESRD patients with renal anemia.

Results: Fluvastatin treatment decreased total cholesterol ($P < 0.05$), LDL-cholesterol ($P < 0.01$), hs-CRP ($P < 0.05$) and serum prohepcidin levels ($P < 0.05$) significantly.

Conclusion: Our pilot data suggest that short-term statin treatment may exert a beneficial effect on serum prohepcidin levels in ESRD patients. The potential clinical benefits of statins on renal anemia need to be confirmed and expanded with an appropriately powered long-term study.

Keywords: Anemia; Inflammation; End stage renal disease; Prohepcidin; Statins

P-12-01 | COEXISTENCE OF BEHCET´S DISEASE AND VITILIGO AND HASHIMOTO´S THYROIDITIS: A CASE REPORT

Yildiz, Mehmet; Kertmen, Neyran; Gonulalan, Gulsum; Tuncer, Asli
Second Department of Internal Medicine, Diskapi Education and Research Hospital, Ankara; Turkey

Behçet's disease is a vasculitis of unknown origin. Our patient had Behcet's disease and leukocytoclastic vasculitis as well as coexisting vitiligo and Hashimoto's thyroiditis (HT). Literature reveals no cases with coexistence of these entities.

Case: A 60-year-old female patient was admitted to our clinic with echymotic and pupuric lesions and edema in both feet. The physical examination revealed vitiligo particularly in the upper extremities. The evaluation of the biopsy specimen obtained from the skin lesions of the patient was compatible with leukocytoclastic vasculitis. Because of aphthous ulcerations in her mouth and Behcet's disease in both her children (one child had visual loss associated with the disease), the patient was suspected for Behcet's disease. The patient was clinically diagnosed with Behcet's disease and the skin lesions were attributed to the disease. The patient was tested for thyroid functions considering the vitiligo in the upper extremities in particular. Based on the results of the tests ,the patient was suspected for HT and replacement therapy was initiated.

Discussion: Cutaneous lesions are an important feature of BD and are defined by both the International Study Group and the Research Committee of Japan for BD as a major criterion for the diagnosis of BD. However, other cutaneous manifestations including Sweet's disease-like lesions, erytherma multiforme-like lesions, palpable purpura and extragenital ulcerations may occur in BD. Although immune-complex mediated leukocytoclastic vasculitis has beendemonstrated by some investigators, others have demonstrated lymphocytic vasculitis in a developing papulary lesion. Our patient had Behcet's diseaseaccompanied by HT and vitiligo. Vitiligo is a pigmentation disorder characterized with melanocytes destruction with an incidence rate of 0.5-2% of general population. It may be accompanied with autoimmune disorders such as adrenal deficiency, pernicious anemia, diabetes ! mellitus, and thyroid diseases. Earlier studies have shown that vitiligo patients have a genetical predisposition forth HT , and A locus on chromosome 1 (A1S1) has been held responsible. Literature reveals no reports of Behcet's disease and vitiligo and Hashimoto's thyroiditis. The coexistence in our patient may be coincidental as well as developing on an autoimmune basis.

Key Words: Behcet's disease,vitiligo,Hashimoto's thyroiditis

P-12-02 | ANTIPHOSPHOLIPID SYNDROME EXPERIENCE OF AN INTERNAL MEDICINE DEPARTMENT

Freitas, Sara; Cunha, Pedro; Alves, Gloria.; Cotter, Jorge;
Internal Medicine Department - Guimaraes Hospital- Portugal

In between 1/1/2004 and 31/12/2007 we studied 36 cases of Antiphospholipid Syndrome (APS). We evaluated each patient's sex, age, diagnostic criteria, classification, concomitant thrombophylia and evolution. The global average age was 40 years old (21 to 69 years); 92% were women, with an average age of 40 years and 8% were male with an average age of 36 years.

The diagnostic was defined according to the SAPPORO criteria. We registered the following Clinical Criteria: 12 venous events (2 ileofemural, 5 poplyteal, 4 cerebral, 1 portal vein thrombosis); 22 arterial thrombosis (18 cerebral, 2 coronary and 3 pulmonary events); 8 cases of unexplained death at >10 weeks gestation (WG); 2 cases of >1 premature birth <34 WG; more than 3 embryonic (<10 WG) pregnancy losses – 1 case.

Regarding the Laboratory Criteria we had: 30 patients with Positive Anticardiolipin Antibody; 12 with Positive Antiglycoprotein Antibody; 10 with Positive Lupus Anticoagulant Test. From the 36 cases, 21 wer! e primary and 15 secondary APS. Of the 15 patients with secondary APS 12 had Systemic Lupus Erythematosus (SLE); 2 had Overlap Syndrome (SLE+Sjögren's Syndrome; Systemic Sclerosis+Polymyositis) and 1 had CREST Syndrome.

Of all APS, 9 cases (25%) had concomitant thrombophylia: 2 with homozygotic mutant MTHFR thermolability; 2 with heterozygotic MTHFR thermolability; 2 with deficiency of Protein S; 2 with heterozygotic gene Factor V Leiden; 1 with heterozygotic Prothrombin gene+MTHFR thermolability.

After being diagnosed with APS and with beginning oral anticoagulants, 2 patients got pregnant. One patient had 2 term gestations and 1 fetal loss (<10 WG) and, the other one had 1 term gestation. Two patients had one new thrombotic event (deep venous and subdural venous thrombosis).

P-12-03 | IBUPROFENINDUCED MENINGITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS

Lopes de Almeida, Marcela; Papais Alvarenga, Regina María; Lopes de Moraes, Thalyta; Angelo Rosa, Camila; Loureiro Ramos, Helena.
Universidade Federal do estado Rio de Janeiro (UNIRIO) Río de Janeiro; Brasil

The available data suggest that nonsteroidal anti-inflammatory drugs (NSAID)-related meningitis develops in individuals rendered susceptible by an underlying autoimmune disorder who were previously sensitized or had a natural immunity to the drug. Systemic lupus erythematosus (SLE) stands as the single most frequent underlying condition associated with drug-induced aseptic meningitis (DIAM). A specific cell-mediated immunity to ibuprofen has been described in patients with SLE who had not been previously exposed to this drug.

Methods: We report a SLE case with recurrent NSAID meningitis.

Case Report: A 23 years old, female, with SLE about 6 years, in use of chloroquine and prednisone presented headache, nausea and vomiting for the period of one week, and only one episode of low fever, all symptoms did not relief with oral analgesics (dipyrone). She decided to be attended in an emergency room by the severity of the headache. The physical examination at admission was normal except for stiffness of neck. White blood cell count was 11.300 cells/mmᶾ; glycemia - 70mg/dl.

The cerebrospinal fluid (CSF) showed 203 cells (75% neutrophils, 25% monocytes), protein - 69mg/dl, glucose - 34mg%, negative cultures to bacterial, fungal and tuberculosis and negative testes to viral diseases and parasitosis. The patient received a third-generation cephalosporin, and after 24hours the blood test and the CSF were normal and she was asymptomatic. Two recurrence of the meningitis with the same clinical and laboratorial features occurred: after 50 days and one week l! ater the second. In this occasion the patient recorded the use of ibuprofen for arthralgia at onset of the three episodes. Patient reported that in the third episode, had made use of ibuprofen 2 hours before the start of symptoms.

Conclusion: the possibility of DIAM could be considered in patients with neutrophilic meningitis and negative CSF culture, especially in the presence of an underlying autoimmune disorder, like LES.

P-12-04 | INTRARENAL COLOR DOPPLER SONOGRAPHY IN STUDYING PATIENTS AFFECTED BY SYSTEMIC SCLEROSIS

Sprenadeo, M.; Sperandeo, G.; Muscarella, S.; Macarini, L.; Vendemialel, G
Scientific Institute"Casa Sollievo della Sofferenza" Hospital, S. Giovanni Rotondo. University of Foggia, Foggia. Italy

Introduction: Systemic sclerosis is a generalized disorder which affects the connective tissue of the skin and internal organs and is associated with alterations of the microvasculature. Scleroderma renal crisis involves almost 50% of patients with a 25% of which developing renal failure. In our study we evaluated utility of intrarenal quantitative parameters (Resistive Index: R.I.; Pulsatility Index: P.I.) during renal color Doppler sonography, as possible prognostic indicators of renal involvement in systemic sclerosis.

Material and Methods: In a period of 60 mounths, we examinated 78 patients (65 females and 13 males) affected by systemic sclerosis and 100 controls. All subjects underwent intrarenal color Doppler sonography with evaluation of R.I. and P.I. every 12 mounths. We then correlated these parameters with renal functional values (creatinine clearance and GFR), microalbuminuria and urine test. **Results:** In 52 patients (47 females and 5 males) in respect to controls R.I. (0.83±0.08 vs 0.58±0.04) was significantly higher ($p<0.05$). There was no statistical difference in P.I. between patients and controls.

Discussion: Even if our preliminary findings have to be confirmed in larger patient groups, our results suggest that evaluation of R.I. by color Doppler sonography in patients with systemic sclerosis could allow a selection of those patients at risk of developing renal vascular involvement and, by consequence, renal crisis as a complication of systemic sclerosis.

P-12-05 | OVERLAP SYNDROME: CASE REPORT

Ferreira, Isabel; Magalhaes, Sandra; Joaquim, Ana.; Silva, Dulce.; Alves, Manuela

Sao Sebastiao Hospital, Portugal

Introduction: An overlap syndrome is defined by a constellation of symptoms that constitute a true autoimmune syndrome.

Case Report: A 49-year-old woman went to an Internal Medicine consultation in January 2007 because of asymptomatic crackles on pulmonary auscultation. She has had photosensibility for 15 years, symmetric polyarthralgias and morning stiffness for four years, and skin alterations (erytema, pruritus and desquamation) for eight months.

She was medicated with metrotrexate and corticoid and the complementary study revealed: elevated rheumatoid factor, anti-SSA, ANA and anti-jo; symmetric malalignment and destruction of some metacarpophalangeal joints; presence of bushy capillaries at capillaroscopy; and bilateral interstitial lung disease, with lynphocytes T CD57 positive and histological aspects compatible with chronic eosinophilic pneumonia.

In March, she had dyspnea, non productive cough and the same skin alterations; the joint complaints were significantly better. In June, metrotrexate was suspended because of the respiratory worsening, and in October, after hospitalization beca! use of dyspnea and respiratory failure, she was medicated with oxygen and cyclofosfamide. In the last visit in January 2008, she was cushingoide, with no joint complaints, but an evident Raynaud phenomenon and exuberant respiratory picture, with dyspnea, cough and digital hipocratism, with permanent oxygentherapy need.

Conclusion: This patient was diagnosed with a systemic lupus erythematosus, rheumatoid arthritis and dermatomyositis overlap syndrome.

The case is reported as an example of the multiplicity of clinical presentations of autoimmune diseases and it represents the difficulty, and the art, of diagnosing and managing this type of situations.

P-12-06 | WHY RHEUMATIC PETIENTS DO BETTER IN CLINICAL TRIALS THAN IN REAL IFE?

Berghea, F.; Marinescu, M.; Mihai, C.; Biro, A.; Balanescu;A.
Rheumatology, SF. María, RCRD, Rheumatology, Carol Davila University, Bucharest, Rheumatology, UMF, Tg. Mures, Romania

Background: Randomized Clinical Trial (RCT) is in the top of evidences pyramid because it offers the best prediction of the effects produced in a target population by a certain intervention. The current approach assesses the quality of evidence obtained from clinical trials on three dimensions: quality of the design, statistical power and level of significance. A major limit of RCT is related to the difficulty to interpret or generalize the results because the studied population might be or act very different in RCT settings and "real life". It was postulated that patients placed in a RCT settings react to these and change their health related behavior compared with normal life; this change could be responsible for drug efficacy gap between RCT and "real-life". **Objectives:** We intended to identify the most important patient-observed RCT attributes that could modify the health behavior of RCT volunteers. **Methods:** We inventoried 18 RCT attributes susceptible to change the volunteers' behavior in a RCT setting. Then 22 rheumatologists experienced in clinical trials ranked these attributes, scoring high when an attribute was considered very different (in amplitude or frequency) in RCT settings vs. real life. Nine items formed a compact group receiving the highest scores: closer medical monitoring, superior information, access to the newest therapies, superior doctor-patient communication, superior methods to ensure a timely and precise administration, much affordable treatment regime, superior attention paid to adverse reaction, more trustful doctors, positive excitement due to a brand new treatment. For each attribute X we developed three questions to assess: the presence of X in the RCT, the effect of X on health behavior during the RCT, the effect of X on the health behavior in real-life. 56 volunteers enrolled in various rheumatology RCTs and 50 rheumatic patients not enrolle! d in any RCT have been included in our study. We used SPSS 15 to analyze data. **Results:** To minimize the possibility of a selection bias (attributable to our study or to any RCT our volunteers were involved in) we compared the opinions of enrolled and non-RCT enrolled subjects regarding the effect of studied attributes in real life - no disagreement have been observed between the two groups. Six attributes (out of initial nine) have been identified by more than 75% of our (RCT & non RCT) subjects as being able to change their health behavior - see the table, column 1. The RCT volunteers identified five of these as being present in their RCT and, in the same time, being responsible for the change of their behavior during RCT (column2). Table: RCT attribute Able to change the health behaviour (%) vs. Present in RCT and responsible for changes (mean, SD)

superior information 78.3 vs. 0.69 (0.46) access to the newest therapies 75.5 vs. 0.73 (0.44)

superior doctor-patient communication 86.9 vs. 0.73 (0.44)

superior attention paid to adverse reaction 83.0 vs. 0.75 (0.43)

more trustful doctors 88.7 vs. 0.60 (0.49)

positive feelings 77.4 vs. 0.46 (0.50)

Conclusion: There is a certain number of RCT attributes that change the health behavior of RCT volunteers -"superior information"," access to the newest therapies", "superior doctor-patient communication"," superior attention paid to adverse reaction" and "more trustful doctors" seem to be the most important. Further studies are needed to estimate the amplitude of their effect and how they could be used to adjust the RCT results in order to better predict the "real life" results.

P-12-07 | ANTICCP ANTIBODY TEST IN RHEUMATOID ARTHRITIS PATIENTS: A MARKER OF CHOICE?

Martinho, Aurélia L.; Paixao Duarte, F.; Franco, M.; Dutschmann, L.; Carmo Perloiro M,

Medicina 2 Hospital Fernando Fonseca, Portugal

Introduction: Rheumatoid arthritis (RA) is a systemic autoimmune disease characterized by chronic inflammation of the synovium that can lead to progressive joint destruction and may result in severe disability and poor quality of life. The recent clinical practices for RA have changed. It is widely accepted that early and accurate diagnosis of RA is critical in disease management. In the last years, a cyclic citrullinated peptide (anti-CCP) test has been studied as marker of choice for diagnosis for RA, including for early RA diagnosis.

OBJECTIVE: To evaluate the frequency of anti-CCP in RA patients of our department and to compare the diagnostic utility of this marker with others serologic markers, including Rheumatoid Factor (RF).

Methods: Serum concentrations of anti-CCP antibodies, RF and agglutination assay (Waaler-Roose) were performed in a population of 73 patients with RA from our consult, in the last 10 years. Two patients were excluded because they died. It was not possible to test 10 of our patient for anti-CCP antibodies.

Results: The positive rate of anti-CCP test was 45,9% in patients with RA.

Conclusion: In our study, the Anti-CCP antibody test is important in the population of RA patients, but we cannot say that anti-CCP antibody test could serve as a better diagnosis marker than rheumatoid factor.

P-12-08 | DO THE RHEUMATOLOGISTS USING THE MUSCULOSKELETAL ULTRASOUND APPRECIATE THE SUPLEMENTARY INFORMATION OFFERED BY THE VIBROACUSTIC SIGNAL ANALYSIS METHOD?

Abobului, M.; Berghea, F.; Cirmaci, M.

Carol Davila University of Medicine, Bucharest; Romania

The Vibroacustic Signal Analysis (VSA) is a new method of examination of diartroidal joints recently developed, searching to differentiate between a normal and a pathologic case. The method is using the vibroacustic signals measured in diartroidal joints (knee) during a normal movement for determining abnormal sounds patterns generated by the alteration in forms and contact surfaces. The acquiring process of sound and vibration signals is done completely non-invasive, using a matrix of prepolarised microphones with measurement domain starting in infrasound scale and piezoelectric acceleration transducers. The measurement is simple to set up and use and gives early and reliable warnings for the majority knew faults with good reproductibility.

This research has explored if the Rheumatologists using the musculoskeletal ultrasound examination appreciate the supplement of information that this fast and easy to perform examination can offer. We discussed and explained the new method to a set of 12 Rheumatologists using regularly the ultrasound examination in there practice and asked them about the impact of the new set of informations that the new Vibroacustic Signal analysis is offering. The Questionnaires was analyzing

1. The redundancy of the information the method is offering;

2. The impact of the amount of time used to perform the new method;

3. The time spent to integrate the new information in the clinical context;

4. The time spent to learn and perform the new method;

Results: 1. 7 Rheumatologists from 12 appreciate the information as being redundant in the actual stage of development (for VSA). 5 of 12 find the method useful in selected cases. They stressed that new developments in interpreting the data obtained by the new method could change the actual result. 2. 10 of 12 considered the time spent to perform the VSA as acceptable. 3. Due to the technical aspect of the VSA only 5 of 12 considered that the time spent to integrate the information is acceptable. 4. 8 of the 12 considered the VSA easy to learn and perform.

P-12-09 | LIVEDOID VASCULITIS AND PRIMARY ANTIPHOSPHOLIPID SYNDROME CASE REPORT

Almeida, M.L.; Vaz, J.L.P.; Cabral, M.G.; Capelo, A.V.; Salgado, M.C.F.

Gaffree and Guinle University Hospital, Rio de Janeiro; Brazil

Introduction: The livedoid vasculitis is considered an uncommon disorder worldwide which presents with typically painful ulcerations, usually on the lower extremities, resulting in ivory-white scars. It has an occlusive vascular condition and may present by an idiopathic form or associated with some coagulation disturb, specially the antiphospholipid syndrome (APS). **OBJECTIVE:** report a case of a young woman with primary antiphospholipid syndrome (PAPS), which first manifested as livedoid vasculitis.

Report **Case:** N.G.B, female,15 years old, white, natural and resident in Rio de Janeiro. Three years ago she suffered from not painful purpuric macules on the dorsum of both feet. After 18 months, the lesions came worse, which ulcerated and became very painful. She was submitted to a skin biopsy which suggested livedoid vasculitis. Then, she was treated with pentoxifylline and dipyridamole with little success. On examination: the patient was alert and responsive, eupnei! c, there was no jaundice, she had no signs of anaemia and was not febrile, her blood pressure was 120 X 80 mmHg; her pulse rate 72 bpm; her cardiovascular system was normal; respiratory system: chest expansion was symmetrically normal, with normal breath sounds; her abdomen muscles were flacid, her abdomen was not painful, without masses or palpable liver or spleen; lower extremities: puntiform well delimitated ulcered lesions on both feet, with most of them on the lateral dorso region of right foot. Laboratory exams revealed not reactor antinuclear antibody and rheumatoid factor, positive lupus anticoagulant and anticardiolipin antibodies IgG 23 GPL and IgM 05 MPL. Considering these physical and laboratory signs it was suggested the diagnosis of PAPS, being indicated oral warfarin, keeping INR between 2,5 and 3,0. The patient got progressive better recover and the lesions resolved with complete ulceration reduction, leaving behind atrophic porcelain-white scars (Millian al! ba atrophy).

Discussion: The livedoid vasculitis, besides having an idiopathic character, it has a high association with thrombophilia, specially APS, which can be the first manifestation of the disease.

Conclusion: dermatologic lesions in young patients may indicate the presence of thrombophilia.

P-12-10 | DIFFERENTIAL DIAGNOSIS AND TREATMENT OF MYOTONIC AND MYOFASCIAL SYNDROMS OF NECK PAIN.

Filippovich, AN.

Research Institute of Medical and Social Assessment and Rehabilitation, Minsk.Belarus.

Methods: The dynamic monitoring of 195 patients with myotonic and myofacial syndromes of neck pain was done against the control group of 45 people. An extended neurological examination was carried out which included roentgenometry of cervical and vertebrocranial areas of spinal column, electromyography of 7 to 9 relevant muscles, finding of the "key" muscle and the overall computer aided assessment of osteomuscular, cardiorespiratory and oxygen transport system disorders.

Results: Clinical and electromyographic criteria for diagnosis of myotonic and myofascial syndromes of neck pain were identified based on the occurrence rates. The role of major system disorders in pathogenesis of neurological manifests of neck pain was studied. New therapeutic approaches to stopping pain and myotonic syndromes were developed; the effectiveness of early rehabilitation measures was demonstrated. The prevailing myotonic syndromes were identified which were the musculus obliquus capitis inferior syndrome (in 68, or 39.4% patients); superscapular area syndrome (33% of patients); musculus scalenus anterior and musculus scalenus medius syndromes (18.9%); musculus pectoralis minor syndrome (9.7%). Hypodynamia caused system disorders were noted in 78.3% patients including excessive body mass and fat content; reduced blood circulation rate and heartbeat volume and the pronounced decrease of PWC170. The most informative spondylographic findings were reduced thickness of! posterior areas of intervertebral disks from CI to CVII (52.3 to 77.9% of patients), cervical lordosis impression (76.4%) and uncovertebral arthroses (58.2%).

Conclusions: The most seriously affected ("key") muscles in neck pain patients were found. Diagnosis and treatment strategies for neck pain patients were developed.

P-12-11 | THE EVALUATION OF PHYSICAL THERAPY FOR OSTEOARTRITHIS OF THE KNEE APPLIED BY EXPERIENCED PHYSICAL THERAPISTS ANCD MEDICAL STAFF OF THE UNIVERSITY BRAZ CUBAS BRAZIL

Edson Costa ; Leila Moussa Costa; Marcelo Fabiano Rodrigues; Silvia Froes Bassini; Emili Souza Beatriz

Universidade Braz Cubas, Brazil

Background: Costa and Costa controlled trials of nonmedicinal, noninvasive therapies for hip and knee osteoarthritis from 2000 through 2006 . The authors concluded that exercise reduces pain and improves function in patients with osteoarthritis of the knee, but the optimal exercise regimen has not been determined. Fitness walking, aerobic exercise, and strength training have all been reported to result in functional improvement in patients with osteoarthritis of the knee . Unweighted treadmill walking has not been shown to decrease pain associated with osteoarthritis of the knee . Other researchers have concluded that exercise may benefit patients with osteoarthritis but advise that long-term studies are required to determine the appropriate amounts of exercise to avoid accelerating the underlying process of arthritis. **OBJECTIVE:** To evaluate the effectiveness of physical therapy for osteoarthritis of the knee, applied by experienced physical therapists with formal training in manual therapy. **Methods:** Design randomized with control clinical trial in outpatient physical therapy department of the University Braz Cubas , Brazil. The 41 patients with osteoarthritis of the knee who were randomly assigned to receive treatment (n = 24; 08 men and 16 women [mean age, 56 ± 16 years]) or placebo (n = 17; 07 men and 10 women [mean age, 58 ± 08 years]). The treatment group received manual therapy, applied to the knee as well as to the lumbar spine, hip, and ankle as required, and performed a standardized knee exercise program in the clinic and at home. The placebo group had subtherapeutic ultrasound to the knee at an intensity of 0.1 W/cm2 with a 10% pulsed mode. Both groups were treated at the clinic twice weekly for 4 weeks. Distance walked in 6 minutes and sum of the function, pain, and stiffness subscores of the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC). A tester who was blinded to group assignment made group comparisons at the initial visit (before initiation of treatment), 4 weeks, 8 weeks, and 1 year. **Results:** Clinically and statistically significant improvements in 6-minute walk distance and WOMAC score at 4 weeks and 8 weeks were seen in the treatment group but not the placebo group. By 8 weeks, average 6-minute walk distances had improved by 15.2% and WOMAC scores had improved by 53.6% over baseline values in the treatment group ($P < 0.05$). After controlling for potential confounding variables, the average distance walked in 6 minutes at 8 weeks among patients in the treatment group was 170 m (95% CI, 71 to 270 m) more than that in the placebo group and the average WOMAC scores were 599 mm higher (95% CI, 197 to 1002 mm). At 1 year, patients in the treatment group had clinically and statistically significant gains over baseline WOMAC scores and walking distance; 17% of patients in the placebo group and 7% of patients in the treatment group had undergone knee arthroplasty.

Conclusions: The research confirm that the combination of manual physical therapy and supervised exercise yields functional benefits for patients with osteoarthritis of the knee and may delay or prevent the need for surgical intervention.

P-12-12 | POLIARTERITIS NODOSA QITH CEREBRAL INVOLVEMENT: 2 CLINICAL CASES

Freitas, Sara; Alves, Gloria; Cunha, Pedro; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital- Portugal

M.C.R.S; 55 years old, caucasian, married, waitress, with personal background of rheumatic fever; hysterectomy and anexectomy; safenectomy; arterial hypertension; dyslipidemia; leptospirosis; cutaneous vasculitis.

She was in Feb 2004 with headache, myalgias, proximal muscle weaknessand cutaneous abnormalities. She had livedo reticularis and generalized erythematosus rash. We performed the following exams: electromyography of the 4 limbs, muscle enzymes, skin biopsy, autoimmunity, viral and bacterial serologies, blood cultures, were NORMAL. The brain MRI scan showed "vasculitis of small vessels". She began corticosteroids, with clinical improvement and was discharged. She was readmitted in April 2004 with cough, dyspnea, respiratory distress and livedo reticularis.

During our study we diagnosed Poliarteritis Nodosa (livedo reticularis + myalgias + muscle weakness + diastolic blood pressure>90 mmHg and angiographic abnormalities). She completed 2 years treatment with cyclophosphamide and corticosteroids and now is asymptomatic.

M.F.R.F, 38 years old, female, with irrelevant personal background, admitted on March 2006 with quadriparesis and livedo reticularis.

During her staying in the hospital she developed hypertension (diastolic > 90 mmHg), weight loss > 10% of her weight. We performed the following exams: electromyography "severe axonal polineuropathy", brain MRI scan cerebral vasculitis", and muscle and nerve biopsy "vasculitis of small vessels". She was diagnosed with Poliarteritis Nodosa and began cyclophosphamide and corticosteroids. She presents clinical improvement, but remains with quadriparesis.

P-12-13 | LUPUS NEPHRITIS EXPERIENCE OF AN INTERNAL MEDICINE SERVICE

Freitas, Sara; Alves, Gloria; Cunha, Pedro; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital- Portugal

Of all the patients with Systemic Lupus Erythematosus diagnosed between 1/03/1993 and 31/12/2007, 25 had Lupus Nephritis (LN).

The diagnosis of LN was based on the evidence of proteinuria > 500mg/d (21 cases) and/or changes on urinalysis by microscopic assessment (18 cases). LN was present at initial evaluation in 21 patients. Twenty three patients were females with an average age of 30 years and, 2 were males with an average age of 30 years.

We performed a renal biopsy obtaining histological classification: class I OMS-1 case, class II OMS-5 cases, class III OMS-5 cases, class IV OMS-12 cases, class V OMS-1 case and 1 case of thrombotic microangiopathy. Eight patients presented renal failure (creatinine serum>1,2 mg/dl) when the biopsy was performed and 6 patients had serum>class IV OMS, 1 with class III OMS and 1 had thrombotic microangiopathy. We had complement consumption in 17 cases, and all patients had serum antinuclear antibody (ANA) titles. At initial evaluation 14 patients had arterial hypertension (HTA). We treated 14 patients with cyclophosphamide, 22 with corticosteroids, 8 with azathioprine, 1 with mycophenolate mofetil, 20 with angiotensin-converting enzyme inhibitors, 6 angiotensin receptor antagonist and 6 with calcium channel blockers. After a follow-up that averages 62 months (2 to 156) we verify that 6 patients still have renal failure, 8 maintain proteinuria>500 mg/day, 3 present hematuria and 1 present urinary cellular casts. Of the 14 patients initially presenting HTA, 5 maintain high blood pressure levels. In 14 patients with LN, after treatment/follow-up, we registered a reduction on ANA levels; in 8 cases we verified evolution to normal serum complement levels.

We performed a new renal biopsy in 10 patients after a 24 months treatment period. From the 8 patients with previous class IV OMS, 5 have class II OMS, 1 has class VI OMS and 1 maintain class IV OMS. Those with class III OMS present now class II OMS. Three patients died of sepsis.

P-12-14 | SYSTEMIC LUPUS ERYTHEMATOSUS EXPERIENCE OF AN INTERNAL MEDICINE DEPARTMENT

Freitas, Sara; Alves, Gloria; Cunha, Pedro; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital- Portugal

In between 1/03/1993 and 31/12/2007 we studied 56 cases of Systemic Lupus Erythematosus. All diagnoses were made according to ACR 1982/1997criteria. One patient had 9 diagnostic criteria, 2 patients had 8criteria, 7 patients had 7 criteria, 14 patients had 6 criteria, 15 patients had 5 criteria and 17 patients had 4 criteria. Fifty four patients were females (average age of 46 years) and, 3 were male (average age 34 years), with a global average age of 40 years (16-65 years).

During follow-up our patients presented : Malar rash - 39 cases; Discoid Rash- cases; Photosensitivity - 15 cases; Oral ulcers - 11 cases; Arthritis-34 cases; Serositis - 16 cases (16 patients with pericardial effusion and 6 with pleural effusion); Renal disorder - 25 cases, documented as proteinuria in 21 cases and cellular casts in 11 cases (we performed renal biopsy, obtaining as histological results class I OMS in 1 case, class II OMS in 5 cases, class III OMS in 5 cases, class IV OMS in 12 cas! es, class V OMS in 1 case and 1 case with thrombotic microangiopathy Haematological disorder - 45 cases (haemolytic anemia - 17 cases; leukopenia - 16 patients; lymphopenia - 38 cases and thrombocytopenia- 1 patients); Neurological disorder - 9 cases (7 patients with seizures and 4 patients with psychosis); 33 patients had antiDNA antibody, 10 had antiSm antibody and 35 had antiphospholipid antibodies. All patients had antinuclear antibody with significative serum titles.

The patients were treated with nonsteroidal anti-inflammatory drugs in 15 cases,

hydroxychloroquine in 20 cases, corticosteroids in 43 cases, cyclophosphamide in 14 cases, mycophenolate mofetil in 1 case and azathioprine in 10 cases. The average follow-up period has been 44 months (2 to 168). Fourty five patients have clinical improvement, 12 patients have neurological sequelae and 4 have articular sequelae. Three patients died with sepsis.

P-12-15 | CLINICAL CASE: RHEUMATIC FEVER

Freitas, Sara; Alves, Gloria; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital- Portugal

A.C.M.S, woman, 31 years old, caucasian, with an irrelevant personal background. Fifteen days before she had an influenza-like syndrome, and self treated with ibuprofen; one week before attending to the Emergency Department she started arthralgias of the left elbow, which posteriorlly migrated to the left knee, right elbow and right knee, with functional limitation.

On the 20th of April of 2004 associated with previous complaints, she had arthralgias on her fists. Objectively: malar erythema, ocular conjunctiva hyperemia, symmetrical polyarthritis (fists, elbows, knees), oropharynge hyperemiated and apiretic. Analytically normocytic normochromic anemia, leucocitosis with neuthrophilia, thrombocytosis and elevated reactive protein C. She was admitted and began anti-inflammatory drugs.

During our study we had:

1)Blood cultures negative;

2)culture and direct exam of gastric fluid negative;

3)Viral, bacterial and parasital serologies negatives;

4)Radiological exams (fists, knees, elbows) normal;

5) ↑ alfa1, alfa2, beta e gama globulins;

7) Ferritin↑↑;

8) ↑ Reactive Protein C;

9)Autoimmunity and rheumatoid factor negative.

During her first week of staying appeared not tender, cutaneous nodules and anti-streptolysin O title (N<200): 2860 UI/ml.

According with Jones criteria (symmetrical poliarthritis+cutaneous nodules + arthralgias + elevation of inflammatory markers elevation of ASTO) we diagnosed Rheumatic Fever. It was performed an echocardiogram, which was normal. She began benzathine penicillin and was discharged on the 30 th of April, and with indication of mensal prevention with penicillin.

P-12-16 | PULMONARY INVOLVEMENT IN RHEMATOID ARTHRITIS

Freitas, Sara; Alves, Gloria; Cotter, Jorge

Internal Medicine Department - Guimaraes Hospital- Portugal

J.R.R.M. 44 years old, male, caucasian, married, construction worker. Personal **Background:** Smoker (20 cig/d for 34 years); Alcoholism (200 g/d); Pneumonia (1999). In Aug 2005 he began symmetrical polyarthralgias (knees, fists, ankles). In Nov 2005 he maintained pain with inflammatory signs of the fists, metacarpophalangeal (MCF), knees and elbows, and came to the Emergency Department (ED), where was discharged with nonsteroidal anti-inflammatory drugs. In ambulatory he performed a Bone Radionuclide Scan: "inflammatory changes in the wrists, elbows, knees" and a Thorax T scan: "Pre-tracheal lymphatic nodes.

Pulmonary nodules suggesting metastasis". In Dec 2005 he was sent to the ED, reporting hoarseness and mucous productive cough for 2 days. At admission we observed arthritis of MCF, proximal interphalangeal joints (PIF) of the hands and fists; blood count, renal, liver and urine tests, and Electrocardiogram were normal; the Chest X-ray showed "bilateral interstitial infiltrated with 2 nodules".

He was admitted on 13/12/2005 for suspicion of pulmonary metastasis of occult origin. During his hospital stay he referred worsening of the pain in the fists, shoulders, MCF and cervical column, with morning stiffness (>1h). We registered arthritis of the fists, 2ª and 3ª MCF bilaterally; painful mobilization of the cervical column. Of the diagnostic tests performed we point out: Cytology of sputum, Fiberoptic Bronchoscope with washings and Digestive Endoscopic Studies, with no evidence of malignancy; Rheumatoid Factor=387 UI/ml (<20); Hands X-ray revealed reduction of the PIF joint space. With morning stiffness, symmetrical arthritis of 3 joint areas, including hands, positive Rheumatoid Factor and radiographic articular changes we firmed the diagnosis of RHEUMATOID ARTHRITIS with pulmonary involvement. We initiated glucocorticoid+methotrexate (until maximum dose), and posterior association with sulfasalazine (not tolerated). He started an anti-TNF agent with significant clinical improvement.

P-12-17 | AN UNUSUAL CLINICAL AND LABORATORY PRESENTATION OF KIKUCHI'S DISEASE

I.Skrapari, D.Stassinakis, G.Barbounakis, E.Kagelari, Th. Gounaris, E.Sioula

1st Department of Internal Medicine, Evangelismos General Hospital, Athens, Greece.

Introduction: Kikuchi's disease (KD) is a rare condition, presenting predominantly in young women, usually characterized by cervical lymphadenopathy and fever, accompanied by leukopenia (1,2). **Case Report:** We report the case of a 46-years-old man, who presented with fever (up to 39oC) of 12 days duration, fatigue, joint pain in knees and elbows, and a rash. He also complained for sore throat. On physical examination, he was febrile, with pharyngotonsillar redness. His rash consisted of maculopapular circular painful lesions, most prominent in knees, elbows and hands. He had not palpable lymph nodes. He presented sensitivity on knees and elbows without signs of inflammation. His laboratory findings were: hemoglobin level: 13.4g/dl, white-blood-cell count: 16.600mm3(86,1% polymprphonuclear-leucocytes), erythrocyte-sedimentation-rate: 106mm/1h, C-reactive-protein: 17,4mg/dl(reference values<0.5mg/dl). During his hospitalization, he remained febrile despite the intravenous administration of high doses of broad-spectrum antibiotics. Rash and arthralgias persisted. Multiple blood cultures and serologic immunoassays for infectious agents were negative. C4-complement-component was 7.36mg/dl(reference:14-33mg/dl) and antinuclear-antibodies were positive in 1/320 titer. Ferritin was 26,000mg/dl. Computed-tomography of head, thorax and abdomen, transthoracic and transesophageal echocardiography were normal. Bone marrow examination demonstrated Increased number of macrophages without atypical cells.

On the 6th day of patient's hospitalisation, a right supraclavicular lymph node appeared, while two days later a second one on the left supraclavicular site was seen. Biopsy of the first node revealed, multiple paracortical necrotic foci, with histiocytic cellular infiltrate, without neutrophilic Infiltrate. Immunohistochemical stains showed CD68-positive plasmatocytoid monocytes and histiocytes with predominantly CD8-positive T-lymphocytes, findings consistent with KD. Corticosteroid therapy was started, which led to resolution of patient's symptoms and normalization of his laboratory findings. **DISCUSION:** In this 46-years-old man KD had an unusual presentation without cervical lymphadenopathy and without leukopenia. Early diagnosis of KD is of great clinical importance as it may imitate situations like tuberculous lymphadenitis, lymphoma, and several other serious conditions (3,4,5). It's crucial that clinicians and pathologists remain highly suspicious for this entity in order to avoid a misdiagnosis, which may lead to lengthy or cytotoxic therapeutic interventions. Furthermore the risk of evolution into an autoimmune syndrome in affected patients is high (1,5), thus they should be followed-up for some years.

P-12-18 | CHURG STRAUSS SYNDROME / EXTRINSIC ALLERGIC ALVEOLITIS RARE CAUSES OF INTERSTITIAL LUNG DISEASE

Silva A.S.; Jardim M.; Brazão M.L.; Lelis M.; Teixeira A.C.; Araújo J.N.

Medicine Department of Madeira's District General Hospital

Abstract: The interstitial lung disorders are a heterogeneous group of diseases characterized by the infiltration of acute inflammatory cells distally to the terminal bronchioles and a typical diffuse bilateral alveolar honeycomb pattern with a ground glass appearance in the CT-Scan. They have a low incidence and prevalence probably due to under diagnosis. Extrinsic Allergic Alveolitis (EAA) and the Churg-Strauss syndrome are two examples of these rare conditions.

The authors present two clinical cases. Firstly, they present a 46 year-old male with a previous medical history of epilepsy, asthma and sinusitis, medicated with terbutaline and montelukast as needed. He was admitted to the emergency department in 08/06/06 with a 2-month history of productive purulent cough and dispnoea on exertion.

On examination, he had bilateral, generalized wheeze and hipoxemia. He was admitted to the Medical ward under the diagnosis of unspecified lung disease for further investigations. He was investigated following the protocols of the American College of Rheumatology confirming the diagnosis of Churg-Strauss Syndrome.

The second case relates to a 46 year-old patient admitted due to a dry cough and progressive worsening dispnoea on exertion. After close review of her medical history, the authors detected close contact with pigeons. The clinical suspicion of extrinsic allergic alveolitis was confirmed by CT-Scan, lung function tests, bronchoscopy and br! onchoalveolar lavage (BAL).

The authors point out the importance of a diagnostic suspicion in the context of these pathologies and of corticosteroid therapy in the resolution of the lung lesions, which in these cases re-enforced the diagnosis of interstitial lung diseases.

Keywords: Extrinsic Allergic Alveolitis (EAA) and the Churg-Strauss syndrome, hypersensitivity pneumonia.

P-12-19 | ANTIPHOSPHOLIPID´S SYNDROME AND PREGNANCY = HOW TO IMPOSE TABOCCO´S STOP

Jean-Paul Ory

Internal Medicine Department,CHI de Haute Saone,70014-Vesoul, France

Fetal death constitutes the obstetrical complication the more frequent of antiphospholipid syndrome (APS). The essential mechanics are the supervening of placental infarct. Adding prothrombin factor like tabagism is not allowable in this situation, requiring an answerable behaviour from the patient.

The case report is this of Mme L. born in 1971. The first pregnancy dates from 1992, without particularity with birth of child weighing 3 kg 500. The diagnosis of systemic lupus revealed by a thrombopenia (platelets at 30000) and associated with APS is set down in 1994 antinuclear antibodies (A.C) and "native anti-DNA" antibodies very high, positive cryoglobulin, C3 consumption of APTT at three times the reference, presence of anticardiolipin Ab (antibodies) and anticoagulant of lupus type.

A corticotherapy is begun, protected by anticoagulation with low molecular weight heparin (LMWH) and directly associated with hydroxy chloroquine (200 mg x 2). In 1995 a first spontaneous abortion (23 weeks) happens, followed by a second one in 1995 (18 weeks). In 1997, in spite of treatment associating acetylsalicylate (100mg), LMWH (enoxaparine) at 0.4 ml x 2, prednisone at 10 mg/day, hydroxychloroquine at 400 mg/day, delivery is very premature (six and a half months), the child weighs only 1 kg 200g. In 1999, new delivery at 33 weeks and birth of a child weighing 2kg100.

Tabaquism is not completely stopped. In 2004, new pregnancy, same therapeutic attitude and stable lupus, new successful attempt to stop tabacco ! The child will be born at 33 weeks, weighing 2 kgs. This is partially explained because of placenta praevia.

RESULTS: With pregnant woman, biological exam's perturbations connected with tabagism, may be a means to speak firmly about tobacco. So it was in this case report.

DISCUSSION: : among vascular risk's factors, tabagism is the one which prevalence has the most increased about woman, over the past three decades, becoming dominant factor about young woman. This case report permits to remind of dynaminc and precarious balance of coagulation during pregnancy. The presence of a greater risk's factor like APS, requires a real participation from the patient.

Conclusion: Lupus pregnancy is always difficult, all the more because associated with APS. Obtaining effective participation wich tabacco's stop during pregnancy is an absolute necessity. That's why the information must be clear, understood, and the contract accepted.

P-12-20 | A RARE AND SUBTIL DISEASE

Raquel Nazareth, João Pacheco Pereira, Francisco da Silva, José Pimenta da Graça

Hospital de Egas Moniz, Portugal

Adult Still's disease (ASD) is an inflammatory systemic disorder characterized by a triad of daily, spiking high fevers, a typical evanescent rash and arthralgias/arthritis. Although it's rarity it should be part of the differential diagnosis of fever of unknown origin, corresponding to an exclusion diagnosis. The aetiology is still unknown, being attributed to genetic and environmental factors, namely infectious agents. Even though the evolution is unpredictable, the majority of patients have a favourable outcome. However, serious acute and chronic complications can occur. Therapy is directed at relenting the intensity of symptoms with acetylsalicylic acid and non steroidal anti-inflammatory drugs (NSAIDs) and controlling the disease evolution through the use of corticosteroids and immunomodulating agents.

We report the case of an young individual male whose started complaints were attributed to an atypical pneumonia complicated with reactive arthritis. Initially he recovered with antibiotic and NSAIDs but after hospital discharge he developed recurrent fever and arthralgias. The typical rash had a late appearance in the natural history of the disease what caused a delay in diagnosis and corticotherapy. The patient developed a chronic arthritis of the wrists requiring immunomodulating agents.

The authors hypothesized that an infectious agent not identified has been In the origin of ASD, what is in agreement with recent literature.

1. Lisa Mandl, John Esdaile, Adult Still's Disease, www.uptodate.com, December 11, 2006;

2. Wouters JM, van d Veen J, van de Putte LB, de Rooij DJ, Adult onset Still's disease and viral infections, Ann Rheum Dis 1988; 47:764-7;

3. Chendran V, Aggarwal A, Misra R,Adult's onset Still's disease - Case report, J Indian Rheumatol Assoc 2002: 10: 19-21; 4. Perez C. Artola V, Adult Still's disease associated with Mycoplasma pneumoniae Infection, Clin Infect Dis. 2001 Mar 15;32(6):E105-6. Epub 2001 Mar 7.

P-12-21 | BLOOD PRESSURE DISORDERS (BPDS) IN THE ELDERLY: A PROPOSAL OF A UNIFYING CONCEPT OF ALTERED HAEMODYNAMIC HOMEOSTASIS

A Fisher, M Davis

Department of Geriatric Medicine, The Canberra Hospital and Australian National University, Canberra ACT Australia

Introduction: Hypertension (HT), orthostatic hypotension (OH), postprandial hypotension (PPH) and orthostatic hypertension (OHT) are common in older people and associated with significant morbidity and mortality, but often treated as distinct entities.

Aim: To summarise the results of our investigations and data from the literature on the prevalence, pathophysiology, management and prognostic significance of BPDs in the elderly.

Material and Methods: We analysed our data on BPDs in 882 subjects (577 women) aged 60 years and older, including out-patients with diabetes mellitus (DM), patients attending a Falls Clinic, residents in long-term care facilities and medical and orthopaedic in-patients. Standard definitions were used. MEDLINE was searched on the relationship of BPDs and their management.

Results: In our series at least one BPD was found in 81.2% of patients, with multiple disorders in most. Multivariate analyses showed that PPH was significantly associated with HT (OR4.3, p = 0.001), use of antipsychotic medications (OR 5.2, p = 0.007), use of selective serotonin reuptake Inhibitors (OR 4.3, p = 0.006) and history of smoking (OR 5.2, p = 0.005), whilst OH with Parkinson's disease (OR7.5, p = 0.002), use of levodopa (OR6.1, p = 0.007) and use of tricyclic antidepressants (OR 3.2, p = 0.015). In patients with DM, OH was independently associated with albuminuria (OR 3.9, p = 0.001). There was an improvement in postural and postprandial BP changes with antihypertensive therapy. Falls were associated with absolute low systolic BP (≤;115mm Hg) rather than with OH or PPH. In survival analysis (5-years follow-up) PPH was the strongest independent predicator of total (OR1.9, p = 0.006) and cerebrovascular mortality (OR 4.2, p = 0.0.21), and low diastolic BP (04; 65mm Hg) predicated non-vascular death (OR4.2, p = 0.04). The literature on pathophysiology, diagnostic and management dilemmas of BPDs is discussed.

Conclusions: The single syndrome approach to BPDs should be replaced by an evaluation of the spectrum of haemodynamic abnormalities to provide a more realistic description of abnormal haemodynamic responses during everyday life in the elderly and facilitate individualized prognosis and therapy.

Bibliography: 1. Fisher AA, Davis MW.J Am Geriatr Soc.2007; 55:2102.

2. Fisher AA, et al. Am J Geriat Cardiol. 2006; 15:208.

3. Fisher AA, et al. J Am Geriatr Soc. 2005; 53: 1313.

4. Fisher AA, et al. J Gerontol A Biol Sci Med Sci. 2005; 60:184.

P-12-22 | TAKAYASU ARTERITIS

João Francisco Melo, Patricia Bacellar, Irene Soares , Manuel Pimenta

CHMA- Unidade de Vila Nova de Famalicão, Portugal

Introduction: The Takayasu Arteritis is a large-vessel chronic vasculitis of unknown etiology. It mainly involves the aorta and its main branches.

Description: The authors present the clinical case of a woman of 64 years old guided to the consultation of Internal medicine for absence of pulse and blood pressure in the left superior member and aggravation of the intermittent claudication in the inferior members. Ecodoppler Carotidean, vertebral and arterial axillary-subclavian detected a diffuse parietal thickness of the axillary and subclavian arteries leaving the residual lumen permeable, indicating the presence of inflammatory arterial illness and raising the suspicion of Takayasu Arteritis. The Magnetic Resonance Angiography axillary and brachial showed multiple stenosis (inferior degree 70%) confirming Takayasu Arteritis.

She initiated 1 mg/kg/day of Prednisolone and after one week she presented blood pressure: 70/47mmHg and pulse: 84bpm in the left superior member and a remarkable improvement of the intermittent claudication. Later with the reduction of the corticoid therapy there was a necessity to associate Methotrexate 7,5mg/1xweek.

Discussion/**Conclusion:** The authors present this case because of the rare incidence of this pathology in the occidental population. They enhance the several forms of clinical presentation, the difficulty in the precocious diagnosis and the importance of the image techniques less invasive, currently available.

P-12-23 | CLINICAL AND BIOLOGICAL FEATURES OF A POPULATION WITH SYSTEMIC SCLEROSIS

Ricardo Silvariño(1*), Martín Rebella(1), Ernesto Cairoli(1,2*), Gabriel Parma(3), Arturo Pazos

)Clínica Médica "C", 2) Departamento Básico de Medicina, (3)Departamento de Cardiología. * Unidad de Enfermedades Autoinmunes Sistémicas. Facultad de Medicina, Universidad de la República, Uruguay

OBJECTIVE: to describe clinical features, visceral commitment and immunological profile population of patients with systemic sclerosis (SSc). **Material and Methods:** we obtained information from medical records of population in regular monitoring in the unity of sistemyc autoimmune diseases of the Hospital de Clínicas, School of Medicine, Uruguay. The results are presented as the mean ± standard desviation (SD).

Results: 31 medical records were analyzed, all were female and from urban areas. The current average age is 50.7 years (SD± 13.4) and the mean age at diagnosis was 47.6 years (SD± 14.4). The average follow-up 39.2 months (SD± 34.2). 11 (35.5%) were presented with diffuse disease (SScD) and 20 (64.5%) with limited disease (SScL). Pulmonary damage was characterized to restricted pattern in 11 (35.5%) patients (evaluated with spirometry) and pulmonary hypertension in 6 (19,4%). 30 (96.7%) had Raynaud's Phenomenon (RF) and the average time between the beginning of RF and the diagnosis of SSc was 79 months (SD± 86.4). All of them presented cutaneous sclerosis, 11 (35.5%) sclerodactyly, 15 (48.3%) microstomía, 14 (45.1%) telangiectases and 3 (9.6%) calcinosis.

We found 21 patient (67.7%) with digestive disorder. 3 (9.6%) had scleroderma renal crisis and they persistently maintained altered glomerular filtration, one of them joined chronic hemodialysis plan. 24 (77.5%) presented escleroderma-pattern in the nailfold capillaroscopy. 12 (38.7%) developed digital ulcers and 3 (9.6%) spontaneous amputation phalanges. Most frequently cardiovascular risk factor was arterial hypertension, founded in 11 (35.5%). 29 (93.5%) had antinuclear antibodies (ANA), 16 (51.6%) antibody anticentromere and 5 (16.1%) antibody Scl70. 4 (12.9%) died in this follow-up period, having common elements such as SScD (4/4), pathological pattern in nailfold capillaroscopy (4/4), ANA(4/4), digital ulcers (3/4) and severe respiratory compromise (3/4).

Discussion: No significant differences of age at diagnosis and distribution between diffuse and limited types were detected with other series. All the patient were studied with ANA, the proportion was lower in other series. Mortality was higher in our series than in othersconsulted.

P-12-24 | CALCINOSIS ASSOCIATED WITH SERONEGATIVE RHEUMATOID ARTHRITIS

Herrera, Ramón N.; Valdez Abadía, Miryam D.; Miotti, Julio A.; Juarez Avignone, Ana S.; Gandur, María V.

Medical Clinic Cencurrency- "Zenón J. Santillan"Health Center Hospital. Tucumán. Argentina

The Calcinosis is a benign disease with progressive evolution, characterized by hydroxyapatite crystals or amorphous calcium phosphate deposits in soft tissue. This association with rheumatoid arthritis is uncommon. The rheumatoid arthritis (RA) is a disease of unknown etiology with autoimmune component that produces systemic manifestations primarily erosive osteoarticular inflammation. The calcinosis occurs with normal level or not of calcium or phosphate in blood, and is located at areas of tissue damage, affecting most frequently elbows, knees and toes, but can appear anywhere in the body. Four main forms of calcinosis exist: dystrophic, metastatic, iatrogenic and idiopathic. Dystrophic calcinosis occurs most frequently and is characterized by deposit of calcium phosphate crystals at sites of previous inflammation or damage to the skin by different mechanisms and has been associated with connective tissue disease, such as systemic sclerosis, dermatomyositis, systemic lupus and rheumatoid arthritis. In these tisues the low pH produces precipitation of calcium to neutralize. Symptoms depend on the underlying disorder and affected areas. Patients develop inflammation during the active deposition of calcium, producing a painful reaction with erythema and tumor at the site of injury, sometimes accompanying with fever. Regression may occur spontaneously, by extrusion or reabsorption of calcium material. Treatment consists of addressing the pathology and complications.

We report a case with this association. Argentine patient, married, 64 years old, with a history of RA, treated with NSAID and steroids. At the admition in our service presented active seronegative AR with long evolution and joint deformities. Calcinosis in left forearm, right thigh and lower abdomen. Lab test presents anemia, high erythrocyte sedimentation rate, negative Latex and Rosee Reagan, positive C-reactive protein with normal Calcium and phosphate metabolism. Radiography: proximal interphalangeal joint and metacarpophalangeal joint erosions. Calcinosis is confirmed by biopsy, with some infected injuries with Staphylococcus aureus. **Treatment:** antibiotic, corticotherapy.

Conclusion, report a case of Dystrophic calcinosis with normal level of calcium associated with seronegative RA. The follow-up at three months showed favourable results.

P-12-25 | CONNECTION BETWEEN COCAINE/ COCAINE BASE PASTE CONSUMPTION AND IMMUNE SYSTEM DISEASES

López, P.; Calvelo, E.; Cuadro, R.; Antunez, F.
Clínica Médica "1", Prof. Dr. Gaspar Catalá, Maciel Hospital, Medical School, Montevideo; Uruguay

Cocaine base paste (CBP) was first brought into Uruguay in 2002. The consumption of CBP increased sharply, particularly among youth from low socioeconomic status groups. The physical consequences of CBP consumption are still unknown as no paper has been published so far. In vitro studies and tests on animals show that cocaine affects the functions of the immune system. This would represent a greater susceptibility to related diseases: infections, neoplasy and immune mediated diseases. This study shows the same susceptibility as well as a predisposition to express immune activity markers.

OBJECTIVES: To describe reasons for entering hospitals of CBP and/or cocaine- consuming patients and to assess the frequency of neoplasy, infections and immune mediated disease.

METHODOLOGY: A descriptive-transversal study of CBP and/ or cocaine- consuming patients entering General Hospital Services between January and September 2007. Clinical data survey protocol was used and HIV test equested. In HIV-negative patients, immune mediated inflammatory activity parameters were requested: C reactive protein (CRP), antinuclear antibodies (ANA) and serum protein electrophoresis (SPE). 61 patients were interviewed: 46 males, 15 females, 59 under 40 (96.7%); 3 consumed cocaine, 35 consumed CBP, 23 both.

Results: On entering, 42.6% showed medical pathology, 44.3% for surgery (34.5% trauma) and 13.1% for detoxication. 52 patients (85%) were HIV-negative. 18 HIV-negative patients showed medical pathology: 61% infections, mainly respiratory, 22% glomerulopathy, 11% haematoncologic diseases, 6% immune pathology. CRP and ANA were not requested in 14 patients. CRP was positive in 28 patients (73.7%), 18 entered for surgery (12 showed non- infected trauma); 9 showed medical pathology, 1 for detoxication. ANA was carried out in 36 patient : 14 (39%) were positive at low levels, f which 5 showed trauma.

Conclusions: in this study CBP is consumed by youth, the majority HIV-negative. Upon entering, those showing medical pathology suffered immune mediated diseases. CRP and/or ANA were performed in 38 patients, 73.7% were positive, 50% showed no signs of verifiable immune mediated disease. The results of this study appear to assert data from literature on predisposition to immune mediated diseases in cocaine or CBP consumers.

P-12-26 | UTILITY OF ANTICYCLIC CITRULLINATED PEPTIDE ANTIBODIES (ANTICCP) IN PATIENTS WITH JOINT MANIFESTATIONS

Pereiro, Miriam; Artana, Cristina; Falasco, Viviana; Falasco, Silvia; Okolotovich, Silvia
Hospital Interzonal General de Agudos Pedro Fiorito: Laboratorio de Inmunología, Servicio de Clínica Médica. Buenos Aires; Argentina

Introduction: Rheumatoid Factor (RF) has been clinically utilized as the only serologic marker of Rheumatoid Arthritis (RA) so far, but it is also detected in many other diseases. Recently a new auto-antibody with high sensitivity and specificity for the diagnosis of RA can be detected in RA patient serum from early stage of the disease. They are called Anti-cyclic citrullinated peptide antibodies (anti-CCP) and are directed against modified arginine residues (citrulline).

OBJECTIVE: to evaluate the prevalence of RF and anti-CCP in patients with joint manifestations and presumptive diagnosis of RA. **Material and Methods:** 145 patients with polyarticular manifestation like hand symmetric polyarthritis and morning stiffness were prospectively studied, from April 1st, 2005 to April 30th, 2008. Serums from 20 healthy blood donors were processed as a control group. In both populations RF was detected by immunonephelometry (ARRAY®) and anti-CCP by enzime-linked-immunosorbent-assay (INOVA®).

Results: Negative values of RF and anti-CCP were found in healthy blood donors. The prevalence of anti-CCP in the studied population was 35.2% and that of RF was 44.8%. The anti-CCP values were higher in patients who had RA: 34 IU/ml (11-199) than in those who did not: 10.5 IU/ml (7.5-12.5) p<0.001 (Median and percentile 25 and 75%). The diagnostic sensitivityand specificity of anti-CCP were 70.4% and 90.6% and those of RF were66.7% and 93.8%, respectively. The combined use of both methods, taking into consideration the positive value of one or another for the diagnosis of RA, improved the sensitivity to 85.2% with a specificity of 87.5%.

Discussion: The high specificity of RF could be related to patient's clinical selection. Anti-CCP can be detected at early stages of the disease, even before RF seroconversion, and in late stages they correlate with the severity and damage of the disease.

Conclusion: Anti-CCP are a complement for RF, but due to their specificity and their presence in the early and seronegative forms of RA, can be a useful diagnostic tool in RA.

P-12-27 | REPRODUCTION OF PHYSIOPATHOLOGIC EFFECTS FOR THE ANTIPHOSPHOLIPID SYNDROME (APS) IN LAB ANIMALS

Larrea, C.; Cañellas, A.; Acosta, JM.; Borbore, A.; Greco, M.
Universidad Católica de Cuyo. Facultad de Ciencias Médicas. Medicina. Cátedra de Inmunología. Argentina

Background: Antiphospholipid antibodies (aFL) are associated to profound vein trombosis, hemolitic aneamias and plateletopenia manifestations.

OBJECTIVE: To describe the existing correlation between the observed manifestations in patients with Tromboembolic Desease (plateletopenia and profound vein trombosis (PVT)) and Autoimmune Hemolitic Anaemia by means of inyecting anticardiolipines (aCL) from the patients into lab animals in order to arrive to a better comprehension of the APS phisiopathogenia.

Methods: Blood samples from patients with AHA, patients with PVT and plateletopenia and patients without manifestations of PVT, AHA or plaquetopenia were obtained. Samples were purified through chromatography once presence of aCL was determined. Samples were classified into positive and negative aCLs and were inyected in 24 Balb/c rats: 8 with aCL positive serum from patients with PVT and plateletopenia and 8 with aCL positive serum from patients with AHA (problem groups A and B respectively), and 8 with aCL negative serum (control group). To keep track, blood was drawn 24, 48 and 72 hours before inyecting. Hematocrits a! nd platelet quantities were determined. **Results:** In problem group A, a significant drop (p=0.019) in the number of platelets/mm3 was observed between the values obtained before the inyection (395 ± 31) and 48 hours after it (207 ± 20). In the control group no significant differences (p=0.399) in the number of platelets/mm3 were found before (395 ± 32) and after the inyection (364 ± 25). Swelling and necrosis were observed in rats' extremities injected with positive aCL. Significant differences were observed between the hematocrit in relation to time values (p<0,0003) and the control group and problem group B samples (p<0,000007).

Conclusions: The observed plateletopenia shows the reproduction of SAF in rats and allows us to correlate it to the appearance of trombotic events. It is possible to exclusively reproduce the clinical manifestations inherent to AHA, a phenomenon scarcely described in the bibliography. This paper contributes to a better understanding of the physiopatho! genia and serves as basis for the application of therapeutic strategies.

P-12-28 | VAGINAL ADENOSIS DUE TO STEVENS JOHNSON SYNDROME

Cuellar Páez, L.; Infante, L.; González, V.; Martínez del Sel, J.; Sehtman, A.
Hospital de Clínicas José de San Martín. Ciudad de Buenos Aires. Argentina

Stevens-Johnson syndrome is an acute inflammatory dermatitis, with internal organ affection and skin and mucosal compromise involving less than 10% of the body surface area. Most of the cases in adults are caused by drugs like antibiotics and NSAID. It is usually a self-limited disease, but it can leave severe sequelae, the most frequent being oral and ocular synechyae and some women may also develop genital complications as vaginal adenosis (abnormal presenceof mucinous or endocervical epithelium in the vagina).

Case: A 23-year-old woman with a history of Stevens-Johnson syndrome caused by dyclofenac and pyroxicam was admitted to the Intensive Care Unit with skin, ocular and mucosal erosions. She recovered a month later and was released from the Hospital. Seven months later, she consulted for dyspareunia secondary to vaginal lesions. Pelvic examination revealed synechiae in the lower third of the vagina, and painful introital lesions. She also presented painless oral erosions, conjunctival erythema and enthropion. A biopsy specimen taken from the vaginal mucosa revealed alternated zones of normal vagina squamous epithelium with ectopic endocervical epithelium areas. The diagnosis was Vaginal Adenosis. Surgical treatment was proposed. Vaginal adenosis is an uncommon complication of Stevens-Johnson syndrome, due to the implantation of endocervical epithelium over the denuded vaginal zones. To prevent this complication some options have been proposed, like hormonal suppression of the menstrual cycle, in order to avoid contact of endocervical fragments with the denuded vaginal mucosa. Surgery is the only treatment proposed for this uncommon disease.caused by dyclofenac and pyroxicam was admitted to the Intensive Care Unit with skin, ocular and mucosal erosions. She recovered a month later and was released from the Hospital. Seven months later, she consulted for dyspareunia secondary to vaginal lesions. Pelvic examination revealed synechiae in the lower third of the vagina, and painful introital lesions. She also presented painless oral erosions, conjunctival erythema and enthropion. A biopsy specimen taken from the vaginal mucosa revealed alternated zones of normal vagina squamous epithelium with ectopic endocervical epithelium areas. The diagnosis was Vaginal Adenosis. Surgical treatment was proposed. Vaginal adenosis is an uncommon complication of Stevens-Johnson syndrome, due to the implantation of endocervical epithelium over the denuded vaginal zones. To prevent this complication some options have been proposed, like hormonal suppression of the menstrual cycle, in order to avoid contact of endocervical fragments with the denuded vaginalmucosa. Surgery is the only treatment proposed for this uncommon disease.

P-12-29 | JUVENILE RHEUMATOID ARTHRITIS IN A PATIENT WITH LIVER AMYLOIDOSIS

Montero, Joaquín; Garibotti, Lourdes; Pastor, Emilio.; Parodi, Roberto.; Carlson, Damián.

1era Cátedra de Clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Provincia de Santa Fe. Argentina

Introduction: The oligoarticular juvenile rheumatoid arthritis (JRA) is a subgroup of JRA that involves less than 5 articulations. The diagnosis is suggested by the clinical manifestations and the polyarticular affection is rare. The amyloid deposit in JRA patients is a complication that usually takes place after five years since the disease started. Liver affection is common n systemic amyloidosis, and hepatomegaly is the most common finding. This case is shown because of the diagnostic difficulties that it presented in order to define the underlying rheumatic disease that caused liver amyloidosis.

Presentation of Case: 32 year-old woman with history of meningitis at the age of 2, petit mal at the age of 12, mental retardation and liver amyloidosis diagnosed by biopsy at the age of 30 is admitted at hospital with intermittent diarrhea and proctorrhagia. Physical examination: normal arterial pressure and body temperature. Limited mouth opening. Important abdominal distension with collateral circulation. Hepatomegaly proved by CT. Limited movements and swelling in elbows, right wrist and knees. **Laboratory:** Anemia (hemoglobin: 6.6g/dL, hematocrit 23%), leukocytosis (13600/mm3), elevated platelet count, elevated alkaline phosphatase (4077 UI/L) and gamma glutamil transpeptidase.

Other determinations: cholinesterase (5176 UI/L), normal complement, negative antinuclear factor (ANF), negative anti nativeDNA, negative Rheumatoid Factor, negative Rose Ragan and negative pANCA. The eletrophoretic pattern showed elevated polyclonal immunoglobulins. With the purpose of knowing if the joint lesions were caused by myloid arthropathy, and suspecting an eventual rheumatoid arthritis as underlying cause for secondary amyloidosis, a biopsy of the knee was taken which revealed an intense and innespecific chronic sinovitis without amyloid deposits.

Conclusion: It is necessary to fully investigate underlying diseases before considering a primary hepathic amyloidosis. This distintion radically changes therapeutic insights as well as the patient´s prognosis if treatment is installed in early stages.

P-12-30 | SCLERODERMA: NINE YEARS OF EXPERIENCE

Gómez de la Torre, R.; Ferreiro Celeiro, J.; Zárraga Fernández, M.; Pérez Martínez, D.; Menendez Caro, Jl.

Hospital San Agustin. Avilés. Asturias; Spain

OBJECTIVE: Description of patients with scleroderma followed up in an Internal Medicine Department from 1999 to 2007.

Materials and Methods: A retrospective descriptive study of patients diagnosed with scleroderma, using hospital clinical files analysing the following variables: age at disease onset, sex, initial signs and symptoms, type, organs affected, serological findings and reasons for death.

Results: Our study identified a total of 23 patients with ARA criteria , 15 (65,7%) female and 8 male. The mean age at disease onset for these groups was 59,6 and 64,5 years respectively and globally 54,7 years. With regards to type, 3 (13,0%) patients were diagnosed with limited, 11 (47,8%) presented diffuse, and 9 (39,1%) proximal. Considering the initial presenting symptom in order of frequency Raynaud´s phenomenon was the most frequently found in 13 (56,5%) patients, skin manifestations in 9 patients, and finally dyspnoea (4,3%) in a single patient. Frequent clinical signs were digital ulcerations (13,0%), ischaemic ulceration (4,3%), telangiectasia (47,3%), calcinosis (39,1%), skeletal muscle disease (60,8%), arthralgias (65,2%), arthrytis (47,8%), inflammatory miopatic disease (13,0%), osteolysis (8,6%). Global digestive tract disease (56,5%), oesophageal disease (51,0%), Barrett´s disease (21,7%), liver disease (4,3%), dyspnoea (47,8%), crackles on pulmonary auscultation (34,7%), pulmonary interstitial disease (30,4%), pulmonary hypertension (8,6%), cardiac disease (8,6%) and syndrome Sicca(8,6%), Antinuclear antibodies(ANA´s) positive in 47,8% patients, homogenous pattern (27,2%), antinucleolar antibodies (9,0%), anticentromere antibodies (63,63%), anti Scl-70 antibodies (27,2%), antiSMA antibodies (9,0%), positive rheumathoid factor (47,82%). Miscellaneous disorders were autoinmnune haemolytic anaemia with hot agglutinin antibodies 1, autoimmune hepatitis 1, hypereosinophilic syndrome 1. No neoplasia was found. In our study 10 of the 23 patients died, of which 3 were female and 7 male, with mean age at death 67,6 years and 61,0 years respectively. All the patients had the dSSc form of scleroderma. The reasons for death were pulmonary(60%), digestive(30%) and cardiac (10%) disease.

Conclusions: Raynaud´s phenomenon was the most frequent initial presenting symptom. In our study there was only a single patient with renal disease, perhaps due to small number of patients. Digestive disease was very frequent (56,25%). However the main cause of death was due to pulmonary complications.

P-12-31 | DARIER DISEASE

Gay, Francisco; Quiroga, Javier; Cuccato, Claudio.; Cabreros, Christian.; Vaquero, Noemí

Hospital Nacional Baldomero Sommer, General Rodríguez, Buenos Aires. Argentina

Introduction: Darier disease (DD) is an autosomal dominant keratinization disorder. It is characterized by an alteration in the desmosome assembly and, consequently, in the cohesion mechanisms of keratinocytes. Symptoms usually appear during puberty. They consist of hyperkeratosic and warty papules mostly located in seborrheic areas, and, less frequently, in palmo-plantar and oral mucous regions. With time, the lesions coalesce into papillomatous and smelly plaques, due to maceration and bacterial proliferation.

We report a 54 year old woman with a family history of chronic dermatosis. She presented generalized hyperkeratosic and ampullar lesions, with ulceration and purulent, smelly secretions. Blood test: HCT 39,2%, WBCs 6,700 cells/mcl (eosinophils 20%), negative HIV. Coproparasitologic test: negative. Skin biopsy: focal acantholytic dyskeratosis; suprabasal splitting with dyskeratosic cells; corps ronds and grains.

The final diagnosis was generalized, hypertrophic DD. Treatment included potassium permanganate baths, antiseptic solution compresses and empirical antibiotic therapy. She evolved with fever, pustules and lesions coalescence. Two blood cultures were negative. Culture of blister content was positive for Staphylococcus saprophyticcus. Ciprofloxacin and corticosteroids were added and sustained clinical improvement was achieved.

Conclusion: DD is an infrequent genodermatosis. Lesions can extend throughout the body and bacterial infections are usually a major complication. Differential diagnoses include familial benign pemphigus (Hayley- Hayley disease) and transient acantholytic dermatosis, besides other ampullar diseases.

P-12-32 | SARCOIDOSIS: CLINICAL PRESENTATION AS GIANT SPLENOMEGALY

Gabriel Maciel, Inés Bazzino, Víctor Píriz. (gamacol@adinet.com.uy)

Medical Clinic 2. Internal Medicine Department. Hospital Pasteur. Montevideo, Uruguay

Case Report: A black, female, 27-year-old patient. One month prior to admission 26-pound weight loss, asthenia, adynamia, fever and night sweat, precocious satiety and feeling of fullness in the left hypochondrium. At examination: lucid, eupneic respiration, 38ºC fever (100.4º F), moderate malnutrition. Clinical anemia. Small, non-tender neck and epitrochlear lymphadenopathy, bilaterally. Grade 4 splenomegaly. Possible lymphoma. Differential **Diagnosis:** tuberculosis. Hemogram: anemia.VSG 110 mm. Myelogram and bone marrow biopsy: no malignity. Negative myeloculture and PPD. Hepatic enzymogram: dissociated cholestasis. Normal LDH values. Abdominal echography: grade 4 splenomegaly. Thorax radiography: bi-basal microreticulonodular infiltrate. Thoracoabdominal CAT scan: diffuse micronodular lung findings. Uniform splenomegaly. Fiberoptic bronchoscopy with bronchoalveolar lavage, brush biopsy and transbroncheal biopsy: no lesions. BK-negative. Diagnosis reconsideration : lymphoma with pulmonary infiltration, miliary tuberculosis or an association of both.

Given the diagnostic difficulty, a splenectomy is performed. Pathologic anatomy: multiple granulomas with no central necrosis. Miliary tuberculosis or sarcoidosis is considered. Other hypothesis: systemic mycoses or granulomatous disease of unknown origin. Fever persists, worsening of general picture. Starts treatment with rifampicin, isoniazid and pyrazinamide. No improvement after one month. VSG 60. Anemia persists. Due of lack of response to this treatment, the sarcoidosis diagnosis takes ground, which requires a compatible radiologic clinical picture, histologic demonstration of non-caseating granulomas and the exclusion of other etiologies. Starts treatment with prednisone at 60 mg/day and prophylactic isoniazid at 450 mg/day . Fever recedes, weight is gained, VSG 10 mm. Anemia disappears, normalization of hepatic profile. Diagnostic delay: 1 month. Sarcoidosis is a systemic non-caseating granulomatous disease of unknown etiology. It is more common in young patients. Lung is the most affected organ, followed by the spleen; giant splenomegaly is rare. The ganglia, eyes, skin, liver and other organs can be compromised.

Given the frequent relapses when use of corticoids is stopped, a regular follow-up of these patients must be done. The multiorganic character of sarcoidosis and the frequent diagnostic difficulties, makes it fundamental for the internist physician to learn about this disease, since the differential diagnostics considered are often associated with other more common diseases.

P-12-33 | ABDOMINAL PAIN AS AN INITIAL FIND IN BENHET´S DISEASES

Fuentes, Jorge; Verdi, Dolores; Martin, Carlos.; Coiro, Martin.; Kors, Lisandro.

Clinica Bazterrica- Buenos Aires. Argentina

Case: 51 year old man, who presented with a 3-month history of abdominal pain, epigastric, vomits, diarrhea, fever and not selective hiporexia and weight loss. With initial diagnosis of Crohn disease, begins treatment with corticosteroids and 5-ASA. In his evolution presents palpable purpura (leukocytoclastic vasculitis); aphthous and genital painful ulcers; uveitis and ankle arthritis.

The case was reinterpreted and the possibility of Behcet's Disease (BD), was considered, starting treatment with Thalidomide and steroids, with poor progress. The patient showed respiratory distress syndrome, requiring high doses of steroids, plasmapheresis and initiation of treatment with Azathioprine.

He had consequent improvement of his clinical condition. As intercurrences of his illness presented gastrointestinal bleeding, thrombocytopenia, and deep vein thrombosis. Anticoagulant therapy was begun, suspended thalidomide therapy, despite which presents new thrombosis with acute pulmonary embolism. Behcet's disease (Adamantiades-Behcet's disease) is a multisystemic inflammatory disease, the pathogenesis of which is still a mystery, recurrent aphthous stomatitis with genital ulceration, eye disease and various skin lesions are its predominant features. Involvement of the gastrointestinal tract, central nervous system, and large vessels is less frecuent.

Even tough it can be life threatening. It is and endemic disease in Southeast Asia, being unusual in African-American population. The management of BD aims to treat inflammatory attacks and relieve the patient's symptoms, and also to prevent relapses with the use of anti-inflammatory and immunomodulatory drugs. Evaluation of prognostic factors and identification of high-risk patients at early stages of the disease is critical to adjust the treatment according to the severity of the disease.

The low number of randomized, controlled trials assessing the efficacy of treatments has limited the amount of data and has rendered it difficult to develop improvements in the management of BD.

In our case, given the lack of response and the severity of the disease, we began treatment with plasmapheresis, with improvement in two opportunities, despite the little evidence published about this treatment.

P-12-34 | DEBUT OF SYSTEMIC LUPUS ERITEMATOUS WITH CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME: BENEFIT OF EARLY TREATMENT

Ruiz Dominguez, Rosario; Huanca Mamani, Irsen

Hospital Obrero Nº1, Caja Nacional de Salud. La Paz; Bolivia

Introduction: The denomination of "Catastrophic" Antiphospholipid Syndrome (CAS) was used as a definition of a severe and rapidly progressive of Antiphospholipid Syndrome (SAF) and derives in multiorganic failure. It unleash to occlusive accidents in a short period (days to weeks) with a mortality index of 50%. In it's treatment we can use anticoagulants and plasmatic exchanges so as the inmunomodulatory treatment.

Case Report: 28 years old female without pathologic records, with constitutional symptoms; in the physical examination we find alopecia, craniofacial erythema in cheeks, hands with livedo reticularis on back, distal cianosis and lesions in "rat bites" form in distal phalanx of fingers, edema and confluent petequiae in feet. Laboratories: hemoglobin 10.3 g/dl, leucocytes 10.000/mm, platelet 200.000/mm, glucemia 118 nmol/l, BUN 46.9 mg/dl, creatinine 2.9 mg/dl, CRP (+), rheumatoid factor (+), C3 12 mg/dl, C4 0 mg/dl, homogeneous ANA pattern 1:320, Anti ds DNA 64U/ml, ENA with JO1 and Sm/RNP (+), anticardiolipyn antibodies IgM and IgG (+), CMV serology IgG and IgM (+). Urine analysis: proteinuria (++), hematuria (++), piocytes (+), bloody cats and granulose cats.

Thorax X-ray: right lobar pneumonia and left pleural effusion.

In her internation intercurres with deep vein thrombosis in the left inferior extremity, pericardial effusion, dry gangrene in fingers; and stroke. She was treated with corticoids, plasmatic exchanges, Cyclofosfamide, anticoagulation and human Inmunoglobuline with good improved.

Discussion: The Systemic Lupus Eritematous (SLE) associates with SAF in 50% of the cases and with CAS in 1% of the cases.

The diagnostic criteria for CAS are:

1. Evidence of affectation in three or more organs.

2. Clinical manifestations simultaneously in one week.

3. Anatomopatologic confirmation that refers the occlusion of small vessels in at least one organ or tissue.

4. Laboratorial confirmation of the presence of antiphopholipidic antibodies .

Conclusions: Previus studies report a bad prognosis in similar cases; by the way the early and multidisciplinary treatment improves the survival and prognosis in the patients. The CAS it's consider a rare disease, we have to take on count for its aggressive progression and its fatality in patients with autoinmune diseases.

P-12-35 | PSEUDOCHYLOTHORAX AS A PRESENTATION OF RHEUMATOID ARTHRITIS

Cherjovsky, Mariana; Damián, Silvia; Murno, Graciela; Agüera, Darío; Lewin, M. Laura

Hospital Municipal Ramon Santamarina, Tandil; Argentina

Clinical Case: a 61 year old man, current smoker of 40 pack/year. He complained of pleuritic pain in the left hemithorax. The physical examination revealed no relevant clinical findings. Chest x-ray showed a minimal pleural effusion which was absent in a previous one a few months ago. The laboratory tests demonstrated: leucocytosis, WBC: 24600 per ml with 60% of eosinophiles, ESR (erythrocyte sedimentation rate) 23 mm in the first hour. The chest CT scan confirmed the left pleural effusion. A thoracocentesis was performed and a milky pleural fluid obtained. Sample results were the following: cholesterol 354 mg/dl, glucose undetectable and triglycerides undetectable; cytological examination was negative for malignant cells. Fifteen days later the patient started with symmetric hands and feet arthritis affecting proximal interphalangeal and metacarpophalangeal joints with morning stiffness. The serum rheumatoid factor was positive with high titles. The patient started treatment with meprednisone 8 mg/day and metrotexate 10 mg/week. Arthritis, pleural effusion and eosinophilia improved with complete resolution one month later.

Discussion: pseudochylothorax is the milky pleural effusion that in contrast with the chylothorax has a high content of cholesterol and a low level of triglycerides. It is an unusual type of pleural effusion. Only 174 cases has been reported until 1999 and the majority of them were published long time ago. The incidence seems to be much lower in recent years. The first most common cause is pleural tuberculosis and the second one is rheumatoid arthritis. It is always related to chronic pleural disease even associated with calcification.18 cases of pseudochylothorax secondary to rheumatoid arthritis have been published until 2005. We have not found new cases reported since then.

Conclusion: We present a patient with pseudochylothorax as first manifestation of rheumatoid arthritis. This is an infrequent association and it has only been reported as a complication of a chronic pleural disease.

P-12-36 | CIRCULATING CD4+T CELLS LEVELS IN ACTIVE AND NON ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS

Cairoli, Ernesto; Iriarte, María José; Irureta, Sebastián.; Rocha, Alex.; Cayota, Alfonso.

Clínica Médica ¨C. Departamento Básico de Medicina, Unidad de Enfermedades Autoinmunes Sistémicas. Hospital de Clínicas, Facultad de Medicina, Universidad de la República, Uruguay

Introduction: The aim of this study was to quantify CD4+ T lymphocyte cells (LTCD4+) in active or inactive systemic lupus erythematosus(SLE) patients, and evaluate their association with infectious disease.

Materials and Methods: A prospective study was performed between April 2006-2008 in the Unit of Systemic Autoimmune Disease, Hospital de Clínicas, School of Medicine, Uruguay. Thirty lupus patients were enrolled. Disease activity was assessed using the SLE Disease Activity Index (SLEDAI). Flow cytometry was used for the quantification ofTCD4+ in peripheral blood. Statistical analysis: results are presented as the mean ± standard deviation (SD). Comparison between the different groups was performed using non-paired Student t-test and Mann-Whitney test. Spearman´s test was used to analyze correlation between parameters. A value of < 0,05 was considered statistically significant.

Results: There were 28/30 female patients. No significant differences of age, race and disease duration among the groups were detected. 16/30 patients had inactive disease (SLEDAI 1,0 SD ± 1,46) and 14/30 patients had active disease (SLEDAI 13 SD ± 6,04). The mean absolute number of LTCD4+ / µl was 582 SD ± 87,3 and 565 SD ± 120 in the inactive and LTCD4+ active SLE patients respectively. The mean percentage of LTCD4+ was 39,8 SD ± 2,27 and 34,7 SD ± 3,37 in the inactive and active SLE patients respectively. There was no significant differences between two measures (p = NS). No correlation was detected between the SLEDAI score and the percentage of LTCD4+ in patients with active SLE (r - 0,39, p = NS). Only in 3 patients with active disease the infection were confirmed and none was associated with intracellular pathogens.

Discusion. There are no significant differences in the number of LTCD4+ in inactive or active SLE patients. These results dot not support the routine use of antibacterial prophylaxis in patients with active SLE.

References:

-Karim MY. Immunodeficiency in the lupus clinic. Lupus 2006; 15:127.

P-12-37 | DIAGNOSTIC DIFFICULTIES WITH SYSTEMIC LUPUS ERITHEMATOSUS IN THE ELDERLY

González, Eduardo; Ferretti, María Victoria; Pastor, Emilio.; Pardi, Roberto; Greca, Alcides.

Primera Cátedra de Clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Provincia de Santa Fe. Argentina

Introduction: Coming from the diagnosis of a SLE in an elderly woman, the particular manifestations of this disease were reviewed.

Clinical Case: A 76 year-old woman, with high blood pressure, dyslipidemia, a smoking history, myocardial infarction, chronic anemia and generalized arthralgias, was admitted with the diagnosis of acute coronary syndrome. She had fever, anemia, neutropenia, renal impairment and hematuria. The physical exam and the chest radiograph showed no discernible infectious disease. As she was interpreted as a neutropenic and febrile patient, antibiotic treatment was prescribed and maintained for 15 days. Cultures were sterile. Renal impairment persisted, improving slightly after the administration of saline solution.

The low white cell count also persisted, raising with CSF. The urine analysis showed hematuria with dysmorphic red cells and non nephrotic proteinuria. Hypercellularity was found in bone marrow biopsy. The immunologic laboratory revealed reactive rheumatoid factor (1/40), positive ANA with an homogenous pattern 1/2560, positive IgG anticardiolipins antibodies in high titles, hipocomplementemia, negative anti DNA antibodies and negative anti Sm antibodies.

The renal biopsy showed a mesangial glomerulonephritis. After the onset of vasculitis in hands´ fingers, a pulse of corticoids was iniciated. The joint pain relieved, hands´ lesions disminished, red cells and white cells rose and the renal function improved. She left hospital receiving prednisona (0,4 mg/kg), antihypertensive drugs and oral anticoagulation (for a possible antiphospholipid syndrome)

Discussion: 12 - 18% of the patients with Erithematous Systemic Lupus are elderly people. These patients have better evolution than young patients. The manifestations usually are unspecific and subtle. A greater incidence of arthromyalgias, serositis and lung compromise has been reported, and the rheumatoid factor, anti Ro, anti La and ANA are frequently positive. Uncommon skin manifestations, arthritis, nephritis, hipocomplementemia and anti RNP antibodies may be present. Systemic diseases such as arterial hypertension and diabetes usually contribute to deterioration of renal function.

Conclusion: Systemic Lupus Erythematosus is a difficult diagnosis in elderly patients. Not suspecting this disease often leads to diagnostic delays.

P-12-38 | ARE ALL CORONARY SEGMENTS EVALUABLE ON 64ROW MDCT CORONARY ANGIOGRAPHY?

Carrascosa, Patricia; Capuñay, Carlos; Deviggiano, Alejandro; Carrascosa, Jorge.; García, Mario J;

Diagnóstico Maipú. Argentina Mount Sinal Heart New York. USA

Introduction: Visualization of the coronary arteries and accurate detection of coronary vessel stenosis improved with 64-row MDCT, reducing the non-evaluable segment rate present with the 16-row scanners (5-33%). The purpose of this presentation is to determine the performance of 64-row MDCT coronary angiography in the visualization of the coronary segments.

Methods: Coronary 64-row MDCT angiograms of 100 patients (79 males) with known or suspected coronary artery disease were evaluated. Scan parameters were: 64 x 0.625 mm collimation; 0.67mm slice thickness, 0.20 pitch and 80mL of iodine contrast material injected at a rate of 6mL/sec followed by 60mL of saline injection at a rate of 6mL/sec. If the patient heart rate was greater than 60 beats per minute, beta-blockers were administered orally or intravenously prior to scanning. Images were examined independently by 2 experienced investigators using a dedicated Workstation (Extended Brilliance Workspace). Qualitative analysis of each segment was performed by visual estimate based using a 17-segment model.

Results: The mean body mass index of the patients was 27,6 kg/m2. Heart rate was 56,8 ± 6,5 beats/min at the time of MDCT acquisition. Observer 1: In 78 patients all available segments suitable for analysis could be evaluated. Ten patients had 1; 7 patients had 2; and 5 patients had 3 segments suitable for analysis that could not be evaluated. The over-all segment assessment rate was 97.71%. Observer 2: In 81 patients all available segments suitable for analysis could be evaluated. Eleven patients had 1; 5 patients had 2; and 3 patients had 3 segments suitable for analysis that could not be evaluated. The over-all segment assessment rate was 98.24%. The reported causes for non-evaluability were poor opacification, motion, or calcium blooming artifacts. In those patients in whom all available segments were suitable for analysis, the mean heart rate was <60 beats/min.

Conclusions: Our results showed a significant reduction in the number of non-evaluable segments in comparison with 16-row CT angiograms. Heart rate <60 beats/min was associated with optimal segment visualization.

P-12-39 | RELAPSING POLYCHONDRITIS WITH LARYNGOTRACHEAL INVOLVEMENT

Castro G., Carolina; Gutierrez C., Mónica; Santamarina R., Mario.; Vega S., Jorge.; Jarpa M., Elena.

Internal Medicine Department, Hospital Naval "Almirante Nef", University of Valparaiso School of Medicine, Chile

Relapsing Polychondritis (RP) is a multisystemic inflammatory disease of unknown etiology. It is characterized by recurrent episodes of inflammation with progressive destruction of cartilaginous tissues and other structures with proteoglycan such as the inner ears, blood vessels and eyes. No definitive laboratory diagnostic test is available. Diagnosis is made clinically with histological confirmation.

We report the case of a patient with successive involvement of different cartilaginous tissues that allowed us to make the diagnosis of RP. A 54-year-old women with primary hypothyroidism presented on september of 2006 to an outpatient clinic with an episode of costochondritis and right-knee arthritis. A month later she was admitted because of febrile polyarthritis with elevation of acute-phase reactants and erythrocyte sedimentation rate, and moderate anaemia. The determinations of ANA, ANCAs, anti-DNA, ENA and rheumatoid factor were negative and the C'4 slightly decreased. A diagnosis of early rheumatoid arthritis was made and prednisone was prescribed, with a favorable initial response. Nonproductive cough and severe dysphonia developed two months later and tender and marked swelling in both ears appeared subsequently with spontaneous resolution.

Finally, nose pain and saddle-nose deformity developed, suggestive of RP. A nasopharyngoscopy examination revealed laryngeal and glottic edema and a dynamic expiratory CT Scan showed thickening of the tracheobronchial wall and luminal narrowing of the main bronchus on expiration, a common finding in RP. A nasal cartilage biopsy demonstrated an inflammatory infiltrate without granulomas. Treatment with corticosteroids and azathioprine was iniciated, but the patient presented left-eye-episcleritis. Azathioprine was replaced by oral cyclophosphamide obtaining an acceptable response.

Comment: The course of RP is highly variable. The onset of symptoms occurs between the fifth and sixth decade, with incidence of 3.5 cases per million inhabitants /year. Auricular chondritis is the most frequent manifestation; laringotraqueal involvement occurs in the 56% of cases and it is the most dangerous complication. Corticosteroids remain the cornerstone of treatment for a majority of patients. Combined immunosuppression is indicated in more severe cases.

P-12-40 | TAKAYASU DISEASE IN INFLAMMATORY PHASE AN UNCOMMON CAUSE OF FEVER OF UNKNOWN ORIGIN

Celis, Cristobal; Gómez, Marcela; Labarca, Cristian.; Soffia, Pablo.; Pérez, Jorge.

Universidad del Desarrollo, Chile

Introduction: Takayasu disease is a chronic inflammatory arteritis affecting large vessels. It´s a rare disease with an incidence in North America reported in 2,6/million/year. Most known cases are in the late stenosing phase, but there have been reported fewer cases in the early "pre pulssles" phase characterized by non specific inflammatory features. We present a case of Takayasu disease in inflammatory phase that presents fever of unknown origin.

Clinical Case: Thirty one years old female, previously healthy with a 3 month history of dry cough, exertional dyspnea, night sweats, malaise and fever up to 39ºC. At physical exam she only presents fever of 38ºC, with no alterations in pulses or differences in blood pressure between arms. Laboratory studies revealed a normocitic normocromic anemia (Hb 10 g/dl), 563.000 platelets, ESR 130 mm/hr and CRP 267. Blood and urine cultures, study for HIV, HCV, HBV, CMV, EBV, Parvovirus B19, Brucella, Legionella, Bartonella, VDRL and AFB smear and cultures for M. Tuberculosis were all negative. Chest radiography and abdominal US were normal. Due to the persistence of fever and dyspnea a CT pulmonary angiography (CT-PA) was taken that revealed diffuse inflammatory infiltrates in great vessels and bronchi, and a 2 cm pseudoaneurism in the toracoabdominal aorta. These findings were compatible with Takayasu disease in inflammatory phase.

Steroidal therapy was iniciated with normalization of inflammatory parameters and improvement in symptoms and fever. Control pulmonary CT-PA after 2 months showed dramatic reduction of the inflammatory changes. Commentary There are only a few reports of Takayasu disease at the "pre pulseless" stage , nevertheless it is important to consider it in the differential diagnosis of a patient with fever of unknown origin. There is no evidence that guarantees a specific treatment in this stage, however corticoids and methotrexate are widely accepted and could avoid the later development of stenosis.

P-12-41 | A MEDICAL MYSTERY: THE MAN WITHOUT SHOULDER

Nuñez Viejo, MA.; Fernandez Montes, A.; Pardo Gutierrez, V.; Arozamena Martinez, G.; Martinez de las Cuevas, G.

Universitary Hospital "Marqués de Vadecilla" Santander, Cantabria, Spain.

Introduction: Charcot Neuroarthropathy is a destructive process of unknown etiology. The most frequent causes in the developed countries are diabetes, alcoholic arthropathy and syringomyelia. Shoulder involvement is rare, and when occurs, it is often associated with Syringomyelia.

Case: A 75-year-old man was admitted at our hospital with a two-month history of right shoulder pain and progressive loss of strength in his arm. All of the analysis were normal, included the examination of the synovial liquid obtained by arthrocentesis. During his admittance we also underwent a shoulder film and CT (with a three-dimensional reconstruction imaging). Both showed the complete destruction of the humeral head. After shuffling several diagnoses (avascular necrosis, septic arthritis, tumors ...) a MRI of the shoulder was also obtained, which showed the presence of a syringomyelic cavity extending from C1 to T7 level. Finally he was given the diagnosis of Charcot Neuroarthropathy secondary to syringomyelia.

Conclusion: Eventually we also included a review of the most frequent causes, etiology, physiopathology, symptoms, diagnosis and treatment of the syringomyelia.

P-12-42 | MICROSCOPIC POLIANGIITIS (MPA)

Brunetti, G.; Haquim, M.; Timor, G.; Taffarel, C.; Larrea, R.

Servicio de Clínica Médica Hospital Español de Buenos Aires.; Argentina

Introduction: MPA is a necrotizing vasculitis of small vessels. Its incidence is 2,4:1.000.000/year with a peak between 40-50years and male predominance. Constitutional symptoms, fever and renal involvement present in 100% of cases; pulmonary manifestations in 12-20%, and nervous system involvement is infrequent. **Case:** Female, 65years., presenting with lower limbs pain and paresthesia, sole and maleolar erythema lasting 45days. She received NSAIDs and antibiotics for 21days without improvement starting with fever 72hours before admission. Physical examination: soles and ankles erythema, 1/6 systolic aortic murmur, basal right lung crackles. Abdominal ultrasonography: normal kidneys; bilateral pleural effusion; right inferior lobe alveolar infiltrate. Electromyogram: axonomyelinic polyneuropathy. **Laboratory:** Hematocrit32% MCV80fL; leukocyte16.700/uL(80% neutrophil); platelets 626.000/uL; AST44U/L; ALT 77U/L; ALP753U/L; uremia77mg/L, creatinin2,36 mg/dl; Sodium122 mEq/L; total protein6,33g/dl; albumin2,19 g/dl; ESR105 mm; CRP202 mg/L; urine: 5-10 leukocytes, 1-3 pyocites, proteinuria0,79g/24 h; CrCl13ml/min; ferritin669,4ng/ml; pleural fluid: trasudative effusion, 300 cells(45% neutrophil), normal cytology. Fluid and sodium replacement are started. Ceftriaxone is given for 7days, with negative cultures(NC). Fever persists with arthralgia, anasarca, leukocytosis, hypoalbuminemia, pulmonary infiltrates and oligoanuria; renal function worsens (uremia112, creatininemia5,3), starting hemodialysis. Metilprednisolone 1mg/kg is prescribed. She develops bonchospasm and hemoptysis with new alveolar infiltrates requiring mech anical ventilation for 5days. Piperacillin/tazobactam is started. BAL: alveolar hemorrhage; macrophages85%; hemosiderophages1%; lymphocytes1%; neutrophils10%; bronchial cells4% and NC. Negative rheumatoid factor, antiDNA, antiGBM, c-ANCA. P-ANCA++; antimyeloperoxydase+, ANA+1/1280, normal comple ment. Cyclophosphamide is started recovering diuresis and improvig renal function with no longer dialysis requirement. Patient was discharged with oral corticosteroids. One month later she was readmitted for pneumonia and treated with piperacillin/tazobactam, with NC. One month later she is readmitted with seizures and deterioration of conciousness, hyperglycemia, hyponatremia and Klebsiella bacteremia. Meropenem is started, persisting febrile. CSF: 77cells(lymphocytes80%), hyperproteinorrachia, hypoglucorrachia, NC for bacteria and fungi, Ziehl-Nielsen-. Vancomycin is added. MRI/angioMRI: periventricular hyperintense lesions(T2/FLAIR) not enhanced by gadolinium, meningeal enhancement. Filling defects in CAA, rightCPA(P1segment), narrowing of MCA second/third order vessels. Corticosteroids+cyclophosphamide were started without improvement; patient dies. Late CSFcultures AFB+.

Conclusion: MPA prognosis is serious with frequent relapses. Mortality is 35% in the first months, 75% with pulmonary hemorrhage; and is associated with vasculitis itself and treatment adverse effects, as infections.

P-12-43 | FACTORS ASSOCIATED TO MAMMOGRAPHY FREQUENCY AMONG WOMEN IN A HEALTH CARE SYSTEM IN ARGENTINA

Gomez Saldaño, Ana M.; Figar, Silvana; Otero, Carlos.; Borbolla, Damián.; Gonzalez Bernaldo de Quirós.F

Hospital Italiano de Buenos Aires; Argentina.

Introduction: The detection of factors associated to the frequency that women perform their mammography provides information about the feasibility of a breast cancer screening program. **Objetive:** To describe demographic characteristics and health status of women according to their mammography behavior. **Methods:** cross sectional study. Women with more than 1 year of affiliation to Plan de Salud (University hospital based Health Management Organization) aged 40-70 years (n=26900) were included. Women were stratified into 3 groups: G1: (n=16568) with at least one mammogram performed in the last 2 years; G2 (n=3660) with at least one mammogram performed but not in the last 2 years; G3: (n=6672) with no mammography performed. From each group 3500 women were randomly selected. Age, length of affiliation, visits to their general practitioner (GP) and morbidity obtained from administrative databases. Continuous variables were expressed as mean and SD or median and intequartile range (IQ), and compared with anova or Mac Nemmar test according to variable distribution. Categorical variables were expressed as % with 95% Confidence Intervals (95% CI), and compared with Chi square test. A p value of 0,05 or less was considered significant.

Results: The overall rate of mammography was 61.6% (95% CI: 61-62.2). Mean age (SD) was: G1: 56.3(8.2); G2: 56.2(8.3); G3: 56.1(8.7), without significant differences between groups. During the last year 12.4% (G1); 23% (G2); and 31% (G3) have not seen their GP (differences were statistically significant for all comparisons). Median (IQ) numbers of visits were: G1: 4(2-6); 2G: 3(2-5); 3G 3(2-5). Significantly more women in G1 had at least one hospitalization in the last year than G2 and G3 (11.5%; 9.9%; 8.2% respectively). Morbidities: diabetes mellitus (G1:3.7%; G2:5%;G3 3.4%) and hypertension (G1:29,2%; G2: 30,6%;G3: 25%) were significantly more frequent in G1 and G2 than in G3.

Conclusions: Women compliant with mammography had more visits to their GP, more morbidity and more hospitalizations than those women without mammography screening.

P-12-44 | IDIOPATHIC RETROPERITONEAL FIBROSIS TREATMENT WITH COLCHICINE AND STEROIDS. A PROSPECTIVE SERIES OF SEVEN PATIENTS

Vega S. , Jorge; Goecke S, H.; Tapia C., Hector; Labarca, Eduardo; Martinez, R., Gonzalo

Hospital Naval A. Nef - Viña del Mar; Chile

Introduction: Idiopatic Retroperitoneal Fibrosis is a rare disease characterized by fibro-inflammatory tissue accumulation over retroperitoneal structures including arteries, veins and ureters eventually resulting in vascular and renal insufficiency. Autoimmune mechanisms are probably participating on the pathogenesis of this disease and thus, it has been treated with high dose steroids and sometimes immunosuppressive drugs, resulting in a greater toxicity risk over prolonged treatments, so it would be wise to look for safer drugs. Colchicine has antifibrotic, anti-inflammatory and immunosuppressive effects; hence it is a potential therapeutic resource for idiopathic retroperitoneal fibrosis.

Material and Methods: On seven consecutive patients, colchicine 1 mg plus prednisone or deflazacort 30 mg daily was prescribed until subsiding of symptoms and normalization of inflammatory parameters. After reaching clinical response, prednisone dose was tapered to 2.5 to 5.0 mg and deflazacort to 3 to 6 mg, every 24 to 48 hours, maintaining colchicine at 1 mg daily.

Results: Symptoms disappeared in few days and inflammatory parameters in few weeks. Follow-up was 73.7 months +/- 47.2 (range: 32-145) in all patients whom received at less one month of treatment. After three month of therapy, all patients had reduced volume of their retroperitoneal mass shown by CT-scan . At the last visit all patients had significantly reduced its size (55% to 100%; mean: 72.8%). It was necessary to reduce colchicine dose in 2 patients due to drug-induced diarrhea. One patient died of septic shock on day 21 of treatment.

Discussion: Colchicine in association with a low induction dose of steroids (< 0.5 mg/Kg/day) produces remission rates in idiopathic retroperitoneal fibrosis similar to regimens using higher steroid doses alone or in combination with immunosuppressive drugs, with few secondary effects.

P-12-45 | EXERTIONAL RHABDOMYOLYSIS. REPORT OF EIGHT CASES

Vega S., Jorge; Goecke S, H.; Martinez R., Gonzalo

Hospital Naval A. Nef - Viña del Mar; Chile

Introduction: Rhabdomyolysis is characterized by muscular necrosis with release of its intracellular constituents to the systemic circulation. It can range from an asymptomatic rise of muscle enzymes to extreme elevations associated with hyperkalemia and acute renal failure. Common etiologies are trauma, endocrinological and neurological diseases, infections, drugs, collagenophaties and electrolite disorders. Exertional rhabdiomyolysis (ER) is a rare disease that has been discribed in militaries, athletes and subjects affected of muscular diseases.

Material and Methods: We comunicate eight cases of ER treated in a single hospital in the last four years, that ocurred in men between 14 and 48 years (28 +/- 10), without any other evident etiology.

Results: The episodes ocurred after starting extenuant physical training, practicing spinning inside an hyperbaric chamber, running the Cooper Test, training for participate in a thriatlon, arms flections for a prolonged time and an attempt to rescue a near drowning girl on the sea.

Patients presented to the emergency department with myalgias, painfull edema of the limbs, weakness, muscular stiffness with movement limitation, cramps and reddish colored urine without microscopic hematuria (due to myoglubinuria). Muscle enzimes rised rapidly reaching maximal total creatine kinase (CK) values of 52.971 U/L, mb-CK of 2002 U/L, DHL 13.864 U/L , SGOT 1.350 and SGPT 2.176 U/L. Four subjects developed acute renal insufficiency, reaching maximal serum creatinine (SCr) values of 2.4, 6.8, 9.6 and 10.8 mg/dl. All had a desproportionated rise of SCr with respect to BUN and only one patient required temporary dyalisis. All patientes received energic resuscitation with normal saline and sod! ium bicarbonate for alkalization of the urine, achieving polyuria in all but one with normal diuresis. Everyone normalized muscle enzimes and renal function between 9 and 48 days after the episode.

Discussion: ER is a rare disease that can affect military staff during their nomal activities. This condition must be recognized quickly to avoid serious electrolytic disturbances and azotemia. Generous volemization with normal saline and alkalization of the urine allows avoiding oliguria and the need for dialysis in most patients.

P-12-46 | NATURAL REGULATORY T CELL DEPLETION IN ACTIVE SYSTEMIC LUPUS ERYTHEMATOSUS

Cairoli, Ernesto; Iriarte, María José; Rocha, Alex.; Irureta, Sebastián.; Cayota, Alfonso.

Clínica Medica "C", Departamento Básico de Medicina, Unidad de Enfermedades Autoinmunes Sistémicas. Hospital de Clínicas, Facultad de Medicina, Universidad de la República, Uruguay.

Introduction: The aim of this study was to quantify natural T regulatory cells (Treg) CD4+ CD25high in active or inactive systemic lupus erythematosus (SLE) patients, and evaluate their association with disease activity.

Materials and Methods: A prospective study was performed between April 2006-2008 in the Unit of Systemic Autoimmune Disease, Hospital de Clínicas, School of Medicine, Uruguay. Thirty lupus patients were enrolled. Disease activity was assessed using the SLE Disease Activity Index (SLEDAI). Healthy volunteers matched for age and sex as controls. Flow cytometry was used for the quantification of CD4+ CD25high natural Treg in peripheral blood. In terms of CD4+ CD25high T cells, defined as having a fluorescence intensity of CD25 expression exceeding 101,3. Statistical analysis: results are presented as the mean ± standard deviation (SD). Comparison between the different groups was performed using non-paired Student t-test and Mann-Whitney test. Spearman´s test was used to analyze correlation between parameters. A p value of < 0,05 was considered statistically significant.

Results: There were 28/30 female patients and 6/7 female control donors. No significant differences of age, race and disease duration among the groups were detected. 16/30 patients had inactive disease (SLEDAI 1,0 ± 1,46) and 14/30 patients had active disease (SLEDAI 13 ± 6,04). A significant decrease in the mean on CD4+ CD25high value for patients with active SLE was evidenced when this group was compared with inactive SLE patients (3,60 SD ± 3,56 and 7,20 SD ± 2,65 respectively) (p = 0,013). No significant differences were observed when compared inactive SLE patients with control donors. No correlation was detected between the SLEDAI score and the percentage of CD4+ CD25high in patients with SLE (r - 0,27, p = NS)

Discussion: These results support the hypothesis that Tregs might be involved in the pathogenesis of SLE and they might help to evaluate the presence of active or inactive disease. Referencias. -Miyara, M. Global natural regulatory T cell depletion in active SLE. J Immunol 2005; 175:8392. -Alvarado-Sánchez, B. Regulatory T cells in patients with SLE. J Autoimmunity 2006; 27:110.

P-12-47 | SYSTEMIC LUPUS ERYTHMTOSUS (SLE) IN PATIENTS OVER 40 YEARS OLD

Montiel, D.; Ayala, R.; Gaona, A; Torres, E.

National Hospital of Itaguá.Paraguay

MATERIAL AND Method: Series of patients' cases that made début with LES over 40 years hospitalizad,in the Dpto. of Internal Medicine,period of 1995-2007.

Results:15 patients Were studied,middle ages of 46,5 years, range(41-69),feminine sex 11,masculine sex 4.Average time of beginning of the symptoms of 5 months,mialgias and artralgias they appeared in 100 %. Fever prolonged in 10. The nefropatía I present in 9, all women(2 with alteration of the renal function,clearance promedio:58 ml/m,edema bipalpebral and low members in one).Loss of weight of 10 kg in 2 males. The renal biopsy in 6,there corresponded,to degree IV,4(one with normal sediment and proteinuria normal,two with proteinuria of range nefrótico and the third one with proteins of 1g and clearance of 51ml/m and remaining degree the IInd).Arterial hypertension in 5.The evolution with the treatment was good at all.Time of average follow-up 6 years.

Conclusion: -The clinical presentation was especially artromuscular and long fever.

-The nefropatía I present only in women. The urinary sediment, with mike hematuria and proteinuria slight they were the most frequent finds.

-There were only two cases of syndrome nefrótico clearly and with renal diminished function.

-The loss of weight appeared in males.

P-12-48 | HYPODENSE LESIONS IN THE SPLEEN AS AN UNUSUAL PRESENTATION OF STILL'S DISEASE

Presta, Jorgelina; Agñel, Ramos; Reynoso, Ma. Belén; Bertollo, Natalia; Lovesio, Carlos

Sanatorio Parque Rosario, Santa Fe; Argentina

Introduction: Adult Still's disease is a systemic acute inflammatory disorder, with unknown cause and low prevalence. It is characterized by the association of high spiking fevers, arthritis or arthralgia, odynophagia, evanescent cutaneous rash, leukocytosis, and elevation of acute phase reactants. The elevation of serum ferritin is clearly useful in the diagnosis; however, there are no clinical signs, laboratory or imaging pathognomonic findings leading to the diagnosis of this disease. It is part of the differential diagnosis of FUO, including infections, malignancies, and autoimmune conditions. Delayed diagnosis is common due to its unspecific and heterogeneous clinical characteristics.

OBJECTIVE: to communicate an unusual presentation of Still's disease.

Case Report: 40-year-old male patient comes for a visit after 10-days' progress of a clinical picture with daily fever of 39 to 40 C, noticeable asthenia and intense abdominal pain predominant in the left hypocondrium. PE: palpable painful spleen, no other alterations. **ANTECEDENTS:** dyslipemia treated with atorvastatin, smoker of 20 cigarettes a day for approximately 10 years.

Lab **Results:** hematocrit 40%, platelets 235.000, WBC 13.9000, Blood differential: 0/43/2/0/50/5, glycemia 103, urea 27, SGOT 118, SGPT 155 ui/l, Total Bilirubin 1, Direct Bilirubin 0,18, Alkaline Phosphatase 368, GGT 109 iu/l, Lactate dehydrogenase 1461 ui/l, Eritrosedimentation Rate 100, CRP: 4.8 mg/dL, electrophoretic proteinogram: mild hypergammaglobulinemia, 3 negative blood cultures, and a negative urine culture. Ferritin 4022 ng/ml (nv: 29-350), negative for Serum HIV, negative flow cytometry analysis of peripheral blood, and negative transesophagic echocardiogram. Thoracic X-ray and CT with contrast were normal. Abdominal X-ray was normal. Abdominal and pelvic CT with contrast showed splenomegaly with peripheral hypodense lesions and mild hepatomegaly, no other alterations. The case is interpreted as Adult onset Still's disease, and treated with metilprednisolone 1 mg/kg with a rapid symptomatology improvement and progressive return to normal laboratory values in two months.

P-12-49 | FEVER OF UNKNOWN ORIGIN (FUO). AN UNEXPECTED LABORATORY TEST WAS THE CLUE

Pross, María Celeste; Caram, Maróa Soledad; Ríos, Pablo Gerardo.; Kühn, Yanina María

Hospital San Martín. Paraná- Entre Ríos. Argentina

Presentation of Case: A 22-year-old man, was attended to a hospital in the previous year because of prolonged febrile syndrome with spontaneous resolution. At admission to our hospital, patient refered daily fever episodes, myalgias and sore throat, from one month ago. Physical examination revealed evanescent rash in the neck, chest and limbs and small polylymphadenopathies. During hospital stay, he adds bilateral pleural effusion, severe pericardial effusion and asymmetric oligoarthritis.

Diagnosis procedures: The relevant laboratory findings were leukocytosis with persistent neutrophilia; high ESR, CRP and LDH; polyclonal hypergamaglobuline mia and C4 slightly consumed; one of them was conclusive: 'Ferritin 7008 mg / dl'(30-400). Other: serum ACE was normal; negative anti-ENA antibody. Pleura / Pericardium cultures (fluid and tissue) for common pathogens, AFB and Fungi; were negative. Pleura and Pericardium biopsies showed acute inflammation pattern, without granulom! as or atypical cells. Bone marrow was hypercellular, with a granulocytic maturation preserved; displasic megakariocytes were increased in number; whereas erythropoiesis was reduced. Abdominal CT scan displayed mild and uniform hepato-splenomegaly. Diagnosis at discharge: Adult-onset Still's disease (AOSD); fulfilling diagnostic criteria of Yamaguchi, Cush and Fautrel. **Treatment:** He started with NSAIDs (unresponsive), then corticotherapy with good evolution.

Review: The incidence of AOSD is 1.6 per 1000000 people, affects young adults aged 16-25 years. The typical clinical triad includes: spiking fever (96%), Rash (73%), arthritis / Arthralgia (64%). Other less common are: hepatomegaly or abnormal liver function tests (50-75%), pleurisy (26%), Pericarditis (24%). Ferritin introduced a leading role in suspicion and as a marker of disease activity; AOSD in higher value than in other autoimmune and inflammatory diseases.

Conclusion: There are more than 200 different causes of FUO ! reported in the literature. The purpose of this case report is emphasize the needs of take into account the AOSD among the various causes leading to FUO. In this setting, a high unexpected ferritin value may be a useful clue.

P-12-50 | THE MANY FACES OF LUPUS

Otero, M.; Cabrera, H. Pelli, M.J

Hospital Nacional Posadas, Bs. As. Argentina

Lupus eritematosus is an autoinmune disease of unknown origin.Its main feature is the production of antibodies that attack many cells in different organs.The skin is one of the most commonly affected organs, and the dermatologic manifestations of this disease are often difficult to interpretate.

We show tipical pictures of cutaneous cronic lupus: discoid lupus, lupus profundus, lupus tumidus; subacute lupus: psoriasiform and policyclic, and sistemic lupus:malar rash, vasculitis, livedo,etc.

The goal of this poster is to show the different cutaneous manifestations of lupus, giving the clinicians the clues to identify easily the different types of lupus.

P-12-51 | ALVEOLAR HEMORRHAGE IN ADULT CONSET STILL´S DISEASE

Pino, L.; Florez, C.; Arbelaez, A.

Hospital Militar Central, Bogotá.; Colombia.

Introduction: Adult onset Still´s disease (AOSD) is an uncommon autoimmune entity characterized by a multisystemic inflamatory response of unknown origin. It´s one of the most important causes of Unknown Origin Fever (UOF), and it´s associated to different clinical manifestations. Diagnosis of AOSD remains difficult and depends on the clinician to rule out another similar diseases. Alveolar hemorrhage is a very infrequent complication of the disease without case reports reported in the literature to our knowledge.

Case Description: Female, 41 years old, married with one child, previously healthy. She present to the hospital with 2 weeks of fever, evanescent erythematous rash on trunk and extremities that increases during fever episodes, symmetrical polyarthralgias, hepatomegaly, painless cervical adenomegalies and sore throat. Initially this clinical picture was interpreted as bacterial pharyngitis and she was initiated on antibiotics and antihystaminics without improvement of symptoms. She was hospitalized, during the second day on the hospital she developed severe dyspnea and a fall of 3g/dl on her hemoglobin levels. A chest X-ray showed alveolar infiltrates on the right base and ipsilateral atelectasia. A thorax scanner confirmed alveolar infiltrates at this level. A fiberbronchoscopy was realized, no macroscopic changes were found, bronchoalveolar lavage (BAL) showed a total count of hemosyderophages of 80%. Microbiological studies on BAL were negative. Inmunological profile includi! ng ANAS, ANCAS, anti DNAds, C3, C4 were negative. Ferritin levels were reported as higher than 1650 ng/ml and she had intense leucocytosis of 56.000/mm3. Transesophagic echocardiogram, blood cultures, and culture of the urine were negative. We decided to give steroids and non steroidal antiinflamatories drugs (NSAIDs) because high suspition of AOSD, with a dramatic response. Because of the hyperleucocytosis we did a blood marrow aspirate that showed mild eosynophilia, blood marrow culture negative and polymerase chain reaction for bcr/abl fusion gene were negative ruling out a myelogenous chronic leukemia. The patient persisted with excellent clinical response and normalization on chest X-ray, dyspnea and hemoglobin levels.

Discussion: AOSD is a multisystemic inflammatory response, its main pulmonary complication is pleuresy. Association with alveolar hemorrhage is an atypical presentation without reported cases in the literature that we searched. The diagnosis of this disease is based only on clinical criteria described by Yamaguchi o Cush. The most important clue is to rule out similar entities before decide to start on steroids and NSAIDs. Usually as in this case the clinical response is dramatical including resolution of alveolar hemorrhage.

P-12-52 | A PATIENT WITH CUTANEOUS POLYARTERITIS NODOSA

Pavia, Marcelo; Serrano, Roberto Gustavo; Avaro, Andrea.; Meana, María.; Navarro, Carlos Ramón.

Policlínico Neuquén, Neuquén.; Argentina

Introduction: This is an uncommon vasculitis, usually benign, of chronic evolution; it has an overall incidence of 0.7/100.000 and prevalence of 6.3/100.000. Its etiology remains unknown. It is characterized by nodular skin lesions, with impairment of neuromuscular system and joints. Generally presents minimal systemic involvement. Laboratory tests are not specific. The main clinical feature is the appearance of palpable and painful nodular reddish lesiones

Case Report: A 50-year-old man with history of rheumatic fever consulted the emergency department with pharyngitis, muscular pain and weight loss of 8 kg in one month. Upper and lower limbs where affected, with no signs of arthritis. In the last month he developed painful macular erythematosus papular lesions in their hands, legs and feet, associated with fever. Laboratory test were: WBC 17800 mm3, ASLO 800, CPK, LDH and aldolasa where high erythrocyte sedimentation rate 80 mm during first hour-150 mm during second hour, polymerase chain reaction 98, the rest of the result where normal. Abdominal ultrasound was normal. Blood, urine cultures; and viral serology were negative (HIV, VHB, VHC, Parvovirus, E. Barr, CMV), FAN negative, C3 and C4 in normal levels. The skin biopsy reported: small vessels vasculitis, consistent with cutaneous polyarteritis nodosa.

Comment: This case is an unusual form of presentation of cutaneous polyarteritis nodosa without the ordinary initial skin lesions at the beginning of the disease

P-12-53 | NEUMATOCELES IN PATIENTS WITH LES

Pierantozzi, Daniela; Gimenez, María José; Villaroel, Cristian.; Alvarez, Griselda.; Dain, Alejandro.

Hospital Militar Córdoba; Argentina.

Women aged 44, with REUMATHIC DISEASE without treatment. First internment by respiratory failure with pleural effusion, resistant to treatment with nodular image on the right lung base; laboratory sample GSA> 100 and leukocytosis. TAC chest: cavited image on the right lung GSA> base with multiple internal partitions, it was discarded tuberculary involved and other bacterial diseases. It evolves in the first 72 hours with anasarca and nephrotic proteinuria, with impaired renal function and hypoalbuminaemia.

A kidney biopsy was performed and it reported: lupus nephritis membranous Class V associated with mesangial proliferative Class II. Laboratory immune showing positive ANA mottled thin (1 / 160), circulating immune complex increased. It performs pulse steroids. It tries to puncture material lung cave which had disappeared leaving a scar on the basis rest right. It evolves with clinical respiratory and nephrology improvement. She began mycophenolate and prednisone in at outcome. she was re admitted at the hospital four months later for relapse.

She showed with purulent sputum, radiological control showing multiple images cavites with fluid and air levels inside and bilateral. TBC was discharged. It was found a papulose injury in vulva with a erythrodermic surface. Sputum reported staphylococcus sensitive to vancomycin. Punction lung was removed 20 CC purulent fluid, fetid. Hemocultivos: identical germ in sputum, it began with vancomycin. Mycophenolate was suspended and she continued with oral corticosteroids. Chest

Surgery suggests not invade. At 20 days, TAC chest control: Cavite images with little liquid inside it. In 28 days, evolves with lesions on the palms, plants, chest and torso, itchining and induration, it was performed medical board because of possible diagnoses and reaction to toxic vs. vancomycin. reactivation of the basic disease, rotates to teicoplanin. Laboratory immune normal. skin biopsy: vasculitis. It began with mycophenolate more steroids. Control negative blood cultures, radiology images of caves without liquid. It was decided to hospital discharge.

Conclusion: patient whith its inmune system altered who shows a lung cave complicated with stafilococcus aureus RM from vulvar skin. In this kind of patient is important the ranking of the potential infeccious risk for the consecuence in the mortality percentage.

P-12-54 | TAKAYASU ARTERITIS NON INVASIVE STUDY WITH MLCT

Yelin, Carlos; Yelin, Ivan; Yelin, Gabriel.

School of Medicine, Rosario University. Rosario. Argentina.

Background: Takayasu arteritis is an uncommon condition with an approximate one in a million statistic relation. With a polymorphous presentation, it complicates and usually delays diagnosis. Without specific lab results and highly indefinite clinical manifestations, one is forced to consider alternative diagnostic methods. First, the Doppler ultrasound, then the MRI, and nowadays, we propose the MLCT as the "gold standard" for the "pulseless disease". Goal: Proposing an accurate and objective diagnostic methodology, for an infrequent but almost always long and undiagnosed disease.

Materials and Method: Two cases of Takayasu arteritis and the studies conducted with 64-Multislice computer tomography equipment.

Discussion: The precision of the images is documented. In time, these images can turn the method into a high-specificity one, in order to diagnose the condition.

Conclusion: Takayasu arteritis has always posed a difficult challenge for internists, because of its young and polysymptomatic patients with a severe clinical compromise, who do not usually show diagnostic guidelines. Finding a non-invasive and accurate method fit for documentation which surpasses the previous ones is a positive instance to consider.

P-12-55 | RELAPSING FEVER WITH SERIOUS SYSTEMIC ILLNESS IN 19 YR. OLD WOMAN

Coto, Ángel.; Igarzabal, Ana; González, Elisa.; Fernández Miranda, Consuelo.

Servicio de Medicina Interna. Hospital Doce de Octubre.Madrid.; Spain

We present a 19 yr. old woman born in Morocco. He previously suffered from tuberculous lymphadenitis completely treated seven years ago. The current illness began in July 2007 with fever, sore throat, cervical lymphadenopathy and parotid enlargement. Ibuprofen and azythromicin were prescribed by her GP and, as skin rash appeared (assigned to an allergic reaction) the treatment was interrupted and amoxycilin-clavulanic acid initiated but a new rash was developed. As a result of persistent high grade fever, she decided to come to the Emergency department(ED), where metamizole was administered by intravenous route, followed by arterial hypotension, cutaneous rash and angioedema so the patient was transferred to the Intensive Care Unit (ICU), and adrenaline and vasoactive drugs iniciated. Leukocyte count was 45.000, marked elevation in transaminase and lactate dehydrogenase (LDH) were present. A thoracic-abdominal CT showed an interstitial lung infiltrate but no septic focus observed. Broad spectrum antibiotics and high dose steroids were administered with a great improvement, so she continued in conventional hospitalization room. Physical exam didn`t show lymphadenopathy, autoimmune studies were negative and tuberculosis was reasonably excluded. A progressive download steroid was carried out, the patient status improve and she was discharged. The second admission began because the patient suffered high-grade fever, general complaints, cervical lymphadenopathy and arthralgias. A ganglionary biopsy didn`t show any sign of malignancy. Leukocitosys and marked elevation of LDH, moderate anemia, high ferritine level and elevation of hepatic enzymes were present. Neoplastic, autoimmune and infectious disease were reasonably excluded and steroid prescribed with amelioration.

The third admission, directly in the ICU, occurred with the following chronology: while the patient was taking 30 mg QD of prednisone, she suffered hyperpyrexia (more than 41ºC), cough, sputum, perspiration, hypotension and a great elevation of hepatic enzymes, very high LDH level, light intermittent skin rash, diffuse arthralgias and an intense leukocytosis (more than 40000 with predominant neutrophils). A film of the chest showed a bilateral lung diffuse infiltrate.

Microbiologic studies were all negative. An empirical broad spectrum antibiotic therapy was began and three bolus of 1 gr. of metilprednisolone were administered, with the result of important improvement. Nevertheless, a progressive pancytopenia, disseminated intravascular coagulation, high LDH level, generalized lymphadenopathy, liver and spleen enlargement were observed. There were also and acute and simultaneously hipoxemic respiratory failure and a lower filed bilateral lung infiltrate with pleural effusion and several locations bleeding, including a massive methrorragia that needed intensive hemotherapy support. Bone marrow aspiration and biopsy were obtained and the analysis of the data let us establish a diagnosis and treatment.

P-12-56 | ACQUIRED ANTI HEMOFILIC FACTOR (AHF) INHIBITOR IN NON HEMOFILIC PATIENT

Troncone O, María G.; Villavicencio, Mariana; Lozano, Kati.; Hong, A.

Hospital Militar "Carlos Arvelo" Caracas,Venezuela

Summary: It's about a female patient, 49 years old, which disease began 15 days prior to intern, characterized by the appearance of ecchymosis and hematuria, Her values were: prothrombin time (PT), 1, 00 second, activated partial thromboplastine time (aPTT) + 57 seconds. Fibrinogen 567 mg/dl Mild Anemia, normocytic, normocromic. Normal liver and kidney function, LDH: Normal, Coombs Test, negative. HIV and VDRL: negative. Erythrocyte sedimentation rate (ESR): 25 mm the first hour. Immunological profile: Normal. Tumoral markers: Normal. Anti hemofilic Factor (AHF) determination: 1% (at the beginning). Anti hemofilic Factor (AHF) inhibitor: 3.8 units the firs measurement.After rituximab treatment, it increased to 80 Bethesda units Von Willebrand Factor: Normal. Chest X ray and computed tomography Chest abdominal pelvic Normal. The partial thromboplastine time prolongation by severe AHF deficiency is due to an antibody activity: anti AHF To control bleeding, we must reach AHF levels which allow us keeping a minimum hemostatic effect. It varies according to the extension and hemorrhage type. In general, it is required to increase factor's activity between 30% and 50% to control the mayority of less severe bleeding. Needed levels near to 100% of coagulant activity for grave bleedings.

This can be achieved with administration of human Anti hemofilic Factor (AHF) or pig, complex protrombínico, recombinant proconvertin. The dose of Anti hemofilic Factor (AHF) must manage exceed the inhibitor, "saturation" and achieving a hemostatic effect. The choice of treatment depends on the title of inhibitor. Faced with low titles can be used desmopressin or recombinant proconvertin human. For middle and senior titles indicated plasmapheresis, high doses Anti hemofilic Factor or recombinant proconvertin and complex protrombínico.

The interest of the presentation of this case, basa that the presence inhibitor of Anti hemofilic Factor in non hemophilia patients who do not is an event extremely unusual, with a prevalence of 0.2 to 1 case per 1,000,000 inhabitants per year, the average age of presentation is 50 years, without predominance based on sex. The introduction of the symptoms are variable, which may even lead to the death of the patient, making it importance make a diagnosis and early treatment, as well as define if it is a disorder acquired primary or secondary to the presence underlying disease to be diagnosed. It conducts a detailed description of the pathophysiology thereby facilitating diagnosis, as well as an update of treatment regimens available.

P-12-57 | STEVENS JOHNSON SYNDROME ASSOCIATED WITH NSAIDS

Vilcher, V.S.; Gasko, R.M.; Obaid, B.; Rettore, MO.

Clinical Internship at San Martin Hospital.Paraná, Entre Ríos. Argentina.

Introduction: SJS is a condition with low annual incidence (1, 2 to 6 cases per million-person years); the 30% is drug induced (less than 1% is related to Ibuprofen), 15% is due to infections.

Clinical Case: A17-year - old patient without known pathological antecedents. Who receives an outpatien prescription of NSAIDs refered nasal congestion, serum rhinorrea, persistent holocraneal headache and febrile episodes from 7 days ago. Then he adds odynophagia, dry eyes, conjunctival hyperemia, angioedema and erythematous papules in legs and abdomen from 2 days ago. At admission he was afebrile, hemodynamically stable, with blister lesions containing hematic/serum fluid in jugal mucose, soft palate and posterior pharyngeal wall. He started treatment with Prednisone 1gr/kg. After 72 hours he develops circinate lesions with central vacuole in face, pinna, thorax, limbs and blister type lesions in genitals and oral cavity. He present good evolution. At 15 days after hospital admission he develop an intrahospital pneumonia and received antibiotic therapy (ceftriaxona). The blood cultures were positive to oxacillin resistant pneumococci. Diagnosis procedures: HAV, HBV, HCV, HIV, CMV, VDRL, Pau! l Bunnell (-). ANA, Anti dsDNA (-), C3 and C4 normal, Ig E: 520 Ul/ml (NV: up to 80). Skin biopsy: vacuolar dermatitis in connection to drug eruption At hospital discharge after 28 days of hospitalization he hasn`t sequelae.

Conclusions: In SJS we found a cutaneous compromise less than 30%, the mucuse affection is from 92 - 100% (oral cavity, genitals, rectum, respiratory mucose), ocular affections 85%, with a high incidence of healing sequelae , complications due to overinfection. It presents a mortality rate 1 - 3% Although the patient presented ophthalmologic compromise and severe compromise of the oral and genital mucose, he had a good response and he did not present sequelae after treatment. The purpose of this presentation is take into accont the early recognition of a condition with a high morbidity that can be induced by prescription drugs of massive consume, as it is (the case of) NSAIDs.

P-12-58 | RHEUMATIC FEVER: RE EMREGENT PATHOLOGY IN DEVELOPING COUNTRIESCASE

Poles, Natalia; Siccardi, Mariana; Baldomá, Federico.; Chavero, Ignacio.; Calentano, Andrés

Hospital de Emergencias "Dr. Clemente Alvarez"- Rosario Santa Fe.; Argentina

Case: A 20-year old male patient suffers an episode featuring generalized arthromyalgia, aqueous rhinorrhea, odynophagia and febrile sensation, which has been in progress for one week. Before admission, the subject adds 7/10-degree persistent precordial pain, which self-increases with movements; dyspnea at rest and palpitations. He was referred with non-invasive diarrhea and gastric vomits (3 episodes) dating from the same period of time.

Physical exam: tachycardiac and tachypneic subject. Blood pressure: 160/40. Jugular ingurgitation 4/6 with partial collapse. Crepitant rales on left pulmonary base, R1 R2 hyper phonetic. Polyfocal cardiac systolic-diastolic murmur 4/6 with fremitus. Erythematous lesions, serpinginous and with raised borders over chest anterior area and superior limbs. Distal interphalangeal joint synovitis accompanied by generalized arthralgia at rest and upon active and passive movements. Lab tests: leukocytes with neutrophilia, SGR increased, normal cardiac enzymes. Negative HIV, HBV, HCV, VDRL, chagas, CMV serology. Chest X-Ray: RCT greater than 50%, fluid balance. ECG: Automatic AV tachycardia. T (-) V1 to V6. Rest of ECG with AVB of varying degree. Echocardiogram: LV severely dilated with mild eccentric hypertrophy and impaired left ventricular systolic function. Aortic valvula prolapse with severe aortic failure. FE: 44%. Immune lab tests: negative, TSH: normal. ASO: >1/350. Pharyngeal exudate: development of group A β-hemolytic streptococcus (S: Pyogenes). Increase of Ac against Ag streptococcic. Ferritin: 1562.4.

This event is interpreted as carditis, however, together with clinical and lab tests, rheumatic fever is diagnosed. The patient is admitted with a florid clinical episode of rheumatic fever, with varying diagnostic criteria of the disease, which is rare at present and whose prevalence is often related to socio-economic conditions.

P-12-59 | AUTOINMUNE HEPATITIS AND VASCULITIS IN ASOCIATION WITH REUMATOID ARTHRITIS: CASE REPORT.

Soto, Alonso.; Chumpitaz, Rafael.; Claros, Jose Luis.; Benavides, Alejandro.; Quispe, Betsy.

Department of Medicine, Hospital Nacional Hipólito Unánue (HNHU)Lima-Perú.

Case report We present a 62 year old female with diagnosis of Rheumatoid arthritis 3 years before her admission, in treatment with Methotrexate and Prednisone. 4 months before admission she developed pyrosis, abdominal pain and malaise. Due to these complaints, she decided to stop Methotrexate and went to another Hospital where she was treated with Lumiracoxib for 10 days without improvement.

She developed ankle edema and 1 month before admission she noted increasing morning stiffness and joint tenderness in hands, wrists, elbows and knees. She also developed tingling and numbness of limbs, as well as hiporexia. 2 weeks before admission generalized muscle weakness predominating in the lower limbs developed. Physical examination revealed a slightly icteric skin with elevated violaceus skin lesions in lower limbs and pitting edema ++/+++ in lower limbs. Hands deformation with cubital deviation was present. Chest ,cardiovascular and abdomen examination were normal.

The neurological examination showed asymmetrical muscle weakness in upper and lower limbs with right predominance and diminished deep tendon reflexes. WBC 11130 (7% bands). Hematocrit 34.7% Platelets 451,000. Urea 39 mg/dL, Creatinine 0.7 mg/dL. ESR 130 mm/h .Rheumatoid factor 1/64 ANA negative. ASO 129 AST 146 Total proteins 6.6 Albumin 2.2 gr/dL Alkaline phosphatase 549 U/L. Anti smooth muscle antibodies and antimithocondrial antibodies were positive. Anti KLM antibodies: negative. Abdominal ultrasound only revealed the presence of gallstones. Electromyography showed multineurits with severe affectation of common right peroneal nerve and partial involvement of the left and severe lesion of both sural nerves.

Hepatic biopsy showed linfoplasmocitary infiltrate with extension to hepatic lobuli with some hepatocyte necrosis and biliary pigment retention. These features were considered as due to chronic autoimmune hepatitis. The patient started treatment with high dose prednisone (1 mg/kg) and Azathioprine (50 mg/d) with good clinical response, resolution of edemas and skin lesions, recovery of muscle strength and resolution of abnormal liver biochemistry values.

Conclusion: The association of Autoimmune Hepatits and Rheumatoid Arthritis is rare. Moreover, our patient had also features of vasulitis including multiple mononeuropathy. The possible association of Autoimmune phenomena with lumiracoxib intake should be evaluated. **Key Words:** Autoimmune hepatitis, Rheumatoid arthritis, mononeuritis multiplex.

P-12-60 | BEHÇET DISEASE: A CASE REPORT.

Guerra, Xavier. Parra V., María G.; González R., Carmen A.; Pacheco M., Maikol E.; Pérez M., Adriana C.

Endocrine- Metabolic Research Center "Dr. Félix Gómez". Medicine School. University of Zulia Maracaibo, Venezuela

Introduction: Behçet Disease (BD) is a multi-system inflammatory disorder with several mucocutaneous, vascular, ocular, musculoskeletal, and related to the central nervous system clinical features. The cause of this illness still does not know, but is an autoimmune reaction triggered by infections or environmental agents in genetically predisposal individuals.

Case Presentation: 55 years old female patient that shows ulcers in throat and oral cavities, distributed randomly across the affected tissue (in both size and number) with a whitish tone. The ulcers are painful, however, most of these would heal spontaneously, although incompletely, reappearing in about a month (approximately) while some never showed any improvement. This condition was enlarged with the menstruation, but it can be controlled with the administration of antibiotics, NSAID and antiseptics, this treatment needs to be maintained thru the menstruation in order to avoid a relapse. Simoultaneously, the patient shows these ulcerations on her external genitals with the same characteristics described above but in fewer numbers. A relevant pathologic background refers to intense and frequent generalized headaches (which can be treated with NSAID) as well as a reddening of the eye, pain, photofobia and blurry vision, this last condition happened 10 years ago and was not t! reated, yielding spontaneously in a few days.

Discussion: Diagnose is made in base of the criteria propposed by the Behçet Disease International Study Group, which consists of the presence of oral ulceration at least three times in a year, plus two of the following criteria: reccurring genital ulceration, inflammation of the eyeball with loss of vision, tipical skin lesions and a positive Pahtergy Test. Diagnose is confirmed with this patient because it exhibits the main signs of the disease as well as reccurring genital ulceration and the previously eye inflammation. The treatment will depend on the clinical manifestations according to the moment of their appearence. For instance, the use of topic corticosteroids and thalidomide has been useful for the ulcers treatment, also, the use of colchicine has had positive effects on the muco-cutaneous symptoms, allegedly, due to neutrophil inhibition. **Key Words:** Behçet Disease, oral ulceration, inflammation.

P-12-61 | POSTPARTUM REACTIVATION OF POLYMYOSITIS: A CASE REPORT.

Dr Nicolás Veas P1, Dra Daniela Grunholz G2, Dra Claudia Pavez A1, Antonella Sanguineti M2, Katya Carrillo G2, Bharti Tulsidas M2.

Hospital Militar de Santiago, Servicio de Medicina Interna. Facultad de Medicina Universidad de los Andes2. Becados de Medicina Interna Universidad de Valparaíso1.

Introduction: Polymyositis belongs to muscular disease called idiopathic myopathies inflammatory. Presentation during pregnancy and postpartum is rare. Associated complications should be minimized by proper treatment.

Case Presentation: 36 year-old female patient with history of scleroderma with Calcinosis, Raynaud Dysphagia, Sclerodactyly, Telangectasia (CREST), Polymyositis, Sjögren syndrome, and drug induced immunosuppression. Chronic Therapy with prednisone 2,5 mg/day and metotrexate, suspended in June 2006 because of pregnancy wish.

With 35 + 2 week pregnancy and fetal intrauterine growth restriction, presented severe preeclampsia with massive proteinuria. Emergency caesarean resulted in a healthy newborn.

At fifth day postpartum presents acute bronchitis, that evolves with sudden dyspnea, hypoventilation and desaturation without accessory muscle use. With severe proximal weakness of thoracic and cervical musculature, without facial and sensitive compromise. Laboratory findings: positive anti-nuclear antibodies, negative anti-Sm and anti-DNA antibodies, normal complement, rest of work-up in normal range. Invasive mechanical ventilation that later required tracheostomy given severe muscular compromise, with repeated failed wean attemps. High-dose intravenous corticosteroids and metotrexate therapy was iniciated. Slow response to therapy, successful extubation was achieved. Intensive kinesiotherapy support. Discharged from hospital after two weeks, with ambulatory kinesiotherapy. One week follow up shows complete clinical remission of muscular compromise.

Discussion: Polymyositis reactivation is unfrequent during pregnancy and postpartum. During pregnancy corticosteroids alone should be indicated to prevent teratogenesis from metotrexate. Severe cases are often associated with other connective tissue disease.

Conclusion: Patients with polymyositis wishing pregnancy should be evaluated by a multidisciplinary team for proper pregnancy and perinatal management.

P-12-62 | TAKAYASU´S ARTERITIS.

Bertola, M.; Carrera, M.; Vales, V.; Menoni, J.; Pereira, S.

Hospital Maciel. Montevideo.; Uruguay.

Introduction: Takayasu´s arteritis is a type of systemic granulomatous vasculitis affecting large vessels, Aorta and it branches.

Material and Methods: The authors describe the case of a woman cared for at Clinica Medica 1. Hospital Maciel on april 2008.It is a 29 year old woman taking contraceptive pills,the clinical exam revealed aphasia and significant right neurological déficit , a slight diastolic murmur and absence of left wrist pulse, there was a difference in blood preassure between both arms. The initial diagnosis was acute ischemic stroke probably caused by non atherosclerotic arteriopathies: dissection or vasculitis. The first CT was normal, carotid ultrasound revealed left subclavia artery with monophasic signal. Cerebral angiography revealed an oclussion in the left subclavia artery on its origin, with an important obstruction of the primitive carotid artery on its origin.There was an embolism in left médium cerebral artery Transthoracic echocardiography informed slight aortic failure, electrocardiography and biochemical tests were normal. The final diagnosis was Takayasu`s arteritis, corticosteroids and anticoagulants. were started with favorable evolution.

Discussion: Takayasu´s arteritis is caracterizad by 3 clinical stages: the prodromic stage with constitucional symptoms, the inflamatory stage with vascular failure and the fibrotic stage with tisular ischemia. This patient had left shoulder pain assumed as claudication. The cardiovascular exam was the key for diagnosis which was confirmed by the ACR criteria: age under fourty, extremities claudication, arm pulse diminished, asimetric blood preassure in both arms more than 10 mmhg,aortic murmur and abnormal angiography. The inflamatory parameters were not elevated, but this occurs in 30 % of cases. During the inflamatory stage corticosterids are the the chosen teatment . Clinical response is variable with an average of 22 months to achieve a remission if only treatment. At the moment inmunosuppressive agents such as methotrexate and cyclophosphamide are useful as corticosteroids savers. Surgery is indicated in patients with fibrotic disease and severe obstruction or important ischemia that restricts the patient´s activities.

Conclusions: Takayasu´s arteritis should be always considered in acute ischemical stroke in young patients. Clinical cardiovascular exam is the key for diagnosis.

P-12-63 | MASSIVE ASCITES ASSOCIATED WITH LUPUS.

Pelaez, Karina.; Garzon, Sergio.; Panizza, Ana.; Massieri, Hober.; Delfino, Mariana; Rucci; Pablo.

Sanatorio de La Trinidad Mitre- Argentina

Introduction: The presence of ascites in a patient with SLE is often associated with nephrotic syndrome, constrictive pericarditis, heart failure, hypertension, vasculitis, maligne neoplasm and infection. Ascites, as the only symptom of serositis not related to another complication, is exceptionally. The objective of this report is to present a case of peritonitis as initial symptom of SLE.

Case Report: a 30 year old female patient with records of discoid lupus under treatment with hidroxicloroquine 10 months ago, negative ANA in the last year, celiac disease, caesarean section performed 32 days before the admission, is hospitalized for massive ascites related to fever, abdominal pain and dyspnea. Laboratory tests: HCT 29.9%; WBC 6500 mm3 (65% PNL, 21% L) Platelets 440000 mm3; ESR 36; Creatinine 0.8 mg%; Albumin 2.2 g/dl; LDH 202 U/l; TSH 1.52 mIU/l; ANA 1/320 homogeneous; negative antiDNA; C3 76 g/l (90-180); C4 18 g/l (10-40); CEA 0.3 ng/ml; CA 19-9 0.6 ng/ml; Ca 125 92 ng/ml (80-35); CRP 2.4 mg/l. Ascitic fluid: Proteins 3.1 g/dl; Albumine 1.2 g/dl; Amilase 24 U/l; Glucose 87 mg%; LDH 113 U/l; cells 380 (95% lymphocytes); ANA 1/320 homogeneous; serum-ascites albumin gradient 1; normal ADA. CT of Thorax, Abdomen and Pelvis: massive ascites without any other features. 24-hour Urine: normal sediment, proteinuria 0.23 g/day. US Doppler of portal vein and Echocardiography: without any relevant findings. Pathologic Anatomy of ascitic fluid: without neoplasm cells (3 samples). Duodenum biopsy: celiac disease findings. Colonoscopy: normal up to cecum; swelling unspecific colitis. Exploratory surgery: congestive peritoneum, without injuries. Pathologic Anatomy of Peritoneum: lymphocyte infiltration related to chronic serositis with activity signs. The patient began a meprednisone treatment with favorable response within 3 weeks, without ascites after 6 months. A year later, the patient develops isolated microhaematuria with increase of ANA title. She was under kidney biopsy when confussional syndrome and acute peritoneal abdomen arose. In exploratory surgery, there was minimal ascites and congestive peritoneum without any relevant finding. She needed ventilatory assistance and inotropic drugs. She began empirical treatment with metilprednisolone pulses with a visible recovery. At present, asymptomatic, without haematuria, with low dosis of steroids.

Discussion: there are few reports of lupus peritonitis as initial symptom of SLE. In this case, the patient showed four diagnosis criteria in the first hospitalization and also suffered nephritis and a new peritonitis in the second admission. The recovery was successful under steroids treatment as most of the reports show.

P-12-64 | DESCRIPTION OF A POLYMYALGIA RHEUMATICA SERIE DURING A QUINQUENNIUM IN A LOCAL HOSPITAL

Barragán- Gonzales, María Jesús; Gonzalez- Franco, Alvaro; Gonzalez-Agra, Vanesa.; Gallo- Alvaro, Cesar Manuel; Cárcaba- Fernandez, Victoriano

Department of Internal Medicine, Hospital Valle del Nalón, Langreo, Asturias.; Spain

Introduction: Polymyalgia rheumatica (PMR) is a rheumatic condition that affects almost exclusively patients over 50 years and resembles other rheumatic processes, which makes difficult the diagnosis.

Material and Methods: Retrospective study during last the 5 years of all the cases of PMR, obtained reviewing the diagnoses of inpatient and outpatient in internal medicine department.

Results: We found 92 cases; 59 women (63.4%) with an average age of 72.4 years (45-92). 53 patients fulfilled diagnostic criteria of PMR (57%). Time from the beginning of symtoms to diagnosis 7 months (0,5-91,25). Clinical presentation was proximal pain 39 (41.9%), proximal and distal 27 (29%), proximal and systemic 20 (21.5%), distal in 2 (2.2%) and only systemic symptoms 1 (1.1%). Funtional limitation was found in 65 cases (69.9%), inflammation and limitation in 17 (18.3%), normal exploration in 8 cases (8.6%) and only inflammation in 1 (1.1%). At the time of the diagnosis 74 cases (80.4%) had C-reactive protein (CRP) over 10: 67 cases (72.8%) had erythrocyte sedimentation rate (ESR) over 40mm/h; 9 cases (9.7%) had trombocytosis; 11 (11.8%) had alteration of liver tests; 38 patients had anemia (41.3%). Antinuclear antibodies (ANA) were only analized in 26 patients, positive in 8 (30%). Image tests were taken in 56 patients (60%). Follow-up median time: 31.6 months.

Discussion: The demographic characteristics of our patients as well as the laboratory findings, clinical manifestation, physical examination are similar to other series. The higher percentage of patients with positive ANA differs from literature, and this can be explained by the difficulties in diagnosis, without pathognomonic test and based fundamentally on clinical criteria.

P-12-65 | HYDROXICHLOROQUINE EFFECTS ON LIPOPROTEIN PROFILE IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Cairoli, Ernesto; Silvariño, Ricardo; Pintos, Ana; Pirotto, Laura; Alonso, Juan

Clínica Médica "C", Departamento Básico de Medicina. Clínica Médica "A". Unidad de Enfermedades Autoinmunes Sistémicas. Hospital de Clínicas, Facultad de Medicina, Universidad de la República, Uruguay

Introduction: The aim of this study was to determine the effects of hydroxychloroquine (HDX) on lipoprotein profile in patients with systemic lupus erythematosus (SLE).

Materials and Methods: A prospective study was performed between April 2007-2008 in the Unit of Systemic Autoimmune Disease, Hospital de Clínicas, School of Medicine, Uruguay. To analyze possible effects of HDX, lipid profile were assessed in SLE patients with HDX (HDX group) and without HDX (No HDX group). Fasting total cholesterol (TC), triglycerides (TG), high density lipoprotein (HDL) and low density lipoprotein (LDL) plasma levels were determined in 67 consecutives patients with minor SLE-disease activity (SLEDAI scores <5). None of the patients were taking lipid lowering agents. Statistical analysis: results are presented as the mean ± standard deviation (SD). Comparison between the 2 groups was performed using non-paired and paired Student t-test and for association variables with chi-squared test. A p value of < 0,05 was considered statistically significant.

Results: There were 65/67 female patients and no significant differences of age, race and disease duration among SLE groups were detected. 57/67 patients received HDX (mean dose 258 mg/day), whereas 34/67 did not receive HDX. The values of TC, TG and LDL were significantly lower in the HDX group (p = 0,003; 0,024 and 0,004 respectively). In 24 of these patients we analyzed the lipoprotein profile before and after the treatment (mean treatment duration 7 month SD ± 4,44). Significant differences were observed in the TC and LDL levels (p = 0,010 and 0,011 respectively) with an 8% decreased level of TC and 14% decreased level of LDL after the HDX treatment.

Discussion: The HDX treatment induced a significant reduction in CT and LDL levels, effect which might help to reduce the high cardiovascular risk of SLE patients.

References: -Borba, E. Longterm beneficial effect of chloroquine on lipoprotein profile in SLE patients with and without steroid therapy. J Rheumatol 2001; 28:780.

-Molad, Y. Protective effect of hydroxycholoroquine in SLE. Lupus2002; 11:356.

P-12-66 | ASSOCIATION BETWEEN HYPOTHYROIDISM CELIAC DISEASE AND SYSTEMIC LUPUS ERYTHEMATOSUS IN A YOUG WOMAN

Musacchio, Héctor; Dorigo, Catalina; Garro Aguilar, Eugenia; Salerni, Natalia; Volpato, Virginia

Internal Medicine Service, J.B. Iturraspe Hospital. Argentina

A 23-years-old woman case who was admitted in the internal medical service due to a seven-day evolution abdominal pain and l distension symptom is described. In the physical examination, ascitic edematous syndrome and signs compatible with hypothyroidism were confirmed. Laboratory findings at admission: mild anemia (hematocrit 31.5%, hemoglobin 11gr/dl); 95 mm erythrosedimentation during the first hour.

Hypothyroidism was confirmed: TSH > 75 uU/ml T4: 1.95 U/ml Antithyroglobulin antibody:+1:100. Ascitic fluid: serum –ascites albumin gradient <1. Due to impairement of pain and under the suspicion of a secondary peritonitis, a video laparoscopy was performed without evidence of pathologic findings.Cultures and citologic test of the ascitis fluid were negative; peritoneal biopsy for neoplasic cells was also negative. Mixedema ascites was diagnosticated, and levotiroxine therapy was indicated. She was discharged from hospital with improvement ....

After a month she is admitted again with symptoms of diarrhea. Laboratory findings compatible with malabsortion. A digestive endoscopy was performed and antigliadin and anti transglutaminase antibodies werw measured finding high levels of the first ones. The histologic findings of the intestinal biopsy described villous atrophy grade I and increased intraepithelial lymphocytes. During the hospitalization she also presents hemolytic anemia Coombs+; ANA: 1/ 520. She responded to the therapy with a gluten free diet and prednisone dose 1 mg /kg.

Within 5 months, urinary sediment alteration was observed. Renal biopsy was performed and lupic nephritis grade IV was confirmed.

COMMENTARY: Not only the association of these three autoimmune pathologies is unusual but also is important to mention the brief period of time in which they are established.

P-12-67 | CHRONIC INTESTINAL PSEUDOOBSTRUCTION IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS: A CASE REPORT

Kierszenbaum, M.; Lerena, V.; Pattarino, C.; Grana, A.; Alonso, J.

Clinica Médica C. Clínica Médica B. Departamento Clínico de Medicina, Hospital de Clínicas. Facultad de Medicina, Universidad de la República. Montevideo.; Uruguay

Introduction: Intestinal pseudo-obstruction (CIPO) is a gastrointestinal uncommon manifestation that can appear in any time of the evolution of systemic lupus erythematosus(SLE). CIPO is a clinical syndrome resulting from ineffective intestinal propulsion. The association of symptoms and signs of mechanical bowel obstruction in the absence of an occluding lesion of the intestinal lumen are in accordance with the definitional criteria of CIPO.

The pathogenesis of CIPO mechanism of CIPO remains unclear. It is necessary to know if the muscular damage is throw primary myopathy, neuropathy, vasculitis or antibodies directed against the smooth muscle of the gut.

This entity required a high level of clinical awareness for the diagnosis. It's importance lies in an early diagnosis, as it is potentially reversible with conservative treatment, avoiding unnecessary surgical intervention.

Case Report: a 25 year-year old woman, with a 1-year history of SLE with lupic nephropaty,arthritis and hemolytic anemia with corticosteroid therapy. She was hospitalized because of vomiting,diarrhea and dysuria and then developed diffuse abdominal tenderness, distention severe constipation, without bowel sounds.

The plain abdominal X-ray and computed tomography(CT) revealed dilated small bowel loops with multiple fluid levels without mechanical obstruction and bilateral urinary tract dilatation. An esophageal manometry showed aperistalsis in the lower third. On the basis on theses findings, CIPO was diagnosed an the patient was treated with npulses of metilprednisolone, cyclophosphamide, prokinetic agents and octreotide, with no clinical response,and complicated with intercurrent infections due to inmunosupressive drugs. The patients continue to deteriorate her nutritional status and died. As seen in largest published Series mortality rates of CIPO is near 50%. Postmortem examination showed of the smooth muscle of the gut showed a fibrotic process and athrophy in the muscularis layerand inflammatory cell infiltration associate with fibrinoid deposits indicative of vasculitis.

References

Perlemuter G. Chronic intestinal pseudo-obstruction in systemic lupus erythematosus. Gut 1998;43: 117-122

Nguyen H. Intestinal Pseudo-Obstruction as a Presenting Menifestation of Systemic Lupus Erythematosus: Case Report and Review of the Literature. South Med J 97(2):186-189,2004.

P-12-68 | RELAPSING POLYCHONDRITIS: CASE REPORT

Lemus, S.; Muñoz, L.; Principe, G.; Sarmiento, MG.

Servicio de Clínica Médica, Hospital Municipal de Agudos "Dr. Leónidas Lucero". Argentina

Introduction:

Relapsing polichondritis is a multysistemic disease of unknown etiology. It is manifested by inflammatory relapsing changes and potential destruction in cartilaginous tissues. The most frecuently affected are external ear, nose, peripheral joints and tracheobronquial tree. Both sexes are affected at an average age of 50. We present a case report of a patient who starts with a laringeal nodule .

Case Report:

35 year- old man, with history of viral croup that evolves into arthralgy, worsering dysphonia, asimetry of nasal septum with fall of nasal bridge. He adds an Herpes zoster infection. Spirometry, neck and thorax CT-scan and tracheostomy were done. Biopsy of nasal septum reveals active condritis. We assumed the diagnosis of relapsing condritis based on clinical an pathological criteria. Pulse of ciclofosfamida was instaured.

Conclusion:

This is a low release disease that courses with an intermitent and variable clinical state wich makes difficult an early diagnosis six months after than the first sympton appeared, with a bad respondes treatment acording to the literature.

P-12-69 | CATASTROPHIC ANTIPHOSPHOLIPID SYNDROME IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Femenia, F.; Laplume, D.; Ciaffone, D.; Godoy, F.; Malvido, J.

Internal Medicine Service, Clínica Modelo de Morón.; Argentina

A 17-year-old female patient started with arthritis in her right ankle two months before admission. She had a favorable response to oral antibiotics.
Many days later she developed swelling in her left ankle, but without a positive antibiotic response.
The patient showed exanthema petequiae in lower limbs, fever, shivering and Raynaud, when she was admitted to this center.
At admission, it was found at physical exam malar erythema, exanthema petequiae in lower limbs, hand´s acrocianosis and metacarpal and metatarsal swelling joints.
EKG, showed negative T waves from V2 to V5, but later EKG were normal.
Once blood and urine culture samples were obtained wide spectrum antibiotics were started.
36 hours after admission, patient developed dyspnoea, shortness of breathing and salmon-like sputum, being transfered to ICU, where mechanic ventilation was started and required vasopressor drugs because of hemodynamic lability.
Chest X-ray showed an infiltrates in four quadrants, with acute respiratory distress syndrome parameters.
Results: from laboratory tests done before admission were consistent with systemic lupus erythematosus. It was decided to start IV methylprednisolone. The patient developed multiorgan dysfunction.
In laboratory findings she had positive anti-cardiolipin antibodies and anticoagulation with sodium heparin and plasmapheresis was started.
Patient´s evolution was unfavorable, dying 14 days after admission.
The catastrophic antiphospholipid syndrome is an entity characterized by thrombosis in different organs such as lung, kidney, skin, brain and gastrointestinal tract, associated with the presence of antiphospholipid antibodies.
The low prevalence and the heterogeneous manifestations of this syndrome make the early diagnosis diffi cult in order to begin an aggressive and early treat ment in this kind of patients.

P-12-70 | BENEFIT OF PLASMAPHERESIS AND ANTICOAGULATION IN PATIENTS TRANSPLANTED FOR END STAGE LIVER DISEASE WITH HIGH RISK FOR ANTIPHOSPHOLIPID ASSOCIATED VASCULAR EVENTS.

Villamil, A.; Casciato, P.; Nuñez, F.; de Santibañes, E.; Gadano, A.

Hospital Italiano de Buenos Aires; Argentina

Circulating antiphospholipid antibodies (aPL) are often present in patients with end-stage liver disease and are associated with patient morbidity and graft loss post-transplantation as a result of vascular thrombosis. Risk is increased in patients with pre-transplant antiphospholipid-related thrombotic events or high titer circulating aPL. Plasmapheresis has been proposed as an adequate therapy after the development of vascular complications in this group of patients. **Aim:** To evaluate the impact of pre-OLT plasmapheresis associated with post-OLT anticoagulation in patients transplanted for end-stage liver disease with positive aPL and high risk for vascular complications.

PATIENTS AND Methods: Fifteen patients with positive aPL and high risk criteria for vascular thrombosis who have undergone liver transplantation between1998 and 2005 were included. Patients were divided into two groups and the outcome was analyzed: Group A (n=8): patients with no plasmapheresis pre! -OLT and low dose aspirin ± low weight heparin post-OLT. Group B (n=7)): patients who received plasmapheresis with fresh frozen plasma 1-2 hours pre-OLT, followed by post-OLT anticoagulation that was maintained for at least 6 months. Clinical and Doppler ultrasound evaluations were performed immediately before OLT and at different time-points during the first six months post-OLT (weekly the first month and monthly thereafter). Etiology and severity of cirrhosis and immunosuppression did not differ between both groups. Immunosuppressive regimen included cyclosporine (n=8) or tacrolimus (n=7) + mycophenolate + steroids.

Results: 6/8 patients in group A developed complications post-OLT related to aPL (cerebrovascular ischemia n=3, humeral thrombosis n=1, hepatic artery thrombosis n=1, intestinal ischemia n=1, catastrophic antiphospholipid syndrome n=2) that resulted in grafts loss (n=1), irreversible neurologic damage (n=1) and death (n=1).

Median time post-OLT was 3.6 ± 2.2 mo! nths. In 4/6 patients the complications developed within 2-16 days post severe acute cellular rejection. In Group B 1/7 patients developed an antiphospholipid-associated complication post-OLT: extensive intestinal ischemia + livedo reticularis at 4.5 months post-OLT, resulting in patient´s death with multiorgan failure unresponsive to repeated plasmapheresis. **Conclusion:** Plasmapheresis pre-OLT associated with anticoagulation post-OLT may be an effective strategy to prevent aPL associated vascular complications in high risk patients.

P-12-71 | THROMBOANGIITIS OBLITERANS AN UNUSUAL PRESENTATION OF A RARE DISEASE.

Zenón, E.; Rizzo, M.; Montes de Oca, V.; Tisi Baña, M.; Grassi, D.

Hospital Universitario Austral; Argentina.

Introduction: Tromboangiitis Obliterans is a nonatherosclerotic segmental inflammatory disease that mostly affects the small and medium sized arteries, veins and nerves of the arms and legs. It typically occurs in young male subjects before the age of 40 to 45 years, although there is an increasing prevalence in women. It can be distinguished from other vasculitis because there is a close association with tobacco consumption, absence of elevated acute phase reactants, immunological markers and in general no systemic symptoms.

Clinical Case: A 32 year old woman was admitted to our hospital because of sudden distal cyanosis located in the fingertips on her left hand that was persistent for more than 24 hours. This was accompanied by coldness and pain. On physical examination the radial and humeral pulses were present. The Allen test was negative. She did not have history of trauma, cold exposition or use of drugs. She did not have diabetes mellitus or hypertension. There were no lupus or scleroderma criteria. Raynaud was roled out.

She smoked one pack of cigarettes daily. A laboratory test was made: VSG 21 mm/seg, Hematocrit: 39.6%, Hemoglobin: 12 gr/dl, White cells: 14500 mm3, Platelets: 532000 mm3, TP: 97%, KPTT: 33 seg, Sodium: 136meq/l Potassium: 4.4meq/l, U: 39 mg/dl, Creatinine 0.6 mg/dl, FAN 1/80. Vein and arterial doppler, echocardiogram and magnetic angoresonance were normal. With these results a clinical diagnosis of thromboangitis obliterans was made. An arteriography will soon be done. The patient was discharged home with aspirin and a calcium channel blocker.

We present this case because we consider that this is an unusual presentation of an uncommon disease.

P-12-72 | DIAGNOSIS OF RHEUMATIC FEVER IN A PARTICULAR CLINIC OF IZABAL DEPARTMENT OF GUATEMALA 2000-2005

Dr. Wilfredo Ramon Stokes B.

Izabal , Guatemala

SUMMARY

Objectives: In Izabal, department of Guatemala is observed an interesting amount of cases or Rheumatic Fever (RF), in spite of having a "suitable sanitary infrastructure"

Methods: 3422 patients were examined and all their clinical stories were reviewed being all taken care of in a particular clinic of Izabal, evaluating the total of patient's and tickets with diverse pathologies, selecting diagnosed of RF between their diagnoses finding 246 patients 7.1% fulfilled the criteria diagnosis of Jones.

Results: It was observed grater incidence in woman. Most of diagnosed patient were of legal age. Predominant the grater criteria of Migratory artharlgias and carditis. Most of diagnosed patient of RF came from the urban helmet of the department head. (Puerto Barrios, Izabal)

Discussion: they have identified a high incidence of patients with FR, in its majority adults, diagnosed for first time. Most they suffer of carditis and therefore they present risk of undergoing serious complications when they not receive treatment and the appropriate `prophylaxis. The RF in difficult to diagnose disease; especially when people don't think about it and a deficient medical evaluation is the main factor in the genesis of the situation. The problem has never been border in Guatemala and there is no single case reported in the ministry of health of this disease at national level, which insinuates a problem of considerable magnitude especially if this occurs in a country with multiple deficiencies in the general scope. This is a descriptive analytical study that tries only it call the attention of sanitary authorities to investigate and to take the pertinent measure.

Key word: Guatemala, Rheumatic Fever, criteria of Jones, discharge incidence, risk of

P-12-73 | INTRAVENOUS INMUNOGLUBULIN IN THE TREATMENT OF ANTIPHOSPHOLIPID SYNDROME AND LUPUS NEPHITIS. A CASE REPORT

Victoria Pardo, Miguel A. Núñez, Javier Velasco, Gema Arozamena, Gonzalo M. de las Cuevas

Departament of Internal Medicine. University Hospital Marqués de Valdecilla. Universidad de Cantabria. Santander. Spain.

OBJECTIVES: Intravenous inmunoglobulin (IVIg) treatment has been used in several antibody-mediated diseases including Guillain-Barré syndrome, idiophatic thrombocytopenic purpura, autoimmune neurophaties, Kawasaki´s disease and systemic vasculitis. However, there are no randomised studies to describe its use in patients with autoimmune glomerulonephritis, particularly LES-related forms. We report a case of complicated lupus nephritis using IVIg.

METHDOS: chart review.

Results: a 39 years old woman with systemic erythematosus lupus and secondary antiphospholipid syndrome with severe systemic affectation (cutaneous, hematological, cardiac, neurological, peripheral vascular) was admitted to our unit because of a bilateral pneumonia. In the last month, she was receiving inmunosuppressors (Rituximab), corticosteroids and anticoagulants. Empirical treatment with oxygen and broad spectrum antibiotherapy was started, with partial improvement of her symptoms but worsening renal function. Creatinine serum levels impaired from 1.8 to 4.7 mg/dL and patient developed a severe nephrotic syndrome with proteinuria > 5.7 g/24h. No renal biopsy could be realised due to the risk of major bleeding. Treatment with two cycles of IVIg in a dose of 400 mg/kg/per day IV, 5 days each cycle, with an interval of 14 days between the two cycles, was applied, with good tolerance. Three weeks later, general status and progressive renal function improvement were observ! ed. Creatinine serum levels returned to 2.2 mg/dL and there was a partial remission of proteinuria. The patient could be discharged from hospital. In subsequent ambulatory controls, renal function remains stable (Creatinine serum levels 2.0-2.2 mg/dL an proteinuria < 3.5 g/24h).

Conclusion: IVIg therapy may be considered as a useful treatment option to improve renal function and proteinuria in patients with lupus nephritis, specially in those complicated by inmunossuppresion or sepsis. Nevertheless, further controlled trials should be performed to establish the efficacy and risks of this therapeutic modality.

P-12-74 | TAKAYASU'S ARTERITIS IN A COHORT OF MEXICAN PATIENTS: CLINICAL MANIFESTATIONS LABORATORY DATA AND THE CAUSE OF DEATH

Vera- Lastra, Olga L.; Cruz Domínguez, Pilar; Medina, Gabriela.; Ariza, Raúl.

Hospital de Especialidades Centro Médico Nacional La Raza, IMSS. México

Objectives: To investigate the clinical manifestations, laboratory data and the cause of death in patients with TA.

Methods: We studied 50 patients from 1980 to 2006 who presented more than 3 criteria of the American College of Rheumatology classification for TA and the clinical manifestations, angiographic findings and laboratory data were investigate: Antineutrophil cytoplasmic antibodies (ANCA), anticardiolipin antibodies, antinuclear antibodies (ANA) and LA was performed in 30 patients, as well as the causes of death.

Results: There were 48 women and 2 men with mean age at onset of TA of 26±12 yrs. Present age is 38±14 yrs, with mean disease evolution of 16±12. Clinical manifestations were: cardiovascular characterized by decrease and/or absence of pulses 47(94%), claudication of extremities 46(92%), vascular murmurs 40 (89%), arterial hypertension 25(50%), aortic insufficiency 25 (50%), ischemic cardiopathy 8(16%): 4 patients with angina and 4 with myocardial infarction. Neurological manifestations: headache 40 (80%), dizziness 27(54%), cerebrovascular disease (CVD): 4 (8%), 3 infarctions and one hypertensive hemorrhage; ocular involvement: 15 (30%), blindness 4 (8%), transverse myelitis secondary to involvement of Adamkiewics artery 1 (2%). Skeletal-muscle manifestation: arthralgias 30(60%), myalgias 20 (40%). Cutaneous manifestations: erythema nodosum 3 (6%). Laboratory findings: normocityc normocromic anemia 33%, erythrocyte sedimentation rate increased 92%, anticardiolipin antibodies 5! (25%) were positive at low titers, ANCA were negative; antinuclear antibodies were positive (30%) at low titer. The HLA most frequent HLA was B5. The classification by arteriography according to Moriwaki was as follows: Type 1=5, 2a=5, 2b=10, 3=10, 4=5 and 5=15. All patients were treated with steroids by the oral route; in addition 15 patients received methilprednisolone pulses (an average of 10 monthly pulses) with an adequate response demonstrated by clinical improvement and post treatment artheriography; other 5 patients received cyclophosphamide pulses and 10 patients received methotrexate as a maintenance treatment. We observed 5 deaths (10%): myocardial infarction 2, CVD: 2, postsurgical complications one

Conclusion: In this cohort of patients with TA, the main clinical manifestations and cause of mortality are cardiovascular and neurological. HLA B5 is the most frequent haplotype in mexican population. Metilprednisolone pulses are useful in the treatment of TA.

P-12-75 | SUBCLINICAL ATHEROSCLEROSIS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: PREDICTIVE FACTORS

Micó, L.; Ballester, C.; Todolí, C.; Fernandez, JA.; Faus, J.A

Internal Medicine and Radiology Departments. Hospital La Fe. Valencia; Spain

Introduction: Detection of cardiovascular risk (CVR) in Systemic Lupus Erythematosus (SLE) is essential in order to prevent atherosclerotic cardiovascular disease (CVD), which is more prevalent amongst these patients. **OBJECTIVE:** To analyse the factors associated with the presence of subclinical atherosclerosis in a group of SLE patients without previous CVD.

MATERIAL AND Method: We studied 84 patients diagnosed with SLE (meeting the ACR 97 criteria) using a carotid B mode ultrasonography (US). An intima media thickness (IMT) greater than 0.6 mm was considered to be pathological. We assessed: age, SLE duration, classical and emerging CVR factors, antiphospholipid antibodies, activity index (SLEDAI), chronicity index (SLICC) and treatments; comparing patients with pathological results (group 1, n = 19) with those whose carotid US was normal (group 2, n= 65). We used the chi-squared test for qualitative variables and the Mann Whitney U-test for the quantitative.

Results: Mean age of patients (95% women) was 38.4 ± 14 and SLE duration was 115.7± 94 months. In the group of patients with pathological carotid US (19 out of 84 equivalent to 22.6% of the cases) statistically significant differences were observed regarding age and SLE duration, family history of early CVD in first- degree relatives, total cholesterol and low-density lipoprotein (LDL)cholesterol, Framingham Index and homocysteine. The SLICC showed a tendency towards statistical significance.

Discussion: The prevalence of carotid atherosclerosis is considerable in SLE and more frequent in the group of older age patients, longer duration of lupus disease, family history of CVD and worse cholesterol and homocysteine control.

Conclusions: 1.- The study of CVR in SLE should be part of routine clinical practice. 2.- The performance of the carotid US is fundamental to make a correct risk stratification. 3.- The establishment of an effective treatment can prevent the significant cardiovascular morbimortality amongst these patients.

P-12-76 | BIOLECTRICAL IMPEDANCE ANALYSIS OF PATIENTS WITH SCLERODERMA AS AN INDICATOR OF SEVERITY AND ACTIVITY OF THE DISEASE

Sylvia Arias, Victoria Fonsalía, Carolina Chapper, Florencia Ambrosoni, Ana Lujambio

Faculty of Medicin University of the Republic Medical Clinic "3" Maciel Hospital Montevideo Uruguay

Introduction: - Numerous efforts have been made in order to differentiate activity in scleroderma (passible of therapeutic intervention) from accumulated damage. The analysis of body composition through Bioelectrical Impedance Analysis (BIA) allows us, through the flow of an imperceptible electrical current, and numerous equations, to determine the composition of the body. The relation between resistance (opposition to the flow of current) and reactance (capacity to absorb electric energy) determines the Phase angle, which has proven to have diagnostic and prognostic value in various diseases. This analysis generates interest in patients with scleroderma, as the progressive fibrosis of tissues that characterises it, seems to be reflected in the analysis.

Objectives: - To describe seriated BIA and phase angle in 2 patients with scleroderma, and to compare them with renowned parameters of severity of the illness. Patients and Method - Seriated bioimpedance analysis was carried out in 2 patients with severe diffuse Scleroderma for eight months. Both presented a Terminal Illness according to Medger's Severity Scale, one because of interstitial lung disease that required oxygen (AN: Fem 19 years old) and the other because of a digestive compromise that required nutritional support, and finally, cardiac failure (AG: fem 31 years old). Both died. We took 5 and 3 measurements respectively.

Results: - Both patients showed a progressive increase of what the device Interprets as body fat (poor conductive tissue), from 18.4% to 21.2% for the first patient and from 23.3% to 24.6% for the second, having registered weight loss in both, with a progressive increase in the Resistance to the flow of current and a decrease in the Reactance (useful tissues), which lead to a dramatic fall in the Phase Angle, which varied in the first from 3.9 to 2 (days before death), and from 3.4 to 3.1 in the second (for this one, months before death).

Discussion: - The figures found by BIA of poor conductive tissue increase, increase of Resistance, decrease of Reactance and Phase Angle fall can be correlated to the severity of the disease and they seem to be sensitive markers of its progression (activity markers). More studies are required to confirm this hypothesis.

P-12-77 | SUCCESFULL TREATMENT OF REFRACTORY PEMPHIGUS VULGARIS WITH RITUXIMAB

Pi A., Presedo J, Baied C, Gamba A

Sanatorium Agote, Argentine

Introduction: Pemphigus vulgaris (PV) is a severe autoimmune blistering disorder. The disease course is tipically severe, requiring frequently the use of high doses of steroids, and immunosuppressants. However, there are cases of PV in which these therapies fail. In these selected cases, the treatment with Rituximab (a chimeric monoclonal anti CD20 antibody) has been proved to be effective.

Case Report: we present a 48-year-old female patient with diagnosis of PV since January 2005. This diagnosis was confirmed with the histopathology of an oral mucosa lesion. On physical examination she presented involvement of the skin and eyes (bilateral keratoconjunctivitis).

During the course of her disease the patient received several regimens without satisfactory **Results:** azathioprine, high doses of steroids, mycophenolate mofetil, gammaglobulin and a session of plasmapheresis. After this treatment she presented a partial response and later a relapse of PV as she complained of odynophagia and dysphagia. The upper gastrointestinal endoscopy showed grade II esophagitis (erosions, blisters, exudates and confluent lesions).

She received treatment with Rituximab between march and september-2007 at a dosage of 375 mg/m2 once weekly for 3 weeks and then once monthly for 3 months, with a good clinical response (remission of the oral and oesophageal lesions). This improvement was confirmed by an upper endoscopy made 2 months after the end of this treatment. There were no adverse events related to this drug in our patient.

Discussion: we report the case of a patient with severe refractory PV and gastrointestinal involvement who underwent a good clinical response to the treatment with Rituximab during a 7 month follow up period. Our experience make Rituximab a promising therapeutic option for patients with severe PV.

P-12-78 | MULTIPLE AUTOINMUNE ASSOCIATION IN A SAME PATIENTE (SYSTEMIC LUPUS ERYTHEMATOSUS SJOGREN ´S SYNDROME PRIMARY BILIARY CIRRHOSIS AND HYPOTHYROIDISM

Baied C, Salinas L, Ortubey G, Pi A, Gamba A

Sanatorium Agote-Argentine

Introduction: Primary Biliary Cirrhosis (PBC) is a chronic progressive cholestatic liver disease of unknown aetiology. It's related in 40 to 50% of the cases to other autoimmune diseases like Sjogren's Syndrome (SjS), Rheumatoid Arthritis, Scleroderma and thyroid disorders. We describe here a rare case of PBC complicated further by a nephrotic syndrome and later by a SjS, the patient has also a thyroid dysfunction.

Case Report: We present the case of a 52-year- old female patient who initially began with pruritus 15 years ago, in the laboratory tests the serum levels of transaminases were increased four times the normal value, the alkaline phosphatase level was 1227 UI/l; the gamma glutamyltranspeptidase of 488 UI/l. The viral markers for hepatitis B and C were negative, the antimitochondrial antibody was positive 1/400. A liver biopsy was performed and the histopathology showed chronic destructive cholangitis, compatible with PBC. A treatment with ursodeoxycholic acid was administered. In the next 6 years she developed polyarthralgia, alopecia, and edema of the lower limbs.

The laboratory tests were as follows: antinuclear antibody 1/2560 with speckled pattern, negative for antibodies against ds-DNA, positive anti-La /SS-B, antiRo/SS-A and anti-RNP, erythrocyte sedimentation rate of 100 and proteinuria of 6.1g/l. A percutaneus renal biopsy showed membranous nephropath! y compatible with Systemic Lupus erythematosus (SLE). She received a high dose of steroids with improvement of her renal function. At the age of 39, a diagnosis of hypothyroidism was found resulting from abnormal hormonal levels of thyroid stimulating hormone (TSH) 85.55. She also suffered from xerophthalmia and xerostomia. The oral labial salivary gland biopsy revealed marked periductal lymphoid cell infiltration compatible with SjS.

Discussion: we report the coexistence of four autoimmune diseases in a same patient (PBC, SjS, SLE and hypothyroidism). The PBC is a chronic, autoimmune disease often associated to another disorders. It's important to bear in mind the possibility that a patient with PBC may develop more than one autoimmune disorder.

P-12-79 | EXTRAPULMONARY SARCOIDOSIS

Pizarro, R. (*); Sterzik, H (*); Santos, Z. (*); Santamaría, P. (**); Gómez, J.

Department of Internal Medicine, Hospital Insular de Gran Canaria, Las Palmas, Spain. (**) Department of Pathology, Hospital Insular de Gran Canaria, Las Palmas, Spain.

Sarcoidosis is an uncommon mutisistemic disease of unknown origin, which can involve nearly all organs, with formation of noncaseating epithelioid granulomas. The organs most commonly affected (more than 90%), are lungs, intrathoracic lymph nodes, skin and eyes, or some combination of these. Almost 7 to 30 % present extrapulmonary affectation.

We report a case of a 49-year-old white woman with systemic sarcoidosis with exclusive extrapulmonar involvement. She complaint of fatigue and weight loss of 12 kg, morning stiffness of about one hour after getting up and switching, asymmetric joint pain without swelling and occasionally generalizad pruritus. The physical examination was completely normal. Her BMI was 21 kg/m2. The CBC showed moderate microcytic hypochromic anemia in relation with a mixed origin of iron-deficiency and chronic disease. Coagulation tests were normal. GFR was diminished to 55 ml/min, without proteinuria. Serum calcium was slightly elevated to 11.1 mg/dl, phosphates were normal and PTH was diminished. GGT and AP were elevated while transaminases and pancreatic enzymes were normal. The ESR was 95 mm/h and the reactive C-protein was 12 mg/dl. ACE was elevated (153.4 U/L). Antinuclear antibodies were (+) 1/160 with anti-DNA (-), as other auto-antibodies (anti-LKM, anti-mitochondrial, anti-endomysium, anti-smooth muscle). Serum protein electrophoresis, RF, serology for VIH, VHA, VHB, VHC, CMV, EBV and Syphilis: (-). A tuberculin skin test was negative. EKG, echocardiogram, pulmonary function test and ophthalmoscopic examination were normal. Endoscopic examination of the intestinal tract was normal except for small internal haemorrhoids. In an abdominal ultrasonography there were slight homogeneous hepatomegaly with normal bile ducts, gallbladder, kidneys and pancreas. A thoracic-abdominal CT scan confirmed the ultrasound results and showed normal pulmonary parenchyma and mediastinum. A scintigraphy with 67-Ga showed accumulation in liver, spleen and a tipical Panda pattern due to accumulation in parotid and lacrimal glands. In the liver biopsy non caseating granulomas were found without other findings.

The interest of this case consists in:

1- The unusual clinical presentation of sarcoidosis: as rheumatoid arthritis, pruritus and general syndrome (chronic fatigue and loss weight).

2- The exclusive organic involvement (liver, parotid and lacrimal glands and articulations); uncommon in sarcoidosis.

P-12-80 | BILATERAL ADRENAL HEMORRHAGE IN ANTIPHOSPOLIPIDIC SYNDROME (APS). (CASE REPORT)

Ramiro Gilardino; Claudia Stinga; Alicia Seijas; Claudia Guerscovich; Jorge Lantos

Sanatorio de los Arcos; Buenos Aires; Argentina

Bilateral adrenal hemorrhage is a rare disease with nonspecific clinical presentation that makes it difficult to suspect and diagnose. We report a case and make a review of the literature.

Case Report: A 77 years old woman who was receiving anticoagulation therapy for an APS with previous thrombotic event was admitted with abdominal pain seven days after a right hip arthroplasty. Ultrasound and contrast enhanced abdominal CT scan were normal, pain disappeared and the patient was discharged after 48 hours . Two days later she was readmitted due to left upper quadrant pain.

A new abdominal CT showed a left adrenal hemorrhage. Anticoagulation therapy was suspended and patient's was discharged after 7 days with no symptoms. She required a new admission due to right lumbar pain 48 hours later. At this time a right adrenal hemorrhage was seen in the CT.

Methylprednisolone pulses and oral anticoagulation were indicated suspecting catastrophic APS. During the ollowing days she developed confusion and hyponatremia. A presumptive diagnosis of relative adrenal insufficiency was made and hydrocortisone and fludrocortisone was given with improvement of her symptoms. The ! clinical course was unremarkable and she was discharged with oral anticoagulant and steroid therapy.

Comments: Development of spontaneous bilateral adrenal hemorrhage in patients with primary APS is an uncommon condition. The most frequent and life threatening complication is acute adrenal insufficiency due to extensive gland damage. Usually the diagnosis is made postmortem (reported frequency range from 0.14% to 1.8% of all autopsies), so it is very important for physicians to keep in mind this entity.

Several mechanisms have been implicated, but the more frecuents are microthrombi formation with infarct and subsequent hemorrhagic gland transformation. We report the case of a patient with APS who suspended her anticoagulants and suffered surgical stress resulting in bilateral adrenal hemorrhage and probable relative acute adrenal insufficiency. Anticoagulation and empiric steroid therapy could have been lifesaving for her.

P-12-81 | DESCRIPTIVE STUDY OF PATIENTS WITH SYSTEMIC SCLEROSIS FOLLOWED UP AT A SECOND LEVEL HOSPITAL (2005-2008)

Cesar Gallo Alvaro, Julia Lobo García, Ivan Suarez Pedreira, M. Jesús Barragán Gonzalez, Alvaro Gonzalez Franco

Department of Internal Medicine, Hospital Valle del Nalon, Langreo, Asturias, Spain

Objetive: To analize clinical, serological and therapeutical characteristics of patients with systemic sclerosis (SS) followed up at Valle del Nalon Hospital (population attended: 81904).

PATIENTS AND Methods: We reviewed clinical histories of patients with SS with hospitalization or ambulatory follow-up during the period January/05 to March/08.

Results: We found 16 cases of SE, 13 women (81,3%), median age at diagnosis 61,3 years (CI-95%: 55-68,2). Median follow-up 53,8 months (CI-95%: 28,3-79,4). Antinuclear antibodies positive in 14 (87,5%). Diffuse SS: 4 cases (25%), all anti-Scl-70 positive, limited SS: 12 cases (75%), 8 anti-centromere positive (66,6% of limited SS cases).

Clinical findings: Raynaud 15 (93,8%), digital ulcers 4 (25%), digital necrosis 1 (6,3%), telangiectasis 14 (87,5%), calcinosis 1 (6,3%). Pulmonary hypertension (PHT) detected in 5 cases (31,3%) all with limited SS with anti-centromere, diagnosed with echocardiography (TTE). In 3 cases TTE was not made. Median pulmonary pressure 50 mmHg (CI-95%: 26,5-73,2). DLCO was determined in 7 cases (43,8%) with a median of 62,8% (CI-95%: 41-84,7). Pulmonary interstitial pattern detected in 4 (25%) 3 with anti-Scl-70.

Treatment: Calcium channel blockers (CCB) 11 (68,8%), ACE-inhibitors and angiotensin receptor blockers 8 (50%), Nitrates 4 (25%), antiagre! gants 3 (18,8%), oral anticoagulation 3 (18,8%), Pentoxifiline 4 (25%). Two patients treated with Bosentan, one of them needed intravenous prostaglandins. Exitus 4 cases (25%), 3 anti-Scl-70 with interstitial pattern. One patient received pulmonary transplantation and died due to urotelial carcinosarcoma, the others due to pulmonary neoplasm, acute alveolitis and abdominal sepsis.

Conclusions: 1.- SS predominantly affects women and presents as limited SS.

2.- Raynaud and telangiectasis are present in most patients.

3.- PHT is associated with limited SS and interstitial pattern with diffuse forms.

4.- CCB is the most used therapeutical group. 5.- Mortality is associated with anti-Scl-70.

P-12-82 | ANCA-POSITIVE VASCULITIS

Andrés Liste, Gabriela Rosende, Silvina Rosende, Martín Ortemberg, Lautaro Albarracín

Servicio de Nefrología, Hospital Fernández. Buenos Aires. Argentina

Introduction: The kidneys are targets for a variety of systemic vasculitides, especially those that affect small vessells. Wegener's granulomatosis , Churg-Strauss syndrome, and mycroscopic polyangeiitis develop the same necrotizing small-vessel vasculitis and share the same form of glomerulonephritis (GN), expression of vasculitis in glomerular capillaries. They all have circulating antineutrophil cytoplasmic antibodies (ANCA). The most common antigen specificities of ANCA in patients with vasculities and GN are for proteinase 3 (PR3) and myeloperoxidase (MPO).

Case Report: 45-year-old woman was admitted to hospital with polyarthalgias, fever, necrotizing lesions in fingers and purpura in legs. She had hematuria and proteinuria with normal renal function. Serologic testing for ANCA was performed showing cytoplasmic staining pattern (c-ANCA) by inmmunofluorescence microscopy assay. By enzyme immunoassay it was positive for PR3. The rest of the serologic testing was negative. Renal biopsy was performed showing focal necrotizing GN (pauci-immune) with glomerular crescents that affected 20 % of the glomeruli. She is receiving corticosteroids and intravenous cyclophosphamide monthly.

Discussion: In vasculitis constitutional symptoms (fever, myalgia, anorexia, malaise) are common. Renal manifestations include hematuria, proteinuria and renal failure presenting as rapidly progressive glomerulonephritis (RPGN). The basic lesion in kidney is segmental fibrinoid necrosis, usually with leukocyte infiltration and resultant crescent formation, it evolves into sclerotic lesion. This GN is called pauci-immune because of the lack of immune deposits in the biopsy. The diagnosis of ANCA-associated vasculitis is made with clinical findings, biopsy of an involved organ (kidney, nasal mucosa) and the presence of ANCA.

The prognosis is poor and treatment has converted this fatal diseaseintoa chronic relapsing disorder with accumulating morbidity. It includes three phases: induction of remission, maintenance and relapse. Thebest option to induce remission is combined therapy with corticosteroid and cyclophosphamide.

Conclusion: We want to emphasize the importance of early diagnosis in systemic vasculitis. It must be recognized and treated before permanent scarring occurs.It is essential to perform serologic testing for ANCA in a patient withprobable vasculitis and biopsy of an involved organ.

P-13-01 | PNEUMOBILIA AND SPLENIC VEIN THROMBOSIS. AN UNUSUAL CASE

Ruffinelli, J.; Kang, H; Gonzalez, VV.; Girala, M.

3rd Internal Medicine Division. Hospital de Clínicas. National University of Asunción.; Paraguay

Background: thrombosis of the splenic vein is a rare condition; it is related to infections, acute or chronic abdominal processes, trauma and malignant infiltration by a pancreatic carcinoma. This disorder causes a congestive splenomegaly and may present as subacute, acute and chronic. Therapeutical approach includes splenectomy, embolization and anticoagulants.

Description of the **Case:** Male, 66 years old, corean, history of great alcohol consumption and precedent of biliary surgery 14 years before. The patient presented with anorexia, significant malaise, frequent diarrhea and vomits, some of them containing fresh blood; he also referred considerable weight loss. On physical exam, jaundice, epigastric and right hypochondrium pain, collateral blood vessels on abdomen, splenomegaly, muscular hypotrophy, and significant constitutional symptoms. Esophagogastroduodenoscopy was performed and showed Candida esophagitis, grade II esophageal varices, chronic gastritis and choledocho-duodenal anastomosis. CT scan revealed intrahepatic pneumobilia, choledochal lithiasis, intrapancreatic calcifications and confirmed splenomegaly. Abdominal ecodoppler demonstrated splenic vein thrombosis and cavernoma. Hepatic function tests and biopsy were informed as normal.

Discussion: Although splenic vein occlusion by a thrombus is a non frequent disorder, it is nowadays better recognized by several imaging techniques. This circumstance may be considered in patients with upper digestive hemorrhage and normal liver function. Bleeding is usually due to gastric and/or esophageal varices rupture, secondary to presinusoidal portal hypertension. Pneumobilia was a casual finding and was attributed to biliodigestive anastomosis. The big lithiasis in remanent distal portion of cholecocho was thought to be secondary to biliostasis.

Venous thrombosis and its complications can be satisfactorily managed performing a splenectomy. Nevertheless, in the last few years it was notconsidered as a routine procedure, based this on statistical analysis that compare it to conservative treatment, and depending on the occurrence or not of gastrointestinal bleeding. In the case we report, thrombosis was considered as a consequence of chronic pancreatitis due to alcoholism.

P-13-02 | PREVALENCE OF BLOOD PRESSURE AND RISK FACTORS IN WOMEN

Rodríguez, María Elvira; Gulayin, Ylias; Urrutia, Inés.; Gulayín, Pablo.; Massa, Roberto.

Facultad de Ciencias Médicas. UNLP. Hospital Rossi. Argentina

Introduction: Cardiovascular diseases are the most important cause of death in the world and they are attributed classically to men. Because the work and the different women activities, it is think that cardiovascular diseases are frequent in women too. Hypertension is one of the most important cardiovascular diseases, with serious health consequences such as stroke, failure hearth, kidney failure and coronary disease. The aim of this study is to investigate the prevalence of hypertension and the risk factors in women of La Plata city in Argentina.

Material and Methods: We interviewed 460 women, chosen at random. They were surveyed about if they knew their status as hypertensive and whether there was a family history of hypertension, if there personal antecedents of overweight, diabetes, smoking, salt intake, physical activity and exposure to stress. We measured the abdominal circumference, that measure was obtained at umbilical line and blood pressure was recorded in both arms after 5 minutes' rest. The women who had hypertension from levels higher than 140/90 mmHg, were controlled the following week and ruled out normal tension women.

Results: In the 460 women interviewed, the middle age was 52 years old, 42% were hypertension, they had an average of 13.4 years from menopause, had a middle weight of 68 kg and 37% had an abdominal circumference of 90 cm. Then we separate the group of hypertension from the women with normal tension and found: Hypertension patients: Age 57.7 years old. Abdominal Circumference: 93.7 cm. Weight: 72.5. Time of Menopause: 15.3 years. We observed risk factors: Dislipemia: 39%, Diabetes: 20%. Normal tension: Age: 48.3 years. Abdominal circumference: 82.3 cm. Weight: 64.7 Kg. Time of Menopause: 11 years. Dislipemia 20%, Diabetes 5%.

Discussion: Comparing both groups we found that P value was statistically significant in: Patients with hypertension were older, fatter and had more years from menopause than no hypertension patients. The same happened in the comparison of dislipemia and diabetes. Strategies Education for improve Quality live Develop Programme in Different levels of primary care to teach the cardiovascular prevention to avoid overweight.

P-13-03 | HYPERTENSION IN A YOUNG WOMAN WITH AN ABDOMINAL MASS

Vasquez, Rodrigo; Echevarri, Silvia; Sanhueza, Marcel

Servicio de Medicina, Hospital Sótero del Río, Santiago.; Chile

We present the case of a 17-year-old woman with a family history of a sibling with neurofibromatosis. 2 years ago, usually in relation with intense exercise, she initiated episodes of sudden onset of bitemporal pulsatile headache, associated with diaphoresis, lightheadedness, palpitations, nausea and vomiting. She was seen at an emergency unit, where a blood pressure of 160/110 mm Hg was detected. Some days later, a 24-hour ambulatory blood pressure monitoring showed diastolic pressures over 100 mm Hg. To rule out renovascular hypertension, a Duplex Doppler ultrasonography was done, which showed no renal artery stenosis, but incidentally there was a solid nodule of 3 x 3 x 3.4 cm, between the vena cava and the aorta, below the superior mesenteric artery, with well defined limits. With these findings, she was hospitalized for further studies.

Physical examination at admission showed blood pressure of 138/99 mm Hg, heart rate of 67 per min, normal skin, no palpable thyr! oid, normal cardiopulmonary examination, abdomen without masses or murmurs, limbs with symmetrical peripheral pulses. An electrocardiogram and thyroid function tests were normal.

Computed tomography was performed with contrast medium, which showed a mass in a retroperitoneal and retroduodenal location, with cystic areas and an increased vasculature, with the aspect of a paraganglioma. 24-hour urinary catecholamines were measured: epinephrine 61.2 µg/24h and norepinephrine 317.39 µg/24h, being normal the sum of epinephrine and norepinephrine up to 100 µg/24h. Subsequently, 24-hour urinary metanephrines were measured: metanephrine 109 µg/24h (normal 52-341 µg/24h) and normetanephrine 3615 µg/24h (normal 88-444 µg/24h). Looking for secondary locations, a 123-I-metaiodobenzylguanidine (MIBG) scintigraphy was performed, demonstrating no areas of abnormal uptake. Finally, the abdominal mass was resected, with pre-operative management with α ad! renergic blocker, and then adding β adrenergic blocker, achieving a complete mass resection through laparoscopic surgery. Histologic analysis showed a granular cell neoplasm, with neuroendocrine appearance, corresponding with a paraganglioma, a catecholamine-secreting tumor.

After discharge, patient is asymptomatic, with normal blood pressure and no need of antihypertensive drugs.

P-13-04 | MULTIDETECTOR CT FEATURES IN THE FOLLOW UP OF PATIENTS WITH ENDOVASCULAR AORTIC ANEURYSM TREATMENT

Carrascosa, Patricia; Capuñay, Carlos; Martín López, Elba.; Vallejos, Javier; Carrascosa, Jorge.

Diagnostico Maipu – Argentina

Introduction: A post endovascular evaluation is useful for detecting complications such as endoleaks, graft migration, thrombosis, kinking or angulation of the endograft component.The objective of this presentation is to illustrate the spectrum of Multidetector CT angiographic features in the follow up of patients with endovascular aortic aneurysm treatment.

Material and Methods: a total of 146 follow up CT angiographies of aortic stents (135 of the abdominal aorta; 11 of the thoracic aorta), performed between May 2002 and August 2007 were retrospectively evaluated. CT scans were performed using a 4-row, 16-row and 64-row multidetector CT scanners (Mx8000, Brilliance 16, Brilliance 64; Philips Medical Systems) with slices of 1 to 2.5mm thickness and injection of 80-120ml of contrast material using a power injector. A second CT acquisition 10 minutes after the first CT scan was obtained. CT images were analyzed in a dedicated workstation using different post-processing tools: multiplanar reconstructions; maximum intensity projections and volume rendering images. The characteristics of the residual aneurismatic sac, of the endovascular stents and the presence of treatment complications were assessed.

Results: In 39 out of 146 of the patients, complications were detected such as: a) periprosthetic hematoma (n=2); b) partial stent-graft thrombosis (n=12); c) total stent-graft thrombosis of the aortic segment (n=1); d) total stent-graft thrombosis of an iliac branch (n=13); e) endoleak type I (n=1); f) endoleak type II (n=6); g) endoleak type III (n=4).

Conclusions: Multidetector CT angiography is an accurate, fast and minimally invasive imaging method useful in the follow up of endovascular aortic aneurism repair.

P-13-05 | CLINICAL CHARACTERISTICS AND STRESS TESTS RESULTS OF THE PATIENTS DERIVED TO OUR CENTRE FOR A CT CORONARY ANGIOGRAPHY: THE REAL WORLD

Carrascosa, Patricia; Deviggiano, Alejandro; Capuñay, Carlos.; Martín López, Elba.; Carrascosa, Jorge.

Diagnóstico Maipú; Argentina

Introduction: for a rational use of the CT coronary angiography (CTCA), the ACC/AHA has established guidelines. The objective of this presentation is to evaluate the clinical status of the patients derived to CTCA and to analyze the results of the stress studies, if available.

Material and Methods: 156 consecutive patients were included. Those patients with or without history of CAD and, if available, stress studies negative for angor, ST segment abnormalities and myocardial ischemia without symptoms were included in the asymptomatic category. A stress study was considered positive when: a) ST segment depression > 1.5mm; b) ischemic defect; c) chest pain during the exam. Stress studies were considered as discordant when there was chest pain or ST segment depression without myocardial perfusion defect or vice versa. Coronary artery stenosis was considered severe when >70%. The greater stenosis was considered in each coronary segment.

Results: the 78.2% of the patients were male; mean age 59.7 years; 54.5% had hypertension, 58.3% dislipemia, 12.8% diabetes and 28.8% had history of CAD. The 43.4% of the patients had stress tests. The 34.2% of the studies were discordant. There was a statistical significant difference between the appearance of myocardial ischemia in patients with concordant and discordant stress studies: 30.8% vs. 70.4%, p<0.001 respectively. 63% of the patients with chest pain had concordant stress tests and 86.4% of them were negative. Patients with chest pain without history of CAD, if stress studies were positive or negative, severe coronary stenosis was found in 40% and 27.3% of the cases respectively. Besides, 33.3% of the patients with discordant studies showed coronary stenosis > 70%.

Conclusion: The main clinical order for CTCA is the asymptomatic category. The 34.2% of the patients with stress studies had the clinical orderfor the CTCA, based on the discordance of stress studies. A point to highlight is the discordance between the clinical symptoms and the negative result of the stress studies. The 27.3 % of the patients with negative stress tests and the 33.3% of the patients with discordant studies showed severe coronary stenosis.

P-13-06 | EFFECT OF PRAVASTATIN PLUS EZETIMIBE ON CAROTID INTIMAL MEDIA THICKNESS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

Vera Lastra, Olga L.; Olvera Acevedo, Arturo; Medina, Gabriela.; Hernández, Claudia.; Jara, Luis J.

Hospital de Especialidades, Centro Médico Nacional La Raza.; México

Background: Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease associated with accelerated atherosclerosis and increased cardiovascular risk. Statins can reduce inflammation of atherosclerosis, but whether this is due to pleiotropism or cholesterol lowering per se is unclear. The combination of a statin with ezetimibe, acts as a dual inhibitign mechanism against the synthesis and absorption of cholesterol. An indirect estimation of atherosclerosis is the intimal media thickness (IMT) of carotid arteries measured by Doppler sonography.

Objectives: To investigate the effect of intensive treatment with statin (pravastatin) plus ezetimibe in the carotid IMT in patients with SLE.

Methods: We studied 22 female SLE patients, the mean age were 41+/-5 years, and mean disease evolution 9+/-5 years. IMT measurements were performed on the right and left common carotid arteries 1.0 cm proximal to the carotid bulb, by B-mode ultrasonography of carotid arteries. We included patients with carotid IMT >0.8 mm. They received treatment with pravastatin 40 mg/day, and ezetimibe 10 mg/ day during six months. The carotid IMT were measured at the start and the end of the study. The levels of lipids (total cholesterol (TC), low-density lipoprotein cholesterol LDL-C, high- density lipoprotein cholesterol (HDL-C) and C- reactive protein (CRP) were also measured.

Results: 20 patients concluded the study. In average, the basal rightand left carotid IMT was >0.8+/-14mm and >0.8+/-13, and after six months 0.68+/-14mm (p <0.003) and 0.72+/-13 mm (p<0.004). Basal LDL cholesterol levels were 127.76+/-45 mg/dl and 73.72+/-28.19 mg/dl at six moths (p< 0.0004); HDL 49.71+/-17 and 48.94+/-12 at six months (p NS); CRP levels at start were 3.12 and 2.25 at six months (p<0.004).

Conclusion: Intensive treatment with pravastatin and ezetimibe had aignificant reduction of the carotid IMT, as well as of the CRP levels andº LDL-C wich are indicators of the risk of cardiovascular events.

P-13-07 | ANALYSIS OF DNA POLYMORPHISMS IN THE ENDOTHELIN1 AND ENDOTHELINA RECEPTOR GENES IN PATIENTS WITH HYPERTENSION

Lassen, O.; Herrera, J.; Tabares, S.; Garutti, A.; Dotto, G.

Biochemistry and molecular biology department. School of Medicine, Unit of Internal Medicine N 3. School of Medicine, national university of cordoba, Cordoba Public Hospital Central Laboratory of biochemistry, Cordoba Public Hospital.; Argentina

Endothelin-1 (ET-1) is a potent vasoconstrictive peptide produced primarily by vascular endothelial cells. ET-1 may be a marker for arterial vascular disease; several studies showed an association between plasma endothelin level and a number of vascular diseases. The potent vasoconstrictor effect of ET-1 is predominantly mediated by the activation of ET receptors type A (EDNRA). The role of endothelin genes has been tudied in the predisposition to myocardial infarction and in the development of hypertrophic cardiomyopathy. Actually, the ET-1 receptor and ET-1 ligand genes are polymorphic markers that allow the determination of the involvement of these gene variants in the cardiovascular disease.

We described the frequencies of His323His (C/T) polymorphisms in EDNRA and 138A insertion/deletion (I/D) in ET-1 gene and the probable influence of these polymorphisms in patients with hypertension (HTA) and normotense population from Cordoba city. All subjects were provided with writ! ten informed consent to participate and the protocol has been approved by the ethics committee.

We recluted 44 HTA patients attending the Cordoba Hospital and 40 healthy volunteer. Hypertension was defined as a systolic blood pressure (SBP) of 140 mmHg or higher and /or a diastolic blood pressure of 90 mmHg or higher. Blood samples were taken for routine clinical analysis. Genomic DNA was isolated from leukocytes and genotyped by a polymerase chain reaction-restriction fragment length polymorphism.The ET-1 gene, an adenine insertion (138 /ex1ins/delA) is a genetic variant associated with hypertension. The 4A/4A genotype was identified in 11.4% of HTA patients and in 40% of healthy subjects, a low frequency (25%) of the -4A allele was observed in HTA. The genotype -3A/-3A was present in 27.3% of HTA and 12.5% of controls.

Our results are agreement with Dong Y. (2004, Hypertension 44; 884-890) that observed that the 138/ex1ins allele showed a modest correlation with low SBP. According to statistical analysis, an individual with the allele 3A is at risk to develop a cardiovascular affection. Further studies are being developed to know whether or not an association of these two polymorphisms with the clinical status of the patients exists.

P-13-08 | FACTORS OF CARDIOVASCULAR RISK IN OLDER SUBJECTS WITH CANCER IN A UNIVERSITY HOSPITAL

Molina-Garrido, M.J.; Guillén Ponce, C.; Molina, MJ.; Molina, MA.; Carrato, A

Elche University Hospital in Elche. Alicante; Spain

Background: and **AIMS:** Around 80% of all cardiovascular deaths occur in developing countries. Assessment of those patients at high risk is an important strategy for prevention. The prevalence of factors of cardiovascular risk increases with advancing age and aging per se is associated with increased prevalence of most of the abnormalities contributing to the cardiovascular risks. Cancer is also one of the most frequent causes of death.

The aim of this study is to estimate the prevalence of factors of cardiovascular risk in older patients with cancer in a university hospital. Age, presence of high blood pressure and/or diabetes mellitus, cholesterol and triglycerides levels and tobacco habit were determined in older inpatients with cancer between January and July 2007.

Results: There were 73 patients older than 70 years. 72.6% of all them were men (n=53). Median age at the moment of the hospitalization: 76.54 y; average age: 77.47 y; range: 70.48-90.11. 75% of all them were younger than 80.59 y. 52.1% of patients (n=38) had breast cancer, colorectal cancer and lung cancer, most of them (70.6%; n=48) of tumoral stage IV and performance status (measured by EOCG) between 3 and 4 (57.1%; n=40). The average value of Charlson index (scale of comorbidity) was 6.08, with a range between 2 and 13. Serum creatinine values were between 0.60 and 4.26 mg/dl, with an average of 1.29 mg/dl; cholesterol levels were between 55 and 280 mg/dl, with an average of 159.31 mg/dl and a median value of 166 mg/dl. Triglycerides levels were between 53 and 252, with 75% of patients having values lower than 194, and average 117. 60.3% of all patients (n=44) had not high blood pressure, 97.1% of them had no diabetes mellitus (n=66), and 50.8% were not smoker, with 28.6% of active tobacco habit.

Conclusions: These findings suggest that cardiovascular abnormalities are per se very low in elderly people with cancer in our hospital (in Spain, 68% of patients older than 60 years have high levels of blood pressure, and 5-19% of people have diabetes mellitus). It is a population cardiovascular healthy.

P-13-09 | LEAN BEEF MEAT CONSUMPTION RELATED TO BLOOD PRESSURE DECREASE AND BIOCHEMICAL PARAMETERS IN HIPERTENSIVE PATIENTS

Cabrera de Bravo, Mayela Carolina; Reyna, Nadia; Reyna, Eduardo; Chacín González, Maricarmen.; Dowling Enez, Victoria Eugenia.

Endocrine and Metabolic Diseases Research Center “Dr. Felix Gomez”. Faculty of Medicine, University of Zulia. Venezuela

The main objective of this investigation was to relate lean beef consumption to blood pressure reduction in hypertensive individuals. 51 participants, male and female, 30 years old or more were selected at random. Each participant was assigned a diet based on the partial replacement of carbohydrates for lean beef meat proteins.

The Follow-up of participants was made every 4 weeks for an 8 week period. They were told to consume lean beef meat once or twice a day depending of the caloric expenses of each participant.

Blood samples were collected from all participants at the beginning, and after 4 and 8 weeks to determine fasting glucose, insulin, glycosilated hemoglobin, cholesterol and triglycerides concentrations. Mean ages were 43.5+ 7.1 years old and body mass index was 26.9+ 3.1 kg/cm2.

No significant statistic differences of cardiovascular risk indicator concentrations in study periods (p=ns) were found. A significant dec! rease of systolic and diastolic blood pressure values was observed after 4 and 8 weeks of intervention ($p < 0.005$) It is concluded that lean beef meat consumption reduces blood pressure levels in hypertensive individuals, without producing alterations in biochemical parameters.

Key Words: Hypertension, lean beef meat, blood pressure, biochemistry parameter.

P-13-10 | “INFECTIOUS BURDEN” AND ATHEROTHROMBOSIS. CLINICAL CORRELATES AND PROGNOSTIC IMPLICATIONS. THE AIRVAG COHORT

Herreros, Benjamín; Guijarro, Carlos; Casas, María Luisa.; Barba, Raquel.; Belinchon, Juan Carlos.

Hospital Universitario Fundacion Alcorcon. Alcorcon. Madrid. Spain

Background: Epidemiological Studies suggest that cumulative exposure to several pathogens (‘infectious burden’, INF-Burden) may contribuye to the development of atherosclerosis and its complications.

OBJECTIVE: To assess the prognostic value of INF-B in the evolution of patients with symptomatic atherosclerosis.

Patients and Methods. Airvag cohort: Prospective cohort of 269 patients with clinical atherosclerosis: coronary (CHD 52%), cerebrovascular CVD 33%), or peripheral (PVD 15%). INF-Burden was defined as the sum of positive IgG serologies fore Herpes group virus: Herpes simple I HSV], Epstein Barr [EBV], Citomegalovirus [CMV], V-INF-Burde), Clamydia Pneumoniae (CP), Mycoplasma Pneumoniae (MP) and Helicobacter Pylori (HP); B-INF-Burden. The association of INF-B with vascular risk factors and vascular damage was assesed by chi2, lineal regression and Student’s t test, and the time to a new ischemic event of any territory (or vascular death) by the Kaplan Meier method (Log Rank test, univariate analysis) and Cox regression (multivariate). Statistical significance $p< 0.05$ Results. There was a high prevalence of infectious exposure to virus HSV (95%), EBV (98%), CMV (90%), somewhat lower for bacteries HP (92%), CP (39%), MP (28%). There was no significant association between seropositivities of any studied pathogen and the affected vascular bed. INF-Burden exhibited a Peak correlation with accumulated tobacco exposure ($r=0.21$ $p<0.05$; fully explained by B-INF-Burden), and no correlation to any other risk factor, lipid levels, C-reactive protein or microalbuminuria. In addition, INF-B was weakely associated with carotid plaques ($r=0.17$, $P<0.05$, all explained by V-INF-Burden) and ankle:brachial index ($r=-0.18$ $p<0.05$), both independent from tobacco exposure. After a median follow-up of 54 months, 60 patients (22.3%) presented a new vascular event. None ot the markers of INF-Burden was significantly associated with new events.

Conclusions: The ‘infectious burden’ correlatos weakely with some other markers of ‘atherosclerotic burden’, but has no prognostic relevante in secondary prevention of atherosclerotic events. Supported by a grant from Fondo de Investigación Sanitaria (ISCIII) and Sanofi-Aventis.

P-13-11 | DEEP VEIN THROMBOSIS: GUIDELINES COMPLIANCE EVALUATION

P Huerta, M Perez, E Lifchitz, J Moron, R. Watman.

Clínica Santa Isabel, Cap. Fed.; Argentina

Introduction: Deep venous Thrombosis is a common serious complication for inpatients. The rationale for the use of thromboprophylaxis is based on solid principles and scientific evidence. Despite there is sufficient evidence based guides this difficult for implement.

Objetive: Control adherence for thromboprophylaxis. **Methods:** Between Agost and september we analized all adults inpatient in our clinic who do not use intensive unit.

Inclued Patients: older than 40 years old and admission at lest 48 hours.

Excluded Patients: Pregnant, Previous anticoagulation, lest 30 days live expectancy , increased blledind risk, intensive unit admission. We recorded: Gender, surgical o clinical admission, risk factors, prophylaxis utilization. We recorded the adherernce for The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. CHEST 2004; 126:338S-400S recomendations.

Results: We recorded 599 patients, 329 older than 40 years old.. 140 patients do not meet included criterys. 189 patients were inclued, 127 clinic patients (67%) y 62 surgical patients (33%). The surgical patients group, 10% moderate risk, 69% high risk 21% muy very high risk. Inapropiate prophylaxis was 83% moderate risk patients, 58% high risk and 31% very high risk.. In clinical group patients, inapropiate prophylaxis was 56% .

DISCUSION: The adherence for thromboprophylaxis for deep venous thromosis was low..In 55% patients was inadecuate , surgical patients 54.8% and clinical patients 56%. In surgical patients, inadecuates prophylaxis was 97% low doses than recomendations and clinical patiens 69% recibed high doses than recomendations. Our results was similar than other reports.

P-13-12 | SPONTANEOUS DISSESCTION OF THE CAROTID ARTERY CLINICAL CASE

Freitas, Hilda; Torres, Elisa; Cotter, Jorge

Servicio de Medicina Interna, Centro Hospitalar do Alto Ave, E.P.E.- Unidad de Guimarães.; Portugal

The authors report the case of a man, 56 years old, civil construction worker, with a medical history of head trauma for 40 years and dyslipidemia a year ago. He had no medication at ambulatory. He came o the Emergency Service in 04-01-2008 with generalized headache for 3 ays and a sudden start of paresthesia in right half of the tongue and soft palate, difficulty in chewing, dysphagia and dysarthria.

At neurological examination he presented: tongue on protrusion deviates to the right, uvula deviates to the left, dysarthria, nasalized voice and dysphagia. No carotid murmurs. He had no other changes on physical examination. After performing an head computed tomography scan - unchanged. He was admitted with the diagnosis of ischaemic stroke, starting antiplatelet therapy. The autoimmunity study, serology of syphilis and markers virus - negative.

Laboratory studies - unchanged. Echocardiography and Doppler color-flow ultrasonography of the vertebral and carotid arteries - uncha! nged. It was performed an head magnetic resonance imaging (MRI) in combination with head MRI angiography - focal dissection in the distal cervical segment and early intra-petrous portion of the right internal carotid artery (in the carotid foramen). The antiplatelet therapy was suspended and anticoagulation started (low molecular weight heparin).

He had a good clinical outcome, with improved dysphagia, dysarthria and without nasalized voice. He had no complications during internment. He went home on 15-01-2008, followed into consultation of Internal Medicine and of Immunohaemotherapy. A spontaneous dissection of the carotid artery is less common than other cause of stroke, more frequent in adults. He had a varied clinical spectrum of presentation, in this case with achievement of IX and XII cranial nerves.

The main treatment is anticoagulation and prognosis depends on the severity of the initial clinic and existing collateral circulation, however the risk of recurrence is low ! and decreasing over time.

P-13-13 | ASSOCIATION THERAPY IN ALZHEIMER DISEASE

Servello, A.; Fossati, C.; Guglielmi, S.; Marigliano, B.; Ettorre, E.;Sapienza

Universitá di Roma - Dipartimento di Sceinze dell' Invecchiamento; Italy

Introduction: Alzheimer dementia (AD) seems to be a multifactorial pathology; deficit of acetilcholine is not the only anomaly found in this pathology, so that the therapy with acetilcholinesterase-inhibitors doesn't seem to be effective, alone, to treat this deficit. According to the different hypotheses in literature various pathogenetic causes contribute to the development of AD. These causes could be the oxidative stress, the excitotoxicity, the inflammation, the hypercholesterolemia or the sexual hormones. Different drugs with different targets would be able, therefore, to act sinergically and to result more effective in comparison to the monotherapy. Our study values the effectiveness of combined therapy in comparison to monotherapy in a group of patients with mild AD.

PATIENTS AND Methods: 60 patients with mild AD were enrolled. These patiens had been divided in two groups; each group received a different pharmacological **Treatment:** the first group of 30 subjects received donepezil to the daily dose of 5 mgs with following increase to 10 mgs and the second group of 30 subjects received donepezil 5-10 mgs associated with memantina 10 mgs and alpha-lypoic acid. The patients have been valued every three months within one year of observation through the administration of cognitive evaluation tests and Neuropsycological Evaluation.

Results: At the end of observation the response to the therapy resulted different in the two groups. The 38% of the patients of the first group showed a positive response to the treatment with light improvement of the scores at the cognitive evaluation tests, while the 50% of the patients in the second group showed a positive response to the treatment with a more marked improvement of the scores of the tests of cognitive evaluation.

Conclusions: Scientific evidences don't allow to surely state that the choice of combination therapy in patients with mild AD can leed to an improvement of cognitive function more than monotherapy with acetilcholinesterase-inhibitors. The multifactorial hypothesis of AD allows to assume that a monotherapy can't stop the progression of the disease, opening therefore the way to the possibility to oppose the different pathogenetic causes that contribute to the development of AD with a target polypharmacotherapy.

P-13-14 | ASSOCIATION OF MULTIPLE INFLAMMATORY MARKERS WITH CAROTID INTIMAMEDIA THICKNESS AND ATHEROSCLEROTIC PLAQUES

Dzenkevicute, Vilma; Badariene, Jolita; Ryliskyte, Ligita; Petrulioniene, Zaneta; Laucevicius, Aleksandra;Vilnius; Sapoka, V

University Medical Faculty; Lithuania

Background: and **PURPOSE:** Inflammatory markers, particularly C-reactive protein (CRP), predict incident of cardiovascular disease and are associated with the presence of subclinical atherosclerosis. Studies to assess the role of these markers in the atherosclerotic process by evaluating their relationship with carotid intima-media thickness (CCA-IMT) tend to provide contrasting results. Our aim was to clarify which atherosclerotic changes (CCA-IMT, plaques) are associated with inflammatory markers and determine whether there are any differences.

Methods: 64 consecutive individuals (56.3% women, mean age 45 ± 8.41 years,) with cardiovascular risk factors who visited the Vilnius University hospital for health check up, and received routine assessments of common carotid artery intima-media thickness (CCA-IMT), and the presence or absence of atherosclerotic plaque by ultrasonography. Circulating inflammatory markers assessed on an examination day included CRP, interleukin-6 (IL-6) and fibrinogen as well as classical risk factors.

Results: Assessed as a group, inflammatory markers were significantly associated with CCA-IMT ($p < 0.05$), and with presences of carotid plaques ($p < 0.05$). CCA-IMT significantly increased with each quartile of CRP (p=0.001), IL-6 (p=0.001) and fibrinogen (p=0.001). The presences of carotid plaques were associated with the higher levels of CRP, IL-6 and fibrinogen. After adjustment for classical cardiovascular risk factors, CRP (r=0.29; p= 0.033) and IL-6 (r=0.26; p=0.05) showed modest correlation with CCA-IMT. However, we have found a stronger association between CCA-IMT and fibrinogen (r=0.46; p=0.0001). After adjustment for classical cardiovascular risk factors association between presences of carotid plaques and inflammatory markers disappeared.

Conclusion: CCA-IMT is associated with the elevation of inflammatory markers - CRP, IL-6, particularly with fibrinogen. Presences of carotid plagues were strongly related with traditional cardiovascular risk factors rather than inflammatory markers.

P-13-15 | LATE CATCHUP PHENOMENA OF DRUGELUTING STENTS COMPARED TO BAREMETAL STENTS

Ki- Bae Seung; Hun-Jun Kim.; Kyu-Bo Choi. Chan Seok Park

Catholic University Medical College Seoul, South Korea

Background: Drug-eluting stent (DES) markedly decreased in-stent restenosis (IRA) compared to bare-metal stent (BMS) and balloon angioplasty. It was demonstrated that there was late improvement in luminal diameter with the use of BMS. But sirolimus-eluting stent failed to show long-term inhibition of neointimal hyperplasia in a porcine model. So the risk of late catch-up phenomenon (later progression of neointimal hyperplasia) cannot be ignored.

Methods: and Results: From January 2004 to July 2007, the subjects were selected from the patients performed follow up coronary angiogram (CAG) more than 2 times after coronary stent implantation. Follow up CAG were reviewed and the stents implanted previously at non target lesion were subjected to analyze. Serial quantitative coronary analysis (QCA) was done for the measurement of reference vessel diameter (RVD), in-stent minimal luminal diameter (MLD) and diameter stenosis (DS).

Results: Total 22 patients were performed follow u! p CAG more than 2 times and the number of stents implanted at the non-target lesion was 25. (BMS, 20: SES, 12: paclitaxel-eluting stent (PES), 3) Baseline characteristics between the groups were not detected. The table shows the result of serial QCA data of the two groups. Between 1st and 2nd follow up CAG, MLD tended to increase (p=0.079, not significant statistically) in the BMS group but continued to decrease in the DES group (p= 0.024)

Conclusion: After BMS implantation, it was demonstrated that later neointimal thinning occured due to decreased cellular component associated with apoptosis. This phenomenon seems not to occur after DES implantation and later luminal narrowing could be a problem after DES implantation, which demonstrates the need for more careful follow up.

P-13-16 | THE RELATIONSHIP BETWEEN GLYSEMIC CONTROL AND MYOCARDIAL PERFUSION INDEX IN TYPE 2 DIABETES.

Alibaz Oner, Fatma.; Gurcan, Zeynep.; Uzunhasan, Isil.; Piskinpasa, Mehmet Emin.; Erguney, Mecdi.

Ministiry of Health, Istanbul Education and Research Hospital.Turkey

Introduction: Diabetic heart disease is defined as myocardial disease in patients with diabetes that cannot be ascribed to hypertension, coronary artery disease, other known cardiac disease. Type 2 diabetes mellitus (DM) and poor glucometabolic control incresase the risk of developing the heart failure. In this study, we aimed to investigate association between glysemic control and left ventricle myocardial perfusion index(MPI) in patients with type 2 DM and without known cardiac disease. **Material and Methods:** 42 patients with known type 2 DM were examined with tissue doppler imaging echocardiography to detect MPI .Glysemic control is expressed by fasting plasma glucose (FPG) and hemoglobin A1C(HbA1C). Venous blood samples for FPG and HbA1C were drawn an overnigt fast. The exclusion criterias; known coronary artery disease, hypertension, heart failure, pulmonary diseases, endocrine diseases except DM,anemia,history of angina pectoris,dyspnea,peripheral edema, serum creatinine level> 1,5 mg/dl, EF<50%. **Results:** A total of 42 patients,men (40.5%) and women (59.5%) aged 37-57 years were included. There was no correlation between HbA1C and MPI, and FPG and MPI.And also there was no correlation between glysemic control and ejection fraction(EF). **Conclusion:** Elevated fasting glucose level in older adults with DM are associated with risk of congestive heart failure in both those with and without myocardial infarction/coronary heart disease. W.Kosmola et al showed that both right and left ventrıculer abnormalities in diabetic patients without clinically evident heart disease. But, no significant correlations were found between echocardiographic parameters and indexes of diabetic control(plasma glucose and HbA1C). P.Poirier et all couldn't find correlation between left ventriculer diastolic dysfunction and metabolic control (expressed by HbA1C). The MPI, a conceptually new doppler index of global cardiac function, is independent of heart rate, blood pressure and left geometry and and applicable to both left and right heart function. The MPI allows both sistolic and diastolic performance to be estimated. In our study, we couldn't find any relationship between glysemic control and and left ventricule! r dysfunction expressed by EF and MPI.

P-13-17 | NEW DEVELOPMENT OF ENDOVASCULAR THERAPY FOR AORTIC DISEASE.

Won-Heum Shim.; Chul- Min Ahn.; Sung-Jin Hong.; Donghoon Choi.; Do Yun Lee; Byung; Chul Chang.

Korea University Anam Hospital. Yonsei University Severance Cardiovascular Hospital. Korea

Introduction: Endoluminal stent-graft repair for aortic disease replaced some part of surgical correction because of higher success rate with lesser invasiveness and mortality. The purpose of study is to assess long-term mortality and clinical results of the endoluminal therapy which was performed at the various aortoiliac pathology last one and half decade.

Methods: Retrospective analysis was done on 231 patients (average age: 63.2 ± 12.1) who underwent stent-graft repair at our single center from July of 1994 to December of 2007. The indications of case selection were progression of disease despite adequate medical treatment in type B aortic dissection, thoracic aortic aneurysm and abdominal aortic aneurysm.

Results: Median follow-up duration was 3.1 years (6 months ~ 14 years, 3.5 ± 2.9 years). Patients with aortic aneurysm were 144 (62.3%), type B aortic dissection were 75 (32.5 %), ruptured aorta due to any cause were 12 (5.2%). In patients with aortic aneurysm, abdominoiliac aneurysm were 129 (89.6%) and 15 patient were thoracic aortic aneurysm. Angiographic success, defined as immediate obliteration of target lesion without major endoleak, was obtained in 217/231 (93.9%). Clinical success, defined as complete obliteration of the target lesion at follow-up without further interventional or operative management, was achieved in 208/141 (90.0%). Among these patients, 25 pts were expired due to aneurysm-related (7pts, 28%), non-cardiovascular causes (9pts, 36%), cardiovascular causes (6pts, 24%), and cancer (3pts, 12%).

Conclusions: The outcome of endovascular stent-graft repair of aortic pathology was acceptable with a clinical success rate of 90.0% without acute procedure-associated mortality or major complication. Endoluminal stent-graft repair should be considered as a safe and effective alternative treatment option of aortic aneurysm or dissection, particularly in patients with a high risk of surgical mortality or morbidity.

P-13-18 | LONGTERM CLINICAL OUTCOMES OF STENT GRAFT IMPLANTATION FOR AORTIC ANEURYSMS.

Hong, SJ; Ahn, CM.; Kim, JS.; Ko, YG.; Choi, DH; Hang, YS; Lee, DY; Shim, WH.

Yonsei University College Of Medicine, Seoul, Korea.

The purpose of study is to assess long-term clinical results of the endoluminal stent graft implantation in patients with aortic aneurysm. Total 141 patients (average age: 66.3 ± 10.1) who underwent stent-graft repair at our center from July of 1994 to December of 2007 were retrospectively analyzed. The indications for stent grafting were progression of aortic aneurysm despite adequate medical treatment, aortic diameter of 6 cm or more, or other medically intractable problems in either acute or chronic presentation.

Median follow-up duration was 3.1 years (2 months ~ 14 years, 4.1 ± 3.0 years). Locations of each lesion were abdominoiliac vessel (62.4%), thoracic aorta (16.3%), abdominal aorta (21.3%). Angiographic success was obtained in 134/141 (95.0%). Clinical success was achieved in 128/141 (90.8%). Among these patients, 18 patients (12.8%) were expired due to aneurysm-related, non-cardiovascular causes (5.7%), cardiovascular causes (3.5%), and cancer (1.4%). The cumulative survival rates at 2 years and 5 years were 96.0% and 88.4%. In

Conclusion: stent-graft repair for aortic aneurysms has favorable long-term outcomes and should be considered as alternative treatment for aortic aneurysm or dissection, particularly in patients with a high risk of surgical mortality or morbidity.

P-13-19 | CARDIOVASCULAR RISK ASSESSMENT IN AT-RISK PATIENTS- THE UTILITY OF NEW SCREENING TESTS AND BIOMARKERS

Scott IA

Princess Alexandra Hospital, University of Queensland, Australia

Introduction

In at-risk patients without manifest cardiovascular disease (CVD), risk prediction tools based on the Framingham risk score (such as the New Zealand risk calculator), or screening tests (such as stress ECGs) have been used to better quantify future risk and/or determine the presence of subclinical disease. In recent times, a host of new risk factors and biomarkers, such as CRP, fibrinogen, waist-hip ratio, 'metabolic syndrome' and coronary artery calcium (CAC) scores have been proposed as providing additional information in better predicting risk in individual patients because of strong statistical associations between biomarker and clinical events. Whether use of such investigations AIDS patient counselling and Improves clinical management remains uncertain.

Methods

Prospective cohort studies of screening tests and new risk factors or biomarkers were retrieved which compared measures of risk (relative risk or hazards ratio for outcome event rates adjusted for traditional risk factors) with measures of predictive value at level of individual patients (area under the curve or c-index). Randomised controlled trials (RCTs) were also retrieved which evaluated whether biomarker measurements led to changes in CVD risk profiles, lifestyle change, medical treatment and clinical outcomes over and above usual care.

Results

Among prospective studies which assessed 20 different risk factors, biomarkers, and screening tests, only CAC scores and multi-level exercise ECG-derived risk scores were sufficiently discriminatory to add value in more precisely predicting risk in individual patients, although these effects were most marked in high risk patients. In 6 RCTs which included one using CAC scores, no impact was seen on risk profiles or clinical outcomes.

Conclusions

Subjecting the majority of at-risk patients to screening tests or biomarker studies yields little change in risk estimates compared to traditional methods, and has no impact on clinical management or outcome.

P-13-20 | VALIDITY OF A SERIES OF REPEATED OFFICE BLOOD PRESSURE (ROBP) MEASUREMENTS FOR THE DIAGNOSIS OF SUSTAINED OR WHITE-COAT HYPERTENSION

Giuseppe Crippa, Claudio Venturi, Antonino Cassi, Elena Bravi, and Pietro Cavallotti.

Hypertension Unit, Department of Internal Medicine, Guglielmo da Saliceto Hospital, 29100 Piacenza, Italy

Conventional sphygmomanometric blood pressure (BP) measurements performed in the medical environment by the physician are often inaccurate as a result of patient's alert reactions (white-coat phenomenon) and systematic errors in the observer technique. These sources of bias may often lead to an overestimation of real BP status and thus, to incorrect diagnosis of hypertension in normotensive subjects.

Aim of the present study was to compare the gold-standard of BP measurement (i.e. ambulatory blood pressure monitoring ABPM) versus a series of repeated BP measurements (performed in the clinical environment with an automated device) for the diagnosis of sustained or white-coat hypertension.

We considered 122 subjects consecutively referred to our Hypertension Unit to confirm or deny the clinical diagnosis of hypertension through an ambulatory BP monitoring (ABPM). All subjects were untreated and had clinic BP (in at least 3 separate and consecutive visits) >140/90 mmHg but home (self-measured) BP persistently < 140/90 mmHg.

Shortly before setting the ABPM device, BP was measured with repeated office blood pressure (ROBP) measurements by using an automated oscillometric device, set to obtain 10 valid readings at 2.5-minute intervals. During this short monitoring, the patients remained alone in the doctor's office. The average of the last 6 measurements obtained with ROBP were contrasted with mean daytime (hr. 8-22) ABP values.

Out of the 122 patients considered 41 presented with normal ABP values (daytime BP < 132/84 mmHg) indicating white-coat hypertension. ROBP measurements predicted the white-coat phenomenon in all but one these subjects. The average of the 5th-to-10th value (122.5/74.8 ± 7.1/7.7 mmHg) practically overlapped with daytime ABP values (121.1/73.4 ± 4.4/6.1 mmHg) in those patients and the correlation was tight and significant (systolic r: 0.84, p<0.001, diastolic r: 0.96, p<0.0001; Pearson test).

In conclusion, our data indicate that ROBP measurements, performed under standardized conditions, in the medical environment, may be helpful for the diagnosis of white coat hypertension, particularly when, for reasons of cost or practicability, ABPM is not feasible.

P-13-21 | USEFULNESS OF A SERIES OF REPEATED OFFICE BLOOD PRESSURE (ROBP) MEASUREMENTS TO EVALUATE ANTIHYPERTENSIVE TREATMENT EFFICACY

Giuseppe Crippa, Antonino Cassi, Claudio Venturi, Elena Bravi, and Pietro Cavallotti

Hypertension Unit, Guglielmo da Saliceto Hospital, Piacenza, Italy

Despite the evidence that sphygmomanometric blood pressure (BP) taken in the clinical setting may overestimate real BP status, casual (office) BP measurements still remain the most widely used methods for research and clinical purposes.

Aim of the present study was to evaluate how 3 different types of BP measurements (office BP taken by the nurse, office BP taken by the doctor and by repeated office BP measurement with automated device) compare with ambulatory BP monitoring (ABPM).

We considered 45 patients on stable treatment with one or more antihypertensive drugs, referred to our Hypertension Unit for inadequate BP control. Before setting the ABPM device, BP was measured, in random order, by the physician, the nurse and by using repeated office blood pressure (ROBP) measurement. After 20-minute resting, the doctor and the nurse each took 3 BP readings. ROBP was performed by automated oscillometric device, set to obtain 10 valid readings at 2.5-minute intervals, with the patients sitting alone in the office. The average of the last 2 measurements obtained by the doctor and nurse, the average of the last 6 measurements obtained with ROBP were compared with mean daytime ABP. Mean ROBP measurements highly correlated with daytime ABP values

(TABLE).

Systolic BP Diastolic BP p value

Doctor BP 163.4 ± 13.4 89.7 ± 8.5 NS

Nurse BP 157.4 ± 14.1 87.2 ± 9.3 NS

ROBP 138.8 ± 13.1 83.4 ± 7.2 <0.001

Daytime ABP 136.9 ± 11.2 82.1 ± 6.9

TABLE: Mean BP values (mmHg ± SD) evaluated with the 4 different techniques). Pearson test, level of significance versus ABP. ROBP measurement identified 27 out of the 29 well controlled patients (ABP value < 132/85 mmHg). BP taken by the physician correctly diagnosed a satisfying BP control (< 140/90 mmHg) only in 16 subjects while nurse BP did it in 20 patients.

In conclusion, our data indicate that ROBP measurements, performed under standardized conditions, in the medical environment, may be extremely helpful for the evaluation of blood pressure control in treated hypertensive patients.

P-13-22 | CAROTID BODY PARAGANGLIOMA: A CASE REPORT

Caroline de Almeida; Fernanda Teixeira Ortega; Fábio Negretti.

UNIOESTE – State University of the West of Parana, Brazil. Academic of Medicine

FFC, 18-year-old, male, white, student, from Umuarama. Looked for ambulatory service with a complaint of a consistent cervical mass on the left side since three years ago, with a slowly and progressive growing; two months ago this mass started to present a local and discreet pain, dysphagy and paresthesia on his left ear. The examination didn't present lesion on upper airway, neither on upper digestive tract. On inspection, was possible to see a nodular lesion of 4,0 x 2,0 cm on the upper level from left jugular vein and carotid artery. On touch it was possible feel a consistent and painless nodule, whose surface was regular and throbbing. On dept cervical area there were many throbbing lymph nodes. The patient related previous history of high blood pressure, tachycardia and headache.

The chose treatment was the surgery resection, subsequently was done a graft on common carotid artery and left internal carotid with internal saphene vein due necessary invasion. On postoperative there were improvement on dysphagy and paresthesia, however the patient presented left palpebral ptosis and diversion on mouth; there were improvement on high blood pressure but the tachycardia persisted. In the end of six months, the patient was presenting a good general state with improvement at all symptoms.

The diagnosis of anatomopathologic test result confirmed the suspect of carotid body paraganglioma with expansive growing, involving all common carotid artery, with free board and separate by fibroid capsule. The microscopy analysis from lymph nodes showed lymph node hyperplasia with follicular reaction in an intensive grade. The histological analysis from tumor showed neural neoplasm with grouping of nervous cells.

The carotid body tumor or paraganglioma (or quimiodectoma) is deriving from paraganglionares cells of neural crest situated on posterior-lateral area of carotid bifurcation. Is a rare tumor, benign, high vascularized and with a slowly growing. There isn't predominance in gender and is more common between 45 and 50 years old. The metastatic dissemination generally occur to regional lymph nodes. These tumors tends to grown and, consequently, compress neighboring structures, as cervical and cranial nerves and carotid artery.

P-13-23 | TECHNIQUE FLEBOREVERSO PREFUSION DISTAL AS A TREATMENT FOR A PATIENT WITH DIABETIC FOOT GRADE 4 INTERNAL MEDICINE DEPARTMENT

Simancas, Mariela; Reyes, José María; Delgado, María Pilar.; Gómez, Alexander.; Morales, Ruth.

Internal Medicine Department, Venezuela. Barquisimeto.; Venezuela

Key Words: Technique Fleboreverso Perfusion Distal, Diabetic foot

The Technique Fleboreverso Perfusion Distal consist of to transitorily exclude the arterial circulation of the distal segment of the State concerned, achieving this through the placement of a handle tensiometer in the thigh and inflating at a constant pressure of 10 mmHg over pressure systolic patient, then catheterization a path toward peripheral proximal to the foot; begins by intravenous infusion with multidrug solution that contains an anticoagulant, antimicrobial, antifungal, Pentoxifylline, with an average of 25-40 minutes per session, once administered medicines are necessary to decompress the handle and the return movement, is a maximum of 7 sessions each 3 days, cure and debridement of the injury.

The technique induced dilation of venous capillaries and venules the post-capillaries, separating endothelial cells, forming small openings in the vessel walls and widen the space between endothelial cells, in turn lymphatic vessels dilate significantly, but arterioles not s! how morphological changes so the process is not angiolesivo; in the same way, the rapid lifting of the distal venous pressure, increases the filtration and diffusion of molecules within the interstitial space, allowing high concentrations of drugs, reaching the 100% of the substances perfundidas to the area of injury.

This technique was applied to female patient aged 26 with type 1 diabetes ulcerated lesion covering the plant by 70% exposed bone and tendons, purulent discharge outlet of the left foot, was performed a total of 5 meetings with cefepime 1 gr diluted in 20 cc of saline, Pentoxifylline 300 mg diluted in 20 cc of saline, 1.5 cc of Heparin diluted by 1.5 cc of saline, Fluconazole 10 mg diluted in 20 cc of saline (once per week) 30 mg in total, getting on track 4 months complete healing of the injury.

P-13-24 | ARTERIAL COMPLIANCE: A NEW PARAMETER TO ASSESS CARDIOVASCULAR RISK

Saez Perez, José Manuel

Centro de Salud Malvarrosa. C Isabel de Villena 2. Valencia; Spain

OBJECTIVES: Reflections on the experience achieved when measuring arterial compliance (AC) and its interpretation, since its clinical importance lies in being a marker of cardiovascular alterations (CA) whose most relevant parameter is the "pulse wave velocity", which propagates at a velocity of 8-10 m/s.

METHODOLOGY: The SphygmoCor device provides the most significant data to assess the AC, thanks to a system that derives the pattern of the blood pressure (BP) wave calibrated in the ascending aorta from a transcutaneous record similar to a radial BP wave by applanation tonometry.

Results: The guidelines of the European Society of Hypertension of 2007 provide a value of more than 12 m/s as an added factor to assess and stratify the cardiovascular risk. Specially, when considering that the aortic BP may be different to the one that is usually measured in the arm.

Conclusions:

1.- The diagnostic use of the assessment of arterial mechanics provides data that cannot be ob! tained by simple blood pressure measures.

2.- The establishment of a drug therapy should come with the assessment on the intrinsic properties of the arterial wall and the existing relationship between pulse pressure (PP) and AC.

3.- Its poor use in clinical trials, which provides no comparison of values at central and brachial level with different antihypertensive drugs and its comorbidity.

P-13-25 | CLINICAL DIFFERENCES BETWEEN PATIENTS WITH DIFFERENT DEGREES OF HYPERTENSION (HT)

Gil Extremera, B.; Maldonado, Martín A.; García Peñalver, E.; Jiménez López, P.; Soto Mas, J.A.

Servicio de Medicina Interna. Hospital Universitario San Cecilio. Spain

Introduction: The aim was to compare the clinical variables according to the HT degree. **PATIENTS AND Methods:** Cases, 1037: 71.4 %, mild, and 28.6 %, moderate and severe (53.8 % men; 58 ± 14y.); we analysed the differences between the groups according to gender, BMI, TCh, TG, HDL-C, LDL-C, glycemia, and uric acide at baseline, 6, and 12 months after. Chi-square, and ANOVA tests were performed.

Results: 41.6 % dyslipemic, 21 %, hypertensive father, and 41 %, mother. Baseline, and after 6 and 12 months: BMI (30.2 ± 5.2 kg/m² vs 29.7 ± 4.3 kg/m² vs 30.6 ± 4.6 kg/m²); TCh (220 ± 40 mg/dl vs 215 ± 8 mg/dl vs 217 ± 38 mg/dl) , TG (139 ± 86 mg/dl vs 131 ± 81 mg/dl vs 132 ± 85 mg/dl); HDL-C (53 ± 16 mg/dl vs 51 ± 12 mg/dl vs 52 ± 13 mg/dl); LDL-C (139 ± 37 mg/dl vs 137 ± 33 mg/dl vs 139 ± 35 mg/dl); glycemia (106 ± 36 mg/dl vs 101 ± 26 mg/dl vs 105 ± 33 mg/dl); uric acid (6.2 ± 2.6 mg/dl vs 6.1 ± 1.4 mg/dl vs 6 ± 1.5 mg/dl). Mild HT was in 78.7 % of patients between 31-49 years old; in 60% (p=0.001) >70 years; and in 100% < 30 years. Diabetes: 16 % with mild HT, and in 26 % (p =0,001) with moderate and severe HT; 23 % with mild HT, and 15 % (p=0,004) with moderate and severe HT had hypertensive father. BMI at baseline (29.8 ± 5 kg/m² vs 31.3 ± 5 kg/m²; p= 0.000); after 12 months (29.6 ± 4 kg/m² vs 32.3 ± 5 kg/m²;p=0.001), uric acid (5.9 ± 1.6 mg/dl vs 6.4 ± 1.4 mg/dl;p=! 0.021). Men and women uric acid at baseline (6,9 ± 2,9 mg/dl vs 5,4 ± 2 mg/dl; p=0,000), after 6 months (6,7 ± 1,3 mg/dl vs 5,3 ± 1,2 mg/dl; p=0,000) and after 12 months (6,5 ± 1,5 mg/dl vs 5,4 ± 1,4 mg/dl; p=0,000).

Conclusions: 1. The severity of HT increases with age. 2. A higher severity increases the incidence of diabetes, obesity, and hyperuricemia (men). 3. When HT is transmitted paternally, the severity of the disease is lower.

P-13-26 | HYPERTENSION IN PATIENTS IN CHRONIC HEMODIALYSIS

Zunino, M.; Aguirre, N.; Ferrero, M.; Hecker, S.; Ziella, JC

Centro de Nefrología y Dialisis FMC Merlo, Provincia de Buenos Aires.; Argentina

Introduction: Hypertension in patients in chronic hemodialysis is a very difficult problem of management with a prevalence rate similar to that of the general population. The pathogenesis is multifactorial: volume and not volume dependent. We tried to estimate the level of general information that our patients have about hypertension, as well as the level of understanding and acceptance of the medical indications given the high prevalence of this disease.

Materials and Methods: Descriptive study of cross-sectional with consecutive shows. Self-administered survey, with questions open and closed. Period of study: October 2006 and February 2007 Population included 116 adult patients in hemodialysis. We analyzed demographic and clinical data.

Results: -The 73.5% of patients had systolic blood pressure greater than 140 mm Hg in more than three meetings. -The 71.3% replied that the value of systolic blood pressure ideal is equal to or less than 130mmHg, -The 70.8% aware of the cardiovascular complications of hypertension. -The 74.7% think that with this higher blood pressure better tolerate the dialysis session. -The 86.96% hiposodic replied that the diet is beneficial to avoid excessive weight gain interdialysis. -The 95.6% considers it important to take antihypertensive medication. -The 89.57% know the value of weight gain interdialysis ideal. (There was no significant difference between age and time on dialysis analysing the responses) -The 69.57% of respondents admitted to eat with salt in the diet -The 76.96% because he likes. -The 82.61% complies with medication.

Conclusion: The results show that patients know figures Blood pressure "optimum" as well as the consequences of not achieving them. But almost 2/3 parties acknowledge that fail to meet hygienic dietary patterns despite knowing that they are beneficial. There is broad adherence to drug therapy. Certainly the cultural influence in the diet difficult to eradicate. The patient's need for "feel good" imposes on us the task of finding a level not only "normal" but "balanced" the parameters of treatment, enabling them to achieve a significant quality of life.

P-13-27 | RELAPSING POLYCHONDRITIS: CASE REPORT

Martín, Iván; Terán, Ana; Toro, Eduardo.

Hospital Universitario de Caracas. Venezuela

INTRODUCCTION The Relapsing polychondritis is a systemic pathology of unknown etiology, unfrecuent, inflammatory, recurrent and progressive that affects cartilage whose diagnosis is based on clinical manifestations, with high mortality index without prompt treatment. We present a patient with relapsing Polychondritis that debuted with respiratory symptomatology, dysphonia, deformity of the cartilage handset and saddle the nasal septum. Its corroborated the importance of clinical. Studies were conducted as a biopsy of cartilage handset without obtaining the same conclusion. It corroborates the importance of clinical diagnosis. The patient was treated with immunosuppressants improving symptoms.

CLINICAL CASES Women, 35 years old, without pathology antecedents who presents 3 months previous to diagnosis weight loss, dysphonia, odynophagia, rhinorrhea hialina earlier, productive cough, fever of 39 ° C and conjunctival bilateral injection, treated in her locality with aminopenicilin and steroids without improvement, in afterward association with hypoacusia, inferior extremity and bipalpebral edema, auricular lobule and nasal septum deformity. It referred to the University Hospital of Caracas. At physical examination: patient stable Eyes: mixed severe conjunctiva hyperaemic, Tyndall ¼, bilateral fibrovascular hyperplasia. Auricular lobule with thickened helix, loss of cartilaginous support, tympanic membrane free. Nose: saddle deformity permeate nasal without ulcers, hypotrophic inferior cornets with loss of cartilage. In complementary: anemia, thrombocytosis and leukocytosis, elevated GSA, renal hepatic function, chest Rx unchanged, Screen autoantibodies negative leishmanina, Echocardiogram normal. Tomografia of sinuses: thickening cornetes and audiometry: Hipoacusia neurosensitive bilateral, biopsy of skin and conjunctiva inconclusive.

DISCUSSION: The Relapsing Polychondritis is an infrecuent pathology that affects cartilage structures throughout the body: the predominantly nasal cartilage, and traqueobronquial headset. It also affects internal structures of the ears and eyes and it could produce non erosive polyarthritis, heart abnormalities, skin lesions and glomerulonephritis type vasculitis. The course of the disease is episodic and progressive. The diagnosis is clinical and is made using the criteria of Adams. The treatment is with steroids and immunosuppressive having a variable prognostic that worsens when exists mayor systemic repercussion, as in the case presented.

P-13-28 | ASSESSMENT OF RELATIVE SOCIOECONOMIC EQUALITY IN HYPERTENSION TREATMENT IN GRAN BUENOS AIRES ARGENTINA

Ruiz, M.; Figar, S.; Soriano, E.; Gómez Saldaño, A.; Dawidowski, A.

Hospital Italiano de Buenos Aires. Argentina.

Introduction: Evidence worldwide suggests that hypertensive people living in households with lower socioeconomic status have lower rate of blood pressure control. In Argentina over the last 5 years, a free national program of drug distribution to prevalent conditions was implemented supported by a IDB credit (Remediar). **OBJECTIVE:** To measure the relative socioeconomic inequality in hypertension treatment in a low income area of Buenos Aires (known as Great BA). **Methods:** 2006 projected population older than 65 without health coverage and data on socioeconomic indicators from 24 different localities of Great BA were obtained from the national census performed in 1991. Areas were divided in quintiles according to the percentage of people with unmet basic need (UBN) within each localitie (from: 30, 4%: poorest, to 4, 8 %: richest). Data on hypertensive drugs treatment were obtained from Remediar Program and percentage of population receiving treatment for each UBN quintile was calculated. Odds Ratios and their 95% Confidence Intervals (95%CI) for drug treatment between quintiles of UBN were calculated using the 5th quintile (the richest) as reference. Gini coefficient using Brown formula and Lorenz curve were also obtained. **Results:** 114361 was the projected elderly hypertensive population without health coverage in Great BA for year 2006. Total population and (proportion) for UBN quintiles was: 19729 (0.165) for the 1est, 31210 (0.269) for the 2nd, 25506 (0.227) for the 3rd, 22080 (0.198) for the 4th and 15836 (0.141) for the 5th. The ratios of treated hypertensive over total hypertensive were: 32%, 24%, 25%, 32% and 20% respectively. Gini coefficient was +0.03, representing the inequity area of the Lorenz curve. The OR for hypertension treatment were 1.85 (1.76-1.94; p<0.0001), 1.26 (1.20-1.32; p<0.0001), 1.33 (1.27-1.39; p<0.0001), 1.84 (1.75-1.93; p<0.0001) for each UBN quintile respectively. **Discussion:** These results may be bias by the ecological fallacy as we have assumed that all individuals living in an area share the same socio-economic characteristic. The localities selected for this analysis are the poor ones, so the results might not be generalized to the whole county.

Conclusion: There was a statistically significant relative inequality of hypertension treatment between different localities favoring more treatment for the poorest ones.

P-13-29 | SUPERIOR VENA CAVA SYNDROME: PRESENTING A SERIES OF CASES IN 9 MONTHS

Lois, M.; Sagué, L.; Pelle, S.; Gutierrez, M.; Martinez Aquino, E.

Sanatorio Franchin. CABA. Argentina

Introduction: superior vena cava syndrome (SVCS) is a complex condition that usually leads to prompt diagnostic and therapeutic efforts because it's frequently related to malignancies.

Material and Methods: We retrospectively reviewed medical charts of patients admitted from Oct/06 to Jul/07 with SVCS. We recorded demography, prior diseases (including malignancies), smoking habits, intravascular procedures, clinical and radiological characteristics, invasive procedures and its complications, final diagnosis and treatment.

Results: 5 patients had SVCS, mean age 63.4 (±4.1) years, 4 patients were male. Regarding patient's characteristics, 80% were current smokers, symptoms begun 7 days to 6 months before hospitalization and the most frequent were: collateral circulation and distended subcutaneous vessels (100%), facial oedema (80%), shortness of breath, dry cough and plethora (60%), dysphagia and chest pain (40%). Every patient had chest Rx and CT with a mediastinal enlargement and we observed pleural effusion (100%), lung nodules (100%), single node in 3 cases. Regarding invasive diagnostic procedures, bronchoscopy with BAL was performed in all cases, and BTB in 4 (no complications occurred); mediastinoscopy was performed in 2 patients (1 suspended by bleeding); excision of supraclavicular lymph node and a thyroid FNA (without complications), a guided FNAB transthoracic guided by TC (complicated with a Grade II pneumothorax). Samples that led to pathological diagnosis became from BTB (60%), medi! atinoscopy (20%) and transthoracic needle-aspiration biopsy (20%). The malignant diagnoses were: 1 adenocarcinoma, 2 oat cell, 1 squamous cell carcinoma, 1 thymic cancer. With regard to the treatment, all patients received corticosteroids, 40% chemotherapy and in all the cases RT was planned.

Conclusions: In our series of cases we highlighted the high prevalence of this syndrome due to malignant causes and the absence of CNS symptoms requiring emergency therapy. In all cases the SVCS was the initial presentation form of patients.

P-13-30 | ANKLE BRACHIAL INDEX AND CARDIOVASCULAR RISK FACTORS IN NEWLY DIAGNOSED TYPE 2 DIABETIC AND HYPERTENSIVE PATIENTS

Figuera, Yemina J.; Machado, Maricruz; Valera, María.; Gonzalez, Rosa.; Tineo, Antonia; Tovar, E.

Hospital Universitario Dr. Manuel Nuñez Tovar. Venezuela

The objective was to evaluate the ankle brachial index (ABI), fatty liver (FL), cardiovascular risk factors and metabolic syndrome (MS). Thirty two patients with diabetes, 34 hypertension and 22 healthy (three groups) in January to April 2008. Analysis of variance (ANAVA) among three groups and differences among them were calculated using test of least significant difference. t student were performed to compare patients with and without ABI; patients with and without MS and patients with and without FL. Correlation analysis between variables and X2 and Fisher tests for qualitative characteristics were performed. The level of significance was 5%. The ANAVA did not indicate differences among three groups for abdominal circumference (AC), BMI and age. Groups of diabetic and hypertensive patients had higher levels of triglycerides, systolic and diastolic blood pressure (SBP and DBP, respectively) and microalbuminuria (MA), on the other hand, the group of hypertensive patients had higher values of LDL than diabetics, while diabetics had higher values of glycemia and transaminases that hypertensive and controls, the latter two showed similar glycemia and transaminases.

The group with ABI less than 0.9 presented higher values of AC, triglycerides, TAS, TAD, MA glycemia than those with ABI greater than 0.9 and similar values of age, HDL, LDL, BMI and transaminases. Patients with MS had higher values of AC, triglycerides, LDL, TAD, TAS, glycemia, MA and transaminase and same values for age, HDL and BMI. Patients with FL showed higher values of AC, triglycerides, TAD, TAS, glucose, BMI, MA and transaminases than those without FL, and low levels of HDL that without FL and similar age and LDL.

In general, variables were positive and significantly interrelated, except HDL and age were not related to or with the rest of traits. Patients without FL were associated with non-smokers and patients with ABI greater than 0.9 were not associated with sex, patients with non-smokers were associated with ABI greater than 0.9. Patients without MS were associated with patients without ABI, non-smokers and without FL. Diabetes and hypertension were associated with MS, MA, FL, ABI less than 0.9 as an expression of subclinical atherosclerosis and endothelial dysfunction.

P-13-31 | REFRACTORY HYPERTENSION AND ACUTE RENAL FAILURE IN A PANVASCULAR PATIENT. DIAGNOSTIC DECISIONS

Torres, J.; Gomez, J.; Torres Traba, D.; Rodríguez, C.; Klein, M.
Servicio de Clínica Médica, Clínica Modelo de Lanus IMAGMED S.A. Lanús, Provincia de Buenos Aires.; Argentina

The renovascular disease is a correctible cause of secondary hypertension. Although it only affects 1% of mild or moderate hypertensive patients, its incidence could rise to a 10% up to a 45 % in patients with severe or refractory hypertension; being in such cases, the pattern of the hypertension, a suggestive data to consider.

Clinical Case: Woman of 65 years old, with history of hypertension, heavy smoker, medicated with enalapril 10 mg/ a day. She was admitted for chest pain, intensity 8/10 4 hours evolution. AT: 220/120 Hgmm., ECG: Negative T wave and ST segment depression in DI, aVL, V4, V5, V6. Lab: leucocites 7500/mm3, Hct 30%, Hb 10 g%, Platelets 373.000/mm3, Glycaemia 89mg%, Uraemia 69mg%, creatinine 1.6mg%, Na:137 mEq/l, K 4.7 mEq/l, CPK 92/67/29 UI/l, LDH 259/278/219 UI/ l, AST 19/18/16 UI/l. Begins treatment with atenolol: 25mg/a day, enalapril 10mg/ a day, amlodipine15mg/ a day. Persists with sustained hypertension, with no response to i.v. nitroglycerin. Echocardiogram : mild left atrium enlargement, inferior apical hypokinetic motion, left ventricular hypertrophy. Presents progressive deterioration of the renal function. Creatinine clearence 29ml/m. Renal echography reveals normal kidneys. Carotid ecodoppler: right carotid obstruction of 75% and 55% in left carotid. Catheterism reveals lesions in the 3 coronary arteries and ostial subocclusion of both renal arteries. Stents were placed in both renal arteries, resulting in TIMI 3 flow. Tensional values get controllable until 24 hs with atenolol 25mg/a day, enalapril 10mg/ a day, and amlodipine 10 mg/a day. Until a week she recovered normal renal function. Six month latter, renal function is normal, and hypertension is well controlled with amlodipine, atenolol.

Comments: It is emphasized in this case the therapeutic diagnostic measures instituted based on the opportune clinical appraisal of the change of the hypertensive modality with acute and incipient deterioration of the renal function in the setting of a panvascular patient, and the diagnosis of reno vascular hypertension.

P-13-32 | SCIMITAR SYNDROME

Romera A.; Vincent V.; Allende N.; Giordano J.

IMA. Adrogue. Bs. As; Argentina.

Introduction: Scimitar Syndrome is a rare congenital vascular disorder characterized by anomalous connection of the pulmonary veins which classically appear in early infancy and is classified in three groups according to patient's age. Group I the adult form without pulmonary hypertension (PH) with little interatrial septal deffect is better tolerated. Group II associated with congenital heart disease. Group III being the childhood form characterized by severe PH with a bad prognosis.

Case: A 29-year-old female patient who was consulted about dyspnea FC III.The chest x ray shows a descending vascular shadow in the right middle and lower lung field towards the diaphragm. CT large right pulmonary vein joins the inferior ICV. Transthoracic echocardiography with PH severe (systolic 90mmHg) with dilation of the right cavities. Transesophageal echocardiography with severe PH (systolic 75 mmHg) didn't show interatrial septal deffect, delayed passage of bubbles on the left side suggesting intrapulmonary fistula. Contrast enhanced MR angiography shows dilation the trunk of the principal pulmonary artery and the IVC and thick venous drainage from the middle third descending into the IVC. Pulmonary arteriography shows drainage of the right lower pulmonary vein into the junction of the IVC with the right atrial. Angiowedge shows severe PH (87/32 mmHg) with transpulmonary gradient 18 mmHg.6MWT without desaturation stopped after 2 minutes because of pain in the legs and dyspnea after walking 100m.Treatment was started with sildenafil 150 mg a day improving tolerance for exercise. 6MWT stopped after 4 minutes because of pain in the legs and dyspnea after walking 220m.Transthoracic echo cardiography showed a slight decrease in pressure of the pulmonary artery (73/19 mmHg).She was referred for a heart-lung transplant.

Discussion: in the case seen above the diagnosis was not done in time, confirming severe PH. The medical maneuver was empirical and the evidence was scarce. The use of vasodilators like the sildenafil might diminish the pulmonary endurance and in our patient the result was an improvement of the symptoms.

Conclusions: in those cases where the surgical treatment is not possible and/or while waiting for a cardiopulmonary transplant, the use of vasodilators might be useful.

P-13-33 | CAROTID ENDARTERECTOMY IN ASYMPTOMATIC CAROTID STENOSIS: A DECISION ANALYSIS

Federico J Capparelli (1); Hernan Cohen Arazzi (1); Bruno Linetzky (2); Fernando Perez Rebolledo (2); Federico Augustovski(3); Nestor A. Wainsztein (1)

(1) FLENI, Raul Carrea Institute for Neurological Research, Buenos Aires, (2) Cosme Argerich General Hospital, Buenos Aires, (3)Institute for Clinical Effectiveness and Health Policy, Buenos Aires. Argentina

Background: Carotid endarterectomy reduces the risk of suffering future neurological events but it also carries a risk of perioperative death or stroke.

Surgery in asymptomatic patients remains controversial. We designed a model of decision analysis that allows assessing the trade-off between the short term risks of performing a carotid endarterectomy and the rate of future events that can be prevented.

Methods: We used data from a systematic review to define values for a base case and perform a sensitivity analysis. The primary endpoint was to compare the fatal and disabling stroke-free survival during 5 years in a cohort of hypothetical patients who presented asymptomatic severe carotid stenosis and were treated with either immediate prophylactic carotid endarterectomy or medical treatment alone.

Results: The difference in estimated fatal and disabling stroke-free survival favoring endarterectomy in patients with asymptomatic severe carotid stenosis is less than 4 days over the course of 5 years. The one way sensitivity analysis showed that if the perioperative rate of death or disabling stroke is greater than 2.1%, then medical treatment is better. A non surgical strategy is also better if the risk of fatal and disabling stroke with medical treatment is less than 1.09% per year, or if the rate of fatal and disabling stroke beyond 30 days following endarterectomy is greater than 0.51% / year.

CONCLUSIONS: In this model, immediate prophylactic carotid endarterectomy seems to offers a minimum net benefit in terms of fatal or disabling stroke free-survival in the term of 5 years when compared to medical treatment alone.

P-13-34 | "THE EPIDEMOLOGIC STUDY OF HIGH BLOOD PREASURE IN PATIENTS OLDER THAN 45 YEARS IN HEALTH AREA & 9 FROM "G Y 19" MEDICAL CLINIC. HAVANA CITY. 2007"

Domínguez Camps, Alioth Miguel

Facultad de Ciencias Médicas. Hospital Clínico Quirurgico Manuel Fajardo. Policlínico Universitario "G y 19". Facultad de Ciencias Médicas Manuel Fajardo. Hospital Clínico Quirúrgico "Manuel Fajardo. Ciudad de La Habana; Cuba.

The non transmissible chronic diseases are the principal health problem in Cuba. Within them there is the High Blood Pressure (HBP) that is itself, an illness and an important risk factor to other diseases. Our objectives study was: establish the socio-demographic characteristics, analyze the risk factors, the more frequent complications, and identify the evolution and treatment in those patients.

Methods: Doing a closed observation, a descriptive transversal cut study in the 2007. We characterized, clinically and epidemiologically all patients older than 45 years, from the Health Area # 9 in "G y 19" Medical Clinic. The group was 272 people. We make an inquest referring to: socio-demographic characteristics (age, sex and race), risk factors, familiar and personal pathological backgrounds, smoking habit and sedentary life. Physical and complementary tests were made. It was created a data base processed by the Excel sheet. We used the percentage to compare the qualitative variables.

Results: The 64.33% (175) are between 45 and 50 years old. In this group prevailed male sex. The 36.40% (99) and the 70.95% (193), correspond to the ones associated with smoking habits and sedentary respectively. The 60.66% (165) had a history of HPB in the first generational line. The most frequent associated diseases were: Diabetes Mellitus (52) 19.12 %, Obesity (62) 22.80 % and the Hyperlipoproteinemia in a 27.94% (76). We found Hypertensive Retinopathy in 24.64 % (67) patients, Left Ventricle Hypertrophy (LVH) and Ischemic Cardiomyopathy in the 19.11 % (52) and 9.55% (22) respectively. The 94.50 % (257) of patients is under pharmacological treatment. The evolution time is of 10 or more years in the 71.33 % (194 patients).

Conclusions: The HBP was more frequent in 45 to 50 years old, the male sex and 10 years or more of evolution. The more frequent risk factors were smoke habit and sedentary life. The Hyperlipoproteinemia and Diabetes Mellitus prevailed as associated diseases. The most frequent complications were Hypertensive Retinopathy and LVH.

P-13-35 | INCREASED PULSE PRESSURE IS A STRONG INDEPENDENT PREDICTOR FOR INTRACRANIAL STENOSIS IN PATIENTS WITH SYMPTOMATIC ATHEROSCLEROSIS. THE AIRVAG COHORT

Sánchez, Carmen; Guijarro, Carlos; Herreros, Benjamin.; Tellez, Mar.; González Anglada, Isabel.

Hospital Universitario Fundación Alcorcon. Alcorcon Madrid; Spain

Background: Intracranial stenosis (ICS) are prognostic markers in patients with atherosclerosis. Objectives. To evaluate clinical predictors of ICS in patients with symptomatic atherosclerosis of any vascular bed. Patients and Methods. Transcranial Doppler evaluation of 171 patients with symptomatic atherosclerosis: coronary heart (CH 51%), cerebrovascular (CV 36%) or peripheral vascular (PV 14%) disease. ICS was defined as a mean velocity ≥ 120 cm/s for middle cerebral artery or siphon (or an asymmetry > 30%); ≥ 90 cm/s for basilar o vertebral arteries. Clinical variables associated with ICS were evaluated by the Student's t-test or Chi2 (univariate) and forward step logistic regression (multivariate analysis). **Results:** 18 cases (11%) exhibited ICS (11 anterior, 3 posterior, 4 both). ICS prevalence was similar for patients according to the qualifying event for cohort inclusion (7% CHI; 15% CV; 13% PV; p NS), but was associated with a present or past history of stroke. By univariate analysis ICS was associated with a recent or remote stroke (18% vs. 6%), hypertension (83% vs. 59%) and poorly controlled (HbA1C> 7%, 28% vs. 7%) diabetes (67% vs. 26%), p< 0.05 for all. In addition, patients with ICS had higher blood pressure levels (BP): systolic (casual146 ±27 vs. 125±18; self-measured 139±21 vs. 122±15, 24h monitored 136±22 vs117±15, p< 0.01 for all); diastolic (casual 81±12 vs. 78±11 (NS); self measured 76 ±9 vs. 75±9 (NS); o m24h 79±12 vs. 74±8 (p< 0.05), pulse pressure (casual 65±20 vs. 47 ±14; self measured 60±16 vs. 48±13; 24h monitored 59±13 vs. 46 ±11; p< 0.01 for all). There were no significant differences for age, sex, smoking, lipids, CRP, homocyst(e)in, or serum amyloi! d A. By logistic regression analysis, increased pulse pressure was the only independent predictor for ICS (OR 1,98; IC 95% 1,42-2,75 per 10 mmHg; OR 8,42; IC 95% 2,34-30,35 for pulse pressure ³ 50 mmHg) **Conclusions:** Increased pulse pressure is a stronger predictor than diabetes for the presence of ICS in patients with clinical atherosclerosis (with or without a previous stroke). ICS investigation may be particularly useful in those patients Supported by a grant from Fondo de Investigación Sanitaria (ISCIII) and Sanofi-Aventis.

P-13-36 | PAPILLEDEMA AND ARTERIOVENOUS FISTULA.

Cruzat Vanesa, López Lidia, Cervio Andrés, Wainsztein Néstor, Longstaff Jennifer

Internal Medicine Department, FLENI, Buenos Aires, Argentina.

Several factors contributed to Intracranial Hypertension, including hypotiroidism, oral contraceptives, obesity; but in cases with no response to treatment, other etiologies must be suspected.

Case: A 23-year-old woman, with a story of hypothyroidism, hyperprolactinemia, Body Mass Index of 27 kg/m2 and use of oral contraceptives, presented with progressive visual loss and headache in the lasts four months.Ocular fundoscopic examination revealed bilateral papilledema and visual acuity was 1/10 left eye and 4/10 right eye. Optic neuritis was diagnosed and she received high doses of steroids.MR Angiography showed bilateral retinal nerve sheaththickening and an hypoplastic transverse sinus; no arteriovenous malformation nor signs of cerebral venous thrombosis were seen. A lumbar puncture was performed with an opening pressure of 50 cm H2O.

The patient was treated with acetazolamide and furosemide, with bad compliance. As visual campimetry and visual acuity worsened, a bilateral optic nerve sheath fenestration was made, complicated with transitory left third cranial nerve palsy.

Clinical condition did not improved.Bilateral papilledema persisted and there were signs of papilla atrophy.Five months later, a lumboperitoneal shunting was placed, and symptoms of intracranial hypertension improved temporarily and multiple device revisions were made due to cerebrospinal fluid mechanical failure and overdrainage. Sixteen months after symptoms developed, an angiography revealed a torcular arteriovenous fistula type IIa + b according to Djindjian and Merland classification with cortical venous drainage and the right lateral sinus was dysfunctional.

Two embolization procedures were performed, and she remained asymptomaticfor three months, until headache turned up again.

Cisternography showed noabnormalities in lumboperitoneal shunting and angiogra phy showed no leakage from the fistula; left lateral sinus was hypoplastic, but cerebral venous drainage pattern was altered and superior sagittal sinus, inferior sagittal sinus and the straight sinus were not opacified. In addition, there were signs of Cerebral Venous Thrombosis in the Magnetic Resonance. She was treated with 325 mg of aspirine and remained asymptomatic at present.

This case shows an unusual etiology of Secondary Intracranial Hypertension. arteriovenous fistula and cerebral sinus thrombosis were major determinant of aggressive manifestations, including Intracranial Hypertension.

P-13-37 | LOWER MORTALITY RATE AMONG HYPERTENSIVE PATIENTS WITH HIGH SELF EFFICACY.

Aliperti, Valeria.; Galarza, Carlos.; Janson, Jorge.; Cuffaro, Paula.; Waisman, Gabriel

Hospital Italiano de Buenos Aires. Argentina.

OBJECTIVE: To evaluate the protective effect of self efficacy behavior on mortality.

Methods: Cohort study. All hypertensive patients from a Health Maintenance Organization were invited to a self-management intervention workshop each time they attended the ambulatory care.

Patients were followed from 01/01/01 to 30/06/07. Mortality was ascertained from vital status reports. Patients were considered to have high levels of self-efficacy (HSF) regarding to implementing life-style changes if they attended the workshop. Rates are expressed by 10.000 patient-years and their 95% confidence interval. Adjusted rate ratios were obtained using Poisson regression.

Results: 16.931 patients with 90.161 person-years were followed up to a maximum of 6.8 years. Mean age 74 (sd 12) years old; 61% females. 1799 deaths were registered. 2.715 patients attended the workshops.

Mortality rate among patients with HSF was 11 (9-14) and 21 (20-22) among those who did not attend the workshops. The adjusted RR was 0.51; 95% IC 0.41-0.62). Adjusted RRs for other variables were: Age 1.1 (1.09-1.11); males 1.47 (1.33-1.62); diabetes 1.32 (1.18-1.49); chronic renal failure 2.28 (1.99-2.61); CHD 1.33 (1.18-1.5); Stroke 1.99 (1.76-2.25); uncontrolled blood pressure 0.99 (0.77-1.29).

Conclusion: Hypertensive patient with high self efficacy are known to engage themselves in more healthy related activities like educational workshops. This study shows that hypertensive patients who accepted the educational session are much less likely to die in the following 7 years compared to those who did not.

P-13-38 | PREVALENCE AND MANAGEMENT OF THE ARTERIAL HYPERTENSION IN PATIENTS OLDER THAN 25 YEARS OLD THAT CONSULTED AT THE UNIVALLE HOSPITAL BETWEEN JANUARY TO NOVEMBER 2006

Renjel Claros, Fernando

Univalle Hospital Cochabamba. Bolivia.

Introduction: The Arterial Hypertension (AH) incidence increase with the age over 60 years. The classification of the7º Join National Commite (JNC -7) is used in the mayority of the countries. It is known that the AH could be primary (idiopathic 95%) or secondary to renal, endocrinologic, neurologic or vascular diseases, and also pharmacotherapy induced. AH is asyntomatic in the mayority of the cases, except when itappears target organ lesions, however sometimes it could present symptoms like headache, disnea, and others. Clinically, exists important definitions like malignant, emergency, urgency and encephalopathy hypertension. The AH cause nephroangioesclerosis that cause chronic renal failure, it also is the principal factor of risk for stroke and perifericarteriopathy.The treatment should be individual for each patient: modifying lifestyle, using for the first instance monotherapy (diuretic, IECA or ARA II, B. Bloqueator, Calcium antagonist) or associations of drugs for maintenancean AH under 130/80.

OBJETIVES: Identificate the percentage of persons over 24 years with AH, the clinic manifestations, the more frequent complications, And also the pharmacologic management.

Methods: It is a retrospective, transversal, descriptive research. It have been reviewed 290 medical files from the Internal Medicine, nephrology and cardiology office at the Univalle Hospital, since January to November of 2006.

RESULTS: AND **Conclusions:** The group more affected is the people older than 50 year.The most frequent patients are between 61 and 70 years old and the feminine sex was the most affected. The most frequent causes of consultant were: leg swelling, headache, disnea and general examination.

The most frequent treatment administrated was IECAS associated to adiuretic, then IECAS alone, then ARA II, changes in lifestyle, and finally diuretics.The 92% didn't have target organ lesion at the moment of the consultant.The chronic complication more identificated was the chronic renal failure(5%), and the mayority is susceptible to iniciate dyalisis treatment.

P-13-39 | IN PRIMARY PRACTICE THE PROFILE OF TRADITIONAL CARDIOVASCULAR RISK FACTORS IS SIMILAR IN RURAL AND URBAN PATIENTS: RESULTS FROM THE IDEA STUDY IN ARGENTINA.

Krauss, J. ;Von Schulz Hausmann, C.;Boissonnet, C.

Hospital Italiano de Bs. As. CABA. Argentina.

Background: Most studies about cardiovascular risk all over the world have been performed in urban populations. Moreover, in Argentina there are comprehensive data available about the prevalence of cardiovascular risk factors in urban inhabitants (National Survey of Risk Factors, 2005), but very few about rural people.

Material and Methods: IDEA (International Day for the Evaluation of Abdominal Obesity) was an international (63 countries) cross - sectional study that recruited 168159 consecutive patients aged 18 to 80 years who attended the office of primary care physicians on two prespecified half days. The primary care doctors involved in the study were selected at random from a very comprehensive list of the physicians practicing in all geographic areas of every involved country, and patient's response rate was 97% (99% in Argentina), making the results representative of the population of patients attending primary care in the involved countries. We report the prevalences of the four main risk factors on the 2965 patients (rural 1469, urban 1496) included in IDEA - Argentina, comparing rural and urban prevalences.

Results: Rural and urban populations were similar in age and proportion of males (mean age 53.6 ± 16 vs 53.9 ± 16.7; male sex 37.1% and 37%, respectively; p=ns). There were no differences between rural and urban patients in the prevalences of current smoking (20% vs 19%, p=0.49), known lipid disorders (31.9% vs 30.5%, p=0.39), known hypertension (37.7% vs 38.5%, p=0.66) and diabetes (9.3% vs 9.6%, p=0.12).

Conclusions: Rural patients and urban patients attending primary care have a similar cardiovascular risk profile with respect to the "classical" risk factors. These data are useful to estimate the burden of risk that primary physicians are facing with in rural settings. They are also indirect evidence that risk factors prevalence in general population is approximately the same in rural and urban inhabitants and, by extension, that the prevalences of the National Survey of Risk Factors should be extrapolated to the rural population.

Supported by an unconditional grant from Sanofi-Aventis.

P-13-40 | CARACTERISTICS OF 199 PATIENTS ON A MONOGRAPHIC HALL OF CRONIC ISCHAEMIC LEGS LESSIONS

F Martinez Peñalver, J Lopez Ruiz, I Perez Camacho, R Dominguez Alvarez, MA Rico Corral, A de la Cuesta Lopez, R Perez Cano.

Hospital Universitario Virgen Macarena. c/Dr. Fedriani s/n. Sevilla. Spain

Objectives: Describing the characteristics of 199 patients on a Monographic Hall of Cronic Ischaemic Legs Lessions.

Matherial and **Methods:** Retrospective study about 199 patients who came to our Monographic Hall of Peripheral Arterial Disease (PAD), and had the diagnostic of Diabetes Mellitus on following from December 2005 to March 2007.

Results: Mean age of our population was 72.12 years, with a mean age at the moment of the diagnostic of PAD of 68 years and 3 months. Sex distribution was 72.4% of men and 27.6% of women. Cardiovascular risk factors on these patients were smoking (67.3%), Hypertension (60.3%), dislipidaemia (50.8%). These patients with PAD and diabetes had a first cardiologic event on the 37.8%, and a stroke on a 21.6% of these patients. Above the surgical facts on these patients, 29.1% had at least a toe amputation, 13.6% had a supracondileal amputation, and 3% had a billateral legs amputation.

Discussion: Diabetes is one of the most important cause of PAD. In our patients we are seen that the diabetics had a mean age of amputation smaller than non diabetics patients. On smokers diabetics these results are more important, with a higher level of amputations. About the farmacologic therapy, 64.6% of our patients need insulin, and we think that this parameter means that our diabetic population had a long time diabetic disease.

Conclusion: A Vascular Risk Factors control is required to avoid the PAD. Diabetes control is needed to delay the start and the secondary complications of PAD.

P-13-41 | ASSESSMENT OF CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH HYPERTENSION OF THE EXTERNAL CONSULTORIO

Dennis Bueno

Diaverum Jujuy- Argentina

Objectives; to evaluate the cardiovascular risk factors in patients with hypertension in consulting room.

Material and Methods: 1575 patients were studied in consulting room during 72 months, Age, diabetes, smoking, dyslipemia ,family history of hypertension, nutritional assessment, alcohol consumption, anaemia, kidney failure, habitat were evaluated.

Results: 410 (26%) had hypertension according to JNC VII criteria. The 31% of the male and the 21% of the female population had hypertension. The hypertension patients had a 25% higher cholesterol of 250mg/dl and a 54% higher triglycerides 150 mgr/dl. 31% of male patients with hypertension presented BMI more than 30, in the female patients only 19%.Male had more prevalence of smokers than female, and there was more anaemia in the female. The 78% of the study population was rural.

Conclusion: it was observed that multiple risk factors (hypertension, dyslipemia, smoking, anaemia , alcohol) can be reversed and the severity and irreversible cardiovascular effects that they produce can be reduced.

P-13-42 | ADVANTAGES OF CT ANGIOGRAPHY IN THE PLANNING AND FOLOW UP OF AORTIC ANEURYSM

Capuñay, Carlos; Carrascosa, Patricia; Martín López, Elba.; Vallejos, Javier.; Carrascosa, Jorge.

Diagnóstico Maipú- Argentina

Introduction: The improvements in CT imaging technology have changed the clinical practice significantly. CT angiography represents one of the most advanced developments in imaging the vascular system to date. Our objective is to show the advantages of the CT angiography in the pre and post-treatment evaluation of abdominal aortic aneurysm.

Material and Methods: a total of 353 CT angiographies of the aorta (274 of the abdominal aorta; 35 of the thoracic aorta, 40 of the thoracic-abdominal aorta), performed between May 2002 and August 2007 were retrospectively evaluated. CT scans were performed using a 4-row, 16-row and 64-row multidetector CT scanners (Mx8000, Brilliance 16, Brilliance 64; Philips Medical Systems) with slices of 1 to 2.5mm thickness and injection of 80-120ml of contrast material using a power injector. A second CT acquisition 10 minutes after the first CT scan was obtained if the patient had endovascular aortic aneurysm treatment. CT images were analyzed in a dedicated workstation using different post-processing tools: multiplanar reconstructions; maximum intensity projections and volume rendering images. **Results:** In the pre-treatment group, the measurements of the aneurysm neck, its length and diameters were determined, as well as the presence and grade of calcification. Also the iliac artery diameters and angularity were evaluated. In the post-treatment group, the presence of complications, such as peri-prosthetic hematoma, thrombosis or the presence of endoleaks were assessed.

Conclusion: CT angiography is a fast and minimally invasive imaging method for the diagnosis and characterization of aortic pathology, providing important information for the treatment planning and also for the evaluation of complications after abdominal aortic aneurysm repair.

P-13-43 | BLOOD PRESSURE CONTROL AND PREVALENCE OF ARTERIAL HYPERTENSION IN CHILDRENDS AND ADOLESCENTS OF A RURAL POPULATION IN ARGETINA. VELA PROJECT

Díaz, Alejandro; Tringler, Matías; Saravia, Soledad.; Díaz, Cristina.; Aguera, Darío; Geronimi; V.

Universidad Nacional del Centro de la Provincia de Buenos Aires Hospital Enrique Larreta, Vela, Tandil, Pcia de Bs. As. Argentina

Introduction: High blood pressure (HBP) and its complications begin in childhood; consequently it is useful to know blood pressure (BP) values from early age. There are few data about BP control in childrens and adolescents from rural populations in our country.

Objectives: : 1) to evaluate BP levels, and 2) to determine the prevalence of HBP, sedentary condition, overweight/obesity in childrens and adolescents from a rural school from Vela, Argentina.

Materials and Methods: Our study was part of Vela Project, a prospective survey about cardiovascular risk factors in a rural population. The sample includes scholar's of 5 to 18 years old from a rural school. Anthropometric variables, smoking, sedentary condition and its relation with blood pressure were all evaluated. BP measures were made in both arms by applying the standard methodology indicated by the Task Force. It was considered HBP to those levels which were equal or above the 95th percentile of BP for height, according to the fourth report on the diagnosis, evaluation, and treatment of High Blood Pressure in Children and Adolescents, NIH 2005. **Results:**We studied 229 childrens and adolescents from 5 to 18 years old. Mean age was 12.5 years. In 64 % of the subjects the BP never have measured. The prevalence of smoking, sedentary condition, overweight or obesity was 3%, 50% and 13.5 % respectively. Values of HBP was found in 2 % of the sample. The statistical analyses confirm a significant lineal association (p< 0, 05) between HBP and sedentary condition. Only 5 % of the subjects required a new BP control to confirm normotensive values reflecting a probably white coat hypertension.

Discusion:In this rural population the evaluation of BP in adolescents is not a routine measure. However the prevalence of HBP is low. These data suggest some differences between urban and rural childrens and adolescents. Our data demonstrate a relationship between sedentary lifestyle and the development of HBP. We emphasize the importance of BP controls and the need to implementation of programs to modify sedentary lifestyle.

P-13-44 | INCREASED SERUM URIC ACID LEVEL: IS IT A CONTRIBUTING FACTOR FOR PREHYPERTENSION?

Briceño, Soledad; González, Alicex; Silva, Eglé.; Esis, Carlos.; Bracho, Mayela.

Instituto Regional de Investigación y Estudios de las Enfermedades cardiovasculares, Facultad de Medicine Universidad del Zulia, Maracaibo, Venezuela

Serum uric acid has been positively associated with incident hypertension. However, it is not clear whether serum uric acid levels are independently associated with prehypertension because few studies have had limited ability to explore it.

Objetive: To evaluate if exist association among serum uric acid and prehypertension in a general population of Zulia state, Venezuela. **Methods:** A cross-sectional study was carried out in a total of 3590 subjects, ≥ 20 years of age (1115 males and 2475 females) [mean=39 (range=20-97), males=40 (20-97) and female=39 (20-94), P<0.0001], in all five sanitary subregions of state Zulia-Venezuela, during the years 2003 to 2005. Data collection included the age, gender, body mass index, systolic and diastolic blood pressure, smoking status, level of education,history of diabetes, hypertension. The prehypertension was defined as a systolic blood pressure of 120 to 139 mmHg and/or diastolic blood pressure of 80 to 89 mmHg. Blood spec! imens were analysed, by standard techniques. The statistics analysis included chi-square and multivariable logistc regression models. The alpha level was set at 0.05.

Results: Overall, only 2482 subjets were without hypertension, and 42.9 % (n=1066) had prehypertension. Higher serum uric acid was associated with greater risk of prehypertension independent of age, sex, smoking, body mass index, cholesterol total, education level and diabetes. In the multivariable odds ratio(OR) [95% confidence interval] revealed that comparation between quartile 4 of uric acid (≥ 5.9 mg/dL) to quartile 1 (≤ 3.8mg/dL) was 1.389 (1.005-1.919),P= 0.046, after adjustment for all important confunders. The prevalence of prehypertension by quartile of serum uric acid were: quartile 1(≤ 3.8 mg/dL) 32.4%, quartile 2 (3.81- 4.8 mg/dL) 38.5%, quartile 3(4.81-5.9 mg/dL) 49.4% and quartile 4(>5.91 mg/dL) 57.2%,P<0.0001.

Conclusion: The prehypertension is common and was positively associated with higher serum uric acid level and it was in a dose-dependet manner with increased quartile of serum uric acid. Further research on serum uric acid in subjets with prehypertension should focus on inflammation and oxidative stress indicators.

P-13-45 | NEW MODEL OF HEALTH ATTENTION IN CARDIOVASCULAR DISEASE AND OUR RISK FACTORS

Cifre, Juan Ramón; Armando, José Luis; Guidazio, Antonio.

Obra Social Ferroviaria - Buenos Aires City.; Argentina

Summary: The risk factors for the development of cardiovascular disease, have reached characteristic of epidemic, being the main cause of morbi-mortality in adult population of our health attention system (Obra Social Ferroviaria).

The possibility to modify those factors that are avoidable, take us to capacitate a group of delegates of the railway works activity, so that they act like sanitary agents, spreading the healthful habits, that diminish risks and stimulating the consultation to the doctor of primary health attention, in people who do not have the habit to consult feeling healthy.

We develop a scheme of detection of the risk factors, in a work place, that consists of fill a form with antecedents personal and from relatives, measurement of height, weight and corporal composition, arterial pressure, perimeter of waist, glucaemia and colesterolemia, integrating everything in the software

MOTIVIA, that allows us to calculate the individual risk to develop a cardiovascular event in next ten years, compared with the one of a person of equal sex and age without risk factors , so that they decide with his doctor the form to reach desirable objectives. In the patients who concur to the medical consultation, we collect these data of its doctor of primary attention. The data of population allow us to define action of institutional health policy directly oriented to correct a deviation observed.

P-13-46 | PREVALENCE OF HYPERTENSION IN THE EXTERNAL CONSULTORIO

Dennis Bueno

Diaverum Jujuy- Argentina

OBJECTIVE: To assess the prevalence of hypertension in external consult.

Materials and Methods: We studied a population of 1200 patients (585 Men - 615 Women) from external consult, in a period of 60 months, 239 presented hypertension (135 M- 104 W) with a mean age of 58 years (25-90) .

Results: Of the 1200 patients studied, 239 (20%) had hypertension, 138 in the stage 1 and 101 in Stage 2. Presenting diabetes for 35% of patients with hypertension, kidney problems for 10%, heart conditions 12%, diabetes and kidney problems 7%, diabetes and cardiovascular 8% .291 patients (24%) were pre hypertensive- 90 hypertensive patients did not come to the consult, 130 patients need to enhance and / or add a second or third drug. We noticed a lack of knowledge about the disease, suboptimal , therapy neglect of treatment, non-respect of the hygiene and diet rules, cost of the medication, side effects.

Conclusion: We observed a higher prevalence of hypertension in males with accompanying diseases and / or generating hypertension. The 75% of hypertensive patients were older than 50 years. Patients who failed to control the BP generally had little knowledge about the disease, did not comply with the hygiene and diet rules and / or received inadequate doses of medication.

P-13-47 | RELATIONSHIP BETWEEN WAIST CIRCUMFERENCE AND ARTERIAL HYPERTENSION IN MARACAIBO VENEZUELA

María R Hernández R [1], Victoria J. Stepenka A [1 2], Oscar A. Hevia, Yoleida Rivas [2], Hermes Florez

[3]La Universidad del Zulia [1], Instituto Zuliano de Diabetes [2], Universidad de Miami [1]

Background: and **AIMS:** In Latin America's population, abdominal obesity is the main risk factor for myocardial infarction with high morbidity and mortality as occurs in Venezuela. Studies have tested the association between obesity, fat distribution and several cardiovascular risk factors, Including hypertension, dyslipidemia and Diabetes. The aims were determine the relationship between waist circumference and arterial hypertension, also evaluates the possible implications in the hypertensive individuals.

Methods: Descriptive, transversal and randomized clinical study. Data were examined on 312 subjects with inclusion criteria: men a women, age 20 years and older, anthropometric measurements, waist circumference (WC) and Body Mass Index (BMI) as well as resting blood pressure (AHA 2007criteria) and written informed consent for participate.

Results: There were 65 (20.8%) people: 33 women (16%) and 32 men (29%) with arterial hypertension. Correlation coefficients were calculated, there were significant associations between WC and Diastolic Blood Pressure (DBP) and with Mean Blood Pressure (MBP); P< 0.05, whereas, no significant association was found between WC and Systolic Blood Pressure (SBP). When the sample was stratified on the basis of their BMI and WC, we could observe that the highest SBP and DBP were obtained in subjects with abdominal obesity for both genders regardless their BMI. Besides, non obese men and women but with abdominal obesity were characterized by an elevation in DBP, which was comparable to its values measured among men and women in the top level of BMI (Obese).

Conclusions: These results suggest that the well-documented association between obesity and blood pressure may largely be explained by phenomena related to the concomitant variation in the amount of abdominal fat, as estimated by a simple clinical parameter: WC.

Acknowledgments: This work had financial support from the Pan American Health Organization (OPS) VEN/3224 and from the National Fund Science Technology and Innovation (FONACIT) G-2005000383, Venezuela.

P-13-48 | KNOWLEDGE PRACTICAL SKILLS AND EFFECTIVENESS OF CARDIOPULMONARY RESUSCITACION IN GENERAL DOCTORS

Pablo Hasbun, Luis Rojas, Andres Aizman, Marco Rattalino, Max Andresen

Unknow

Purpose The aim of this study was to assess the degree of knowledge, skills and practical effectiveness in cardiopulmonary resuscitation (CPR) of Chilean general doctors. Sudden cardiac death due to ventricular fibrillation (VF) has an elevated mortality1. Early defibrillation and effective CPR significantly increase survival2. General doctors are expected to obtain adequate training throughout medical school to enable them to deliver effective resuscitation.

Materials and methods 48 general doctors starting Anaesthesiology or Internal Medicine residency programs concented to participate. They answered a modified AHA BLS Course written test and individually participated in a witnessed VF cardiac arrest simulated scenario. Printed reports of manoeuver characteristics (Laerdal® ALS SkillMaster 4000 manikin) and digital video of the event were analysed by an independent evaluator. Rate, depth and uninterruption of compressions, time elapsed between participant arrival and requisition of a defibrillator and arrival of a defibrillator and delivery of the first shock were registered. Current recommendations were used to determine correct frequency (100-120/minute) and depth of chest compressions (3.5-5 cm)3.

Results: All participants acknowledged the importance of uninterrupted CPR and early defibrillation. Twenty five (52%) knew the correct frequency of chest compressions, of which, five actually achieved it during practice. Sixteen participants (33%) performed uninterrupted CPR. Four (8%) performed uninterrupted chest compressions of adequate depth (>50% of total compressions). Twenty one (44%) requested a defibrillator within 30 seconds and 15 (31%) delivered the first defibrillation within 40 seconds of defibrillator arrival.

CONCLUSIONS: Despite an elevated degree of knowledge about key aspects of CPR, this group of Chilean doctors displayed suboptimal practical skills while performing CPR in a simulated scenario. If their performance is similar while assisting a real cardiac arrest victim the success of resuscitation could be negatively affected. Acquisition of practical CPR skills by Chilean medical students must be reinforced throughout their training.

P-13-49 | THERAPEUTIC ANGIOGENESIS IN ARTERIAL LIMB ISCHAEMIA BY AUTOLOGOUS BONE MARROW PROGENITOR CELL TRANSPLANTATION (A-BMPCT)-CELLTHER PROGRAM

Novoa JE, Medina MA, Gordillo F, Pérez Chavez F, Soto Valdez M, Pérez Chavez A, Ortega A, Cazares R, Estela R, Olivet C, Caride R

Hospital Policial, Montevideo, Uruguay. Universidad Autónoma de Nuevo León, Monterrey, México. Hospital de San Carlos, Maldonado, MSP, Maldonado, Uruguay

Background: therapeutic angiogenesis has recently been developed as a new method of treatment for several ischaemic diseases; both experimentally and clinically there are preliminary data suggesting that implantation of bone marrow-mononuclear cells into ischaemic limbs increases collateral vessels formation. **AIMS:** to evaluate viability of the therapeutic angiogenesis using bone marrow progenitors mobilized by G-CSF (granulocyte colony stimulating factor) and safety of the procedure.

Methods: 70 patients developing critical arterial limb ischaemia (candidates to amputation) were included in this study (38 men and 32 women). Median age 63 years old. Mobilized by fligrastim 5ug/kg weight daily (5 days). Bone marrow harvest at 6th day. Local anaesthesia was employed in most patients (63/70)with 2% lidocaine for harvest and cell implantation. Unmanipulated bone marrow progenitor cells were obtained by gradient of density and implanted in the affected limb in two ml aliquots into t! he gastrocnemius muscle.

The mean number of transplanted mononuclear cells was 2,1x109/kg. After the procedure, all the patients received fraxiparine 3800-5600 IU anti X-a subcutáneously, aspirin 81 mg/daily, and pentoxifiline 400 mg/daily for 60 to 90 days. A control population of 68 vascular patients affected by critical arterial limb ischaemia was considered. They don't received angiogenesis treatment, only the same antithrombotic schedule described. **Results:** the procedure mortality rate was 0%.

No secondary side effects were registered related to G-CSF. Moreover, in 70 patients with a median follow up of 40 months, 63 showed an improvement of all the parameters evaluated, mainly rest pain, peack walking time and ulcer trophic lesions.Three patients suffered amputation of the affected extremity because obstruction of an old by-pass (4,3%). On the control population, amputation was necessary in all the patients before 18 months of outcome. The statistical differences betwee! n the two groups were highly significant (chi square and log rank test) p 0,05.

Conclusions: our data suggest that autologous bone marrow derived progenitor cell transplantation can be performed safely and appears to be a benefical therapy for selected patients with severe peripheral arterial disease. www.celltherr.org

P-13-50 | LONG TERM RESULTS OF A "HOSPITALIST MODEL" IN SPANISH INTERNAL MEDICAL DEPARTAMENT

Carlos Trescoli Serrano, Miguel Peris Godoy, Llanos Lorente Arocas, Eduardo Rovira Daudi, Consolacion Merino Palacios

Servicio Medicina Interna, Hospital de la Ribera, Alzira, 46600-Valencia (Spain)

Since 1999, the Internal Medical Department of the Hospital de la Ribera, integrated only by Internists and organised as a Hospitalist Model (Watcher,1997), takes care of all medical inpatient care. Medical Specialities are only involved as inpatient referral or performing medical procedures.

This medical inpatient care model is different to other Spanish Medical Departments were the inpatient care is organ-related medical specialities. As a hospitalist, Internist coordinates the inpatient medical care, independently of the organ or multiorgan pathology following EBM internal clinical guidelines.This Hospitalist Model has shown to be efficient in its first 5 years (WCIM, 2004) as it has allowed no cancellations in elective surgical activity and was Spanish TOP20 hospital in 2001 and 2002.

METHODOLOGY: Descriptive data of our Internal Medical Department from 2004 to 2007 comparing the patient's characteristics evolution and outcomes. Data collected from our hospital computerised medical history during that period and from the IASIST-Top-20 database.

Results: When we compare 2004 vs 2007: Nº patients per year attended were 5825 and 7109 (+22%), mean age: 67.9 vs 69.4 years; Severity risk index: 1,9 vs 2,2; Charlson Index: 1,6 vs 2.0, Mortality risk index: 1,75 vs 1,96; mean hospital stay: 4,9 vs 5,0; % inpatient mortality: 7,8% vs 8,6%; % Inpatient complications: 17,2 vs 27,0; re-admission rate: 6,7 vs 6,8. IASIST data: Risk adjusted mortality index: 0.90 vs 0,88 and risk adjusted inpatient complications risks: 0.9 vs 0,89. There were not elective surgery cancellations and we were Spanish TOP20 Hospital in 2003, 2004 and 2006. In 2007 our patients admitted to our Internal Medicine Department are older, with more co-morbidity and inpatient severity. There were more npatient complications and mortality however when adjusted for risk this is less than 10% of the expected. However the inpatient hospital-stay and

readmissions rate were similar than 2004.

Conclusion: Our Hospitalist Model has shown to be an effective and efficient system to deliver quality inpatient care in the long term despite changes in the patient's age, co-morbidity and inpatient severity.

P-13-51 | DECREASE OF THE GLOMERULAR FILTRATION RATE RELATED TO AGE, HIGH BLOOD PRESSURE AND ASSOCIATED VARIABLES.

Salazar MR1, Carbajal HA1, Marillet AG2, Novello M2, Echeverría RF1.
Centro de Referencia de Hipertensión Arterial, Ministerio de Salud, Argentina

To determinate the glomerular filtration rate (GFR) in a random selected sample, its changes according to age and its association with systolic and diastolic blood pressure (SBP, DBP) and with indicators of obesity , dislipemia, insulin resistance and inflammation.

Material and Methods: At the beginning of an intervention communitarian programme, PROCER (PROgrama Comunitario de Estilo de vida y Riesgo cardiovascular), 1617 household surveys were carried out with a random selected sample in San Andres de Giles, Buenos Aires, Argentina. 1591 (98,4%) were accepted as valid (1091 females and 500 males). The GFR was estimated through serum creatinine with the abbreviated formula of MDRD (ml/min/1,73 m2)

Results: 1016 people completed the laboratory protocol, 772 women (41,97 ± 0,66 years old) and 294 men (42, 06 ± 0,99 years old). The GFR average was 85,15 ± 0,58 ml/min/1,73 m2 (IC 95% 84,00 - 86,29). The GFR was higher in men (p <0,001) and diminished according to age in both sexes. The prevalence of GFR <60 ml/min/1,73 m2 , adjusted to sex and age, was 6,2 % ((IC 95% 4,7-7,7); 3,6 % (IC95% 1,5-5,7) in men y 8,6% (IC95% 6,6-10,6) in women. The prevalence increased with age in both sex. The GFR correlated significantly, in the bivariate analysis, with age, SBP, DBP, waist circumference (WC), BMI, blood glucose, cholesterol, LDL cholesterol, triglycerides, urate and C-reative protein (CRP). There was no significant correlation with insulin or HOMA-IR. In the multivaried analysis, age, SBP, WC, cholesterol, LDL cholesterol, triglicerides and uric acid kept significant correlation.

Conclusion: This is to our knowledge the first study population-based coss-sectional assessment of the prevalence of mild renal impairment in Argentina. The prevalence of GFR < 60 ml/min/1,73 m2 was similar to other surveys in USA, Europe and Asia. The GFR diminished according to age in both sexes. The SBP, the waist circumference, the blood lipids and the urate showed a relationship with low GFR.

P-14-01 | DRUG'S PRESCRIPTION IN PHARMACIES: AN ILLEGAL PRACTICE IN MENDOZA

Alós, María; Salomón, Susana; Giannini, Elvira; Prieto, Sebastián; Carena, José
Hospital L. Lagomaggiore - Universidad Nacional de Cuyo. Mendoza. Argentina

Background: : Drug prescription by the pharmacy staff without medical supervision is a very common situation. Because of this, we performed a study to assess the behaviour of pharmacy staff in a structured clinical complaint

Patients and Methods : A transversal study by means of a structured enquiry regarding seven common ambulatory medical scenarios, performed by medical students in their last year in randomly assigned pharmacies of Mendoza. Voluntary medical students were trained to simulate medical situations. Situations: 1: Upper respiratory tract infection, 2: Acute diarrhea, 3: Dysuria, 4: Genital ulceration, 5: Arterial hypertension, 6: Acute and chronic cephalea, 7: Ankle arthralgia with and without trauma. The data was analyzed with "EPI Info 6.04".

Results: : 100 interviews were performed and every situation at least 12 times. Only in 28% of the cases no treatment was prescribed. The 72 prescriptions were performed by 38 pharmacists, 20 technicians and 14 unskilled employees. In 51.4% the suggested medication was considered iatrogenic and in 48.5% the dose was wrong. In 44 cases a medical consultation was generally proposed and at least in 48 cases it was proposed if the prescribed medication didn't control the symptoms. In 42 cases forcefulness regarding the purchase or use of the drug was done and in 76.2% the level of forcefulness was exaggerated. The most prescribed medications were antibiotics (23.6%) (most of all amoxicillin and norfloxacin), NSAIDs (20.8%), anti diarrhea medications (11.8%) and common cold drugs (9.7%). Regarding the seven situations the highest rates of prescription were reached in situation 7: 100%, in situation 1: 93.7%, in situation 2: 84.6%, in situation 6: 83.3% and in situation 3: 75.5%. The prescription rates in situations 4 (OR: 0.16) and 5 (OR: 0.22) were significantly lower (p < 0.05). The prescription was incorrect in 100% of situations 2 and 4, in 80% of situation 6 and in 75% of situation 5 and was considered iatrogenic in 100% of situations 2, 4, 5 and 6.

Conclusion: This study shows that in pharmacies of Mendoza illegal medical treatment is quite common and seriously influences patient's safety and health.

P-14-02 | POISONING BY HARMFUL ALGAE FLOWERING

González, María Eugenia; Richards, Florencia; Fedullo, María Jesús; Ferreño, Diana Claudia; Vega, Aníbal
Servicio de Clínica Médica. Hospital Gral. De Agudos Dr. Teodoro Alvarez.; CABA. Argentina

Introduction: The objective of presenting this case is to inform our community of changes resulting from a growing change in eating habits, as a consequence of the participation of new cultures in our society.

CLINICAL REPORT: Korean woman, 30 year old, who, one hour after the intake of sea snails, begins with mouth paresthesias with progression in 6 hours of paresthesias to arms and legs and difficulty to walk, headache, nausea and dizziness when trying to stand up. Neurological exam: Glasgow 15/15, language preserved, isocoric reactive pupils, photo motor reflex preserved, index nose and heel and ischium altered, ataxy of trunk and swallowing muscles, march not assessable by ongoing inability to walk, passive and active mobilization of 4 limbs. Reflexes: vivid and symmetrical, Babinsky negative, sensitivity preserved, she refers generalized dysesthesia and no pain. She starts support treatment, hemodynamic and respiratory control. Brain NMR and angio resonance without evidence of structural damage. At 48 hours the patient refers reduced paresthesia and 72 hours after initiation of medical profile she walkson her own. She is discharged free of symptoms.

COMMENTARY: Harmful Algae Flowering is a natural phenomenon that occurs by the explosive multiplication of phytoplankton microscopic algae. The microalgae suspended in water are eaten by shellfish, zooplankton or herbivore fish that feed by filtering sea water. The toxins are heat-resistant. The man is not a natural host, his poisoning occurs accidentally. The gastrointestinal and neurological symptoms occur after a short period following the ingestion of fish and shellfish, raw or cooked. There are no biological markers to detect toxins in humans.

Conclusion: It follows the poisoning of the patient by neurotoxins of sea snails as a result of her clinical symptoms and her evolution.

P-14-03 | COCAINE BASE PASTE (CBP) WAS FIRST BROUGHT INTO URUGUAY IN 2002

López, P.; Calvelo, E.; Cuadro, R.
Clinica Médica "1", Prof. Gaspar Catalá, Maciel Hospital, Medical School, Montevideo.; Uruguay

Cocaine base paste (CBP) was first brought into Uruguay in 2002. The consumption of CBP increased sharply, particularly among youth from low socioeconomic status groups. The physical consequences of CBP consumption are still unknown as no paper has been published so far. In vitro studies and tests on animals show that cocaine affects the functions of the immune system. This would represent a greater susceptibility to related diseases: infections, neoplasy and immune mediated diseases. This study shows the same susceptibility as well as a predisposition to express immune activity markers.

OBJECTIVES: To describe reasons for entering hospitals of CBP and/or cocaine- consuming patients and to assess the frequency of neoplasy, infections and immune mediated disease.

METHODOLOGY: A descriptive-transversal study of CBP and/ or cocaine- consuming patients entering General Hospital Services between January and September 2007. Clinical data survey protocol was used and HIV test requested. In HIV-negative patients, immune mediated inflammatory activity parameters were requested: C reactive protein (CRP), antinuclear antibodies (ANA) and serum protein electrophoresis (SPE). 61 patients were interviewed: 46 males, 15 females, 59 under 40 (96.7%); 3 consumed cocaine, 35 consumed CBP, 23 both.

Results: On entering, 42.6% showed medical pathology, 44.3% for surgery (34.5% trauma) and 13.1% for detoxication. 52 patients (85%) were HIV-negative. 18 HIV-negative patients showed medical pathology: 61% infections, mainly respiratory, 22% glomerulopathy, 11% haematoncologic diseases, 6% immune pathology. CRP and ANA were not requested in 14 patients. CRP was positive in 28 patients (73.7%), 18 entered for surgery (12 showed non- infected trauma); 9 showed medical pathology, 1 for detoxication. ANA was carried out in 36 patient : 14 (39%) were positive at low levels, of which 5 showed trauma.

Conclusions: in this study CBP is consumed by youth, the majority HIV-negative. Upon entering, those showing medical pathology suffered immune mediated diseases. CRP and/or ANA were performed in 38 patients, 73.7% were positive, 50% showed no signs of verifiable immune mediated disease. The results of this study appear to assert data from literature on predisposition to immune mediated diseases in cocaine or CBP consumers.

P-14-04 | THE EFFECTS OF PREEXISTING MEDICAL COMORBIDITIES AND AGE ON LENGTH OF HOSPITAL STAY IN HAEMATOLOGICAL MALIGNANCES: EVIDENCE FROM A TEACHING HOSPITAL

Molina Garrido, M.J.; Guillén Ponce, C.; Guirado-Risueño, M.; Flores, C.; Molina, MJ.

Elche University Hospital. Spain

Background: The aim of this study is to determine whether and to what extent preexisting medical comorbidities and age influence length of hospitalization in patients with haematological malignances.

Methods: Records of 48 adults diagnosed of haematological malignances who were admitted in the General Universitary Hospital in Elche, were reviewed. Clinical data including comorbid medical conditions used in the Charlson index (CI) were retrospectively recorded. History of haematologicac malignance was excluded from the calculation of this index. A regression model was developed to predict logarithmic length of stay from age, performance status (ECOG) and presence of a cormorbid condition measured by CI.

Results: The mean age of the patients was 67.21 years (range 18,21-103,92; average: 61,16 yr). 68,8% men; 77,1% of all them had a high risk haematologic tumor. ECOG: 0-1 in 50,0% of patients; 2-3 in 41,3% and 4 in 8,7%. Tumoral stage: IV in 47,5% of cases and III in 45% of all them.The mortality was of 12,5% of inpatients; the rest of them were discharged at home. Charlson index scores were 0 for 54,2% of patients and 1 to 4 for 39,7% (median: 0; average: 1,25, range:0-9). Mean length of hospital stay was 8.0 days (average: 13,37 days; range 1-65 days). The proportion of patients with a comorbid condition increased steadily with age, from 8.7% before the age of 55 years to 92% at 85 or more years of age ($p < 0.001$). 33% of patients with ECOG 3-4, 40% of patients with Charlson index 1-4, and 30,8% of patients older than 70 years had a length of stay superior to 15 days. The presence of comorbidity, age and ECOG were not independent predictors of hospital stay.

Conclusions: In this population of patients with non-solid tumors, comorbidity as measured with the Charlson index was not associated with length of stay. These findings suggest that the Charlson index could not be very useful to adjust for comorbidities in analyses of length of stay for patients with this condition. With an aging population, this phenomenon could not severely affect resource utilization in oncologic centres in the near future.

P-14-05 | BULLET WOUND 10 YEARS OF EXPERIENCE

Sibil, G.; Nunes Velloso, V.; Vigliotta, L.; Revel Chion, P.; Marino, A.

Hospital Churruca-Visca PFA.;Ciudad de Buenos Aires. Argentina

Objectives: The experience of the Unit of Intensive Care is analyzed (UCI) in Penetrating Trauma by Firearm throughout 10 years, between 1997-2007.

Material and Methods: We used scores of APACHE II (Generally : AIIG; in Survivors: (AIIV) and Deceased: (AIIO); TRS, ISS, and TRISS; mortality (M), age average (EP), days of internment (ID) and modality of transfer (MD). Being the analyzed population of 276 patients entered in the period from 1997 to 2007. It was divided to the patients, according to lesional topographicdistribution, in 5 regions; Skull-face (SF), Neck (NK), Upper diaphragm and Upper members (UDUM), Infradiaphragm and Inferiors Members(IDIM) and Compounds (MX) to which jeopardized more than a region.

Results: In the SF group (36%); EP: 38,8 years, with AIIG: 26.5 points; AIIV: 18; AIIO: 35; TSR: 3.5, ISS: 62; TRISS: 77.2; DI: 8 days; M: 65%, MD: 62% Helicopter. The NK group (13%); ED: 37,3; AIIG: 20,7; AIIV: 15,4; AIIO: 26; TSR: 6,9; ISS: 19,5; TRISS: 24,6; DI: 16 days; M: 28%, MD: 18% Helicopter, 73% Ambulance; Group UDUM (5%); ED: 43,8; AIIG: 19,6; AIIV: 10,2; AIIO: 29; TSR: 6,7; ISS: 20,3; TRISS: 17,9; DI: 6; M: 11%, MD: 45% Helicopter. Group IDIM (28%); ED: 40,7; AIIG: 14,4; AIIV: 11,2; AIIO: 29; TSR: 6,5; ISS: 17,5; TRISS: 21,1; DI: 7; M: 20%, MD: 67% Helicopter. Group MX (18%); ED: 38,3; AIIG: 18,74; AIIV: 14,3; AIIO: 33,8; TSR: 6,09; ISS: 24,36; TRISS: 28,3; DI: 17; M: 24%, Md: 52% Helicopter.

Conclusion: The insult by more frequent firearm was the Cranial, followed by the Abdominal, and the Mixed. Highest mortality was the one of the Cranial group, followed by Neck and Mixed Injuries. The prolonged times of internment more were for Neck (by injury to raquimedular associate)and the mixed ones. The AII, and TRISS, were good predicting of mortality ($p<0.001$). The modality of transfer more often was aeromedical.

P-14-06 | UNADJUSTED LEGTH OF STAY FOR HOSPITALIZED PATIENTS IS NOT A USEFUL TOOL FOR MEDICAL MANAGEMENT

Saavedra, Federico; Repetto, M.F.; De All, J.; Gnocchi, C.; Lambierto, A

Sanatorio Otamendi Miroli.; Argentina

Introduction: Average length of stay (ALOS) in hospitalized patients is widely use by the Health Maintenance Organization as a tool for medical management, but it needs to be adjusted for differences in comorbid medical conditions. Previous studies have shown that comorbid conditions correlate well with source consumption and predict long-term patient's outcome. One measure that is often use is the Charlson Index Score. It has not been identified the appropriate tool to predict length of stay in the general hospitalized population. Whether the Charlson Index Score is valid for this purpose and represents a useful tool for medical management is unknown. The aim of the present study was to determined whether this index score correlates well with the ALOS after adjusting for other clinical conditions. If this were the case it would be an appropriate tool for medical management.

Material and Method. every patient aged 18 years old or more admitted to our institution for clinical or surgical procedures between December 2004 and December 2007 (n=10244) were included in the study. A prospective cohort study was used, performing univariate analyses and step wise linear regression analyses considering the length of stay as the dependent variable.

Results: The mean (± SD) age was 59±19 years old, and the 53% was masculine. Charlson index score was between 0 and 1 for 72 %, between 2and 3 for 17%, and greater than 3 for 11%. The ALOS (± SD) for the entire population was 4.6± 5 days; unadjusted mean (± SD) in these three groups were 3.8± 5; 5.8±5, and 8±7 days, respectively ($p<0.001$). In multiple linear regression analyses, Charlson index score of 0 to 1 compared to scores 2 to 3 and greater than 3 correlates in an independent way with the length of stay after adjusting for other clinical conditions ($p<0.001$; model $R2 = 0.52$).

Conclusion: Based in our results the ALOS for hospitalized patients for clinical or surgery conditions clearly correlates in an independent way with the Charlson index score. Therefore, the use of the ALOS alone without considering the comorbid medical conditions of the patients as an instrument for medical management is a wrong way to take decision.

P-14-07 | PATIENTS EVALUATED IN INTERNAL MEDICINE CLINIC: CURRENT PROFILE

Martin Escalante; S. Domingo González; MD. García de Lucas; J. Aguilar García; J. García Alegría

Internal Medicine Department. Hospital Costa del Sol, Marbella.; Spain

PROFILE **AIMS:**To characterize the kind of patients assessed in Internal Medicine clinic and to analyse their origin and the resources spent.

Material and Methods: We did a prospective study of the patients. We collected the data from the Internal Medicine clinic consultations between January of 2006 and December of 2007.

Results: e analyzed 12.332 visits to external clinic from a total of 30.080(41%). We obtained 4.979 first visits and 7.353 reviews. They were females in 62.5% and the medium age was 53 years old. Regarding to the patients comorbidity, 17% had diabetes, 21.7% were smoker, 14.1% ex-smoker,8% had hypercholesterolemia and 31% had hypertension. Moreover 4.3% were n atrial fibrillation (paroxysmal in 1.2% and permanent in 3%), 8.3% were alcoholic, 4% had chronic obstructive pulmonary disease, 4.5% had congestive heart failure and 2.2% renal insufficiency. 8.7% of the patients had obesity. For the first visits, 61.9% were sent from primary health care, 19.6% were consultations from other specialities (surgery,ORL, cardiology and gastroenterology were the more frequent). In 11.9% patients came from emergency room and 6.6% were discharged from Internal Medicine hospitalisation.The reasons for consultations were: in 26.9% CNS diseases, in 25.8% endocrinologic and metabolic problems, in 13.4% vascular pathology, in 12% the patients presented non specific symptoms, and 7.3% had auto-immune diseases. Until 1.4% of the visits were because of laboratory blood alterations and a lower percentage related with renal (1.7%), infectious (1.1%) or respiratory problems. From the patients evaluated in the irst consultation, 16.8% were discharged and 3.7% sent to another speciality. The more frequent discharged pathology was headache in 278 (10.8%), hypothyroidism in 162 (6.6%), CVA in 129 (5.1%) and cognitive damage in 81 (3.4%). In the endocrinologic pathology the more frequents were thyroid alterations (54.5%), diabetes (25.4%), hyperprolactinemia (5.6%) and obesity (5.4%). In neurological pathology, the principal diagnostics were headache (34.5%), cognitive alterations (9.1%) and epilepsy (4.9%). If we canalyze per year, these two last pathologies had an important decrease in 2007. In reference to cardiovascular pathology it included mainly secondary prevention: in 39.6% of the cases it was CVA review 6.9% metabolic syndrome, in 14% hypertension and in 11.5% congestive hearth failure. In the auto-immune diseases, the 27.7% were rheumatoid arthritis. A laboratory blood test was required in the 56.8% of the evaluated patients, an ultrasound in 10% of the cases and a heart ultrasound in 2.3%. In 5.9% a MNR was needed, CT scan in 7.1% and conventional radiology in 4.6%. Only in 8.4% of the patients other specialist were consulted (17% of them were to study diabetic retinopathy). **DISCUSION:** The references in the literature related with this subject are short. In our knowledge they also find that the majority of the consultations come from primary health care (61.9% in our study and up to 75% in others). **Conclusions:** 1. The patients reviewed nowadays in ambulatory clinics of Internal Medicine present mostly endocrinologic, neurological vascular or auto-immune pathology, and are most of them sent from primary health care. 2. The low percentage of discharges is related with chronic diseases. 3 In some shorts periods of the study, the thyroid pathology, CVA reviews and headaches were the most frequent causes of visit. 4. It is interesting to point at the low rate of patients with congestive heart failure, it reflects the highest clinic cardiologic activity in our hospital. 5. Headache and cognitive damage are the most important neurological pathologies in our consultations. 6. In Internal Medicine, the physicians no not consult many other specialists but they need laboratory blood tests in more than a half of the patients.

P-14-08 | EPIDEMIOLOGICAL DIFFERENCES AMONG PATIENT ADMITTED FOR HEART FAILURE (HF) IN INTERNAL MEDICINE (IM) AND IN CARDIOLOGY IN SPAIN

Herreros, Benjamín; Barba, Raquel; Ruiz, Iñigo; Guijarro, Carlos; Velasco, María

Universitary Hospital Fundación Alcorcon. Madrid; Spain

Introduction: HF is the most frequent diagnosis in the patients admitted in IM in Spain. Many patients with HF are also admitted in cardiology. The epidemiological profile of the patients who are admitted in one service or other can be different, which can lead to differences in other aspects related to the hospitalization. Our aim is to determine if there exist epidemiological differences among the patients admitted by HF in IM and in cardiology in a Spanish hospital.

Material and Methods: The information was obtained from the database of the University Hospital Foundation Alcorcon. There we will look for all the patients with HF's principal diagnosis and in addition those who without having this principal diagnosis have the first HF diagnosis between 01/01/1999 and 31/12/2006.

Results: Of a total: 5.293 cases. 69.3 % are women. 10.3 % dies during the hospitalization. Average age: 79 years. Average global stay: 7.3 days. 71 % of the patients admitted in IM and 19 % in cardiology (the rest in different services). IM: 3.746 episodes, males 30 %, average age 82.5 (SD 9.0), average stay 7.0 (SD 5.1), average weight 2.9 (SD 0.9) and mortality 11.6 %. CARDIOLOGY: 1.013 episodes, males 48 %, average age 72.6 (SD 11.2), average stay 7.9 (SD 7.2), average weight 2.4 (SD 1.3) and mortality 3.8 %.

Discussion: In cardiology are admitted more males for HF. The patients of IM are ten years older, have a average age of 82 years and those of cardiology of 72 ($p < 0.001$), and are more seriously ill (2.9 vs 2.4; p 0.001). All this contributes to that more die in internal medicine (11.2 % vs 3.8 %, $p < 0.001$). Nevertheless the patients in IM are hospitalized almost one day less (7.0 vs 7.8 $p < 0.001$). This might be related to the diagnostic and therapeutic tests realized in cardiology, where by the profile of the patients (younger, fewer comorbidity and illness), the therapeutic efforts are maximized much more.

P-14-09 | ¿WHICH ARE THE RELEVANT CHARACTERISTICS OF THE HOSPITALIZED VERY ELDERLY BED BOUND PATIENTS AT AN INTERNAL MEDICINE SERVICE OF THE COMMNUNITY?

Mella JM, González Malla C, Bledel I, Masgoret P, Catalano HN

Internal Medicine Service, Deutsches Hospital, Buenos Aires, Argentina

Introduction: The postration, bed lying, and dependency in the daily life activities(DLA) are prevalent characteristics in very old patients(≥ 85 years) with multiple associated comorbidities. The objective of this study is to know the characteristics of this special subgroup.

MATERIAL AND METHODS: The study design was case-controls during the period June 2006-June 2007. Cases were the subgroup of patients ≥ 85 years and DLA(6 self-sufficient, 18 lying bed) implied severe limitation in their activities(DLA ≥ 14). The cases were compared with the controls (patients ≠ [age≥85 years + DLA≥14]) by univariate and multivariate statistics considering significant an odds ratio (OR) < or > 1 whose confidence intervals(CI) 95% were ≠ 1. Results. 71 patients were included(7.7%, CI 6-9%),media age 90.9 years(SD+/- 3.6 years). Characteristics with significant relationship with this sub-group were: 1) ≥4 comorbidities OR 2.1(CI 1.3-3.4), past medical history: cardiovascular OR 2.7(CI 1.5-4.8), infectious diseases OR 2.6(CI 1.5-3.8), neurological OR 9.2(CI 5.2-16), psychiatric OR 2(CI 1.2-3.6), urinary catheter OR 5(CI 2.3-10); 2) patient coming from: geriatric hospital OR 2.5(CI 1.5-4.1), critical care unit OR 4.7(CI 2.5-9), Emergency Department OR 0.4(CI 0.3-0.7); 3) ≥3 complications during hospitalization OR 2.5(CI 1.1-5.5): arrhythmias OR 2.7(CI 1.04-7), diarrhea OR 2.6(CI 1.4-5), cardiovascular event OR 4.2(CI 1.9-9), bed sores OR 5.8(CI 2.8-12), pulmonary OR 2.7(CI 1.4-5) or urinary infections OR 3.2(CI 1.5-6.7), nasoenteral catheter for feeding OR 4.1(CI 2.3-7.4). Besides, the return to home was improbable OR 0.1(CI 0.06-0.17). The chance of discharging to a geriatric hospital(OR 10, CI 6.3-18!) and of dying during hospitalization(OR 5.1, CI 2-13) was high. Using ≥4 medications per patient at hospital admission was frequent OR 2.2(CI 1.3-3.6). Characteristics independently related to this sub-group were: admission from a geriatric home(OR 24, CI 5-108), intrahospital mortality OR 22(CI 2-230), oncology past history OR 0.27(CI 0.07-0.95) and discharge to home OR 0.13(CI 0.07-0.22).

Discussion: The oldest old patients bed bound in an hospital frequently died during their admission, neurological comorbidities have strong association with this subgroup and the admission, when they have an oncology past history, was infrequent.

P-14-10 | FREQUENCY OF PNEUMOCOCCAL VACCINATION IN PATIENTS OLDER THAN 65 YEARS IN AN ACADEMIC MEDICAL CENTER: ASSOCIATED FACTORS AND BARRIERS

R.D. Zwiener, M. L. Posadas-Martinez, J.P. Gonzalez, M. L. Gonzalez-Ibañez, M.A. Damiano, F.Orsetti for the collaborative group (, A.J. Videla).

Hospital Universitario Austral. Pilar. Pcia. de Buenos Aires Argentina

Background: S. pneumoniae is a relevant pathogen in elderly patients, and pneumococcal vaccination (PV) is effective for them. Although PV is recommended for adults older than 65 only 38% had received vaccination in the US in 1993. Medical follow-up in the last year, influenza vaccination (IV), age over 75, diabetes (DBT), smoking status and physician recommendation have been associated with PV. In order to measure the frequency of PV in our Hospital, to assess factors associated with PV (number of hospital contacts, any specialist visit, co-morbidities, IV) and barriers for PV (lack of medical indication or coverage, patient lack of information or omission, allergies, medical advice against PV) we performed this study.

Study design and **Results:** A randomized cross-sectional sample of 400 computer medical records was obtained from all patients older than 65 years who had at least one office visit to the Internal Medicine Department between May and December 2006. If PV was unknown, five attempts were made to contact the patient by phone. In 111 cases, there was no information on PV and were assumed as non-vaccinated. Mean age: 72.3 years (± 6.1). Females: 50.7 %. Median of hospital contacts: 31.5 (range 1 - 791). Previous admission: 53%. Ever smokers: 32.8%. Co- morbidities: previous pneumonia: 17.8%, DBT: 11.25%, Congestive heart failure (CHF):5.3%, COPD: 4.8%, immunosupression: 4.8%. PV had been received in 25.5% vs. IV in 38.8%. PV was significantly associated with IV ($p < 0.001$), previous pneumonia ($p < 0.05$) and CHF ($p < 0.05$). PV patients had a median of 61 hospital contacts vs. 32 in non PV ($p < 0.05$). Main barriers were lack of prescription (42.1%), lack of belief in efficacy (2.6%) and patient omission (2.1%). In 1% of cases a physician advised against PV.

Conclusions: Frequency of PV was suboptimal. IV, previous pneumonia, multiple hospital contacts and CHF were associated with PV. Omission of prescription was the main barrier identified.

P-14-11 | IS THERE A "WEEKEND EFFECT" IN INTERNAL MEDICINE HOSPITAL SERVICES?

Casariego Vales E, García Pais MJ, Muriel A, Monteagudo J, Rigueiro MT

Complexo Hospitalario Xeral-Calde, Lugo, España

Introduction: It has been reported that the risk of death could be greater for hospitalized patients with certain disorders on weekends, although doubts remain about the presence of this effect in every hospital area or specialty. Thus, we studied this circumstance among patients admitted to Internal medicine wards specifically dedicated to chronic disorders.

PATIENTS AND METHODS We conducted a study on all patients admitted between 2002 and 2007, in an Internal Medicine area with l80 beds for patients with chronic non surgical disorders. Working days schedule goes from 8 am to 3 pm, Monday through Friday. On call teams cover the rest of the day and weekends. The same professionals turn to cover the different shifts. On weekends they only see patients with worse conditions, those admitted on Saturday or Sunday, and ocassional emergencies. We used $\chi 2$ test to compare qualitative variables, T Student to compare two means, and ANOVA for multiple means.

RESULTS: We analyzed a total of 21.807 patients, 51% men, with a mean age of 78,7 (SD 10) years. Average mortality was 8,5%. We did not notice any difference in mortality by day of admission (p=0,44), with a range from 9,1% on Wednesdays to 7,7% on Thursdays. Weekend mortality was 8.6 %, as compared to 8,4% on weekdays (p=0,28). Mortality throughout the first 48 hours in hospital did not change for different admission days. Average stay ranged between 12,05 days for those admitted on Fridays, to 10,6 days for Sunday admissions ($p < .001$). Those admitted on Fridays and Saturdays presented more hospital associated disorders than any other combination of days of admission ($p < .001$)

CONCLUSSIONS Although weekend mortality is not higher, we did notice more complications due to hospitalization, which could be related to lack of systematic medical activity throughout this period.

P-14-12 | EPIDEMOLOGIC STUDY OF UPPER GASTROINTESTINAL BLEEDING (UGIB) APPROACH TO PREENDOSCOPIC RISK STRATIFICATION

Fukiya, L.; Delgado, M.; Giayetto, C.; Reale, L.; Filippetti, G

Clínica 25 de Mayo. Mar del Plata. Argentina

Introduction: UGIB is a common disorder with a high morbimortality. Numerous scoring systems have been developed to predict bleeding recurrences and death, using clinical and endoscopy variables like the Rockall score. The propose of this study was to evaluate the clinical presentation of UGIB and identification pre-endoscopic risk factor.

Materials and Methods: We present an analytic retrospective study performed in the "25 de Mayo" clinic of Mar del Plata, in which 143 patients with the diagnosis of upper gastrointestinal bleeding by endoscopy were admitted during the period of 01/01/1999 and 01/08/2007.

Results: The mean age was 61.6 ± 17, 65% were males. The mean length of hospital stay was 10 ± 27 days, with a rebleeding rate of 3.5% and a mortality rate of 2.8%. Melaena was the most frequent cause of consult, which was detected with a higher sensibility by questionnaire rather than by physical exam. Hematoquezia was present in 14.3% of patients. The elderly patients present fewer symptoms in general. The most common etiology was peptic ulcer disease and 72% of endoscopies were made within the first 24 hours. We found that 31.5% of subjects were considered at a low risk, 45% at intermediate risk, while 23.5% were classified as at high risk, using Rockall score stratification.

Our results showed that the rates of rebleeding, need of transfusions, mean lengths of hospital stays as well as in the intensive care unit were significantly higher in the high risk group. We found that melaena, use of aspirin, orthostatism, hematocrit 30 and urea 0.5 mg/dl, were more frequent at the time of admission in the group of high risk with significant differences.

DISCUSION: Our findings match with previous studies, except for the low prevalence of variceal disease, probably because of the low rate of alcoholism in our population. When we add to the Rockall score pre-endoscopic characteristics such as melaena, use of aspirin, orthostatism, hematocrit 30 and urea 0.5 mg/dl, we can predict which patients will have more probability to high risk.

P-14-13 | POISONING FOR LINEN. BY THE WAY OF A CLINICAL CASE

González Valeriano, Uruñuela Griselda, González Estevarena Luís, Queti Felipe.

Service of Clinic Medicates. Sanatorio Pringles. Coronel Pringles. Buenos Aires. Argentina.

AIMS: To comment a case of subacute insanity of toxic origin by an unusual agent.

Patient and **Methods:** Male, 56 years of age, veterinarian. Antecedents hepatitis B, diabetes 2, hiperuricemia. Consulting the 26/08/2002 by loss of memory, disorientation temporoespacial, severe amnesia, Disorder of language and lectoescritura. Convulsions tonic clonic. At exam hiperreflexia in inferior members, rest normal, hiperglucemia (2,30gms.). Consume grounded linen since 2 years, has arrived to consume 250 gr daily. Consultation with neurologist, EEG that shows moderate disorganization, without focus nor paroxismes and TAC of normal brain dating 28/08/02. He's medicated with Valproato and Fenobarbital, Glibenclamida y Allopurinol. RMN the 30/08/02 normal. Sent to Buenos Aires with probably diagnosis of subacute insanity, interned for a month: LCR normal, RMN: slight extentision of both ventricles, laterals. SPECT: frontal and parietal hipoflujo, VDRL, HIV, Hudlesson: negatives. Vit B12: Normal; Ác. Fólico: Normal; Cortisol: Normal, Thyroid hormones: normals, T.A.C de Thorax, abdomen and pelvis, normals, Ecografía testicular: Normal. Anticuerpos Anti HU y Anti SO en LCR: Negatives. Discharge with probable diagnosis of : Alzheimer, Encefalitis Espongiforme, Sme paraneoplásico medicated with Difenilhidantoina 3/day; Fenobarbital 100 mg; Glibenclamida y Allopurinol. Disorientation temporoespacial, does'nt recognize his family and has muscular weaknes that prevents being mobilized, convulsions in spite of the medication, monthly evaluated by neurologist. He is declared insane. Because of nettle-rash the medication is suspended, resting only with Clonazepam, complejo vitamin B e hipoglucemiantes.

Ten days afterwards begins to be located temporoespacialmente, rocognize, he has complex dialogs,etc. Three months later has no more symptoms.

Conclusion: For the development of the case, its propose retrospectively the poisoning for linen. The daily amount recomended is 25 or 30 gr a day the patient consumed 250 gr daily. This grounded free Ac Cianhidrico and lineina. The first provoke Hipoxia citóxica, at SNC level the symptoms owe to the inhibition of the utilization of O2. The lineina is antagonist of vitamin B6 (increase the triptofano, decrease dopamine, serotonina and GABA). Both toxins provoke basically convulsions, damage and mental confusion as well as peripheral neuropathy.

P-14-14 | EFFECT OF A MULTICOMPONENT INTERVENTION IN PRESCRIPTION ERRORS IN A HOSPITAL USING COMPUTARIZED PHYSICIAN ORDER ENTRY (CPOE)

A.V. Fajreldines Farm., M.F. Bazzano Farm., Alejandro J. Videla MD, L. Davide Farm, M.E.Pellizzari MD.

Pharmacy and Patient Safety Committee. Hospital Universitario Austral. Argentina

Background:

Studies have indicated that CPOE adoption can generate new kinds of health care–practice related errors, while others have described roles for CPOE in both preventing and causing medication errors. The use of CPOE has been shown to improve prescription errors compared with written orders. Our Hospital has been using CPOE in combination with a medical record system since its opening in 2000. However lack of physician familiarity with CPOE can lead to a substantial error rate, causing even Hospital mortality increases (Pediatrics 2005; 116: 1506). We set out to evaluate the factors associated with CPOE errors and to evaluate the impact of a multicomponent evaluation to diminish prescription mistakes.

Study design and **Results:**

A survey of prescription errors was performed before and after actions designed by a multidisciplinary quality improvement team. A randomized sample of 967 prescription orders (with a median of 8 medications per order) was taken from 14254 orders issued over a four-month period. 567 (58.6%) orders were issued before the intervention and 400 (41.4%) after the intervention. Error frequency was 34 % pre intervention. In univariate analysis several factors were significantly associated with error: Hospital ward complexity ($p < 0.001$), resident status ($p < 0.05$), weekend shift ($p < 0.05$) and pharmacists training ($p < 0.001$). After an intervention consisting of user training, delivery of standardized teaching materials, improvement of workflow and computer system error frequency decreased to 5.3%. R.R.: 6.4 ($p < 0.001$). Relative risk reduction was 85%. After adjusting for all associated factors in logistic regression analysis, the intervention was significantly associated with error decrease (OR: 0.001, $p < 0.001$).

Conclusions:

Several factors were associated with prescription error. A multicomponent intervention was able to significantly decrease error frequency in a Hospital using CPOE. CPOE implementation needs of continous monitoring and quality improvement measures.

P-14-15 | MULTICENTRIC TRIAL ON PREVENTION OF VENOUS THROMBOEMBOLIC DISEASE AMONG HOSPITALIZED PATIENTS. DO WE CONSIDER THE CUMULATIVE FEATURE OF RISK FACTORS?

Gerardo Pérez (*), Magdalena Estévez (*), Juan Alonso (**) Rosario Martínez

Clínica Médica "C" Prof. Dra. Adriana Belloso García Departamento Clínico de Medicina. Hospital de Clínicas. Facultad de Medicina CABA. Argentina. (*) Asistente Clínica Médica "C" (**) Prof. Agdo. Clínica Médica "C" (***) Ex – Prof. Adj. Clínica Médica "C"

Summary:

Venous thromboembolism is a frequent cause of illness among hospitalized patients and three large multicentric trial provided support of the value pf prophylaxis.

Objetives:

Knowing the rate prescription of prophylaxis against VTED, which risk factor(s) are considered more frequently and finally if cumulative risk factors are considered at the time to initiate prophylaxis.

Material and Methods:

Three hundred and sixteen hospitalized patients where evaluated in three hospitals in Montevideo in a period of three days in October 2006. They were at medical or surgical areas.

Results:

Prophylactic measures were ordered for 18% of high risk population.

Previously VTE and bed rest were the single risk factors that more frequently alerted physicians to initiate prophylaxis ($p<0.01$).

We found no differences in rates of prophylaxis between high risk (score≥4) and moderate or low risk patients (score<4) (18% vs 18%).

Conclusions:

Prescriptions rate for prophylaxis of VTE remains underused. Risk factors that more often encourage prophylaxis are bed rest and previously VTE Cumulative risk is no considered at the time to initiate prophylactic measures.

Key Words: venous thromboembolic disease, risk factors, cumulative risk.

P-14-16 | PLUMBEMIA AND ATTITUDES ABOUT PLUMB RISK IN WORKERS LIKE BODY SHOP MAN OPERATORS OF BATTERY CHARGER AND LOCKSMITHS COCHABAMBA BOLIVIA 2007

Marquez Zeballos, Carla Jimena; Pedrozo Gómez, Silvia Regina; Castro Soto, M.R

Hospital Clínico Viedma; Bolivia

This is a cualitative, descriptive and transversal research, performed at the Cochabamba city during a month . The universe of the study was constituted by workers exposed to the plumb. The sumple were 40 workers, 11 of them were body shop man, 16 operators of battery charger and 13 locksmiths.

The general objetive was to determinate the relation of blood plumbs levels with knownledges and attitudes about plumbs risks in that group of workers. The **Results:** 40% developes their activities with battery recharger, 32.5% in locksmiths and 27.5% in body shop. 72.5% were male sex and 27.5% female sex.

The interval of age were between 7 to 40 years, with an average of 27, it was observed that the 15% belong to scholar age. All of them affirmed to use some form of protection, 50% used gloves, 36% overal, 11% mask and 50% of them knowned about plumb risks. All of them had levels of plumb in blood, 30% (12) < 10 ug/dl and 70% (28) between 11 to 32ug/dl. These persons worked in a period about 6 months to 20 years.

The relation between plumbemia and knownledge of prevention was directly proporcional, the workers whose known 2 or 3 measure of prevention had low levels to 10 ug/dl (30%).

P-14-17 | INFLUENZA EPIDEMICS AND CARDIOVASCULAR DISEASES ARE NOT ASSOCIATED WITH INCREASED HOSPITALIZATIONS

Principe, Gustavo; Androchi, Marcelo.

Servicio de Clínica Médica y Departamento de Estadística e Informática del Hospital Municipal de Agudos Leonidas Lucero, Bahía Blanca.; Argentina.

AIMS: To determine whether influenza can trigger heart and cerebral attacks, we investigated the impact of influenza epidemics on hospitalizations. **Methods and Results:**

We studied the hospitalizations in the general ward of the Municipal Hospital of Bahía Blanca city. The period covered the years 2004 to 2007. We studied the prevalence of cardiovascular and cerebrovascular patients which where admitted during the influenza epidemic period (using the City's information sources) compared with the prevaling annual admissions.

The study includied a total of 7719 admissions and were unable to find un increase in the admissions for cardiovascular and cerebrovascular causes.

Conclusions: The influenza epidemic was not associated with an increase of admissions for cardiovascular and cerebrovascular causes, presumably becasue our population belongs to a Health System where vaccination is free.

P-14-18 | EXTRAVASATION OF IODINATED CONTRAST MEDIA IN CT STUDIES. FREQUENCY AND EFFECTS

Carrascosa, Patricia; Capuñay, Carlos; Vallejos, Javier.; López Elba, Martín.; Carrascosa, Jorge.

Diagnóstico Maipú- Argentina.

Introduction: Subcutaneous extravasation is a well-recognized complication of intravenous administration of iodinated contrast media. Local toxicity effects can range from minor erythema and swelling to extensive tissue necrosis. To our knowledge, there have been a few reports of extravasation in patients who underwent automated power injection of contrast medium for computed tomography. The objective of this presentation is to established the frequency and clinical effects of extravasation of iodinated contrast media related to mechanical power injection during computed tomography exams.

Material and Methods: During a 2-year period (2005-2006), 11520 patients underwent contrast media-enhanced CT studies at our institution. In all exams was used a mechanical power injector for infusion of ionic and non-ionic iodinated contrast media through a plastic cannula in an upper extremity. Records of complications were retrospectively reviewed.

Results: Extravasation was detected in 26 (0.2%) patients. Nineteen patient had extravasation of less than 10 mL and only referred minor symptoms. Six patients had extravasation of at least 30 mL, and referred mild to moderate pain, swelling, erythema and skin changes at the injection site without severe or permanent effects. One patient had a severe damaged with tissue necrosis that required surgical intervention. The mean contrast media volume used per exam was of 105 mL (range 70-140 mL).

The mean infusion rate was 2.6 mL/seg (range 1.2-4.5 mL/seg). The principal causes of extravasation was noncommunicative patients (elderly, infants) and cronically ill patients with debilitated veins. No correlation was found between amount of contrast media or infusion rate and frequency of extravasation.

Conclusion: The frequency of extravasation of contrast media after mechanical bolus injection is higher that reported for hand-injection, but similar that other studies using power injectors. Adequate treatment should be applied to prevent severe effects.

P-14-19 | MORTALITY READMISSIONS AND PREDICTORS OF MORTALITY AFTER A HIP FRACTURES IN A HEALTH MAINTENANCE ORGANIZATION: RESULTS OF ONE YEAR FOLLOW UP RETROSPECTIVE COHORT STUDY

Saimovici, J.; Beratarrechea, A.; Diehl, M.; Pace, N.; Plantalech, L.; Cámera L A.

Hospital Italiano, Capital Federal; Argentina

Background: Hip fracture (HF) is associated with increased mortality, with reported rates of 15 to 30 %. Incidence rate reported in Argentina varies between studies, while data on mortality and hospital readmission (HR) are lacking.

Methods: We conducted a retrospective cohort study to document survival and HR after a HF. We identified patients admitted for a HF during 2006 from a Health Maintenance Organization (HMO), using Electronic Medical Records (EMR) with the diagnosis of femoral neck and trochanteric fractures, coded with ICD-9 classification. The cohort was followed from the date of the fracture until death or 01/04/2008. Mortality was ascertained from vital status reports and hospitalizations using secondary databases from the EMR. Rates are expressed as 100 persons-year (/100 pyear) and 95% CI. Uni and multivariate proportional hazards Cox models were used for survival analysis; baseline variables included in the model were: age, sex, type of HF, length of stay, number of admissions, admission during the first month and follow up, hypertension, coronary heart disease, congestive heart failure, peripheral artery disease, stroke, dyslipemia, chronic renal disease and tobacco use.

Results: 126 patients were admitted for a HF during 2006. Baseline characteristics were: age 79.4 (8.7) years, female 78.5%, hypertension 84.9 %, dyslipemia 33.3%, diabetes 11.9%, tobacco 16.7 %, stroke 15 %, heart failure 15%, renal failure 6.35 %. Mean follow-up was 1.51 (0.56) years and 1,58 % were lost. 21.9 % HF patients died (27) during the follow up and 16.2% in the first year. Mortality rate was 14.43 /100 pyear (CI 95% 9,9 -21,05). 50.8% of HF patients were hospitalized during the follow up (16.7% in the first month), with an incidence rate of 53 readmissions /100 pyear, In a multivariate analysis the only variables still significant were male sex, age and number of admissions with an adjusted hazard ratio (AHR) of 3.01 (1.26-7.2) for male sex, 1.08 (1.02-1.14) for each year age increase and 1.22 (1.08-1.47) for number of admissions.

Discussion: The health of older adults deteriorates after hip fracture, and efforts to reduce the incidence of hip fracture could lower subsequent mortality, morbidity, and health services use.

P-14-20 | ONEYEAR OUTCOMES IN SEVERE CHRONIC RENAL PATIENTS IN A HEALTH MAINTENANCE ORGANIZATION

Perman, G.; Cámera, L.; Waisman, G.; Algranati, S.; Greloni, G; Marchetti, M; Langloise; E; De los Ríos; E.; González B. de Quirós; F.

Hospital Italiano de Buenos Aires.; Argentina

Introduction: Chronic renal insufficiency (CRI) is associated with an increased risk of morbidity and mortality. There are no data on outcomes in stage IV patients in Latin America.

Our objective was to assess one-year outcomes of a non-dyalitic severe chronic renal insufficiency cohort to serve as a basal indicator of a health care program aimed at these patients.

Methods: During year 2006, we followed a cohort of adult patients with stage IV chronic renal insufficiency -according to the National Kidney Foundation- affiliated to our Health Plan in Buenos Aires, Argentina, to determine mortality, hospital admissions and dialysis onset. All patients with stable creatinin clearance between 15 and 29 ml/min circa 01/01/2006 were selected throughout revision of electronic health records. Patients from better stages suffering an acute event and stage V patients were excluded. Outcomes data were obtained from our health information system. Crude outcome rates are expressed per 100 person-years with their 95% confidence intervals using Poisson distribution. Multiple Poisson regression was applied for adjusted analysis. Means and proportions are provided when needed.

Results: We identified 154 patients. Median Follow-up time: 12 months (minimum 2, maximum 12.13 months). Females 48% (40-56). Median age: 81 years (interquartilic range 74-85). Comorbidities: stroke 9.7% (5.6-15.6); coronary heart disease 25.3% (18.7-33); diabetes 26.6% (19.8-34.3); lipid disorders 55.8% (47.6-63.8); hypertension 93.5% (88.4-96.8); congestive heart failure 31.8% (24.6-39.8); smokers 30.5% (23.4-38.4); overweight/obesity 27.9% (21.0-35.7). Mortality rate: 10.6 (6.71-17.88). Annual hospitalization rate: total: 16.44 (11.02-24.52); cardiovascular unit: 10.27 (9.16-17.04); kidney failure unit: 2.05 (0.66-6.37). Rate of renal replacement therapy onset: 2.73 (1.08-7.29). The only independent variables with statistical significance for death in a one-way analysis were CHF and atrial fibrillation, although these did not stand for multivariate analysis.

Discussion: Severe chronic renal patients are very old and comorbid. One out of ten will die within a year, while one out of eight will require hospital admission -mainly due to cardiovascular disease. These results are important because they are the first to address hard outcomes among this high-risk group in Latin America. They can also be used as basal reference for future programs aimed at these patients.

P-14-21 | ACUTE AND MODERATE PERICARDIAL EFFUSION

Ignacio Chavero, Gisela Beltramino, Mariana Siccardi, Romina D´ippolito, Andrés Celentano, Domingo Cera.

Hospital Dr. Clemente Álvarez. Rosario. Pcia. de Santa Fe. Argentina

Purposes: Evaluate patients admitted to the Medico-Clinical Service with acute and/or moderate pericardial effusion; study its frequency, etiology, clinical aspects, diagnostic approaches, previous treatments, complications and clinical progress; and compare these data to those of other series.

Materials and Methods: This is a restrospective study of all acute and/or moderate cases of non-traumatic pericardial effusion, admitted to the Medico-Clinical Service of a 3rd-level hospital in the city of Rosario between January 1st, 2006 and December 31st 2007. The study implied the revision of all medical records and the evaluation of the following items: effusion causes, clinical features, medical history, diagnostic approaches, complications, treatments, progress, and length of hospitalization.

Results: Fourteen (14) patients were admitted to hospital (0.7% of the total amount of admissions registered at the Medico-Clinical Service), ten (10) of which were males and four (4) of which were females. Subjects' ages ranged from 14 to 63 years old, but the condition was observed more frequently in 50-60 year-old patients.

The etiology observed was as follows: Nine (9) patients (64.2%) had idiopathic pericardial effusion. Five (5) of them had a specific diagnosis; two (2) were due to a malignancy (14.3%), one (1) to pericarditis tuberculosa (7.15%), one (1) to purulent pericardial effusion, and one (1) to uremic pericardial effusion. Five (5) patients had acute pericardial effusion, while the other nine (9) had moderate pericardial effusion. Cardiac tamponade was observed in five (5) patients, with a higher rate of incidence in those who presented a specific etiology. Four (4) patients required a pericardiocentesis; six (6) a pleuro-pericardial window; and one (1) a pericardiectomy. Four (4) patients (28.5%) died due to pericardial effusion and its complications and one (1) patient died for another reason. On average, the length of hospitalization was 11.6 days.

Conclusions: The results of our series were similar to those from other publications. Acute and/or moderate pericardial effusions are rarely seen in this area. Most of the cases observed are idiopathic, affect the elderly more frequently, develop mainly in men, require high-complexity studies and multidisciplinary management, have an elevated mortality rate and, most of the subjects with cardiac tamponade have a specific cause.

P-14-22 | BARRIERS TO MEDICATION ADHERENCE IN A COHORT OF PATIENTS WITH CHRONIC MULTIPLE DISEASES: SOCIAL FACTORS

Galindo Ocaña FJ. (1), Cassani Garza M. (1), Gil Navarro MV. (2), Bohórquez P. (3), Ollero Baturone M.

UCAMI, Internal Medicine Department, (2) Farmacy Service, (3) Primary Care; Hospitales Universitarios Virgen del Rocío, Seville, Spain.

Information about adherence in mostly elderly patients with chronic multiple diseases is sparse and different studies show conflicting results.

OBJECTIVE: Identify which factors suppose barriers to adherence in patients with chronic multiple diseases, moslty elderly, focusing on social factors.

Methods: We included 181 patients fullfilling criteria for chronic multiple diseases or "pluripathologic patients" (CMD or PPP) according to "Proceso Asistencial Integrado Atención a los Pacientes Pluripatológicos" (ed. 2002, Consejería de Salud de la Junta de Andalucía), who were taken at least five drugs simultaneously.

We assessed drug compliance, frailty, having a caregiver avalaible or not and caregiver effort scale, through a 9 months period between september 2004 and march 2005. The interview was done at patients' home in a personalized way. We analised all data by SPSS 15.0.

Results: Age 71,76 +- 9,94. Most prevalent diseases: chronic coronariopathy (60%), diabetic microangiopathy (57%), chronic lung disease (36%) and heart failure (25%). Barthel scale of frailty: 74,83+-34,85. Number of drugs taken: 8,36+-2,35 (range 5-11). 97 patients had an avalaible caregiver and 84 had not.

Significantly correlationed variables were taken into binary logistic regression models. There was intense dependence between adherence and caregiver availability in every model: no caregiver OR 4,497, p=0,027 (for thee drugs). So multiple regression linear models were done in caregiver and no caregiver subpopulations (dependent variable compliance rate):

- no caregiver subpopulation: Barthel (t-2,719, p=0,008), palliative phase cancer (t=2,423, p=0,018)

- caregiver subpopulation: number of specialists involved in care (t=2,680, p=0,009), caregiver effort scale (t=-2,376, p=0,021). Caregiver effort scale predicted compliance: 0 (78%), 1 (88%), 8 (98%). Barthel scale and compliance: 20 (95%), 65 (89%), 75 (85%).

Discussion: Adherence is an active process running from access to the health system to therapeutic desired effects. As active process it requires certain capability for take decisions about their own treatment plan. As frailty develops, lesser cognitive function and sensorial deficits force patients to be under supervision of a caregiver. If this caregiver is avalaible, poorer functional status correlates inversely with adherence and caregivers' effort scale correlates positively. In frail patients not having a caregiver, dependence means a great barrier to adherence.

P-14-23 | ANTIBIOTIC CONSUMPTION WITHIN THE INTERNAL MEDICINE DIVISION OF ARGERICH HOSPITAL. A PHARMACOEPIDEMIOLOGIC STUDY

Ponte, M.L.; Wachs, A.; Nicolini, C.; Armenteros, C.

Department of Internal Medicine. Argerich Hospital. Argentina.

Introduction: The World Health Organization has promoted the utilization of Daily Definite Dose (DDD) as a measure of drug consumption. The DDD is the assumed average maintenance dose per day for a drug when used for its main indication in adults with normal organ function. For ambulatory care, the drug consumption is defined as DDD per 1000 inhabitants per day (DHD) and for hospitalized patients is expressed as DDD per 100 beds per day (DID). The aim of this study was to evaluate the antibiotic consumption within the Internal Medicine Division as well as to promote this kind of studies in Argentina. **Material and Methods:** We daily evaluated all beds - medical prescriptions within the Internal Medicine Division of Argerich Hospital for a whole month to determine the antibiotic administration. Then we converted the totally doses of every antibiotic in DDD and then in DDD per day per 100 beds.

Results: The total antibiotic consumption was 111.4 DDD/100beds/Day (DID). The most consumed group was beta lactamics, with 63.14 DID (representing 56% of all drug consumption). The most consumed beta lactamics were ampicillin - sulbactam (27.45 DID), piperacillin - tazobactam (14.52 DID) and ceftriaxone (6.74 DID) and cefepime (5.1 DID). The second and third most consumed groups were quinolones (9.19 DID) (levofloxacin: 4.8DID, ofloxacina: 2.6 DID and ciprofloxacin: 1.79 DID) and antimicotics (8.67 DID) (voriconazole: 4.39 DID, fluconazole: 3.33 DID and B amphotericin: 0.95 DID). Other consumptions were: glycopeptids (vancomycin): 6.02 DID; macrolids: 3.89 DID (clarithromycin: 1.36 DID, azytromicin: 2.53 DID); clindamycin: 4.13 DID; metronidazole: 3.72 DID; tigecyclin: 3.16 DID; amikacyn: 1.8 DID; gentamicyn: 1.2 DID; trimethoprim and sulphonamides: 2.8 DID and rifampicyn 1.45.

Discussion: Antibiotic consumption was comparatively slightly higher than the reported in international studies. Beta lactamics, quinolones and macrolids are the most consumed group of drugs in our hospital and in all the ones with pharmacoepidemiological studies. The consumption of vancomycin and antimicotics was comparatively higher in our study than in other studies. The pharmacoepidemiologic studies are rare in our region, so we could not compare with regional statistics.

P-14-24 | IMPACT OF THE HIV IN PATIENTS OLDER THAN 50 YEARS 19972007

Romani, Adriana; Viegas, M.; Barolin, C.; Migazzi, C.; Klein, M.
Unidad de Infectología, Hospital Pte. Perón de Avellaneda y Clínica Modelo de Lanús, IMAGMED. Lanús, Pcia. De Bs. As. Argentina

As the elderly population continues to grow, so does a subgroup of that population-elderly persons living with HIV infection and AIDS. Greater than 10% of persons with AIDS in the United States are over 50 years old, and the number of elderly persons in their 60s and 70s living with HIV/AIDS is increasing.

The aims of this work was to describe the characteristics of the patients HIV (+) older than 50 years attended since 1997 to 2007, and to establish the influence of age and comorbilities in the evolution of the illness.

Material and Methods: retrospective descriptive study. HIV (+) patients older and younger than 50 years attender between 1997-2007 were included.

Results: we followed 528 patients, of which 55 (11, 6%) were older than 50 years, and of them 16 (29%) older than 65, 35 male (mean age; 66years) and 20 female (mean age: 67 years). In 83% was sexually transmitted. The average time since possible contagion to consultation was <10 years: 43 p (78%), >10 years: 12p (22%). 51% had opportunistic infection at admission. 41% presented <200 CD4/mm3 16% had HBV hepatitis and 22% HCV hepatitis. 33% had a concomitant cardiovascular disease Younger than 50 (n473, mean age: 37 years), time to consultation 3.8 years, 20% had opportunistic infection at admission, 32% with <200 CD4/mm3. HBV hepatitis: 16, 5% and HCV hepatitis: 26%. In woman population, 86% the transmission was via sexual, in male population, 52% admitted parenteral drugs use.

CONCLUSSIONS: Patients older than 50 years had latter medical consultation since probable contagion of HIV, and high proportion of them with opportunistic infection, and severe immune defect. The most of them get the disease by sexual transmission. Cardiovascular disease was present in one third of them. Contrary to the perceptions of some within the health-care community and the general population, the elderly are at risk for HIV infection and carry a high mortality if diagnosed. Many older persons with AIDS are less likely to practice safe sex; others go undiagnosed and therefore untreated due to perceptions that the elderly are not at high risk for HIV infection, and treatments may be less efficacious.

P-14-25 | INTRAVENOUS MERCURY INTOXICATION: A CLINICAL REPORT

Pérez, D.; Noriega, L.M.; Munita, J.M.; Rodríguez, M.; Pérez, J; Thompson, L; Marcotti, A.

Vitacura. Chile

Introduction: Mercury is a wide distributed heavy metal, without biological activity known. Clinical symtoms of intoxication are little known and depend on the type of mercury, way of the intoxication, and the amount of it. Deliberate administration of mercury has been poorly described in the medical literature, specialy in the psychiatric people. This report describes the case of a young male with self-administered intravenous mercury intoxication.

Clinical Case: Twenty seven years-old male; he had a clinical history of polymicrobial arthritis in his right knee. The clinically presentation was seven days of low fever, chills, headache and alimentary vomit. Physical evaluation: Temperature 38, 0 ºC, heart rate 100 pm. Meningeal signs present and a little redness lesion on his right arm. Laboratory value: 7270 white cells, 25% bacilliform. Little rise on GOT and GPT. Lumbar puncture and cerebral computed tomography without abnormalities. On chest plain there was a lot of little hyperdense lesion on the bases of lung. Chest CT confirmed those lesions. There was a little lineal hyperdensity lesion on the lateral chest plain, which was identified as a little blood vessel. The density of the lesions and their distribution in a vascular pattern were indicative of a mercury intoxication. It was suspected mercury intoxication; mercury serum level, ten times higher than normal, confirmed it. Patient was treated only with supportive therapy, without heavy metal chelant. One week later, the patient had not fever, he felt better and the mercury serum level decreased. He was assessed by psychiatric team, and a Munchhausen syndrome was diagnosed.

Conclusion: Without a clear source of mercury, intoxication by this element is a difficult diagnosis. Classical clinical finding, erethism, tremor and gingivitis are present only in few patient There are another unspecific symptoms likes fever, headache, dyspnoea, diarrhoea and abdominal pain. In this patient, polymicrobial arthritis aforegoing, had a crucial importance, because it allow us to have a high suspicion on the clinical case and that warn us about a Munchausen probable case.

P-14-26 | CLINICAL EPIDEMIOLOGIC RESEARCH IN INTERNAL MEDICINE RESIDENCIES IN ARGENTINA. QUALITATIVE STUDY

Pereiro, N.; Dawidowski, A.; Elizondo, C.; Giunta, D.,Figar, S.
Sociedad Argentina de Medicina, Hospital Italiano de Buenos Aires. Argentina.

Background: Epidemiologic research (ER) has been introduced in Internal Medicine Residencies as a way to promote continuous medical education and the developing critical thinking, a valuable skill in the internist physician. Nevertheless there is no information about the status of argentinean residencies regarding ER. **Objectives:** to describe clinical research in Internal Medicine Residencies and to determine its meanings, barriers and triggers. Methods **Design:** Qualitative study using in-depth interviews (December 2007-April 2008). Sampling: intentional sampling of residencies to include diverse patterns of residencies according to country region, type of institution (private, public), City size, and residency size. Chiefs department (CD), Instructors (Ins), coordinators (Coor), chiefs' resident (CR) and 1 resident (R) per year were interviewed. Participants: sampled residencies for the quantitative analysis. Analysis: Interviews were audiotaped and transcribed verbatim. Data from each interview were coded and categorized to identify themes by content and discourse analysis. **Results:** we interviewed 14 CD, 14 Ins/Coor, 12 CR, 6 R on the 4 year (R4), 12 R in the 3 year(R.), 21 R in the 2 year (R2) and 18 R on the first year (R1) physicians from 15 residencies throughout the country (10 public system, 9 big cities, and 9 big residencies). Some interviewees understand that research promotes learning in different ways: from to learn how to study a case or to read bibliography to develop critical and situated thinking abilities. Participation in congresses was too appreciated as a mean to know other colleague and to develop presentation skills. On the contrary some understood investigation only as major trials, not suitable for residencies, and a way to acquire a better curriculum vitae. These last two meanings are obstacles for research. We detected also institutional barriers (lack of advice, staff stimulus, and institutional support) and factual barriers (lack of time or diagnostic tests, and methodological skills). Research is possible due to formal! and informal mechanisms (residency habit to present works in congresses). Some physicians (generally university teachers) that promote and motivate ER projects. **Discussion:** ER in Residency has many obstacles, but it succeeds in different degrees, stimulated by congresses and by doctors from the university.

P-14-27 | ANTIBIOTIC INDUCED ADVERSE DRUG REACTIONS IN HOSPITALIZED PATIENTS.

Ponte, M.L.; Wachs, A.; Armenteros, C.; Dupont, L.; Bouzzat, J.

Internal Medicine Department. Argerich Hospital. Argentina

Introduction: Antibiotic - Induced Adverse Drug Reactions (ADRs) are one of the most frequent ADR in hospitalized patients because antibiotic are highly consumed. The goal of the study was to determine the frequency of this ADR in hospitalized patients and to identify the drugs involved in antibiotic - induced ADRs.

MATERIAL AND METHODS: The study was performed in the Pharmacovigilance Section of the Internal Medicine Division of Argerich Hospital between November 2007 and May 2008. We evaluated the probability of an antibiotic - induced ADR case applying the Naranjo Score when an adverse event was determined. In the study we considered the ADRs that add six or more points (classified as probable or higly probable). All these ADRs were reported to the Argentine regulatory agency ANMAT (Agencia Nacional de Medicamentos, Alimentos y Tecnología médica).

Results: 450 patients were evaluated between November 2007 and May 2008. We found 50 cases of antibiotic - Induced ADR, representing 52% of all ADR determined in that period. The drugs most frequently involved were ampicilin-sulbactam (9 cases), ceftriaxone (8 cases), piperacillin-tazobactam (6 cases) and ciprofloxacin (4 cases). The organs / systems most frequently involved were: liver (23 cases of hepatotoxicity), skin (15 cases of drug induced skin toxicity) and cardiovascular system (6). The drugs most frequently involved in hepatotoxcity were ampicillin-sulbactam (8 cases), ceftriaxone (4 cases) and ciprofloxacin (3 cases). The drugs most frequently involved in skin toxicity were piperacillin-tazobactam (4 cases) and ceftriaxone (3 cases). There were 5 cases of asymptomatic QTc prolongation and the drugs involved were fluconazole (2 cases), clarithromycin (2 cases) and ofloxacin (1). There were 7 cases of serious ADRs (including one fulminant hepatitis and one antibiotic- related admission).

Discussion: Antibiotics represented more than the half of all ADRs. Beta lactamics antibiotics were far the most frequently involved. 14% of all antibiotic-Induced ADRs were serious, including one fulminant hepatitis.

P-14-28 | ROLE OF PHARMACOEPIDEMIOLOGY IN AMBULATORY CARE. A DRUG CONSUMPTION STUDY.

Ponte, M.L.; Jurisic, EL.

Programa Federal de Salud. Ministerio de Salud de la Nación. Argentina.

Introduction: The pharmacoepidemiological studies are extremely useful because they help in rational use of drugs and in calculating the costs of medicaments. The aim of this study was to evaluate the consumption of different drugs in a population from Buenos Aires and to determine a possible misuse of drugs. **MATERIAL AND METHODS:** We evaluated the ambulatory consumption of 13,236 inhabitants of Buenos Aires (included in a National Health Program (Programa Federal de Salud) depending of the Argentine National Health Ministry. The period evaluated was a whole year (from March 2007 until February 2008). Then we have expressed the consumption in Daily Definite Dose (DDD) per 1000 inhabitants per day (DHD) because this is the World Health Organisation recommended parameter.

Results: Antidiabetic drugs consumption was 30.1 DHD (the most consumed were insulin: 9.9 DHD, metformin 8.4 DHD and sulphonylureas - glybenclamide 5.73 DHD, glimepiride 2.7 DHD and glipizide 0.6 DHD). Antihypertensive drugs consumption was 161.6 DHD (the most consumed were enalapril 77.1 DHD; amlodipine 24.7 DHD; atenolol 17.5 DHD; losartan 11.8 DHD and hydrochlorothiazide 7.1 DHD). Antiepileptic drugs consumption was 37.8 DHD (the most consumed were clobazam 8 DHD; phenytoin 6.6 DHD; carbamazepine 6.5 DHD; Phenobarbital 5.4 DHD; valpoic acid 2.9 DHD). Benzodiazepines consumption was 91.7 DHD (alprazolam 34.7 DHD; lorazepam 29.2 DHD; clonazepam 10 DHD; diazepam 8.1 DHD, bromazepam 2.8 DHD). Antidepressive drugs consumption was 18.8 DHD (sertraline 4.9 DHD; fluoxetine 4.6 DHD; paroxetine 2.8 DHD and citalopram 1.7 DHD). Antipsychotic drugs consumption was 50.9 DHD (the most consumed drugs were risperidone 14.2 DHD; olanzapine 12.6 DHD; haloperidol 8.9 DHD and clozapine 4.7 DHD!). Antibiotic consumption was 11.6 DHD (the most consumed were trimethoprim-sulfamethoxazole 4.1 DHD; amoxicillin 3.7 DHD and ciprofloxacin 0.7 DHD).

Discussion: The consumption of antihypertensive drugs is slightly lesser than reported in international bibliography. The consumption of antibiotics, antidiabetic, antipsychotics and antiepileptic drugs are similar than in other studies. The consumption of benzodiazepines is extremely high, approximately four times higher than reported in international bibliography.

P-14-29 | A SINGLE TELEPHONE CALL DIDN´T IMPROVE ADHERENCE IN PATIENTS WITH CHRONIC DISEASE IN WHICH A STATIN WAS PRESCRIBED.

Artola, Mariana; Blanco, Misael; Demarco, Ayelen; De Lusarreta, Gonzalo; Simonovich, Ventura

Instituto Universitario Escuela de Medicina. Hospital Italiano de Buenos Aires.; Argentina

Background

Lack of compliance to medical prescriptions represents one of the mayor problems in chronic diseases. We decided to take a population that had indicated treatment with statins but were not consuming the medication, and carry out a phone call intervention to determine if it would increase adherence to treatment.

Methods

We used the database of the Plan de Salud Pharmacy of the Hospital Italiano de Buenos Aires, taking the period between August 2006 and August 2007. 230 patients were aleatorized, aged over 65 years, with ongoing prescription for statins. We defined the non adherent population as patients who did not buy the medication in the last three months of the period of time being evaluated. These patients were put into two groups of 115, one being the intervention, and the other the control group. The phone call was made to patients in the intervention group through September 2007. To evaluate efficacy of the intervention, we reevaluated the consumer database list for October 2007, and checked which patients had bought the medication in both groups, control and intervention.

Results

In the intervention group 63 out of the 115 patients bought their medication after the telephonic intervention. In the control group, 52 patients bought their medication. The Chi2 test was used, throwing a p of 0.1135. When the phone calls were made, patients claimed that they did not buy the medication due to the following reasons: polimedication (19%) oblivion (29%), adverse reactions (7%), disease or hospitalization (7%), economic reasons (3%), do not want to buy medication (7%).

Discussion

The study did not throw statistically significant results favoring the intervention, possibly due a reduced number of patients, short follow up period, the failure of a single phonecall strategy for the intervention or a mix of all the above.

Conclusion

A single telephonic intervention does not improve adherence to treatment with statins.

P-14-30 | IMPROPER CONSUMPTION OF ALCOHOL AND PHYCHOPHARMACOS IN A GERONTIC POPULATION.

De Medicis, Patricia; Aboud, Mario.; Iannuccilli, Jose Luis.

Fundación Funbioge Ciudad de Buenos Aires, Argentina.

Introduction: The consumption of alcohol & phycopharmacos is frequent in the gerontic population, nevertheless its scarce publicity, giving the reports of this problem in teenagers and young adults. In this work we have included the expression “Improper consumption” for all the behavior of use and abuse of alcohol like the prescribed phycopharmacos or not by physician.

OBJECTIVE: To detect the prevalence of alcohol consumption & phycopharmacos in a population over 65 years. Establish the relationship with defined variables.

MATERIAL AND Method: We made descriptive retrospective study. We included samples of 200 patients of both sexes over 65 years that assisted during the period from January 2006 to January 2008 to the consulting room of Clinical Medicine of Fundacion Funbiogens. Exclusion criteria: Incapable of managing for themselves. We analyzed the clinical histories and questions according to the biodemographic variables (age, sex, education, marital status) and psychosocial variables (alcohol consumption, phycopharmacos, tobacco and living together group). The obtained results were put into a data base of Excel that permitted to make the tables and graphics for the retrospective analysis.

Results: The alcoholism prevalence (with a average consumption of 160 grams alcohol/day) was 8% and phychopharmacos (with an average consumption of 2 drugs/day) was 68%. The consumption of tobacco was 14 %. The prevalence of alcoholism by sex was for man than women, with an inversion in the consumption of phycopharmacos. 65 % cannot abandon the consumption.

Discussion: The improper consumption of alcohol & phycopharmacos has a high prevalence in the gerontic population. The prevention and the detection of the problem are fundamental for the approach to be used. The role of the family and the physician are the essential pillars.

P-14-31 | QUALITY OF LIFE OF PATIENTS OCTOGENARIAN AFTER PERCUTENEOUS CORONARY INTERVENTION (PCI).

Figueroa, Marisel.; Calcina, Patricia.; Belmar, Raúl.; Meneses, Fabiola.; Reynaud, Marcelo.

Geriatrics and Cardiology Departments, DIPRECA Hospital, Santiago, Chile

Introduction: Cardiovascular diseases are the leading cause of morbidity and mortality in Chile. Studies in octogenarians undergoing PCI show good cardiovascular results, however information about quality of life after procedure is scarce. **Objectives:** to assess the quality of life in after PCI octogenarian patients.

Method: Database from medical file: morbid background, source of income, procedures, and incidents by PCI. A geriatrician evaluated patients (in attendance or a telephone survey designed especially for those who did not attend the control). Yessavage, Lawton, Katz, Bartel, Pfeiffer, Minimental and Folstein tests were applied. From January 2003 to July 2006, 25 patients older than 80 years were admitted to DIPRECA Hospital and subject to PCI, and were followed up for 3 years. We excluded 2 patients who did not attend control, nor answered the survey and 3 deaths.

Results: Patients tested: 20 (8 women and 12 men), age range: 80 to 89 years, average age 84.9 years. PCI was performed in 13 myocardial infarction and 7 unstable angina. All PCI were successful. The tests showed that 84.6% of patients carried out their activities in daily living (ADL) unaided (Lawton) and only 1 was dependent (severe knee osteoarthritis). Mild depression in 16% and depression in 7% (Yessavage) No cognitive impairment according to Pfeiffer test, this decreased to 92% when applying Minimental Test (slight deterioration).

Conclusion: PCI in octogenarian allows previously autovalent and capable patients to continue with a good quality of life and functional capacity, without further complications post PCI than younger groups.

P-14-32 | FACTOR OF RISK FOR DIGESTIVE HEMORRHAGE. PREVENTION AND ASSOCIATED PNEUMONIA. MULTICENTRIC STUDY WITH 3438 CASES.

MD Pascual Valdez, Daniel Elisabe, Mario Mardyks, Eduardo Caparelli, Adriana Pose, Alejandro Rodríguez.

Units of Intensive Therapy of the Hospitals: Vélez Sarsfield, Ramos Mejía, Pirovano, Argerich and Quemados (GCBA). Unit of Hepatic Transplant of the Argerich Hospital (GCBA). Unit of Intensive Therapy of the Eva Perón Hospital (Pcia. of Bs. As.). Unit of Intensive Therapy of the Israelita Hospital (Capital Federal). Units of Intensive Therapy of the Sanatoriums San Patricio and Antártida (Capital Federal). Unit of Intensive Therapy of the Private Clinic O'Donnell (Buenos Aires Province). Unit of Intensive Therapy of the Clinic Pasteur (Neuquén). Unit of Intensive Therapy of the Sanatorium Reconquista (Reconquista). Unit of Intensive Therapy of the Surgery Cathedra of the Medicine School (Reconquista). Unit of Intensive Therapy of the Hospital School San Martín (Corrientes). Unit of Intensive Therapy of the Regional Private Clinic (Necochea). Unit of Intensive Therapy of the Military Hospital (Córdoba). Unit of Intensive Therapy of the Institute Our Mrs. of the Mercedes (Tucumán). CENTER COORDINATOR: Unit of Intensive Therapy - Hospital Vélez Sarsfield. Calderón de la Braca 1550. CABA, Argentina.

OBJECTIVES: To relate the digestive hemorrhage with the Apache II and with the development of organic dysfunctions. To determine the diagnoses of risk of having bleed digestive in critical patients. To determine the importance of the prophylaxis with the development of digestive hemorrhage. To quantify the pneumonia inside the hospital in the groups with and without prophylaxis, and the incidence of the same one in the mortality. **Material and Methods:** I design prospective, observational, longitudinal. 3438 patients were studied, during 24 months. When applying the exclusion approaches and elimination, it was a total of 3213 patients. The sample was serial, the patients was carried out assignment in 2 groups: with prophylaxis (sucralfate or ranitidine) and without prophylaxis. It was used descriptive statistic and inferencial. Multivariate analysis. **Results:** Prevalence digestive hemorrhage: 4,57%, Apache: 2,52% in level I-II, 11,74% in III-IV (p <0,001), less than 4 organic dysfunctions vs. 4 or more: 1,69% vs. 18,5% (p <0,001). Digestive hemorrhage vs. non digestive hemorrhage: medium Apache 16 vs. 9, organic dysfunctions 4 vs. 1, diagnoses of risk 2 vs. 1, p <0,001. Multivariate for digestive hemorrhage like dependent variable: serious trauma (p=0,0004), respiratory failure without mechanical ventilation (p=0,0021), pancreatitis (p=0,0202), renal failure (p=0,0220) and fast (p< 0,0001). In patient with Apache 15: serious trauma (p=0,0243), fast (p< 0,0001). Digestive hemorrhage without and with prophylaxis: 4,50% vs. 4,64% (p=0,91). Mortality for digestive hemorrhage: 64,63%, death for hypovolemia: 4,21%. Pneumonia inside the hospital with and without prophylaxis: 11,47% vs 8,68% (p=0,001). **Conclusions:** The prevalence of digestive hemorrhage was 4,75%, and it increased as they made it the Apache, the organic dysfunctions and diagnoses of risk. For multivariate analysis the digestive hemorrhage associated to serious trauma, respiratory failure (without mechanical ventilation), pancreatitis, renal failure and fast. In patient with worse Apache, the digestive hemorrhage associated to serious trauma and fast. The prophylaxis didn't reduce the prevalence of digestive hemorrhage. The digestive hemorrhage associated to more mortality, but not per you. The mortality for hypovolemic shock was low. The pneumonia inside the hospital was bigger in the group prophylaxis and associated to more mortality.

P-14-33 | ANNUAL MORTALITY IN THE INTERNAL MEDICINE SERVICE OF SAN FERNANDO GENERAL ACUTE HOSPITAL OF BUENOS AIRES, IN 2007. COMPARISON WITH INTERNATIONAL STANDARDS

Dra. Signorelli Mariela; Dra. Ferazza Patricia; Dra. Labasse Silvia; Dr. Nakagawa Francisco.

Petrona Villegas de Cordero General Acute Care Hospital, San Fernando, Pcia de Buenos Aires. Argentina

OBJECTIVE: The Hospital mortality rate is considered an adequate indicator of quality of care. The objective of this work is to determine the mortality in the internal medicine service at Petrona Villegas de Cordero General Acute Care Hospital of San Fernando, Buenos Aires, between January 1st and December 31st 2007, comparing the result with international indexes, which value is estimated in 6%.

Materials and Methods: The present work is a retrospective-descriptive study of cases that entered the service of Internal Medicine during a period of 12 months, with a total of 1385 cases. The following information was analized: age, sex, previous pathology, cause of admition, days of internation, global and specific mortality, concordance between cause of admition and death cause. Data for the study was obtained from medical records and clinical histories with a descriptive investigation design. SPSS vertion 13 was used for data analysis.

Results: During 2007, 1385 patients were admitted at the Internal Medicine Service, 59.6% were men and 40.4% women. The average age was 60 years while the average internation days were 12. From the total of patients: 76.9% were discharged; 12.5% died; 5.4% passed to the Intensive Care Unit; 3.1% escaped from the hospital; 2.2 % were transferred to other Institutions. The main causes of death were: infectious 42%; Oncologic 18.5%; Cardiologic 11%; Gastroenterologic 6.5%; Metabolic 2.9%; Respiratory 2.9%; Neurologic 1.7% and other causes 3.5%. 53.1% were men and 43.8% were females. In 26% of the cases the cause of death was different form the cause of admission, making intra-hospital infections the main cause of death.

Conclusion: The present study let as determine that in our hospital the mortality rate is more than 100% than the international standards. We believe this is because of the current socioeconomic limitations in public hospitals in our country.

P-14-34 | ATTITUDE AND KNOWLEDGE OF GENERAL POPULATION FOR COLORECTAL CANCER SCREENING IN KOREA

Jeong-Skik Byeon; Hyun-Suk Song; Jin-Ho Kim

Department of Internal Medicine, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea

Background/AIMS: Colorectal cancer (CRC) is important from the viewpoint of public health because, for recent years, it has been increasing in Korea. We aimed to investigate the attitude and knowledge of general population for CRC screening in Korea, thereby provide basis for an effective screening program.

Methods: We performed a face-to-face interview with a structured questionnaire in 1,000 asymptomatic Korean adults (M:F=499:501, 39-82 years).

Results: Only 37% of interviewee knew CRC was one of the 4 common cancers in Korean men while 76%, 64%, and 68% of interviewee knew stomach cancer, lung cancer, and liver cancer, respectively (p<0.001). Similarly, only 18% of interviewee knew CRC was one of the 4 common cancers in Korean women while 54%, 84%, and 83% of interviewee knew stomach cancer, breast cancer, and uterine cervix cancer, respectively (p<0.001). 11% of interviewee knew fecal occult blood test as a CRC screening test, 5% double contrast barium enema, 59% colonoscopy, while 341 interviewees (34%) did not know any screening methods. 35% out of those who answered one or more screening methods got the information about screening tests from the television and 27% from medical personnel.

Out of 432 interviewees older than 50 years who had visited hospitals for the recent 1 year, only 10% had been recommended CRC screening tests. 68% of interviewees had not had any CRC screening tests for the past 5 years. Belief of being healthy and asymptomatic was the reason not to have undergone CRC screening tests in 61% of interviewees who had not had screening tests.

The proportion of those who had undergone stomach cancer screening for the recent 2 years out of interviewees was 60% and the proportion of women who had undergone breast cancer screening and uterine cervix cancer screening was 67% and 77%, respectively, which are significantly higher than that for CRC screening (p<0.001).

Conclusions: Knowledge for CRC screening was poor in Korean population compared to knowledge for other common cancers. The role of medical personnel was also limited. An active education to general population and medical personnel about CRC screening is mandatory.

P-14-35 | FACTORS RELATED AND IMPACT OF INAPPROPIATE HOSPITAL ADMISSIONS TO AN INTERNAL MEDICINE DEPARTMENT

Vieira, Nuno Bernardino; Rodríguez-Vera, Javier; Grade, María José.; Arez, Luisa.

Medicine Department, Centro Hospitalar do Barlavento Algarvio. Portimäo.; Portugal

AIMS: Evaluate the appropriateness of hospital admissions to an internal medicine department along three years using the Appropriateness Evaluation Protocol (AEP). Identify the factors related to the inappropriate hospital admission.

Material and Methods: Prospective study where were included all the patients admitted to three beds of our department along the years of 2003 and 2004 and to six beds along 2005. There were excluded all patients transferred from other beds of the department. We analyzed demographical and clinical parameters, the length of stay and the appropriateness of admissions using the AEP.

Results: Were included 498 patients, 66,9% of them of male gender with an average age of 73,0 (±14,6) years old. We verified an average length of stay of 7,5 (±5,6) days and a mortality rate of 9,8%. Of all, 16,3% of the admissions to our department were considered inappropriate. The principal cause of inappropriateness was the realization of diagnostic proofs or treatments that could be done in outpatient department (56,4%). We identified as factors related to the inappropriate admission (p≤0.05): age less than 59 years; a Charlson Comorbidity Index less than 2 points; admission to the department in the weekend; non infectious disease as principal diagnosis and neurological disease as principal diagnosis.

Conclusions: The AEP permits evaluate the appropriateness of admissions to a health care department and could be used to a better use of the health resources. 16,3% of the admissions to our department don't were justified. The age, comorbidity, day of admission and principal diagnosis are factors related to the appropriateness of hospital admissions.

P-14-36 | CHARLSON COMORBIDITY INDEX: PROGNOSTIC FACTOR OF THE HOSPITAL ADMISSION OUTCOME

Goncalves Estevens, J.; Vieira, N. Bernardino; Rodríguez-Vera, J.; Grade, María José.; Arez, L.

Centro Hospitalar do Barlavento Algarvio; Portugal

Introduction: We aim to validate the association between the comorbidity presented by the patients admitted to an internal medicine department, calculated with the Charlson Comorbidity Index adjusted to the age Claj), and the outcome of the hospital admission expressed by the length of stay and the mortality and readmission rates.

Methods: Retrospective, observational and transversal study, where were included all patients admitted to our department in a period of 2 years (1 of July of 2005 to 30 of June of 2007). It was calculated the Claj of each patient and the respective hospital admission outcome markers (length of stay, hospital mortality, hospital readmission until 7 days after discharge and mortality until 30 days after discharge).

Results: Were included 3960 patients. We find an average Claj of 4,3 (± 2,4). The Claj was higher in patients: who died along the hospital stay (5,9 vs 4,1; p<0.001), with hospital readmission (3,3 vs 2,8; p<0.001) and in patients who died until 30 days after discharge (3,7 vs 2,8;<0.001). The length of stay was proportional to the ICaj value (p<0.001). We also find that the hospital mortality rate, the hospital readmission rate and the mortality until 30 days after discharge are proportional to the value of Claj.

Conclusions: The Claj, that reflects the burden of morbidity in the patients admitted to an internal medicine department, shows to be a predictive factor of length of stay, hospital mortality, hospital readmission and after discharge mortality. This study validates the use of the Claj as a prognostic factor of the hospital admission outcome in an Internal Medicine Department in Portugal.

P-14-37 | IMPACT AND RELATED FACTORS OF EARLY HOSPITAL READMISSION IN AN INTERNAL MEDICINE DEPARTMENT

Goncalves Estevens, J.; Vieira, N. Bernardino; Rodríguez-Vera, J.; Grade, María José.; Arez, L.

Centro Hospitalar do Barlavento Algarvio.; Portugal

Introduction: The early hospital readmission rate is an important marker of quality of clinical care. We pretend quantify the early hospital readmission rate (until 7 days after discharge) in patients admitted to our internal medicine department and identify the factors related to the early readmission, with the aim of create a predictive model of the risk of readmission.

Methods: Retrospective, observational and transversal study, where were included all patients admitted to our department in a period of 2 years (1 of July of 2005 to 30 of June of 2007). Was verified the occurrence of readmission until 7 days after discharge of our department. Demographic (age) and clinical parameters (principal diagnosis, comorbidity and length of stay) were analysed.

Results: Were included 3404 patients. We obtain an early hospital readmission rate of 7,0%. The group of patients with readmission were older (76,3 ± 13,9 vs 70,7 ± 17,7 years old; p<0.001), with a higher Charlson Comorbidity Index adjusted to the age (Claj) (4,9 ± 2,3 vs 4,0 ± 2,3; p<0.001), with a longer hospital stay (11,4 ± 14,7 vs 9,6 ± 10,1 days; p<0.001). As factors related with the early hospital readmission (p<0.05), we identified: age > 80 years old, Claj ≥ 4 points, length of stay ≥ 20 days, the comorbidities kidney disease, previous stroke and dementia and the principal diagnosis of urinary tract infection. The risk of readmission is proportional to the number of risk factors (RF) presented (without RF - 3,3%, 1RF - 5,7%; 2RF - 8,8%; 3RF - 14,0%; ≥4RF - 17,7%; p<0.001).

Conclusions: We identified age, comorbidity, principal diagnosis and length of hospital stay as factors related with the risk of hospital readmission. These findings are important to identify the patients in risk of readmission that could have a different follow-up in ambulatory to prevent the occurrence of hospital readmission.

P-14-38 | MORTALITY IN AN INTERNAL MEDICINE DEPARTMENT

Alves, Francois; Guerreiro, Gina; Baptista, Ana.; Brito, Helena; Medonca, Idálio

Internal Medicine Department, Hospital Central de Faro; Portugal

Introduction: Hospital mortality is an indicator of quality of care, and their study may improve assistance of hospitalized patients. Our objective was to know the most frequent death causes of hospitalized patients, to identify clinical and analytical variables associated with each cause, and to determine gender differences.

Material and Methods: Retrospective revision of the medical reports of all patients who died in our department between January to December 2007 was carried out.

Results: Results will be presented later based on patients'age, sex, intake date, admission cause, days of hospital stay, chronic disease previous and causes of death.

Discussion: With this study we evaluated the possibilities of optimizing the medical cares given and define a new strategy.

P-14-39 | PREGNANCY AMONG ADOLESCENTS: A RISK FACTOR FOR CHILDBIRTH?

Lopes de Almeida, M.; Lemos dos Santos, M.C.; Vianna Lacerda de Almeida, M.; Figueiredo, F.; Vascocellos M.

Federal University of the State of Rios de Janeiro - UNIRIO. Brazil.

Introduction: Pregnant teenagers face many of the same obstetrics issues as women in their 20s and 30s. However, there are additional medical concerns for younger mothers, particularly those under 15 years old and those living in developing countries. In many studies, the association of adolescents´ pregnancy with low birth weight, natimortality, small size for gestational age, preterm birth and low Apgar score shows statistically significant results, but, several times, the result changes when confounding variables are analyzed, such as poor health care, low education, poverty, the use of illicit drugs and smoking. Thus, the association between maternal age and low birth outcomes are still controversial.

Material and Methods: This cohort study was conducted between January, 2001 to May, 2007 in the maternity of the University Hospital Gaffrée and Guinle - Rio de Janeiro. A total of 3.972 birth records were analyzed and 2.045 files with maternal age between 10 and 24 years have been selected. The following variables were considered: - maternal age: 45 (1,13%) early adolescents (10 - 14 yrs.), 759 (19,1%) adolescents (15 - 19 yrs.) and 1.241 (31,24%) young adults (20 - 24 yrs.); - gestational age: premature (20 - 36 weeks) and full-term (37 or more weeks) - average 37,62; median 38; - birth weight: low birth weight (500g - 2.499g) and optimal weight (≥ 2.500g); - Apgar 1-min: low (< 7) and normal (≥ 7); - natimortality: neonatal deaths (fetuses >500g and >20 weeks).

Results: Early adolescents - prematurity 26,31%, birth weight 22,22%, Apgar 1-min 8,33%, 1 stillbirth. Adolescents - prematurity 17, 31%, birth weight 9, 90%, Apgar 1-min 13,07%, 6 stillbirths. Young adults - prematurity 19, 64%, birth weight 9,62%, Apgar 1-min 9,67%, 11 stillbirths.

Discussion: The results have showed a significantly higher risk of low birth weight among early adolescents, 35% higher risk of low Apgar score and a trend toward protection for prematurity among adolescents. However the P-value and the confidence interval of these associations were not statistically significant.

P-14-40 | COMPREHENSIVE GERIATRIC ASSESSMENT AS A PREDICTOR OF SEVERE TOXICITY TO CHEMOTHERAPY IN LUNG CANCER OUTPATIENTS

Maria José Molina-Garrido, Carmen Guillén-Ponce, Antonia Mora, María Guirado-Risueño, Alfredo Carrato

General Universitary Hospital in Elche. Camino de la Almazara, 11. Elche (Alicante) SPAIN C.P: 03230

Introduction: The World population is ageing; in 2000 there were 600 million people aged 60 or over, and it is estimated that this figure will double by 2025, and more than triple to 2 billion by 2050. Aging has been considered as a risk factor for chemotherapy by some physicians, due to the overall frailty and increased incidence of comorbid diseases. Comprehensive geriatric assessment (CGA) is a process that consists of a multidimensional data-search and a process of analyzing and linking patient characteristics creating an individualized intervention-plan. In general, the positive health care effects of CGA are established, but in oncology both CGA and the presence of geriatric syndromes still have to be Implemented to tailor oncological therapies to the needs of elderly cancer patients.

Background: We have assessed the outcome for older patients with non-small-cell lung cancer undergoing chemotherapy after measuring CGA.

Methods: 16 patients >/= 75 years of age who were diagnosed of non-small-cell lung cancer, were registered prospectively. A Comprehensive Geriatric Assessment that evaluated such diverse areas as functional status (activities of daily living [ADLs] using the Barthel index; instrumental activities of daily living [IADLs] using the Lawton-Brody index), frailty measured by Barber test, medication intake, number of geriatric syndromes, and cognitive function (Pfeiffer test), was performed 2 weeks before chemotherapy.

Results: From August 2006 to November 2006, 16 patients with non-oat-cell-lung cancer underwent chemotherapy in our division. 10 patients were >=78 years of age. 75.0% were men (n=12). 11 of them were stage IV. Intake of medication: median 3.00. 78.6% of these patients had one or more comorbid conditions.

These patients presented with good functional and mental status, as measured by the ADL scale (independent, 61.5%), IADL (independent, 59,7%), and Pfeiffer test (normal, 85.7%). Just 13.3% were no frail measured by Barber Scale. No patients died because of chemotherapy toxicity and four were necessary to be hospitalized because of respiratory insufficiency.

Conclusions: Although not all patients were independent in ADLs or IADLs, and Barber Scale showed a high percentage of frail patients, none of them were useful to predict severe events secondary to chemotherapy.

P-14-41 | HOW TO JUSTIFY THE LONG OF STAY (LLOS) TO HOSPITAL ADMINISTRATORS: A SCORE MADE BY PHYSICIANS BASED ON CLINICAL VARIABLES

Mella JM, González Malla C, Bledel I, Panigadi N, Catalano HN

Internal Medicine Service, Deutsches Hospital, Buenos Aires, Argentina

Introduction: LLOS, defined arbitrarily as greater than 10 days of hospitalization, is a problem of national and international interest. This study aims for developing a clinical prediction rule to define patients with variables associated with LLOS.

MATERIAL AND METHODS: We defined a cohort for derivation(group A) and a cohort for validation(group B) during the period June 2006-June 2007. Variables related significantly to LLOS were searched through univariate and multivariate statistics, considering significant an odds ratio(OR) < or >1 whose confidence intervals(CI) 95% were ≠ 1. A score was derived in cohort A and validated in B. The better cut off was obtained looking for the best area under the curve(AUC sensitivity/1-specificity) and calculating sensitivity(S), specificity(E) and positive/negative likelihood ratios(LR+/LR-).

Results: We included prospectively 920 patients, 460 for A group and 460 for B group By univariate analysis, we identified clinical variables in the score associated with LLOS: psychiatric history OR 2(CI 1.2-3.6), tracheotomy OR 4.7(CI 1.5-15), complications during hospitalization: ≥3 complications/patient OR 8.8(5.1-15), mechanical ventilation OR 66(CI 11-396), arrhythmias OR 12(CI 3.5-43), surgery OR 7.7(3.8-15), dialysis OR 5.2(CI 1.3-21), cardiovascular events OR 3.9(CI 1.4-11), thromboembolic event OR 19(CI 3-128), acute renal failure OR 14(CI 3.2-60), urinary retention OR 14(3.24-60), sepsis OR 51(CI 8-309), bladder catheter OR 6.2(CI 3.6-10.9), and ≥ 2 consultations/patient OR 5.6(CI 3.2-10). The characteristics that independently were related to LLOS were bed-sores OR 28(CI 3.3-247), pulmonary infections OR 6.4(CI 2-20), and feeding catheter OR 10(CI 2.4-44). The score cut-off to predict LLOS was ≥23, with a S 67%(CI 59-74%), E 83%(CI 81-85%), LR+ 3.! 5(CI 2.7-4.5) and LR- 0.45(CI 0.36-0.56) in the derivation group. In the validation group, S 63%(CI 55-70%), E 82%(CI 80-85%), LR+ 4(CI 3.1-5) and LR- 0.4(CI 0.3-0.51). The AUC was 0.64 in A and 0.63 in B group.

Discussion: These variables could be useful for the health systems to detect this subgroup of patients and to plan special care actions (third level centers, geriatrics, and domiciliary medical assistance).

P-14-42 | DYING IN HOSPITAL: CARE IN A CULTURE OF CURE - A COMPARISION OF TWO HOSPITAL SETTINGS IN A TERTIARY TEACHING HOSPITAL -

Filipa Tavares(1), Marina Fonseca(2), M. Jesus Morgado(3), Emília Fradique(1), M. Amélia Matos(1)

Unidade de Medicina Paliativa, (2) Serviço de Medicina 2, (3) Serviço de Urgência - Hospital de Santa Maria, EPE, Lisboa, Portugal

The majority of Portuguese die in hospitals, but many of them suffer needlessly - the result of poor end-of-life policies and inadequate palliative care training for physicians. As a Palliative Care team (PCT) at a tertiary teaching hospital we must attempt to address these gaps.

OBJECTIVE: To compare the quality of end-of-life care at two hospital settings - the emergency room (ER) and an Internal Medicine ward (IM).

Methods: Retrospective audit of all deaths occurred in January 2007 in those settings. Clinical data (admission diagnosis, performance status, comorbilities, length of stay (LOS), cause of death), medical procedures and symptom control in the last 48 hours, communication aspects, respect for patient'choices, psycho-emotional and chaplain support were extracted from the medical records. **Results:** Eighty two patients died over that period, 40 of them at ER. Mean LOS was 4,8 ±4days at IM and 3.6 ±5.6hours at ER. One third of patients were already dead at ER admission . All but one patient'chart at ER failed to report the cause of death. At IM 33% deaths were attributed to underlying malignant disease, 7% to end-stage organ failure. Except for the use of orotracheal tubes and mechanical ventilation there was no significant difference in medical procedures performed at death time.

Caregivers of those who died at ER were most frequently informed about patient'condition. No records concerning patient'choices, psycho-emotional and chaplain support were found. Only 38% of IM patients were evaluated by a physician in their last 6 hours. Pain and other symptoms were more commonly reported at IM (21% and 85% of patients, respectively). Dyspneia and cough were very common symptoms. At death time 74% of IM (25% of ER) patients were under antibiotics. Blood products, vasopressor amines and strong opioids were rarely used in the last 48hours in both settings.

Conclusion: Results confirm the arduous mission of the PCT in order to achieve a high quality! end-of-life care.

P-14-43 | AN EXTRAORDINARILY RARE DISEASE WITH INESPECIFIC PRESENTATION

Raquel Nazareth, João Pacheco Pereira, Francisco da Silva, José Pimenta da Graça

Hospital de Egas Moniz, Portugal

Malignant mesothelioma is a rare neoplastic disease that arises from the mesothelial surfaces of the pleural cavity (80 % of cases), peritoneal surface (10-20 %), pericardium and tunica vaginalis (both rare). It has been established a strong relation with the ambiental exposure to asbestos fibres that were recognized as an occupational health hazard since the beginning of the last century.

Since then many lawsuits have been filed against asbestos manufacturers. The annual incidence is approximately 1-2 cases per 1.000.000 individuals. The presentation is inespecific with ascites and constitutional symptoms what, in general, causes a delay in the diagnosis.

The prognosis is very poor, with a mean survival rate of 4-13 months in the non treated individuals. The therapeutic approach usually involves surgical cytoreduction followed by one of various regimens of intra-peritoneal chemotherapy. Newer techniques include adding immunotherapeutic agents to the intra-peritoneal chemotherapy.

The authors report a clinical case of an individual male in his 6th decade of life that presented with ascites and severe consumption complains. The diagnosis was made by peritoneal biopsy of parietal peritoneu throught laparoscopic procedure. It was proposed chemotherapy refused by the patient, which died in two months. Although it's rarity it's a disorder that must be present in the differential diagnosis of ascites and consumption signs.

P-15-01 | BACTEREMIA EN HOSPITALIZED ADULTS PATIENTS. PREVALENCE AND DISTINCTIVES CLINICAL PATTERNS

Mosso, Marcelo; De Schutter, Emiliano; Salomón, Susana; Attorri, Silvia; Carena, José

Hospital L. Lagomaggiore - Universidad Nacional de Cuyo; Mendoza. Argentina

Background: Despite the availability of antibiotics and other therapies the bloodstream infections remain an important cause of morbidity and are associated with 20-50% mortality. We performed this study to asses the clinical and microbiological features and to identify the clinical variables associated with poor outcome.

PATIENTS AND Methods: This is a study of 759 patients with bacteremia, defined as the isolation of the same organism in two blood cultures in association with signs of infection. Data was analyzed with Epi Info 6.04, and the criteria of statistically significance was p<0.05.

Results: The prevalence of bacteremia was 29.96/1000 patients. The average age was 57.57 years (SD±17.57) and 41.37% were females; 43.87% of bacteremias were nosocomial and the source of infection was identified in 85.90% of the cases. The pulmonary source, 26.53%, urinary, 22.54%, cutaneous, 17.94% and central venous catheter, 13.95% was prevalent. Gram positive cocci were responsible of 57.84% of bacteremias: S. aureus, 28.32% (MRSA 46.51%) and S. pneumoniae, 15.02% were the most common. E. coli, 20.95%, Klebsiella sp, 10.67%, Acinetobacter, 2.89% and P. Aeruginosa, 2.63%, were the most frequent Gram negative bacilli. A major comorbidity was present in 66.66% of the patients: under nutrition, 47.08%, diabetes mellitus, 29.70%, alcoholism, 20.69%, chronic renal failure, 17.37% and dementia, 14.88%, were the most common. Complications developed in 70.49% of patients and the most frequent were: descompensation of comorbid condition, 48.88%, new organ failure, 27.27%, renal failure, 17.25% and septic shock, 26.21%. The global mortality was 28.19%. Being older than 65 years (47.19 vs. 35.59%), nosocomial origin (52.83 vs. 40.73%), major comorbidity (75.23 vs. 63.30%), MRSA (19.15 vs. 10.82%) and Acinetobacter infections (5.14 vs. 2.01%), hypotension (63.08 vs. 24.03%), encephalopathy (77.10 vs. 33.94%), hypothermia (10.28 vs. 1.65%), leukopenia (17.29 vs. 11.37%) and increased urea blood levels (66.35% vs. 43.11%) were associated with poor outcome (p<0.05).

Conclusion: The prevalence of bacteremia was 29,96/1000 patients in the study period and older age, having a major comorbidity, nosocomial origin, infections with MRSA and Acinetobacter, hypothermia, encephalopathy, renal failure and leukopenia were predictors of mortality.-

P-15-02 | INFECTIVE ENDOCARDITIS AT A LARGE COMMUNITY HOSPITAL. A REVIEW OF 105 CASES

Salomón, Susana; Cassata, Andrea; Dromi, Carolina; Attorri, Silvia; Carena, José

Hospital L. Lagomaggiore - Universidad Nacional de Cuyo. Mendoza. Argentina

Background: Infectious Endocarditis(IE) is a severe disease associated with significant mortality. This study was designed to assess the morbidity and mortality of IE .**PATIENTS AND Methods:** We studied 105 patients with IE, defined according to Duke's criteria hospitalized at a large community hospital during the period from 1990 to 2007. Data was analyzed with Epi Info 6.04.

Results: The prevalence of IE in the study period was 4.14/1000 discharges. The average age was 46.6 years (SD±16.9) and 66.7% were males. 77% had definite and was community acquired in 78.1% of the cases. The 47.6% of the patients had mitral valve infection, 41% aortic and 16.2% tricuspid endocarditis. The aortic compared with mitral endocardits was associated to prolonged hospitalization (>21 days), perivalvular abscesses and surgery indication (p<0.05) but no with higher mortality (46.5 vs 36%) (pNS). Predisposing cardiac conditions were identified in 69.5% and the valvular diseases were degenerative,28.6%, rheumatic,20%, mitral prolapse,4.8% and prosthetic valves,3.8%. One comorbid condition was identified in 64.8% of patients and 92.4% had cardiac signs at admission. Fever was present in 97.1% of the cases and in 41.9% as FUO. Blood cultures were positive in 71.3% of patients: S. aureus, 41.7% (9 patients with MRSA), S. Viridans 44.4%. Echocardiography were abnormal in 92.9% of patients and valvular vegetations were detected in 74.7%(>10mm in 59.4%) Complications during hospitalization developed in 83.3% of patients: renal involvement, 52.4%, embolic events, 47.6%, uncontrolled sepsis,26.7%, cutaneous vasculitis,17.1% and persistent fever, 41%. 61.9% patients responded to medical treatment, and 21.9% had surgery. Crude mortality was 41% and was related to IE in 86.1% cases. From the comparative analysis between dead and alive patients, the presence of nosocomial endocarditis (30.2 vs 16.1%), rapidly fatal comorbid condition (32.3 vs 5.4%), persistent fever (55.8 vs 30.6%), MRSA infection (33.3 vs 0%), large (>1cm) valvular vegetations (74.2 vs 48.8%), heart failure (65.1 vs 27.4%), renal insufficiency (48.8 vs 17.7%) and surgery indication (46.5 vs 21%) were significant in the deceased group (p<0.05).

Conclusion: The factors associated with higher mortality were severe comorbidity. MRSA infections, persistent fever, renal and heart failures and not with aortic endocarditis.

P-15-03 | TREATMENT WITH MEROPENEM INCREASED COLISTIN RESPONSE IN AN ACINETOBACTER BAUMANNII CARBAPENEM RESISTANT MENINGITIS

Pistillo, N.; Videla, J.; Scarimbolo, J.J.; Bruno, S.; Rietschel, V

Hospital Pedro Fiorito and Carlos Malbrán Microbiology National Institute. Argentina

Introduction: Acinetobacter baumannii carbapenem resistant (AbCR) meningitis requires colistin treatment. To improve colistin efficacy in AbMR infections, some authors recommend its combination with other drugs regardless of its sensitivity.

OBJECTIVE: To assess whether meropenem has synergic activity both in vivo and in vitro in an experimental AbCR meningitis model .

Materials and Methods: In vitro study: The synergic response between ATBs was analyzed through bacterial curve death. AbCR was cultured in an initial 5 x 10(4) CFU/ml concentration in presence of ATB doses similar to the greatest expected for human serum: 1) colistin (col): 6 mg/ml, 2) meropenem (mero): 49 mg/ml, 3) col + mero: 6/49 mg/ml 4) control. Bacterial reduction was assessed basally and at 3, 6 and 24 hs. Synergy between ATBs was considered to exist when drug combination was able to reduce bacterial concentration in two logaritmic units in relation the most effective antibiotic. In vivo study: Fifty-six mice were used. Meningitis was induced through subdural injection (0.01 ml) of a solution with AbCR (1.6 x 10(8)CFU/ml). Animals were randomized according to **Treatment:** 1) col, 2) mero, 3) col + mero, or 4) control. Intraperitoneal drugs were administered for three days in equivalent dosis to those of humans. Afterwards, CSF was cultured and brain coronal cuts were analyzed. Significant bacterial reduction was considered when colonies were inferior to 10(3) CFU/ml. Histopathology was quantified with a 0 to 3 score depending on damage.

Results: Bacterial death curve showed growth at 24hs in the different groups: Control (-log 7), col(-log 6), mero: (-log 5) and significant reduction (synergism) in col + merogroup : (-log 0). The rate of animal survival was: col + mero: 43%, mero: 21.4%, control: 14.3% and col: 7%. The combination col + mero decreased: 1) mortality (p= 0.03, Long rank Test), 2) AbCR presence in CSF (control: 2/2 vs. col + mero: 0/6, p= 0.03, Fisher's test) and 3) brain damage.

Conclusions: This AbCR meningitis experimental model shows that meropenem administration increases colistin response in vivo and in vitro.

P-15-04 | ANALYSIS OF STAPHYLOCOCCUS AUREUS BACTEREMIAS (BAS) IN A SPANISH HOSPITAL. RETRSPECTIVE STUDY 20052007

Sánchez, A.; León, M.D.; Aguayo, C.; Cámara, M.

Hospital Los Arcos. San Javier. Murcia; Spain

OBJECTIVE: The aim of this study is to describe the epidemiological, clinical and microbiological patterns of SAB registred in a hundred-bed southeast hospital (150000 inhabitants area). Patients and **Method:** Describe retrospective study of SAB episodes from January 2005 to December 2007. **Results:** In this period 13 SAB episodes were detected in 11 patients (two had 2 SAB episodes), this means 0.69 cases/1000 patients admitted to the hospital in that period. Eight were male and 3 female (2.6:1), with a range age of 36-95. Five (38.4%) episodes were nosocomial-adquired and 8 (61.5%) community-adquired. Departments distribution: Internal Medicine 12 (92.3%), Traumatology 1 (7.7%). The prognosis of the underlying disease (criteria of McCabe-Jackson) was classified as "rapidly fatal" (I) in 1 (9%), "ultimately fatal" (II) in 5 (45.4%) and "non fatal" (III) in 5 (45.4%). Underlying diseases were: Diabetes mellitus in 4 (36.3%), cardiovascular disease in 4 (36.4%), COPD in 4 (36.4%), cancer in 3 (27.2%), stroke in 3 (27.2%), chronic renal failure in 1 (9%), chronic liver disease in 1 (9%) and osteoarthropaty in 1 (9%); 6 (54.5%) patients had pluripathology. Five (45.4%) had one or more predisposing factors for bacteremia: vascular catheter in 4, blood transfusion in 3! , urinary catheter in 2. In 2 (15.3%) episodes (both nosocomial-adquired) previous use of antibiotic was noted. All the BAS episodes were monomicrobial, except for one with Pseudomona aeruginosa.

The primary focus of bacteremia were: urinary focus in 2 (18.1%), respiratory in 2 (18.1%), venous catheter in 2 (18.1%), arthropaty in 1 (9.1%) and unclear in 4 (36.3%). Development of complications were described in 4 patients (36.3%): septic shock, respiratory distress, septic arthritis and spondylodiscitis. Nine patients recibed empiric antibiotic treatment with monotherapy and 2 (18.1%) with combination therapy. All the Staphylococcus aureus were methicillin susceptible. Empiric antibiotic treatment were appropriate in 7 (63.6%) and not appropriate in 4 (36.3%). Evolution of the BAS were recovery in 8 (72.7%), relapse in 2 (18.1) and death in 1 (9.1%).

Conclusions: The BAS episodes had a low incidence in our hospital and they are more often in older male with chronic diseases, with good prognosis in a medium term. Most of the BAS were monomicrobial with Staphylococcus methicillin susceptible isolated in all them.

P-15-05 | SEPSIS BY CAMRSA

Speziale, C.; De Marco, V.; Farinella, M.; Jaques, N.; Restano, M.

Internal Medicine, Ezeiza Hospital; Argentina

Case Report:

We present the case of a 43, male patient, with familiar history of type II Diabetes and non HIV, who is admitted because of acute abdominal pain and sepsis by MRSA, without history of internments and/or suspicious contacts. He had pustules in limbs. TE ultrasonography of the heart, without vegetations. Arterial obstruction of right leg, confirmed by Echodoppler, that motivates infrapatelar amputation. Multiple abscesses in lung, spleen and brain, that healed with treatment. He was treated with vancomicine, 30 days, with good evolution. Daily insulin requirements , until discharge.

Discussion:

MRSA is endemic in many hospitals, causing 50% of infections (pneumonia, surgical infections and bacteriemia). Many community individuals have infections by MRSA. Many of them had been admitted previously (the status of nasal carrier of MRSA has prolonged time of latency). There is another group that has never been admitted before, but has visited some patient infected by MRSA, or received a carrier of MRSA in house, after its hospitable discharge . Other surce of transference of MRSA to the community, is composed by those people that require intravenous parenteral therapies (diabetic, haemodialisis). Also, intravenous drug users, and people confined to geriatric day-care centers. Unlike the multiresistant varieties, the CAMRSA are usually resistant to betalactamics, but susceptible to other antibiotics. There is an increasing number of cases in which a predisposing factor is not detected.

Comments: We present this case, because the infection by MRSA has increased, being a common cause of nosocomial infection, with a mortality rate between 15-60%.

P-15-06 | TUBERCULOSIS OF THE THYROID

Testa, M.; Ferreira, I.; De Marco, V.; Carvallo, H.; Peñaranda, O

Internal Medicine, Ezeiza Hospital; Argentina

We present the case of a female patient, 80, admitted because of thyroid swelling, together with lymphatic node of the neck.

Fine needle bipsy was consistent with papillar carcinoma, so a radical thyroidectomy was performed.

During it, Pathology found tuberculoid invasion of the gland, mimicking carcinoma.

Thyroidectomy was completed. No primary TBC impact could be detected.

The patient received both hormonal and antituberculosis treatments, simultaneously.

Comments: some cases of thyoid tuberculosis have mimicked carcinoma, thus causing diagnostic difficulties

Bruns first described the case of a middle- aged woman, with progressive swelling of the thyoid and enlarged lymphatic node of the neck, that happened to be TBC.

Twenty one cases out of 20,758 thyroidectomies performed at the Mayo Clinic turned out to be TBC (01 %).

In another series, eight cases out of 2426 surgeries proved to be TBC. From the, five had definite goiter, and the rest, just a solitary node. Only one of these cases was diagnosed by fine needle biopsy; in the others, diagnosis was achieved after thyroidectomy.

There is a slight prevalence of females, with ages ranging between 9 and 83 (male media of 40, and female media of 44). Manifestations ranged form solitary node to evident goiter.

Pazitou et al, in three cases with rapid swelling, suspected carcinoma. Two fo them were diagnosed as TBC after thyroidectomy; the other one, by fine needle biopsy.

Another case (an 80-year-old female), was mistaken with anaplastic carcinoma with lung MTS, that turned out to be primary, miliar distribution of tuberculosis.

In another report, two cases mimicked carcinoma: one was a solitary node; the other, an abscess. No primary tuberculosis site could be detected.

P-15-07 | COLONIZATION/ INFECTION BY ACINETOBACTER BAUMANNII

Ruiz, I.; Novo, I.; López, M.D.; Escalante, M.; Iturzaeta, A.

Department of Internal Medicine, Familiy Medicine, Laboratory and Clinical Analysis. Hospital of Zumarraga (Guipuzcoa);Spain

Objetive To evaluate the repercussion and risk factors for the appearance of the A baumannii in the health area of Goiherri (Guipuzcoa), where the population of 90.000 inhabitants is treated.

Material and Methods: A retrospective study is carried out in every sample in which A baumannii appears:

urine, sputum, wound exudate/postsurgical drainage and blood ,on all 14 + year old inpatients and outpatients from 2002 to 2007.

Colonization is considered when the germ is isolated without serious clinical data.

Results: Incidence : 20 cases have been reported in the last 6 years (18 patients, in two cases the germen appears twice after 6 months).

2c 2002, 2c 2003, 3c 2004, 1c 2005, 3c 2006 and 9c 2007.Incidence 0'0002/c year , average 3'3 = annual repercussion of 2'19 and 4'48 confidence interval of 95%. Age: average (58-94). Sex: 14 males and 4 females. Patients- samples: a) outpatients 12c: 8c urine, 4c exudate. General practitioner 7c, urology 2c, nephrology 1c, surgery 1c, otorhinolaryngology 1c.

b) Inpatients 8c: 3c urine, 2c sputum, 2c exudate, 1c blood .Internal medicine 5c, nephrology 1c, urology 1c, anaesthesia 1c. Culture: a) pure 11c: 8c urine, 1c blood, 1c sputum, 1c exudate.

b) Polymicrobiological 9c: 5c wound, 3c urine, 1c sputum; 8 of them associated with Serratia spp, Stenotrophomona m, Pseudomona spp,Staphylococcus aureus.

Treatment –evolution: Despite being considered colonizations only the 5c seen in the department of internal medicine got treatment. All of them had favourable evolution.

Discussion: Point out the high incidence of A. baumannii in our health area and the significant rise in the number of cases 2007. 77% males. 60% in the community and 40% in the hospital. Main manifestation urine 55% (37% inpatients, 66% outpatients) as well as in exudate 33%, sputum 11% and blood 5'5%. In pure culture 55% and 45% in polymicrobiological, of which 40% associated to other multiresistant germs.

In pure culture it appears in urine 72% and if it is polymicrobiological in exudate 83% and urine 27%. It is not clear yet whether the colonization by A baumannii, an aggressive and multiresistant germ, should be treated in both inpatients and outpatients.

Bibliography: Nosocomial infection/colonization of the respiratory tract caused by Acinetobacter baumannii in an internal medicine ward.(An Med Interna – Madrid 2002,). Community acquired Acinetobacter infections (Eur J Clin Microbiol Infect Dis 2007)

Clinical impact and pathogenicity of Acinetobacter (Clin Microbiol Infect 2006).

P-15-08 | A RARE CASE OF PASTEURELLA MULTOCIDA BACTEREMIA IN THE ABSCENCE OF LOCALIZED INFECTION

Skrapari, I.; Kritikos, K.; Palia, M.; Gounaris, T.; Sioula, E.

Evangelismos General Hospital. Athens.;Greece

Introduction: Pasteurella multocida is a normal upper respiratory tract flora of mammals, especially of felines. Most human infections are caused by cat's bites or scratches and include: cellulitic, arthritis, osteomyelitis, oral and respiratory infections. Rare cases of meningitis, intraabdominal infection, endocarditis, or ocular infections havebeen reported.

Case Report: We present a 58 years-old patient who presented with fever of 2 mo. She reported arthralgias, anorexia and fatigue. Her past medical history included coronary heart disease, chronic atrial fibrillation and an ischemic stroke. She also had a metalic prosthetic mitral valve (due to valvular rheumatic disease). The patient reported recent contact with a cat about 1 mo. prior to fever.Physical examination revealed a high frequency mitral valve sound and temperature was 37,6ºC.

Laboratory: White Blood Cells: 10.190 cells/mm3 (N:71,2%, L:23,1%), Hb: 12 mg/dl, ESR: 91mm at first hour, CRP: 2,9 mg/dl (Reference Values <0,5mg/dl). Blood glucose, electrolytes, liver and renal function tests were normal. Among the extended paraclinical evaluation she have 4 positive blood cultures for pasteurella multocida .Repeated evaluation with transesophageal echocardiographs showed no valve vegetation. A slight reduction in CD3+CD4 cells together with an increase in B-lymphocytes number was also noted. The patient received i.v.ampicilline-sulbactam 12 gr/24h for 21 days. Her fever and her constitutional symptoms resolved during the first 48h of treatment. A gradual decline of ESR towards normal values was also noted.

Discussion: Pasteurella multocida bacteremia is very unusual and most commonly accompanies a localized infection. It is of interest that in our patient, despite the long time bacteremia, nor endocarditis neitherother site of local infection was identified.

Additionally, given that the patient had not any obvious reason of immunodeficiency, the question that is being posed is whether the slight reduction of CD4 cells underlies this rare clinical course. Isolation of this pathogen from the blood cultures and early onset of treatment is of grate importance especially in patients with prosthetic valves.

P-15-09 | NOSOCOMIAL URINARY TRACT INFECTIONS IN THE DEPARTMENT OF INTERNAL MEDICINE OF ARZOBISPO LOAYZA HOSPITAL. REVIEW OF POSITIVE CULTURES

Elguera Falcón, Federico

Arzobispo Loayza Hospital. Perú

Introduction: Nosocomial infections are defined as those produced by microorganisms acquired in the hospital and that at the moment of admission were not present. The risk of having a nosocomial infection oscillates between 5-18%. The urinary tract infection (UTI) is the most frequent of them (40%).

Objectives: To determine the rate of nosocomial UTI with positive urinary culture, the most frequent microorganisms isolated and their patterns of antibiotic resistance.

Methods: A retrospective and descriptive study of nosocomial UTI was carried out at the Department of Internal Medicine of Arzobispo Loayza Hospital during the first semester of 2007. Urine cultures were obtained in aseptic form and antibiograma was used according to the technique of Kirby-Bauer.

RESULTS: We found positive urine cultures in 30 of 3872 patients hospitalized at the Department of Internal Medicine of Arzobispo Loayza Hospital during this period. 60% of our cases had urinary catheterization (10, 6 UTI x 1000 days of exposition of urinary catheter). There were 25 patients in this study (14 women and 11 men). Two of them got nosocomial urinary tract infections twice times and other patient had four times. 31 germs were isolated, being the most frequent E. coli (20 cases, 64,5%) and P. aeruginosa (4 cases, 12,9%). The resistance of E. coli was 85% for ciprofloxacino, 50% for cefuroxima and ceftriaxona, 35% for ceftazidima, and 21% for amikacina. The sensitivity was 86% for nitrofurantoína and meropenem and 100% for imipenem. The resistance of P. aeruginosa was 100% for ciprofloxacino, 75% for ceftazidima and 25% for amikacina. The sensitivity was 100% for imipenem and meropenem.

CONCLUSIONS: 1.-The rate of nosocomial UTI with positive urine culture was 10, 6 UTI x 1000 days of exposition of urinary catheter. 2.-The most frequent germs isolated were E. coli and P. aeruginosa. 3.-The resistance of E. coli and P. aeruginosa was high for aminoglycosides, quinolones and cephalosporin. The sensibility to imipenem and meropenem was high.

P-15-10 | AIDSRELATED LYMPHOMA IN THE HAART ERA: GOOD TREATMENT RESPONSE

Lupo, Sergio; Marconi, Luis; Parenti, Pablo; Sattler, M. Emilia

Instituto CAICI, Universidad Abierta Interamericana, Argentina

Background: the incidence of AIDS-related Lymphoma has not decreased significantly in the HAART era. Is controversial the influence of HAART in to improve the survival in these patients. Our study was designed to describe the incidence and outcome of systemic NHL in a cohort of patients HIV positive in the HAART era.

Methods: data of patients from the HIV patients CAICI cohort, in Rosario, Argentina, were analyzed. Patients were included from 1997 since the beginning of HAART era.

Results: Clinical data on 1,314 HIV-positive patients, representing 3,932 patient years of follow up, has been prospectively collected. We identified 11 NHL. One Primary CNS was excluded. (Incidence rate of 2.5 SLNH per 1000 persons- years). Median age 39 (30-60); 5 heterosexual, 4 MSM and one IVDU; five naïve to antiretroviral treatment; median CD4 was 224 cells/ml and 181,907 copies of VL. One patient died before starting chemotherapy. Nine have completed remission with standard chemotherapy, median follow-up: 7,03 years (range 2-10). Eight patients remain asymptomatic, with 593 median CD4; 7/8 with VL < 50 copies/ml. One has lost the follow-up.

Conclusions: half of the SLNH have developed in antiretroviral treated patients. All patients have had good responses to the standard chemotherapy. The majority of the patients have maintained viral suppression and good CD4 levels.

P-15-11 | IN SEARCH OF THE PHYMATOTRICHOPSIS OMNIVOROUS A TASK FOR SHERLOCK HOLMES. STUDY IN RURAL RESIDENTS OF ARAGUA STATE VENEZUELA OCTOBER 2007

Dorta, Luis; Estrada, Helio; Tapia, José Luis; Serrano, Raiza; Pérez, Rubén

Corporación de Salud del Estado Aragua, Venezuela

A field, traverse and descriptive study was carried out, with the fundamental purpose of investigating the presence of the mushroom Phymatotrichopsis omnivorous as an etiological agent of dermatological lesions, due to an epidemic alert activated by an Agronomy´s professor of a noted University; in the communities of El Cedral, Gabante Abajo and down tonw of the Tovar Municipality, in Aragua state; Venezuela October 2007. 144 people were examined, by means of the specialized Dermatology consultation and Internal Medicine also. It was performed skin examand faneras, direct exam (to the fresh air and KOH); cultivations for mushrooms and skin biopsy, all of which were processed in the laboratory at the Central Hospital of Maracay and in the Service of Pathological Anatomy at the Autonomous Institute of Biomedicine, Caracas.

The basic data was registered in the DSP01 format (address of populational health 01) and then, it was carried out the statistical analysis of the results; being among the first 10 dermatological pathologies: Pitiriasis versicolor 27 (18,75%), Queratosis Folicular 16 (11,1%), Cyst Millium 15 (10,4%), Acne 9 (6,25%), Infantile Prurigo 9 (6,25%), Insect Stings 8 (5,5%), Dermatitis Seborreica 7 (4,9%), Superficial Mycosis 6 (4,16%), Urticaria 6 (4,16%), Melasma 5 (3.47%), other dermatological lesions 4 (2.7%). Among the lesions of mycotical origin, there were two patients with Pitiriasis Versicolor whose etiological agent was Malassezia furfur; two patients presented Onicomicosis, a patient with Corporal Tiña and one with Tiña Inguinal; being isolated in the corresponding cultivations Trichophytum rubrum.

In **Conclusion:** of 144 examined people none presented dermatological lesions attributed to the mushroom Phymatotrichopsis omnivorous, (phitopatogenous) whose geographical distribution is described in Mexico, United States, Colombia, Brazil and Argentina; not isolated in Venezuela by official institutions.

In response to the Epidemic alert, it was formed a multidisciplinary team integrated by the Corporation of Health of Aragua state, Central University of Venezuela Faculty of Agronomy, Government of the Aragua State, Governorship of the Tovar Municipality and community organizations, giving an effective answer, reinforcing the credibility of the Sanitary system and diminishing the concern and the population's anguish, due to the false epidemic alert.

Key Words: Phymatotrichopsis omnivorous, dermatological lesions.

P-15-12 | OSTEOMYELITIS SACRAL WITH THE PSOAS ABSCESS

Cumba, Virginia; Zurbrigk, Flavio; Yalj, Manuela; Beltran, Marcelo; Melendez, Verónica

Department of Internal Medicine. Hospital Central de San Isidro, Buenos Aires, Argentina.

Case Report: 48-year-old female patient without pathological history attends guard because of a low-back pain of 72 hours of evolution, of sudden appearance , intensity 8 / 10, which radiated a gluteal region and front right thigh with limitation on the length and external rotation which does not diminish to AINES. Registration of fever (38 C) in the previous 48 hours.

Physical examination: pain already described, sign of Lassegue + without neurological damage. Functional impotente in the lower right member. Painful abdomen when touch deeply the right iliac pit, without peritoneal reaction. Fist positive percussion lumbar. Normal gynaecological checkup. Respiratory system with hypoventilation on right base and bilateral isolated crackles.

Complementary Examinations: The **Laboratory:** white blood cells: 5300, Haematocrit: 30, Hemoglobin: 10.1, glycaemia: 100, CPK: 404, Urea: 25, GSA: 128, TGO: 26, TGP: 18 Urinary Sediment: + + + protein, haemoglobin + + + + + + urobilina, cylinders and hialinos granular without leukocytes, piocitos, or red blood cells. Creatinine clearance 61ml/Hs income.

Abdomen X-ray: hidroaéreos levels in upper abdomen. Pelvis X-ray: no evidence of osteomyelitis process. Chest x-ray: normal. Abdominal and gynecological ultrasound: normal. ß subunit: negative. Chest, abdomen and pelvis TAC: pleural bilateral bleeding in both lower lobes with presence of aerial broncograma. Thickened right perikydney fascia with loss of transparency in the perikydney fat. Both psoas unchanged. Thickening of the right iliac muscle 4 cm. Rest without special feature. Hemocultive x 2: positive enterococci sp sensitive to penicillin, vancomycin, gentamicin, teicoplamina. Urocultive: negative. Trans esophagus echocardiogram: endocavitary without masses. Abdomen and pelvis MRI: the iliac portion of the right psoas muscle shows increased thickness and altered signal compatible with abscess. Sacroileitis with infectious osteomielítico commitment and presence of collections in adjacent soft parts.

Evolution: the patient was treated with vancomycin for 5 days + ampicillin empirically broken by sensitivity to ampicillin + gentamicin. She shows a good evolution with conservative treatment. Normalized eritrosedimentación. Full 6 months of treatment with oral ampicillin. MRI control at the end of treatment with no evidence of any collection.

What motivates the presentation of this case is the fact that it is a rare pathology and the resolution only with medical treatment.

P-15-13 | HIVAIDS IN CLINICAL MEDICINE: DESCRIPTION OF A HOSPITAL POPULATION

López, M.; Córdova, V.; Arteta, Z.; Correa, F.

Clínica Médica A- Hospital de Clínicas- Universidad de la República- Montevideo.; Uruguay

Introduction: Since the first case of AIDS was described in 1981, it has caused 25 million deaths worldwide, and currently there are 40 million people infected with HIV. In Uruguay, the cumulative total of HIV-AIDS patients in 2007 was 10,048. This study was justified by the increase of this population and the scarce data published about its treatment in third-level general hospitals of the public sub-sector. The objective was to determine the number of patients, characteristics of the disease and pathology that motivated the admission of HIV-AIDS patients hospitalized over the past four years in the Clinical Medicine Department of the Hospital de Clínicas of the University of the Republic.

Material and Method. A descriptive, observational and retrospective study was conducted through the review of medical records. The data was processed using EPI-INFO 2002.

Results: The study covered a total of 116 patients, of which 60.3% were male and 39.7% were female. The mean age of the patients studied was 37.5 years. Of the total patients studied, 77.6% had been previously diagnosed with HIV. The most common reasons for admission were respiratory (44%) and neurological (24.1%). Considering only those patients admitted for respiratory causes (51), their final diagnoses were: acute community-acquired pneumonia in 16 patients; P. jirovecii pneumonia in 13; pulmonary tuberculosis in 12; respiratory sepsis in 3; and upper respiratory tract infections in 3 patients. Different diagnoses were made in 4 cases. Of the 90 patients who had previously been diagnosed with HIV, 34 were already at stage C, 22 knew their lymphocyte count and/or viral load, and 23 were receiving antiretroviral treatment. The incidence of anemia was 60.3%.

Discussion: The HIV-AIDS patients treated at the University Hospital of the School of Medicine – University of the Republic are predominantly young male patients. Only a fourth of the patients know their viral load and/or CD4 lymphocyte count, thus reflecting poor control over the disease; these patients do not receive antiretroviral treatment so they present a poor vital and functional prognosis. Respiratory infections were the most common cause of hospitalization, coinciding with national and international series.

P-15-14 | INCIDENCE OF PSEUDOMONAS AERUGINOSA INFECTION IN IMMUNOSUPPRESSED PATIENTS RECEIVING ORGAN TRANSPLANTATION. INFLUENCE OF ANTIBIOTIC RESISTANCE ON OUTCOMES

Linares, Laura; Cervera, Carlos; Marco, Francesc; Cofán, Frederic; Navasa, Miguel

Hospital Clinic, Barcelona.; Spain

Pseudomonas aeruginosa infection is a growing concern in hospitalised patients due to the virulence of this bacteria and the emergence of strains with multiple antibiotic resistance. Our aim is to estimate the incidence and outcomes of P. aeruginosa infection in solid organ transplant recipients.

Methods: Prospective cohort study during 2003 to 2007 including patients receiving renal, pancreas or liver transplantation. Demographic variables, underlying chronic diseases, transplant procedures and post-transplant complications were collected. All cases of P. aeruginosa infection were recorded. Multi-drug resistance was defined when the isolate was resistant to all antibiotics active against P. aeruginosa, with the exception of colistin and amikacin (MDRPA). Related-mortality was defined when death occurred in the 30-days after infection. Variables were compared using the chi-square test or Student T test.

Results: During the study period 904 transplants were performed (476 renal, 82 double kidney-pancreas, 6 pancreas isolated and 340 liver). We diagnosed 111 episodes of P. aeruginosa infection in 72 patients (8%), of which 40 (36%) were MDRPA. Most infections occurred in the first year post-transplant (101, 91%), with a median days of onset of 35 days (interquartile range 12-84.5 days). Most cases were urinary infections (51 cases, 46%), followed by surgical site infections (18, 16%), pneumonia (14, 13%), primary bacteremia/catheter (12, 11%), intrabdominal (11, 10%), skin/soft tissue (2, 1.5%) and disseminated (3, 2.5%). Twenty-six infections coursed with bacteremia (23%) of which 7 (27%) were MDRPA. Related-mortality occurred in six patients (8%), 2 of them (33%) were due to MDRPA. The percentage of antibiotic resistance was: 57% to ciprofloxacin, 46% to piperacillin, 46% to ceftazidim, 46% to imipenem, 44% to meropenem, 49% to gentamicin, 1% to amikacin, and 0% to colistin. ! We found no differences between MDRPA and non- MDRPA infection in terms of length of hospital stay, septic shock, ICU admission, renal failure, dialysis postransplant, requirement for surgery, bacterial coinfection and death.

Conclusion: In our setting the incidence of P. aeruginosa in liver, kidney and pancreas transplant recipients is 8%. Although the prevalence of MDRPA was very high (36%) it seems not to be associated with more severe infections.

P-15-15 | SEVERE INFECTIONS OF VERTEBRAL COLUMN FOR STAPHYLOCOCCUS AUREUS METICILINO-RESISTENT TO THE COMMUNITY

Kriebaum, A.; Bazan, J.; García, M.; Ledesma, R.; Sandoval, M.

Formosa´s Central Hospital, Service Medical Clinic, Formosa.; Argentina

Introduction: The cardiac insufficiency is one of the principal death causes in adults, This problem has been increased in the last years. The rheumatic mitral valvular illness was diminished in developed countries for the diagnostic and advanced treatments. In our country, however it goes on taking possession of an important role and as well as the chagasic cardiopathy it is a factor of comorbility that was impossible to erradicate. This is what motivate the scientists` interest and the presentation of this case.

Clinical Case: Patient of 57 years old who presented Rheumatic Feber, cronic cardiac insufficiency **ANTECEDENTS:** Chagas 1/1024 . This person consulted many times for cardiac insufficiency, a problem that occasionally required him to be confined (spend some days) into the hospital.; consult for dyspnea, inferior limbs edemas, palpitations, a thorax telepadiography is done: important cardiomegalia, irregular rhithm in electrocardiogram, no sinusal. Positive: Chgas 1/1024 , ecocardiogram and doppler cardiac. Rheumatic mitral valvular illness, megaurìcula, triscùspide insufficiency. Fraction of ejection 48 %, right ventricle 47%, left ventricle diastolic diameter 54, systolic 30. Mitral valve calcificated, motility of the previous and posterior valve diminished, left auricle, megauricle of 93,right extended auricle, segmental motility, severe dilatation of the left auricle 100 cm2., dilatation of right cavities, moderate dysfunction of the right ventricle, mitral valve with severe signal of assault. Thorax tomography, extended mediastinum Ventricular cavities and left auricles without limit of separation. Ecography transesophagus, rheumatic mitral illness, tricuspidea and megauricule insufficiency. For its chronic auricle fibrilation it is anticoagulated and the overlook is given with the indication of correcting surgery with medical treatment, enalapril, digoxina, aspirina, espironolactona, furosemida.

Discussion: The case isabout a patient with cardiac insufficiency, with valvular origin, that for continuing his illnes, has reached a stadiumn cavities dilatation, left ventricle and left auricle with a megauricle, which predispose to thromboembolism complications, though it is rare its apparition, contribute interest in the evolution, probably with advanced diagnostic could be prevented to get at this evolutive stadiumn with medical treatment and resolutive surgery.

P-15-16 | APRI INDEX FORN INDEX AND ELASTOGRAPHY IN HIV INFECTED PATIENTS WITH HCV COINFECTION.

Zárraga Fernandez, M.; Tuya Morán, M.J.; Ferreiro Celeiro, J.; Pérez Martinez, D.; Menéndez Caro, JL.

Hospital San Agustin. Asturias.; Spain

Introduction: HCV coinfection is highly prevalent in HIV infected patients in Southern Europe and after HAART introduction hepatopaty is the main cause of mortality in these patients. Transient elastography(FibroScan®) is a new non-invasive rapid and reproducible method which could avoid the majority of hepatic biopsies, evaluating liver fibrosis by measuring liver stiffness.

Material and Methods: All coinfected patients underwent an elastography comparing these results with the following biochemical fibrosisindexes: APRI index [(AST/plt) x 100] and Forns index which considers such variables as platelet count, GGT, cholesterol and age.

Results: Sixty-eight patients with HIV-HBV coinfected patients were included in the study. Twenty cases had an alcohol intake over 50 gr/day and ten had also HBV infection. Mean age was 43,5+5,6 years, fifty (73,5%) were male and fifty (73,5%) were former or current drug abusers. The mean period since HIV diagnosis was 14,6+5,4 years and since HCV infection 13,3+5,8 years. HCV genotype was determined in 40 cases with types 1, 3 and 4 representing 25 (62,5%), 11 (27,5%) and 4 (10%) cases respectively. HCV viral load was less than 400.000 copies/mL in 14,3 % of patients. Fibroscan® measurements were under 7,9 kPa, between 7,9 kPa and 11,9 kPa> and over 11,9 kPa in 36, 14 and 18 cases respectively. Fibroscan®median was 7,5. APRI index median was 0,55 in the whole series and 0,40, 0,74y 1,30 in the lower, the middle and the upper strata defined by fibroscan measurements. Forns index median was 4,8 with median values of 3,7,4,9 and 6,1 in the same strata. Pearson Correlation Coefficient was 0,48 between APRI index and fibroscan®, whilst 0,49 between Forns index and fibroscan®, and 0,68 between APRI and Forns indexes.

Conclusion: There is a positive correlation between hepatic stiffness evaluated by fibroscan® and non-invasive biochemical fibrosis markers as APRI and Forns indexes, but this correlation is stronger between the two indexes.

P-15-17 | ATYPICAL PRESENTATION OF ACUTE BRUCELLOSIS AS FEBRILE HEPATITIS

Wulfson, M.; Toneguzzo, J.; Consiglio, J.; Mónaco, A.; Marina, M.
Department of Internal Medicine, Hospital Provincial of Rosario. Argentina

Introduction: This a case of a 20-year-old woman, who was admitted to our hospital because of a week of abdominal pain and emesis. She hadreceived ambulatory therapy without improving.

She also had leucopenia and thrombocytopenia, receiving plasma of convalescents for Argentine Hemorrhagic Fever. VS: T 37,8 HR 120 RR24 BP110/70 Jaundiced, well- hydrated. Abdominal examination: hepatomegaly, regular enlargement with clear borders, painful to hard-touch palpation. Cardiovascular, respiratory and neurological examination showed no disorders. Hto 29,9 Hb9,7 SE 17 GB 3600(71/26) PQ 32000 GLU 110 U10 C 0,4 143/3,4/110 TGO306 TGP 250 FAL 547 LDH 2286 BILI 1,8(1,5) coli 2868 PRO(ALB) 8,5(3,5) TP16 KPTT18 EAB7,36/99/37/72%/20/-4 Urine Sediment: 1010/6 pro+ urob+++ Hb++++ cel++ leu++ RC+++ VCM88 Hb CM 29 CHbCM33 Coombs (-) sub (-) Abdominal ultrasounography: edema of vesicle wall, (9 mm). Blood Smear: segmented neutrofil, with granulous meaning inflammation, irrateting lymphocytes Macroplatelets, anisopoiquilocitosis with microcitosis, acanto cites, ovalocites.neu cay 20%-neu segm 40%-Eo 4%-Ba1%-Li34%-Mo1% Serologic tests: HIV-AHV-BHV-CHV- VDRL- VEB- CMV- Anti DNA- ANA- Antimithocondrial- anti smooth muscle-anti LKM all negative Huddleson rective. Rosa bengala: reactive Hamburger test: leucocites 17900 eritrocites 19890 casts 0 Tranthoracic echocardiogram: pericardial effusion.

Blood cultures were informed initially + (Stenotrophomonna pausimobilis), but with new bacteriological techniques, they were re-informed as Brucella suis, so doxiciclina and rifampicine were started as part of the antibiotic therapy. She continued being feverish, jaundiced, with high liver enzymes and pancytopenia. She adds cardiac murmur on the 20th day of admission,and ceftriaxona was prescribed.

A tranesophagic echocardiogram was done and showed no projections. On the 30th day of admission, her became afebrile and she continued with the antibiotic treatment for 6 weeks.

Reasons justifying this **Case:** this kind of onset of an acute illness, with liver and bone marrow compromises, fever and blood cultures positive for Brucella suis, is not usual nowadays, since government controls become severe in controlling the pausterization of dairy products and manipulation of infected animals.

P-15-18 | LISTERIA MENINGITIS: ATYPICAL PRESENTATION

Street, E.; Rivas, N.; Talmot, V.; Correnti, S.; Bertune, L.
Department of Clinical Medicine, Hospital Provincial of Rosario.; Argentina

Introduction: L. monocytogenes is a gram + bacillus, pathogen for humans, more frequently found in newborns, pregnant women, immunodepressed and elderly patients. It usually causes bacteremia, gastroenteritis and meningitis.

Clinical Case: This 89 year-old-man, ex alcoholic, had a history of atrial fibrillation, high blood pressure, heart failure and was in a regular medical treatment. He had had an episode of transient ischemic attack the month before admission. This time, he had a 36 hour long aphasia. VS: T 37,5 °Cº BP 140/80 HR 130 irregular RR 28

Cardiovascular examination:irregular rhythm, systolic aortic murmur. Neurological examination: awake, GCS: 11/15, obeyed to simple orders, presents no stiff neck; Kernig and Brudzinsky signs were negative, with no sensitive or motor deficits observed, the Babinsky sign was present. Expression aphasia. No cerebellar maneuvers were done at admission. Diminished tone and trophism. The rest of physical examination was normal. Laboratory findings: Hto: 32,8 Hb:11,1 VES: 30 GB 5000(85/8) PQ :130000 GLU: 109 U:35 Cr: 0,63 electrolites: 127/4,3/86 Calcium : 8,05 Pi: 3,39 GOT:16 GPT :11 LDH: 365 TP:16" KPTT :31" Urine 1020/5 glu+ pro+ urob++ cél++ leuco+++ RCF: clear; 5 cells; gly 0,37; LDH 90; no dosage protein level was done. Chest X-ray: No pulmonary infiltrates observed. EKG: irregular rhythm, wave P absence. HR 130', AQRS 30º, Q waves in V1V2V3, with no signs of acute ischemia. CAT Scan without contrast: It indicated marked cortical and cerebellar atrophy; carotid and vertebrobasilar atheromatosis; no signs of ischemic or hemorrhagic events were observed. Antibiotic treatment with CTX+AMPI was prescribed. Another lumbar puncture and blood cultures is performed, indicating 70 cells (70% PMN) glu: 0,24, prot:2,12, LDH: 273. Both sets of cultures were reported positive, and cerebrospinal fluid was positive for listeria.

Conclusion: This case is reported due to the low rate of the initial manifestation with focal motor loss in listeria meningitis and to consider it among the ethyological agents in meningitis in susceptible hosts. It is worthwhile to present this **Case:** an immunodpressed patient due to an underlying condition, withdrawal from medication and superinfection of lesions with a microbiologic evidence of bacteremia.

P-15-19 | INFECTIOUS SPONDYLODISCITIS IN ADULTS: A SERIES OF 17 CASES IN THE ANGEL C. PADILLA HOSPITAL

Chabán, Paula Raquel; Giménez, Cintia Lorena
Servicio de Clínica Médica. Hospital Ángel Padilla. Tucumán. Argentina

Summary:

Up to 7% of patients with osteomyelitis are affected by spondylodiscitis. Diagnosis delay leads to significant morbidity. Female and male adult (≥18) in-patients from the Internal Medicine service in The Angel C. Padilla Hospital were included in an observational, retrospective, and descriptive study from January 2002 to March 2008.

The patients underwent a Nuclear Magnetic Resonance (NMR) to diagnose spondylodiscitis. Fourteen out of 17 patients were males (mean age 49.5 from 25 to 68). The mean time between the onset of symptoms until diagnosis was 127.8 days ranging from 10 to 330 days. Biopsies of the affected area in the spinal cord were indicated for ten patients and an organism was isolated in 50% of the cases; four samples were positive for methicillin-sensitive Staphylococcus and one for methicillin-resistant Staphylococcus. Six patients had no morbid conditions and four were diabetic. The main complaint was localised pain and febrile syndrome in seven cases (41.1%). Other manifestations included malaise (1), loss of muscle strength (5), and paraesthesias (4). Predisposing factors were identified for ten patients and three were associated with invasive procedures. The localization of spondylodiscitis was lumbosacral in twelve cases (70.5%) followed by involvement of the dorsal and cervical column in five (29.4%) and two patients (11.7%), respectively.

Five patients developed neurological complications and three had complicating infections. The main challenge was the low suspicion index, which resulted in considerable diagnosis delay. Therefore, it is critical to consider spondylodiscitis as a diagnostic possibility when a patient presents with long-standing axial pain with or without neurological involvement or fever, and an accelerated sedimentation rate, which remains the initial diagnostic standard.

Key Words: Spondylodiscitis; febrile syndrome; neurological involvement; axial pain.

P-15-20 | LEPTOSPIROSIS AND LUNG

Magat, Patricia; Maiorino, Claudia; Cubito, Alejandro.; Bigot, María.; Micele, Claudia.
Hospital Heroes de Malvinas, Merlo, Buenos Aires.Argentina

The leptospirosis, interrogans type, is pathogenic for the human and animals, and may be removed by urine. There are two clinic presentations: mild anicteric (90%) and severe or Weil's syndrome (5-10%). It causes damage to the lungs in 20-70% of the cases, from asymptomatic forms with clinicoradiological dissociation up to severe pneumonias, acute respiratory distress syndrome (ARDS) and alveolar hemorraghe (AH). A 25 years old male, smoker, building worker, living near a stream. He is admitted due to fever, headache, myalgia, arthralgy, class IV functional dyspnea, pain pleuritic and hemoptysis. Physical examination: tachycardia, tachypnea, low blood pressure, fever, mucocutaneous pallor, conjunctival congestion, using accessory muscles, bilateral condensation syndrome. **Laboratory:** hematocrite 35,5, hemoglobin 12,3, MCV 90, leucocytes 9900 (neutrophils 91%, eosinophils 0% formula), platelets 240000, bun 34, creatinine 1, ASAT 25, AST 55, total bilirrubin 0,99, direct bilirrubin 0,11, ESR 85, acid-base status 7,46/30/67,8/21/-1,5/94,7 (FiO2 0,21%) PaO2/FiO2 322, microhematuria urine and pyuria. Chest radiograph: bilateral diffuse alveolar infiltrate, aerial bronchial radiogram. Hemocultures and sputum negative. Under severe community-acquired pneumonia, treatment is started with ampicillin-sulbactam and oxygen therapy. Unfavorable evolution with hemoptysis and ARDS, hematocrite 26,5, ! hemoglobin 9.7, acid-base status 7,39/28,6/57/16,9/-6,4/90 (FiO2 0,40%) PaO2/FiO2 142. Requires MRA. Pulses of methylprednisone, antituberculous drugs, cotrimoxazole, goes from antibiotic to ceftrixone-ampicillin and blood transfusions. Fiberoptic bronchoscopy: bronchial tree without lesions, substantial free blood, and bronchoalveolar sero-hematic washing AH suggestive. Tracheal aspirate: normal flora, AFB, common bacteria and fungal analysis negative. Serology for Andes Hantavirus and HIV negative, Leptospirosis first and second serum samples were positive. ANA (HEP2 cells) negative. C3 y C4 normal. Favorable evolution and 7 days ampicillin treatment is applied.

Final **Diagnosis:** anicteric leptospirosis acting on lungs: AH and ARDS. AH due to leptospirosis appears in the anicteric form, has a bad diagnosis and high mortality rates. This case presented as the leptospirosis along with anicteric AH and ARDS and no kidney compromise, makes difficult to get a diagnosis. Upon suspi! cion, a correct examination and serologic study should be made for appropriate and early treatment.

P-15-21 | SEPSIS EVENTS IN A VERY OLD POPULATION

San Román, E.; Martínez, B.; Elizondo, C.; Giunta D.; González Bernaldo de Quirós, F.

Hospital Italiano de Buenos Aires, Argentina

Background: Septic patients are known to have early elevated risk of death and this is sustained for years after the septic event, diminishing life expectancy and deteriorating quality of life and functionality. **Objectives:** to describe the overall characteristics of a group of people older than 75 years having a septic event in comparison with a younger population.

Methods: Descriptive cross sectional study. We prospectively included patients affiliated to the HMO (120000 affiliates) of a Community Hospital with sepsis. We considered two groups of patients: older (O75) and younger (Y75) than 75. This HMO counts with.

Results: we included 329 patients, 199 O75 and 130 Y75. In the first group the median age was 83 and 60 % were women. Among the second group the median age was 63 and 42% were women. Both groups had a Charlson score of 2 (Cs). The most frequent sites of infection were respiratory and urinary in both groups (46% and 31% in the O75 and 43 % y 18% in the Y75). Among the first group there was diagnosed septic shock in 10 % of the patients, severe sepsis in 19% and multi-organ failure in 15%. In the last group there was 11% of septic shock, 30% of severe sepsis, and 23% of multi-organ failure. The mortality during admission was 19% in the O75 and 16,5% in the Y75, the median hospital stay was 10 and 8 days respectively. There was statistic difference in gender (p 0.002) and in the presence of severe sepsis (p 0.03). We did not find differences between groups in proportion of septic shock (p 0.98), multi- organ failure (p 0.09), or resistant germ (p 0.39) in the univariate analysis. In multivariate analysis the mortality odds between both groups was 2.4 (p0.03) when we adjust gender, Cs, severe sepsis and resistant germ.

Discussion: The Y75 was found to be sicker and older than the general population. More over being O75 years has 2.4 more risk of mortality during a septic event adjusting mortality to severity and morbidity.

P-15-22 | SEVERE SEPSIS BY MULTIRESISTANT ACINETOBACTER BAUMANNII. AGGRESSIVE PRESENTATION OF NOSOCOMIAL PNEUMONIA

Ruffinelli, J.; Riveros, A.; Silva, A.; Gonzalez, W.; Araujo, I.

3rd Internal Medicine Division. Hospital de Clínicas. National University of Asunción.; Paraguay

Background: Pneumonia caused by Acinetobacter species may present great challenges for physicians. Outbreaks of infections secondary to this microorganism, including pneumonic involvement, have been reported in different healthcare facilities around the world. Clinical significant species are showing an increasing multidrug resistance and this constitutes a matter of growing concern.

Description of the **Case:** Male, 49 years old, smoker, with the precedent of 6-day-internment in a general surgery service after an upper gastrointestinal bleeding episode, was evaluated because of productive cough, odynophagia, fever and dyspnea. On physical exam, 38.7oC, chest wall retraction, bilateral ronchi, generalized erythematous rash, congestive pharyngoamigdalitis with cotton like plaques. Laboratory tests showed anemia, leucopenia and toxic granulations. Blood and urine cultures were negatives and immunosuppression was not confirmed. Chest X-ray revealed bilateral and diffuse radiopaque infiltrates. CT scan demonstrated ground-glass opacity in both lungs, and 3 to 10mm nodules, predominantly placed in inferior lobes. The patient showed an unfavorable evolution, with hemodynamic instability, marked hipoxemia and respiratory mechanics compromise. In few hours he required mechanical respiratory assistance and inotropic support; in ICU a bronchioalveolar lavage was performed and Acinetobacter baumannii was isolated. Antibiogram informed a multiresistant pathogen, sensitive only to colistin. He received a 2-week regimen with this antibiotic and showed a satisfactory clinical outcome.

Discussion: Acinetobacter baumannii is part of the list of the 6 more dangerous microorganism published by the IDSA a few years ago, not only because of its virulence, but also for the multidrug resistance to the antimicrobials that are available.

Although there are species isolated from environment, even in healthy people skin, almost every significant infection occurs with nosocomial acquired strains. Risk factors that predispose to these kind of infections are alcoholism, tobacco smoking, COPD and invasive procedures in hospitals. Pneumonia usually presents with multilobar infiltrates; cavities, pleural effusion and fistula can also de found on images. In-hospital and ICU mortality rates have been estimated as 19 to 54%.

P-15-23 | RESISTANCE TO ANTITUBERCULOSIS DRUGS IN BASURTO HOSPITAL

Franco, Ricardo; Llamazares, José Manuel; Rubio, Susana; Cubas, Luis; Miguel, F.

Service of Internal Medicine. Department of Medicine (Basque Public Health Service- Osakidetza); Spain

Introduction: Multidrug-Resistant Tuberculosis (MDR-TB) is being declared in diferent countries including Eastern Europe where MDRT-TB had double rates in AIDS patients in Letonia and Ucrania between 2002 and 2006 as World Health Organization (WHO) said in 2008. Since the first case of AIDS was diagnosticated in our Hospital in 1983, the incidence of TB in our province (Biskaia) had risen until 1996. Nowadays the arrival of immigrants everywhere is a new condition to observe. Certainly, it is very important to treat and prevent the new cases, as well as avoiding the spread of multidrug resistance tuberculosis (MDR-TB).

Method: 847 cases of tuberculosis were treated in Basurto Hospital (Bilbao) between 1993 and 2002. Bilbao is in the north of Spain near to the Cantabrian Sea and his population was 353.567 habitants (2003/1/1). 364 cases were AIDS. 32 patients were foreign sick. The resistant cases were reviewed.

Results: Samples of 592 cases were cultivated in Lowenstein culture: 380 were positive and 212 negative (Test sensitivity 64,19%). Drug resistant-TB to one or more drugs was found in 59 cases (15,52% of positive cultures). AIDS was found in 15 cases. Two MDR-TB cases were found. There were two foreign cases of drug resistant TB: a seven years old child from Guinea and another imported case from Senegal, both VIH negative. The more TB-cases were found the more resistance cases appeared and in the same districts of Bilbao and in the same order. District: (Total cases/resistant cases): 48003 (142/12), 48004 (132/7), 48007 (81/6) and 48002 (60/5).

Conclusions: Our descriptive investigation of all the TB cases in Basurto Hospital in Bilbao, shows the compliance of the "Prevention and Control TB Program" and will help the TB cases Manager, a figure instituted by the Health Department. We have to avoid new outbreaks, new MDR-TB and Extensively Drug Resistant TB (XDR-TB), to achieve the object of 10/100.000 cases for the year 2010 as the Basque Government Health Plan remarks. We can not prove that AIDS or foreign condition is associated with drug resistance (X2= 0,0263 p= 0,8712).

P-15-24 | VARIED MANIFESTATIONS ASSOCIATED WITH THE SAME ETIOLOGY "LEPTOSPIROSIS"

Albarracín, Andrea; Barovero, Mariela; Castellano, Natalia; Gioino, Rubén; Maiztegui, Javier.

Department of Clinical Medicine, J.B. Iturraspe Hospital, San Francisco, Córdoba.; Argentina

Introduction: This disease is caused by "Leptospira interrogans", a spirochete widely spread in the environment which affects both humans and animals. Reservoir: It is found on rodents and many domestic animals. Source of infection: Direct contact with urine of infected animals. Transmission: This may happen indirectly through skin or mucosal contact with contaminated water or surfaces. The purpose of this presentation is to highlight the wide variety of clinical manifestations associated with the disease including pulmonary involvement characterized by hemoptysis which exceeds the incidence mentioned in international bibliography.

MATERIAL AND Method: Description of an epidemic outbreak (8 cases in a population of 10,000 inhabitants) in a period of 15 days in the city of Frontera (west of Santa Fe) adjacent to our city, whose population was assisted in this hospital. This outbreak was coincident with the increase of pluvial precipitations in March, 2007 (14, 25 in [N: 5, 12 in]) and the lack of effective drainage systems. The common source of infection was the exposure to leisure activities such as flooded soccer field which was reported in 5 patients. The data obtained were collected from medical records.

Results: Eight cases, all of them men with ages ranging from 15 to 35 years old, with general symptomatology (fever, asthenia, and myalgia) were reported. Two patients had aseptic meningitis with meningeal syndrome, 5 developed hepatic compromise with presence of elevated transaminases, 1 with elevated ALP levels and 3 with elevated CPK levels. From a total of three patients with severe respiratory compromise (dypsnea, hemoptysis and interstitial infiltrate on chest x-ray), 2 of them required ICU. The diagnosis was confirmed thorough serological conversion (MAT test) carried out in Malbrán Institute from Buenos Aires. **Treatment:** They were successfully treated with ampicillin and doxycycline. Amoxicillin was the prophylaxis in the population exposed.

Discussion: Leptospirosis is a zoonotic disease which must be reported in our country. Because of the lack of clinical suspicion in the presence of other frequent pathologies, leptospirosis is often subdiagnosed. This must alert the clinical doctor when epidemic situations which may contribute to the development of the disease occur.

P-15-25 | CASE REPORT OF STROGYLOIDES STERCORALIS DISSEMINATED INFECTION IN AN INMUNOCOMPETENT ADULT PATIENT

De Marco, Rubén; Isidori, Mariana; Carballeira, Beatriz.; González Faro, Diego.; Martínez, Silvana.

Servicio de Clínica Médica, Hospital Mi Pueblo. Florencio Varela.; Argentina

To present a case report of a rare patology in immunocompetent patients.

Materials and Methods: Case Report: Male patient, aged 58, born in Florencio Varela, who presents bloody diarrhea, vomiting, abdominal pain, and temperature (39º C), starting a week before consultation. At physical examination: mucous dryness, abdominal diffuse pain, ruddy face, erythematous macular lesions on left knee, and right hand skin. Complementary test: **Laboratory:** urea: 38.8 mg/dl, ALT: 12 U/L; AST: 13 U/L; fasting glucose: 110 mg/dL; Na: 129 meq/L; K: 2.9 meq/l; RBC: 4.3, Hto: 36%; Hb: 12.7; WBC: 24.8, with a normal formula; albumin: 1.59 g/dL; triglycerides: 44 mg/dL; Ca: 6 mg/dL; P: 1.95 mg/dl; ELISA HIV1: negative, normal blood immunoglobulin. Diagnostic imaging procedures: Abdominal ultrasound: fatty liver, left renal lithiasis; Abdominal Rx (stand up): diffuse air-fluid levels; Thorax, abdomen and pelvis CAT scan: two peripheral lung condensation (on the left and right lung), mediastinal mediastinal adenopathy.

The patient evolution was bad and added, large abdominal edema, hypotension, and a sensorial worsening. We performed blood cultures isolating Klebsiella pneumoniae, with sensibility to piperaciline-tazobactam. Cerebrospinal fluid: larva of Strongyloides Stercoralis at direct examination. Coproparasitologic test :larva of Strongiloides Stercoralis. Sputum test: Strongiloides Stercoralis Endoscopy test: Gastroesophagical endoscopy: erythematosus gastropathy with duodenal byopsia isolating Strongiloides Stercoralis. The patient started treatment with subcutaneous Ivermectina: 2 ml/d andintravenous piperaciline tazobactam. After 14 days he reach an excellent health status.

Conclusiones: Strongiloides Stercoralis is the etiology of an infection with varies from asymptomatic eosinophilia to septic shock. The most common manifestations are the ones which belongs to gastrointestinal, skin and pulmonary systems. The disseminated infection, originated by the massive dissemination of the filariforme larva, are observed in immunosupresión: malnutriction, alcoholism, tumors, transplantation, with glucocorticoids treatment and HIV. Bacteriemia by gram-negative bacillus is a common complication .In our case we chose subcutaneous Irvemectina due to ileo and intestinal obstruction. Our Ethic Committee approved its use in a human being on behalf of bibliography.

P-15-26 | INFECTIVE ENDOCARDITIS. EPIMEDIOLOGIC CLINICAL AND MICROBIOLOGIC FEATURES

Repetto, M.F.; Paz, M.L.; Rolleri, MF.; De All, J.; Saavedra, F

Sanatorio Otamendi Miroli, Buenos Aires.; Argentina

Introduction: Infective endocarditis (IE) is an infrequent cause of hospitalization, but it represent an interesting entity because of the potential complication risk. The aim of this study was to determinate the epidemiologic, clinical and microbiologic characteristics of IE in our institution.

Methods: An observational, retrospective study was conduced including patients with diagnosis of IE according to Duke Criteria (definite or possible EI) in a period of 5 years (02-2003 to 02-2008).

Results: From 22 patients included, 59.1% were considered as definite and 40.9% as possible IE. The mean age was 73.6 ± 10 years old, with a 77% of patients older than 65 years and a male-female ratio 1:1. Twelve patients (54.5%) had valve regurgitation, 4 patients (18.2%) had a prosthetic valve, 3 patients (13.6%) had a previous episode of IE as predisposing condition. The most common findings at the initial evaluation were fever (77.3%), asthenia (27%), neurological sings (31.8%), dyspnea (22.7%). Hemoglobin levels lower than 10 mg/dl were found in 45.5% of cases, hypoalbuminemia in 54.4% and leucocytosis in 59.1%. Blood cultures asa mayor criteria were positive in 14 patients (63.6%), and streptococci were identified in 79% of them (34% S. viridans, 21% S. bobis, 14% Enterococcus). MRSA was obtained in one patient and MSSA in 2. Echocardiography was performed in all patients with findings considered as mayor criteria in 81.8%. Prosthetic valve was involved in only 3 cases! (13.6%) and other 3 had a pacemaker associated IE. The most frequents location were mitral valve (50%) and aortic valve (36%). During hospitalization 13 patients required ICU admission, 9 developed heart failure (40.9% of total) and 2 developed mayor embolism events. Paravalvular abscess were diagnosed in 2 patients and no surgical procedures were done. The mean length of stay was 16.77 ± 8.8 days. None patient died.

Conclusions: Although we analyzed a small number of patients, our findings show similar characteristics than previous reports in our country. The high complication index is associated with an elevated ICU requirement and prolonged length of stay, being heart failure the most prevalent.

P-15-27 | RISK FACTORS FOR BACTERAEMIA IN COMMUNITYACQUIRED PNEUMONIA IN HIV 1 INFECTED PATIENTS

Perello, R.; Miró, O.; Marcos, MA.; Miró, JM.; Moreno, A.

Infectious Diseases Department. Hospital Clinic. Barcelona.; Spain

Introduction: Community-acquired pneumonia (CAP) is a potentially life threatening condition usually requiring hospital admission. Among other severity criteria, the coexistence of bacteraemia has been associated with a higher risk of complications in patients diagnosed with CAP. Respect to general population, HIV-infected patients have higher incidence of CAP and complications. We investigate risk factors associated with bacteraemia in HIV-infected patients with CAP.

Material and Methods: We included all consecutive patients diagnosed with CAP following IDSA criteria during 3 years (March 2005 to February 2008). Those patients in whom blood cultures were performed were finally included into the analysis. Clinical (age, gender, total CD4+ count, serum HIV viral load, previous or current intravenous drug use and current treatment with antiretrovirals) and analytical (leucocytes count, reactive C-protein value and S. pneumoniae urine detection) data obtained during Emergency Room assistance were compiled, as well as APACHE-II score. Outcome data consisted on necessity of ICU admission, mechanical ventilation and mortality and, for patients finally discharged, duration of the hospital admission were retrospectively obtained from clinical records. Positivity of blood cultures was considered as the independent variable and clinical and analytical data as dependent ones. A multivariate analysis using logistic regression was performed in order to uncover independent predictors of bacteraemia.

Results: We diagnosed 129 consecutive HIV-infected patients with CAP and blood cultures were performed in 118 cases (91%). Bacteraemia was present in 28 out of 118 patients (24%), which was due to S. pneumoniae, H. influenzae and S. pyogenes in 25, 2 and 1 cases respectively. 62 patients not received HAART and 23 (37%) of these presented bacteraemia. 22 required ICU admission, 9 (41%) with positive blood cultures. 4 patients died (4%), all with negative blood cultures. Independent predictors of bacteraemia were the urine detection of S. pneumoniae antigen (OR: 9.0 (95%CI: 1.9-42.0); p<0.01) and the absence of current antiretroviral treatment (OR: 7.1 (95%CI: 1.4-33.3; p<0.05).

Conclusions: HIV-infected patients diagnosed with CAP who are not on HAART and who have positive Pneumococcus antigenuria are at increased risk of having bacteraemia. Patients with bacteraemia have a poor outcome.

P-15-28 | AIDS IV D IN THE HAART ERA. OUR EXPERIENCE

Perrotti, Pablo; Catay, Erika; Requena, Andrea.; Popescu, Bogdan.; Caparé, Alicia.

Servicio de Medicina Interna, Hospital Escuela José Francisco de San Martín, Corrientes.; Argentina

Introduction: Infection with HIV virus is associated with risk of malignant tumors, especially those that define AIDS, as well as neoplasias not included in this definition. It is consider that a neoplasia defines AIDS when its incidence is significatively greater in patients with HIV and present a well established relation with the immunodeficiency state. Wide use of highly active antiretroviral therapy (HAART) has had a great impact in survival and incidence of opportunistic illnesses, including those neoplasias that define AIDS.

Methods: the aim of this study is to evaluate the incidence of AIDS associated and non associated tumors, during the pre and post HAART period in a hospital with admitted and ambulatory patients. A retrospective, observational and descriptive study was performed. Clinical histories of patients with AIDS and a malignant tumor diagnosis were reviewed, from January 1st of 1988 to March 31st 2008, in the Hospital Escuela José Francisco de San Martín. In this institution HAART has been used from 1996, that is why the period prior to this date is considered the pre HAART era and the period posterior to this date the post HAART era.

Results: in 27 patients, a total of 28 malignant tumors were included, from which 2 corresponded to the pre HAART era and 26 to the post HAART period. 18 (69%) of the former were AIDS related tumors and 8 (31%) were not. The most frequent neoplasias were Kaposi's sarcoma (13 patients) and cervical uterine carcinoma (28%).

Conclusions: the study revealed that HAART had a great impact in HIV patient survival, however this widely increased the frequency of patients with AIDS IV D. AIDS associated tumors were the most frequent and Kaposi's sarcoma was found in 50% of patients in the post HAART era.

P-15-29 | FAREWELL TO THE HOLISTIC THEORY IN HIV INFECTED PATIENTS? A CASE WITH MULTIPLE OPPORTUNISTIC INFECTIONS AND KAPOSI´S SARCOMA

Montero, J.; Cera, E.; Pastor, E.; Parodi, R.; Carlson, D.

1° Catedra de Clinica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Provincia de Santa Fe.; Argentina

Introduction: The traditional insight of justifying all the patient's findings with a unique disease (holistic theory) is reviewed in HIV infected patients´ management. Here we show a case of a patient who suffered from disseminated hystoplasmosis, skin Kaposi's sarcoma, nodular cryptococosis and extrapulmonary tuberculosis.

Clinical Case: A 38 year-old male infected with both HIV and HCV diagnosed 24 years ago, with irregular adherence to antiretroviral treatment which he abandoned 2 months ago. CD4 lymphocytes: 3 per mm3, viral charge: 17905 copies per mm3. He also had pulmonary tuberculosis history and Zoster dermatitis 20 years ago. He came to hospital for polyadenopathies and fever. At admission he had normal arterial pressure and body temperature. His respiratory rate was 20 per minute. He had papular descamative skin lesions in head and neck, basal pulmonary crackles, hepathomegalia and left cervical and inguinal mobile painless adenopathies. He also had elevated erythematous painless lesions in the sole of the left foot and toes. **Laboratory:** Leukocytes: 3,900/mm3 (77% neutrophils and 16% lymphocytes) Alkaline phosphatase 591 UI/L, gamma glutamil transpeptidase: 228 UI/L, dehydrogenase lactate: 720 UI/L. Skin biopsy revealed Histoplama capsulatum. The cervical lymph node biopsy showed granulomatous lymphadenitis, containing capsulated rounded structures that suggested cryptococosis. Skin biopsies of the leg showed Kaposi's sarcoma morphologic characteristics. Blood cultures were positive and Mycobacterium tuberculosis was Isolated. During hospitalization he started with dyspnea and radioopaque diffuse infiltrates in both lungs. Due to this potentially fatal worsening, empiric treatment with ceftazidime, amikacine, clarytromicine, suphametoxazol-trimetroprime, prednisone, tuberculostatics and amphotericin was started. Antiretroviral was also indicated. His evolution was good and he normalized his respiratory function.

Conclusion: In HIV patients it is important to take into account more than one diagnosis. It would not be useful to consider only one explanation as it is frequently done with immunocompetent patients. When there is life threatening it is advisable to indicate empiric wide spectrum.

P-15-30 | CLINICAL EXPERIENCE IN INEFECTIVE ENDOCARDITIS (IE): THE GREAT PRETENDER

Mirabelli, M.; Timor, G.; Salerno, A.; Taffarel, C.; Larrea, R

Servicio Clínica Médica Hospital Español de Buenos Aires.; Argentina

Introduction: Infective endocarditis is an infrequent disease which presents in various forms that mimick other pathological processes. Multiple complications can develop in the course of IE despite adequate medical and surgical treatment and mortality is high in this setting (15-38%).

Materials and Methods: Three year (2005-2007) clinical experience in our Hospital's Medicine Department with 23 IE patients with an average age of 64.8 years (20-85); 17 males and 6 females; with previous history of: arterial hypertension 60%, diabetes mellitus 30%; COPD 17%, valvulopathy 13%, liver disease 13%, dilated myocardiopathy 13%, rheumatic fever 8%. Diagnosis was made on the basis of clinical and laboratory data, electrocardiogram, blood cultures and imaging studies. All of our patients presented with fever, heart murmur and constitutional symptoms and 47% as unexplained persistent fever. During the course of the disease 34% had dyspnea, 34% palpitations, 30% arthralgia, 30% cutaneous manifestations, 21% splenomegaly, 17% fundoscopic alterations, 30% microhematuria, 34% elevated ESR, 30% leukocytosis, 30% electrocardiographic alterations (predominantly conduction disorders and, in 2 cases, ischemic changes). 74% were diagnosed with transthoracic and the rest with tra! nsesophageal echocardiogram. Blood cultures yielded positive results in 87% of cases (S. viridans 43%, MRSA 13%, MSSA 21%, S.bovis 8%).

Results: all patients received adequate antimicrobial therapy. Complications were: heart failure, 11 cases; cardiac abscess, 3 cases; coronary embolism, 1 case; stroke, 2 cases; systemic embolism, 3 cases; extracranial mycotic aneurysm, 2 cases; splenic abscess 1 case; renal failure 2 casos. Heart valve involvement was 60% aortic, 34% mitral and tricuspideal 4%. Six patients completed antimicrobial therapy without further complications, 7 required surgery and only 3 of them survived. Global mortality was 34, 7%.

Conclusion: IE course and prognosis have changed along the last decades due to advances in antimicrobial therapy, valvular surgery and diagnostic methods. Nevertheless, the disease is still associated with considerable morbidity and mortality. Physicians must keep IE in mind to make an early diagnosis of the disease and to recommend antimicrobial prophylaxis for risk procedures and an optimal dental health.

P-15-31 | ALLERGIC FUNGAL SINUSITIS

M M Yetman, C Schiavoni, A Canaveri, M J Mendez, R Watman.

Clínica Santa Isabel. Bs. As.; Argentina

Introduction: Allergic fungal sinusitis occurs normally in adolescent and young adults in a 1:1 male to female ratio. One-third of the patients have a history of asthma, chronic sinusitis,and nasal polyps. The etiological agents are dark walled fungi (Curvularia,Bipolaris, Exserohilum, and Alternaria) and Aspergillus. The clinical manifestations are chronic sinusitis and expandable and viscous mass of mucina, eosinophils and hifas that can deform the etmoidal and maxillary sinus, nasal cavit and orbit.

Clinical Case: A 17 year old man presents with a severe headache, 48 hours of duration without fever or chills, that responds partially to NSAID`s. **ANTECEDENTS:** chronic sinusitis without periodic controls, and anosmia of 5 years of duration. Five years prior to the consultation he was treated with amoxicilline-clavulanate, because he presented rhinorrhea with a dark mucus discharge. Physical exam: Lucid, clinically stable, afebril, hypoesthesia of the left side of the face and anterior area of the tongue, with deviation to the left.

The fundoscopic evaluations reveal a papilla with a diffuse border and retinal hemorrage in the left eye. Complementary exams: **Laboratory:** WBC 14.300, HIV negative. MRI reveals an expansive mass that infiltrates the etmoidal sinuses with extension to the sellar tubercle and hiperintensa in T1 that enhanced irregulary with gadolinium.

The maxillary and frontal left sinuses were occupied by a dense mass that enhanced irregulary with contrast. AngioMRI did not evidence signs of vascularization. Clinical course: The patient required surgical drainage of a left extradural collection and exeresis of nasal polyps with biopsy of maxillary sinus. The cultures were positive for Curvularia

Conclusions: It's important to recognize allergic fungal sinusitis and its differentiation from chronic bacterial sinusitis and other fungal sinusitis, because the treatment and prognosis differ substantially.

P-15-32 | EFAVIRENZ INCREASES NO NEUTRAL DREAMS IN HIV PATIENTS

Velasco, M.; Guijarro, Carlos.; Espinosa, A.; Valverde, J.; Losa, Juan Emilio

Fundación Hospital Alcorcon, Madrid. Spain

OBJECTIVE: Sleep disturbances are a frequent side effect of efavirenz. However, no studies about abnormalities in the quality of dreams have been performed. To assess dreams after efavirenz treatment we designed a pilot study.

Method: HIV patients without neuropsychiatric diseases underwent a polisomnography (PSG) study before and after starting efavirenz treatment. Patients were awoke at first REM sleep period during the night and at REM sleep period occurring after 5:00 am and invited to tell the dream. Efavirenz plasma levels were assessed before the second (PSG). Dream changes were evaluated by recall rate, number of thematic units and emotional content classified into four categories: violent/highly anxious, moderately anxious, pleasant and neutral. Dream length was assessed by the number of words included in the description. Chi square, Student T test and Z signs test were used to compared results.

Results: We performed 18 PSG in ten patients. Second PSG was performed after 10.4 (SD 5.4) days of efavirenz treatment. All patients had therapeutic efavirenz plasma leves (>1 g/ml) at second PSG. There were no differences in the mean number of words per dream before and after efavirenz treatment (61.96 versus 47.5, p=0.115) neither in the number of thematic units (16 versus 6, p=0.442). Dreams were recalled in 84% before efavirenz and 43% after efavirenz (p=0.024). There were less anxious and violent dreams after efavirenz (3 versus 1). The proportion of dreams with no neutral emotional content (either pleasant or unpleasant) was 37.5% before efavirenz and 66.7% after efavirenz treatment (p=0.046).

Conclusions: In this group of patients, efavirenz treatment increases the proportion of no neutral dreams but not dream's length neither dream's recall rate. There were no more dreams with negative emotional content after efavirenz treatment. Further studies in this area are needed.

P-15-33 | PREDICTORS FOR EXTENDEDSPECTRUM BETALACTAMASES E. COLI BACTERAEMIA FROM URINARY OROGIN

Velasco, M.; Asenjo, A.; Barrena, R.; Valverde, J.; Delgado-Iribarren, A.

Fundación Hospital Alcorcon, Madrid. Spain

OBJECTIVE:

Isolation of extended-spectrum beta-lactamases (EBL) E coli is a growing problem in Spain. Most of cases are from urinary origin. To evaluate predictors of bloodstream isolation of EBL uropathogenic E coli (UPEC) we designed this study.

Methods:

We evaluated all patients attended in our hospital during 2006 with bacteraemic urinary tract infection (UTI) by E coli. Clinical and epidemiological data between patients with or without EBL were compared. Results are expressed as average (SD) or percentage. Independent predictors EBL E coli bacteremia were evaluated by multivariate logistic regression.

Results:

A total of 106 patients were included; mean age 68.8 (22) years and 57,7% females. EBL E coli was isolated in 19 patients (18%). Patients with EBL E coli bacteremia were older (84 [7] vs 67 [23] years, p<0.001), more frequently male (32 vs 9%, p=0.03) , lived in nursing home (41 vs 10%, p=0.001), with a nosocomial infection (42 vs 15%, p=0.04), or had dementia (35 vs 13%, p=0.018) diabetes mellitus (28 vs 14%, p=0.15) and cirrhosis (67 vs 17, p=0.08) more frequently, presented urologic diseases (36 vs 5%, p<0.001), urologic manipulation (41 vs 12%, p=0.004) or urinary indwelling device (29 vs 14%, p=0.07), and had a previous urinary tract infection (30 vs 10%, p=0.01) and antibiotic use (38 vs 14%, p=0.019). In addition, patients with EBL+ showed less urinary symptoms than EBL - . In the logistic regression analysis, only urologic disease (HR 12.5, CI95 2.2-70.5, p=0.004) and living in nursing home (HR 5.7 CI95 1.2-25, p=0.03) were associated with the presence of EBL.

Conclusion:

Proportion of EBL E coli in bloodstream from urinary origin is very high in our institution. Older male patients with urinary disorders and elevated healthcare use are more frequently affected. Urologic disease and living in nursing home are predictors of EBL E coli bacteraemia in patients with bacteraemic UTI.

P-15-34 | PHENOTYPE OF ISOLATED MICROORGANISMS IN THE ADULTS HOSPITALIZATION AREAS IN THE IAHULA FROM JANUARY TO MARCH 2007

Villamizar, Lucía

Hospital Universitario de Los Andes Merida- Venezuela

Materials and Methods: A retrospective revision of the microorganisms isolated microbiology protocols in patients admitted in hospitalization areas in the IAHULA, to which were determined patterns of sensibility by method of disk diffusion according to the clinical standards of laboratory.

Results: 247 cultures were review, of those which 91,50% (226) they were bacterias negative gram, the principal microorganism was Pseudomonas aeruginosa 68 (30,09%) and 8,50% (21) positive, more frequent bacterias positive gram was the Staphylococus coagulase negative 9 (42,86%). To each microorganism it was determined the resistance pattern and sensibility by antibiotics family, being habitual and strange phenotypes, impossible phenotypes was not observed, with regard the bigger percentage was appreciated in the medical area, by the places of isolations more frequent were skin, lung and genitourinary.

Conclusions: The adaptation of the antimicrobians therapy and the antibiotics control according to the fenotipico pattern of the isolated microorganisms will allow to diminish the resistance and it will prevent the appearance of new resistance mechanisms.

RECOMMENDATIONS: to Supplement the clinical categorization of the results of sensibility, with the determination of the bacterial phenotype since their application they derive microbiological and clinical benefits, important for the antimicrobian treatment and the control of the infectious illnesses.

Key Words: Phenotype, isolated microorganisms, resistance mechanisms.

P-15-35 | DIAGNOSIS OF GENITOURINARY TUBERCULOSIS AFTER HYSTERECTOMY BECAUSE OF METRORRHAGIA APPARENTLY DUE TO LEIOMYOMA

Montero, Joaquín; Godoy, Natalia; Pastor, Emilio.; Parodi, Roberto.; Carlson, Damián.

Primera Cátedra de Clínica Médica. Facultad de Ciencias Médicas. Universidad Nacional de Rosario. Servicio de Clínica Médica. Hospital Provincial del Centenario. Rosario. Provincia de Santa Fe.; Argentina

Introduction: Approximately one third of the world´s population is infected with Mycobacterium tuberculosis. The clinician is used to suspecting pulmonary tuberculosis, but extrapulmonar manifestations are usually underdiagnosed. This is the reason why a genitourinary tuberculosis is shown.

Clinical Case: A 40 year-old woman was transferred to our hospital because of anuria after an hysterectomy because of a preoperative diagnosis of metrorrhagia apparently due to leiomyoma. Background history. Repeated urinary infections. Hematuia for the last month and pyuria for 9 months. Anorexia and a 20 kg loss in four months. Epidemiologically in risk for tuberculosis. Physical examination. Normal blood pressure and body temperature. When he vesical probe was introduced, pyuric urine leaked. The rest of the physical examination did not show other details. Laboratory at admission: anemia (24% hematocrit, haemoglobin 7.8g/dL), leukocytosis (24900/mm3), uremia 114 mg/dL, seric creatinine 4.3 mg/dL., urine pH: 5, density: 1.020, purulent aspect. Negative ELISA for HIV and positive Mantoux reaction (5mm). Blood and urine cultures for fungi and bacteria were sterile as well as direct microscopic urine exams after Ziehl-Neelsen staining Renal ecography: normal right kidney in size (128 mm long) and situation. Preserved ecostructure, pyelocaliceal obstruction. Left kidney: normal size (144 mm long) and location. Multiple calcifications mainly in the inferior pole.

Evolution. Ciprofloxacine was administrated after taking urine cultures but fever persisted. Bilateral percutaneous nephrostomies were set and postobstructive poliuria was controlled, improving renal function. After that, the patholoy report on hysterectomy specimen revealed findings compatible with Mycobacterium tuberculosis. Under the diagnosis of genitourinary tuberculosis, tuberculostatic medication was prescribed instead of ciprofloxacine. The patients had good clinical evolution and was discharged.

Conclusion: Genitourinary tuberculosis is an uncommon presentation of a frequent disease in our population. It should be suspected in patients with epidemiologic risk and acid piuric sterile urine analysis. Also, it must be taken into consideration in the differential diagnosis of pyonephrosis, speccially if fever persists despite the treatment with antibiotics and drainage.

P-15-36 | ATYPICAL AND HYPERACUTE INFECTIOUS ENDOCARDITIS

Izaguirre, G.; Falleroni, L.; Martín, L.; Millioto, E.; Cattaneo, M.

Department of Internal Medicine, Hospital Provincial of Rosario; Argentina

The proliferation of microorganisms in the cardiac endothelium results in the development of a temporal infectious endocarditis which mainly depends on the causal agent.

Clinical Case: Fifty three year old patient, smoker, with a history of rheumatic fever during childhood, admitted because of a 5 day long clinical picture characterized by low back pain, moderate frontal headache, bilateral amaurosis of sudden onset and temperature recordings of 38 °C. Physical examination: Awake/alert, lucid, Glasgow 15/15 VS: T: 38 °C, BP: 130/70 mmHg; HR: 100'; RR: 22'. Bilateral amaurosis. No stiff neck, nor motor or sensitive signs. Edema of toes. Normal cardiac beats , good bilateral air entry; abdominal exam: slight tenderness on the right lower quadrant upon positive right fist percussion.

Laboratory findings: Leukocytosis (11200); low platelet count 83000/mm^3), altered liver function tests and urine wth pathological sediments are confirmed. CNS CAT scan without contrast is performed and shows no lesions/injuries. Lumbar puncture is then carried out indicating gopalescent fluid, 110 elements (PMN/neutrophils 70%); CFS glucose levels 0,68 g/l (glycemia 164 mg/dl), protein: 0,75 g/l; LDH: 43. After blood, urine and CFS cultures were obtained, antibiotic treatment with ceftriaxone and ampicillin was started.

Progression: 24 hours after admission, tender purplish maculopapular skin lesions developed on finger and toe tips, together with petechiae in lower limbs, persistent temperature, tachycardia, aortic holosystolic murmur 2/6 and worsening of leukocytosis and low platelet count. Upon fondus oculi, maculas with central bleeding are apparent and in the echocardiogram, a 8 × 8 mm echorefrigent structure is observed in the aortic valve consistent with projections and mild value regurgitation. Gemtamicine is added and the patient is transferred to the coronary unit and an emergency valve replacement surgery is scheduled. The patient develops acute respiratory failure with CRA and pulmonary resuscitation is applied without response. After demise, the methicillin-sensitive Staphylococcus aureus is detected in blood, urine, and CSF cultures.

Conclusion: the atypical onset and hyperacute course of the infectious endocardiac process is the reason for this presentation.

P-15-37 | TUBERCULOUS ABDOMINAL LYMPHADENITIS. CASE REPORT

Skrapari, I.; Lourantos, G.; Arsenoglou, A.; Gounaris, T.; Sioula, E.
1st. Depto of Internal Medicine, Evangelismos General Hospital, Athens, Greece

Tuberculosis (TB) remains prevalent in developing countries and has recently re-emerged in the western world.

We present the case of an 80 years-old female patient who was admitted in our hospital with a 20 days history of fever, fatigue and weight loss. Her past medical history included arterial hypertension only. Physical examination revealed a hemodynamicaly stable patient, in bad general condition, with a temperature of 38oC and no other remarkable clinical findings.

Laboratory evaluation on presentation showed a white cell count of 5.750x109 cells/l, with 87.5% polymorphonuclear leucocytes, an erythrocyte sedimentation rate of 46 mm at 1h, and C-reactive protein of 7.8 mg/dl (reference values less than 0.5 mg/dl). Gamma-glutamyltranspeptidase was 272 u/L and alkaline phosphatase was 491 u/L. Chest radiograph was unremarkable. Imaging studies of the abdomen (ultrasonography and computed tomography) demonstrated enlarged lymph nodes of the periportal region. Tuberculin skin test was negative. Gastrointestinal endoscopy showed no pathologic findings. Guided fine needle aspiration of the periportal lymph nodes was performed. Ziehl Nielsen staining revealed the presence of acid-fast bacilli in the aspirate, while mycobacterium TB DNA was identified by polymerase chain reaction. Culture of the aspirate was falso positive for mycobacterium TB. Further evaluation of the patient (with chest computed tomography and examination of urine, respiratory secretions, gastric, cerebrospinal fluid and bone marrow aspirates) ruled out the presence of disseminated disease or TB infection in another site throughout the body. The patient had abdominal TB lymphadenitis with no evidence of generalized infection. Anti-TB therapy was started which led to patient's clinical improvement. Lymph node TB is still an important issue even in developed countries and has to be considered in differential diagnosis. Isolated TB intra-abdominal lymphadenitis is a rather rare form of TB infection especially in immunocompetent patients. It can mimic a variety of other intra-abdominal disorders and it is difficult to be differentiated from other causes of lymphadenitis on clinical grounds, while a clinical misjudgement may lead to suspicion of malignancy. Bibliographic evidence suggests that patients with isolated TB intra abdominal lymphadenitis are often erroneously referred to an oncologist or surgeon for further evaluation, delaying the institution of appropriate anti-TB drug therapy.

Tuberculous abdominal lymphadenitis is a severe but treatable condition. Accurate diagnosis is of great clinical importance. Thus meticulous suspicion must be retained even in non endemic areas in order to obtain an accurate diagnosis.

P-15-38 | FEVER IN THE RETURNING TRAVELLER: A CASE OF BORRELIOSIS

Consani, Sandra.; Pattarino, Cristina.; Sandar, Teresa.; Arteta, Zaida.; Catalá, Gaspar.
Medical Clinic Internal Medicine Department, Hospital Maciel. University of the Republic. Montevideo; Uruguay

We present the case of a 29-year-old male patient, returning from a trip through the south of Spain and Canary Islands, with a 20-day history of 39ºC fever (axillary temperature), chills and evening sweats during 3-4 days alternated by periods of apyrexia. Mild headaches that lessen during defervescence. No sting bite. No intake of non-potable water or illicit medicines or drugs.

No promiscuous behaviour. No performance of antimalarial prophylaxis or immunizations. Patient spends the night on beaches and at lodgings during his stay in Tenerife. Physical examination reveals a good general condition, 38ºC fever (100.4º F), small lymph node enlargements in neck and bilateral inguinal area. The fever pattern suggests the diagnosis of recurrent fever, posing two possibilities:

Plasmodium falciparum and Borrelia recurrentis. The peripheral blood smear analysis detects spiral shapes corresponding to Borrelias. The rest of the infectious assessment, with cultures and HIV, was negative. Patient received treatment with Doxycycline for 7 days, with favourable response.

Borreliosis is caused by spirochetes of the genus Borrelia, transmitted by arthropods (lice or ticks), it is characterized by periods of recurrent fever and spirochetemia. The recurrent fever transmitted by lice is only caused by Borrelia recurrentis, it is epidemic and associated with socioeconomic factors; the endemic cases are transmitted by ticks of the genus Ornithodoros, caused by at least 15 Borrelia species.

Today, due to easy access to travelling and the possibility of travelling through large areas over short time periods, we face cases of patients who return from their travels carrying infectious diseases in their incubation period or in their active stage, which difficults the diagnostics. About 3% of the returning travellers report fever, more than 50% of the causes are the same as the ones in non-travellers. The fever in the returning traveller must be considered a cause of paludism until otherwise shown.

The initial evaluation must focus on life-endangering infections, that can be treated or transmitted.

P-15-39 | CLINICAL CAMPYLOBACTER POSITIVE HAEMOCULTURE CASES REVIEW AMONG 1986 AND 2008 YEAR.

Pavez A., Claudia.; Veas P., Nicolás.; León, Paula.; Braun, Stephanie.; Porte, Lorena; Davanch, P J.
Becados Medicina Interna Universidad de Valparaíso. Servicio de Medicina Interna e Infectología Hospital Militar de Santiago. Microbiología Hospital Militar de Santiago. Facultad de Medicina Universidad de los Andes. Chile.

Introduction: One of the most frequent, worldwide, reasons of gastroenteritis is Campylobacter sp., whose proper characteristics allow its laboratory analysis recognition. Even 18 species have been described, C. Jejuni is considered the most frequent with a typical auto limited gastrointestinal clinic among a favorable evolution. Less common species have been identified as well, such as C. fetus that uses to affect immunosuppressed patients with a high bacteraemia and mortality risk. Nevertheless, bacteraemia has been associated not only to the casual agent, but also to patient's characteristics. A 3-4 week antibiotic therapy has been recommended such as erythromycin and aminoglycoside, up to achieve clinical improvement. It is important to emphasize the meaning of an effective prevention by means of measures hygienic manages in order to diminish the fatal consequences of the infection. Aims Assess the Campylobacter bacteraemia incidence, risk factors, associated comorbidities and mortality caused by this agent in the adult population.

PATIENTS AND Methods: A retrospective, descriptive study based in the clinical documents of every patient that had presented a positive Campylobacter haemoculture amongst 1986 and 2008 year in the Hospital Militar of Santiago, Chile.

Results: Six patients happened to enclose positive Campylobacter haemoculture. Clinic, comorbidities, evolution, management and mortality were described in each patient. It was documented that every one of each presented associated pathologies as risk factors, and that most of them had a previous gastrointestinal episode. The treatment differed between the patients and there were only two deaths.

Conclusion: The adult population studied revealed a low Campylobacter bacteraemia incidence, mainly affecting immunossuppressed or comorbidity associated patients. The mortality did not depend in the agent involved, but by the concomitant pathologies. Nevertheless sample size studied was too small to be extrapolated to the literature findings, reason why the therapeutic conduct is based on experts' opinion.

P-15-40 | DONOVANOSIS: A PROPOS O TWO CASES.

Claros, J.; Chumpitaz, R.; Soto, A.; Quispe, B.; Angeles, V.
Department of Medicine, Hospital Nacional Hipólito Unánue (HNHU) Lima- Perú.

Donovanosis is a chronic ulcerative granulomatous disease caused by Calymmatobacterium granulomatis, a gram-negative bacteria. The disease commonly compromises the genital region and repeated exposures are usually necessary to acquire the infection. It is mostly found in tropical regions. We present two cases of this uncommon clinical condition.

Case 1 46 year old bisexual male with multiple sexual partners. No other previous medical history. 5 years before admission he began to feel a tender rectal mass which grew progressively. It was diagnosed as rectal carcinoma and treated with extirpation and colostomy with temporary remission. After 18 months, the patient developed again a fast growing rectal mass. The physical examination revealed an ulcerate perianal lesion with purulent secretion. A proctosigmoidoscopy revealed a proliferative lesion which continued until 15 cm beyond the anal margin. The histopatological study demonstrated pseudoepiteliomatosus hyperplasia without malignant features. Perianal secretion smear showed presence of Macrophages containing Donovan bodies.

Case 2 40 year old homosexual patient without previous medical history. His disease started 8 years before admission with a tender verrucoid lesion in the perianal region. After one year, the lesion increased its size, with development of abscess with foul discharge, which after 3 years resumed its location to the perianal region. During the last weeks before admission the lesions extended to the scrotal and intergluteal region. Clinical examination revealed a flesh-like lesion of 15 x 5 cm in perianal region with extension to the scrotal and intergluteal region. The Hematological and Biochemical studies were not contributory. The lesion biopsy showed pseudoepiteliomatous hyperplasia, linfoplasmocitary infiltrate, polimorphonuclear infiltrate with microabscesses formation. Warthin Starry smear showed Donovan bodies Both cases received Doxicicline 100 mg bid for 8 weeks with resolution of lesions.

CONCLUSIONS: Donovanosis should be included in the differential diagnosis of genital lesions, particularly those of chronic evolution and ulcerogenic and/or proliferative features, especially in homosexual males who have anal intercourses. Key words donovanosis, genital lesions, Calymmatobacterium granulomatis.

P-15-41 | LEPTOSPIROSIS: PRESENTATION OF 3 CASES

Gudiño Solorio, Humberto; Delgadillo Morales, Juan José; Castro Martínez, Guadalupe;

Hospital Regional 1 "Carlos Mac Gregor Sanchez Navarro"IMSS. ; México

Leptospirosis is a zoonosis global distribution underdiagnosed that when presented in its severe form can cause high mortality, this is important for the clinical suspicion and give timely treatment.

Case 1. A man of 41 years with Hypertension, with box 5 days with fever, fatigue, polyuria, polydipsia, nausea, hyporexia. In his income with psychomotor agitation, severe dehydration and tachypnea painful abdomen in epigastrio, introduced hypotension, anuria, metabolic acidosis and hypoxemia, required invasive mechanical ventilation. It had torpid evolution, TGO 1854 IU / l, TGP 960 IU / l, plaquetopenia, and elongation of the clotting times. Abdominal ultrasound normal bile duct, hepatitis A, B, C negative, creatinine 10.0 mg / dl, Urea 148 mg / dl, leukocytes 22400 cells / ml. The patient died the day after his admission. Sample was sent to leptospirosis with Microaglutinacion 1:410, and video-positive blood and urine.

Case 2. Women 72 years with Hypertension, hospitalized for 2 days with nausea and vomiting, epigastric abdominal pain, jaundice progressive. Income with generally poor condition, confused, disoriented, dehydrated, icteric, abdominal pain and in epigastrio hipocondrio right, relaxed. For laboratory anaemia, leukocytosis 17090 cells / ml, neutrophilia, plaquetopenia, prolonged clotting times. TGO 465 IU / L, TGP 1710 IU / L, hyperbilirubinaemia mixed. Abdominal ultrasound normal bile duct, gall bladder wall 4mm. It had bad outcome, septic shock and died at 7 th day of admission. Search was conducted with leptospirosis Microaglutinacion 1:450 and darkfield microscopy positive urine and blood.

Case 3. Women aged 41 Income for 1 week with headache, asthenia, adinamia, fever, and three days with jaundice. He joined with generally poor condition, febrile, intolerant to oral documented hyperbilirubinemia mixed TGO 2460 IU, 974 IU TGP, acute renal failure; 1.62mg/dl creatinine, urea 109mg/dl, leukocytosis 14400 cells / ml, data multiple organ failures. Abdominal ultrasonography without dilatation of the bile duct, gall bladder wall of 3mm. Course with bad outcome and severe sepsis.

We searched Leptospira in urine and blood positive Microaglutinacion 1:480. We start penicillin, had clinical improvement, the fever disappeared, improved jaundice, renal function. Currently under monitoring by Epidemiology of our hospital.

P-15-42 | ORBIT TUMOR IN AIDS PATIENT

González, María Eugenia; Iglesias, Alicia; Fedullo, María Jesús; Ferreño, Diana Claudia; Vega, Aníbal

Hospital de Agudos Dr. T. Alvarez. CABA. Argentina

Introduction: Non-Hodgkin's Lymphomas have their own characteristics when associated with infection by IHV. The World Health Organization (WHO) identifies Lymphoma-leukemia neoplasms Burkitt type as a highly aggressive neoplasm of B cells. Variety linked to AIDS, which, like other varieties of Non-Hodgkin's lymphoma, is observed in patients with CD 4 higher than 200 cells. At the moment of diagnosis LDH and uric acid are high. Affected orbits in AIDS patients are rare.

Case Report: 38-year-old woman diagnosed with AIDS-brain toxoplasmosis. Anti-retroviral treatment and empiric treatment of CNS infection. A month after treatment started: right frontal extradural tumor and, on both cheeks, infiltration of mucous membrane of oral cavity hindering her adequate nutrition. Diagnosis by biopsy: Lymphoma Burkitt type. Admitted at hospital to control pain, nutritional assessment. She starts nutritional support and chemotherapy according to HYPER-CVAD scheme and intrathecal treatment with metrotexato, cytarabine and dexamethasone. In June 2007 she suffers pain in both eyes, inability to open eyelids by proptosis, hard oedema rapidly evolves as well as erythema in the area. Orbit specialist performs aspiration puncture and Burkitt cells are observed. Patient dies.

COMMENTARY: Although leukemia-lymphomas Burkitt type are very sensitive to chemotherapy, they have poor prognosis due to relapse. The orbital manifestations in patients with AIDS were infrequent (less than 1%). However, there are numerous references about orbital tumors in the literature, being the orbit non-Hodgkin's lymphoma the most common. he most frequent clinical presentation is the unilateral pseudoinflamatory one. Bilateral affectation is less frequent. Diagnosed by orbit CT and aspiration puncture with thin needle.

Conclusion: AIDS patient with orbit bilateral tumor, lymphoma Burkitt.

P-15-43 | SOFT TISSUE NONHODGKIN LYMPHOMA IN A VIH PATIENT

Gómez, Ma.; Castillo, I.E.; Thompson, C.; Fernandez Cespedes, NA.; Pomares, D.

Servicio de Clinica Medica Hospital J. R. Vidal. Corrientes. Argentina

Introduction: VIH (+) patients have an increased risk to develop malignant tumors, particularly in AIDS stage compared with general population. Kaposi´s sarcoma and Non-Hodgkin Lymphoma(NHL) are the most common. Highly active antiretroviral therapy (HAART) use has changed the morbidity and mortality because of immune reconstitution, has disminished the frecuency of Kaposi´s sarcoma but not of Non-Hodgkin Lymphoma.

Case Report: A 36 year-old woman with VIH diagnosed 5 years ago and treated with HAART. Refers pain of the left lower limb that begins 7 days before, intensity 8/10, continuous and increased diameter (6 cm with regard to the contralateral limb). Count of CD4: 170/mm3. Vascular Doppler: slowing of the venous flow RMN Pelvis and left lower limb: solid tumor of the posterior region of the thigh reaching a vertical diameter of 31 cm, anteroposterior of 10.1 cm., and traverse of 10.9 cm., compatible with a primary organic process of soft tissue. Norrmal chest, abdominal and pelvic CT. Biopsy and Immunohistochemical assay: B-lineage diffuse large cell lymphoma. Treatment included 6 cicles of CHOP chemoterapy with good response (complete remission)

Discussion: The overall incidence of NHL in HIV-infected individuals has been variably estimated between 1.6% and 6% per year. Extranodal sites such as bone marrow, leptomeninges and inusual sites have been described. Soft tissue lymphoma is a rare entity that comprise 0,1% of all NHL in VIH patients. The prognostic indicator that has been most predictive is the stage of immunodeficiency as reflected by the CD4 count at the time of diagnosis. Combination therapy CHOP + HAART has achieve complete remission in 30% to 48%. CD4 cells of less than 100/cm3 are associated with a shorter survival in several series. In addition, previous AIDS-defining diagnoses, the Karnofsky performance score, and the presence of extranodal disease have been regarded as indicators of outcome. The International Prognostic Index established for other patient populations with lymphomas has been tested to only a limited extent, but appears to be useful for this population as well. Our patient had Karnofsky score of 60 and IPI of high intermediate risk. A feature that has recently been added to the predictors of outcome is use of HAART.

P-15-44 | GERM AND RESISTANCE PATTERN FOUND IN SEPTIC PATIENTS CONSIDERING PROBABLE ACQUISITION SITE OF THE INFECTION

Giannasi, S.; Pollán, J.; Salazar, E.; Giunta D.; González Bernaldo de Quirós, F.

Hospital Italiano de Buenos Aires, Argentina

Background: The empiric treatment of septic patients must consider the probability to have resistant germs (RG). We can gather patients in groups depending on what is their relation to the health system at the moment the infection began: inpatients, outpatients and patients in relation to the health system (RHS).

Objectives: To compare the proportion of RG between the three groups. **Methods:** Descriptive cross sectional study. We prospectively included patients affiliated to a HMO of a Community Hospital with sepsis admitted to Hospital. All cultures were checked and it was analyzed the evidence of germ and its resistance.

Results: 326 patients were included, 105 (32%) inpatients, 191 (59%) outpatients, and 30 (9%) RHS. Among the inpatients the median age was 81 years, 46% women, the Charlson score (CS) was 2. The median hospital stay (mHS) was 7 days, the mortality during the admission was 15%. Among the outpatients the median age was 77 years, 56% women, CS was 2. The mHS were 13 days, the mortality during the admission was 25%. Among the patients RHS the median age was 73 years, 43% women, CS was 3. The mHS stay were 6 days, the mortality during the admission was 13%. There was no statistic difference in gender (p 0.07) or in mortality (p 0.12).

We found difference in age (p 0,002), CS (p0.0001) and mHS (p< 0,001) between groups. There were germ evidence in 86 (45%) of the outpatients, 73 (70%) inpatients, and 19 (63%) among the RHS. The RG proportion was 3%, 16.2% and 20% respectively (p <0.001). The two last groups had no difference(p (0.62). Escherichia coli was the most frequently found 64% (114).

Discussion: this three different risk groups seems to discriminate the risk of presenting germ evidence. The lack of difference between RG might be because the small number of patients in relation to the health system.

P-15-45 | IMPACT OF THE DELAY IN THE ADMINISTRATION OF THE FIRST ANTIBIOTIC DOSE IN PATIENTS WITH SEVERE SEPSIS

Fretes, A.; Baez, S.; Ojeda, A.; Rojas, V.; Bianco, H.

Hospital de Clínicas -Asunción; Paraguay

Introduction: The severe sepsis (serious sepsis/septic shock) in spite of the therapeutic advances maintains an unacceptably high mortality. The Surviving Sepsis campaign has recommended with emphasis for years the precocious administration of antibiotic therapy, but with low evidence level. Ethical issues make difficult prospective issues. There is no issue that evaluates the delay of antibiotic administration in the emergency room.

Methods: Retrospective, descriptive, analytical, transverse cut study. It included patients who were admitteed with serious sepsis/septic shock diagnosis in the Hospital de Clínicas' emergency room from January 1st to December 31th, 2007. For the analytical data it was used EpiInfo 6® withdata base in Microsoft Excel® 2004. For the demonstration of cumulative survival, it was used the Kaplan-Meier curve.

Results: A total of 59 patients with severe sepsis were admitted. Reasons for consultation were sensorium alteration 30.5% (18), respiratory difficulty 25,4% (15), fever 13.6% (8). Comorbidities: antecedent of High Blood Pressure 47.5% (28), Diabetes Mellitus 35.6% (21), Cardiopathy 15.3% (9).

They presented septic shock 47.5% (28). The average of administration of the first antibiotic dose was 7 hs 40 min. The APACHE average was 25.57 ± 8.8 and SOFA Score 10.46 ± 3.28. Global mortality was of 50.8% (30). Patients with fever presented lower mortality rate OR 9.23 (IC 1.0 - (2.14.61) p:0.002. Mortality was of 10% (1) in patients who received t8he first dose of antibiotic before 2 hs and of 59.1% (29) after 2 hs of admittance to the emergency room OR 13.05 (IC 1.46-297.08) p:0.02. Mortality was of 92.9% if they received the first antibiotic dose after 4 hours and 12.9% if it was before OR= 87.75 (IC 12.27-860.77). Mortality was of 95% if they received the first antibiotic dose aft! er 6 hours and 28% if it was before. OR=48.36 (IC 5.5-1091) p<0.001. There were no significatively differences in the APACHE and SOFA scores between the compared groups.

Conclusion: In our study patients presented high mortality. We found direct relation between delay of the first antibiotic dose and higher mortality independent of the seriousness of the patient's condition. Patients with fever had a better prognosis.

P-15-46 | SECONDARY SYPHILIS AND OCULAR MANIFESTATIONS

Flores, Carla; Julien, Paola; Martínez, del Sel, Juliana.; Sorgentini, Corina.; Allevato, Miguel.

Hospital de Clínicas José de San Martin, Cátedra y División Dermatología. Buenos Aires.; Argentina

Ocular syphilis is an uncommon manifestation. However, it has been reported in 10 percent of secondary syphilis, inimmunocompromised patients. The most common finding of ocular syphilis is uveitis. Other ophthalmic inflammatory signs has been described, such as: keratitis, escleritis, chorioretinitis, retinal vasculitis, and retinal necrosis. HIV positive patients experience syphilis with an aggressive course. The treatment with endovenous penicillin G is indicated.

Case: A 39-year-old man was admitted with a history of one week progressive impairment of visual acuity and pain in both eyes. Therapeutic with Aciclovir was rapidly installed suspecting an HSV necrotizing retinitis.

Physical examination: Erythematous, hiperkeratotic plaques in palms and soles. Mucosal compromise was represented by papules in the tongue and two superficial ulcers in the hard palate. Laboratory studies: Erythrocyte sedimentation rate (ESR) 40 mm/hr, a serum VDRL test showed reactivity at 500 dils and the serum FTA -ABS was reactive. Examination of cerebrospinal fluid showed VDRL reactivity at 16 dils. HIV test appeared positive.

The patient was diagnosed as having secondary syphilis with ocular compromise and neurosyphilis and was started on sodic penicillin 24 million UI EV daily. Afther14 days treatment his vision improved in both eyes and cutaneous lesions resolved completely.

INTEREST OF PRESENTATION: We report an immunocompromised patient who presented with secondary syphilis with ocular compromise and neurosyphilis. It is important to consider the little frequency of this presentation and the big importance of early diagnosis and treatment. Incidence, aggressiveness and atypical manifestation are more common in HIV positive patients.

P-15-47 | INCIDENCE OF CRYPTOCOCCAL MENINGITIS IN HIV PATIENTS

Martinelli, Roberto; Juarez, Karina; García Edwards, María Celeste.; Gaset, Margarita.

Servicio de Clínica Médica- Hospital General de Agudos. Parmenio Piñero- Ciudad Autónoma de Buenos Aires; Argentina

OBJECTIVE: Analyze the incidence of Cryptococcal meningitis on HIV patients admitted into the Internal Medicine unit at the Hospital General de Agudos Parmenio Piñero. Analyze the incidence of other opportunistic infections, and evaluate the modes of transmission of HIV on these patients.

METHODOLOGY: A descriptive, retrospective study was performed on the population of admitted patients into the internal medicine unit of the Hospital General de Agudos Parmenio Piñero during the period included between December 1 2004 and April 1 2008 . Inclusion criteria were: patients older than 16 years old, with HIV positive serology, that were admitted into the Internal Medicine unit. Every patient was evaluated according the following variables: age, sex, HIV positive serology (Western blot), first opportunistic infection, cryptococcal infection, modes of transmission of HIV, CD4 lymphocyte count. The results were processed with MS-Excel.

Results: Of a total of 170 patients studied that presented HIV positive serology only 19 (11%) suffered from a central nervous system infection produced by Cryptococcus neoformans, 15 presented meningitis and 4 presented meningoencephalitis. The most frequent mode of transmission in the patients we studied was through endovenous drug use, followed by sexual transmission. The most frequent opportunistic infections were pulmonary tuberculosis, recurrent pneumonia, pneumocystis jiroveci pneumonia and meningeal criptococcosis.

Conclusions: According to the bibliography on the pre antiretroviral combined theraphy era, the incidence of criptococcosis was 5-8% in developed countries. In the population we studied the incidence of criptococcosis was 11%, even bigger than the expected incidence in the pre antiretroviral combined therapy. Most of the population we studied was not receiving this therapy even though it was available. A great number of patients with drug addiction had abandoned the treatment in multiple opportunities.

P-15-48 | AIDS AND LEISHMANIASIS

Castro Soto, María del Rosario; Marquez Zeballos, Carla Jimena; Pedrozo Gómez, Silvia Regina

Hospital Clínico Viedma. Cochabamba. Bolivia

Male patient, 32 years old, farmer, with residence in tropical area (Cochabamba - Bolivia) presents a medical profile of 10 weeks, characterized by skin sores over the face, arms and legs, they developed to ulcers with a granulomatous bottom; After 2 weeks inflammation of the lips and palate region, with appereance of the same type of ulcers.

The patient consulted at the hospital by medical profile of 7 days, characterized by cough, mucous expectoration, fever, weight loss (5 k); The chest X-ray showed an bilateral difuse level intersticial infiltrate. He recived amoxiciline and levofloxacine, althought it had been isoleted Streptococcus sp and Moraxella sp. with good sensibility to the antibiotics administrated, the clinical evolution wasn't good.

Because he was an young patient, from the tropical area, with weight loss, mucocutaneus ulcers with abrupt evolution, lung pathology without succes evolution and laboratorial finding of leucopheny, lynphopeny and anemy, it requested serology test for VIH (Elisa), direct test and biopsy of skin ulcers, baciloscopy of sputum for tuberculosis.

The laboratory reports were: Elisa for VIH (+), confirmed by Wester Bott; direct test for leishmaniasis (++), the biopsy showed macrophages with leishmania structures (amastigotes); by PCR it was identified Leishmaniasis Braziliensis; the baciloscopy of sputum was negative. Therefore it was requested Hepatitis B, toxoplasmosis and Chagas serology, they were negatives.

The patient recived treatment with metronidazole, anphotericine B with an inicial dosis of 25 mg toa n acumulated dosis of 2000 mg, the evolution wasn't good, with persistance of the skin active ulcers.

P-15-49 | CEREBRAL NOCARDIOSIS

Beunza, Gretel; Senillosa, Mónica; Romano, Daniel.; Pagano, Damián.; Carnelli, Luis María.

Hospital P. Piñero. Buenos Aires.; Argentina.

We present a patient case with antecedents of HIV/AIDS, which begin with febrile syndrome and cough. He admits in hospital to complete studies. In the thoracic Rx find a pulmonary consolidation in right lung. In the CT scan appears an occupant brain mass. It evolves in torpid form, appearing different complications. It's made all the complementary studies and finally stereotaxy brain biopsy, arriving at diagnosis of cerebral nocardiosis. At the same time the alveolar culture turn positive confirming pulmonary nocardiosis.

We will update the concepts of an opportunist infection in an inmuno-deficient patient, with multiple intercurrences previous to their definitive diagnosis. Pulmonary nocardiosis is a subacute or chronic pneumonia caused by aerobic actinomycetes of the genus nocardia. In humans, nocardia asteroids complex is the predominant pathogen, but there are several other species, including: No brasiliensis and N. Otitidiscaviarum. Pulmonary infection is usually produced by N. asteroids, whereas N. brasiliensis causes cutaneous and subcutaneous abscesses.

Members of the N.asteroids complex are responsible for about 80% of noncutaneous invasive disease and for most systemic and CNS disease. Nocardia species are common natural inhabitants of the soil through out the world. Pulmonary nocondiosis is usually acquired by direct inhalation of nocardia species form contaminated soil, and person-to person transmission is rare. N. asteroids may be a saprophyte in the skin and in the upper respiratory tract. Respiratory colonization can occur, and in a compromised host it can progress to tissue invasion and dissemination.

Nocardiosis typically develops in immunocompromised persons, such those suffering from a lymphoreticular malignancy, cushing's disease, those with acquired immuno.

P-15-50 | BACTEREMIA BY AEROMONA HYDROPHILA

Sforza, M.; Euvrar, A.A.; Molina, F.; Loberto, P.; Ibañez Albecoa, M.E.

Hospital Zonal General de Agudos Descentralizado de Zárate "Virgen del Carmen" Zárate- Pcia. De Buenos Aires. Argentina

Summary: A 72-year-old man, who lives near to the Parana river, hypertensive and smoker, cames because fever and myalgic asthenia, cough and mucous expectoration 24 hours at last. At the hospital admission the inpatient was alert, the blood pressures value was 140/80 mmHh, cardiac frecuency 88 bits per minute, respiratory frecuency of 24 per minute, axillary temperature of 38 ºC . Complementary examinations: **Laboratory:** Hematocrite 42%, White-cell count 14,600 per/mm3, Glucose 91 mg/dl, Urea nitrogen 32 mg/dl, Creatinine 0.96 mg/dl, Sodium 136 mEq/l, Potassium 3.7 mEq/l. Urinalisis: leukocyturia and pyuria. Chest Rx: normal.

Persists with tachypnea, tachycardia and hyperthermia, and widespread tremor attacks related as bacteremia. Printing diagnostic: Urinary tract and respiratory infections. Samples of blood and urine cultures was performed and starts empirical therapy with Ampicillin-Sulbactam. Unfavourable evolution , repeated episodes of bacteremia. We had received report bacteriological: Two hemocultives positive for Aeromona Hydrophila and urine culture, negative. The scheme was turned as anthibiogram to Ciprofloxacin with clinical improvement of infectious status.

Conclusion: The Aeromonas spp. are bacilli gram-negative esporulade and anaerobios that inhabit freshwaters, stagnant water flow and treated with chlorine. They cause infections over soft tissues, diarrheal illness and sepsis. The bacteremias and sepsis by Aeromonas spp. are infrequent, most of the patients are not diarrheal illness, and are associated with immunosuppression, chronic liver disease, or malignant process underlying. In this case the inpatient presented as co-morbidity tertiary syphilis.

P-15-51 | SPONDYLODISCITIS IN THE UNIVERSITY HOSPITAL. URUGUAY 19972007

Danza, A.; Roca, F.; Batista, I

Department of Clinical Medicine. Hospital de Clínicas, Montevideo, Uruguay.

Introduction: Spondylodicitis is not a frequent infectious disease that compromises the vertebral body and the adjacent intervertebral discs and spaces. Serious complications may appear such as vertebral or epidural abscesses and medullar compression. Its clinical presentation and recognition may be unclear and could take long periods of time before diagnosis is achieved.

Aim: To know the clinical features and outcomes of a series of patients with non tuberculous spondylodiscitis in the Hospital de Clinicas, "Dr Manuel Quintela". **METHODOLOGY:** We included hospitalized patients over 16 years old with spondylodiscitis between 1/01/97 and 31/07/07. Presumption diagnosis was established based on clinical, laboratory and imagenology criteria. Confirmed **Case:** bacteria isolation obtained from blood or spinal puncture cultures. Exclusion criteria: Mycobacterium tuberculosis isolation. Information was obtained from clinical records. We analyzed clinical manifestations, etiology and outcomes.

Results: 10 cases were identified in this period, 7 male, aged 53,8 years as a mean. The period of time between the symptoms started and hospital admission was over 4 weeks in 6 cases. Low back pain was the most frequent (7/10) symptom, followed by fever (3/10). The germ was isolated in 9 cases: blood cultures (n=6), spinal puncture (n=1) and both blood and spinal puncture cultures (n=2). The isolated germs were: Staphylococcus aureus (n=4) (2 community-acquiered methicillin-resistant (CA-MRSA), 2 methicillin-sensible (MSSA)); Staphylococcus epidermidis (n=2); Streptococcus agalactiae (n=2); Streptococcus pyogenes (n=1). The mean erythrocyte sedimentation rate (ESR) was 102 mm/h and the mean leukocyte count was 11200/mm3. The average of hospital stay was 47,3 days. No death or complications were found.

Discussion: As was described in other series, Spondylodiscytis is not a frequent disease and its diagnosis is difficult. In our cases report, fever was uncommon and leukocyte count was mild elevated. However, the ESR elevation seems to be an important marker for spondylodiscytis suspicion in patients with low back pain. Staphylococcus was the most frequent etiology. Based on the fact that CA-MRSA infection has emerged, empirical treatment should consider this etiology. The disease entails long periods of hospitalization; however there were no death or complications in our series.

P-15-52 | INVASIVE OR DEEP DERMATOPHYTOSIS

Claros, Marina Giselle; Cordero, Milagros; Tiraboschi, Nora.; Cutrera, Carla.; Martinez del Sel, Juliana; Sehtan, A; Allevato, M; Cabrera, H, Deves, A.

Hospital de Clínicas de San Martín, Ciudad de Buenos Aires.; Argentina

Invasive dermatophytosis is a mycotic infection localized in the deep dermis. It is more frequent in immunocompromised patients such as transplants, HIV, etc.

Case: A 16-year-old girl with personal medical records of myelomeningocele, neurogenic bladder and kidney transplant receiving immunosuppressive treatment, consulted for one year evolution tumoral lesions on both feet and on the right leg. At physical examination, erythematous, exuberant, exofitic tumoral lesions, with necrotic areas were observed at the back of the feet. On the right leg we observed erythematous tumoral lesions with central erosion. Histopathology: hematoxilin-eosin stain revealed pseudoepitheliomatous hyperplasia and a dense neutrophilic infiltrate in the dermis. PAS technique showed thin-walled, branching hyphae, that were also stained with Grocott technique.

The direct mycological examination showed branching eumycetes and thin-walled hyaline filaments, which were identified as white cotton colonies of Trichophyton verrucosum at culture. Treatment with itraconazole was started, at an initial daily dose of 400 mg for 49 days, followed by 200 mg/d as maintenance dose, with an excellent clinical response.

Despite being a superficial mycosis, dermatophytosis could rarely act as an invasive or deep mycosis in immunocompromised patients. An aggressive systemic treatment should be properly installed .

Key Words: Deep dermatophytosis.

P-15-53 | NORWEGIAN SCABIES IN PATIENTS WITH SLE

Cattaneo, M.; Rodríguez, M.; Mónaco, A.; Campelo, E.; Capalbo, G.; Carboné; P.

Department of Clinical Medicine. Hospital Provincial Rosario; Argentina

This is a case of a 25-year-old woman who has had SLE since the age of 5, on a treatment of 30 mg of prednisone for months. She has also had hypertension since the age of 10, treated with enalapril 10mg/12 hours. She consulted on account of 4 days of a severe burning dorsal pain. Before admitted in the hospital, she had fever and chills.

The patient reported giving up her habitual therapy nearly 2 months before. VS: T 38,2 °C HR 110 RR 28 BP 90/50 CVP 2 General aspects: she was severely sick, but vigil and orientated in time and space. The patient presented her teguments covered with hyperkeratosic lesions which involved face, the back part of the neck, axillary and inguinal folds without healthy skin. She presents broad breaks in skin, with substance loss with a foul-smelling serous transudation with thick desquamation. She did not present lesions on oral, vaginal or anal mucosa. She had several toes amputated, with dry haemal crusts on her feet; she also had "swan neck deformity" and "boutonnier deformity" in both hands. The rest of the physical exam did not present any distinctive features.

Laboratory findings: Hto 35 Hb 10,8 GB 13200(89/4) PQ 187000 U 113 135/5,6/92 cr 2,2 GOT 75 GPT 80 FAL190 Total Proteins 5 Albumin 1,5 AB FIO2 21% pH 7,32 pO2105 pCO241 97%sat HCO3 20 EB -5 Urine: 1020 pH 5 pro++ cél ++ leuco++ hyaline and granular casts. Chest plain: showed no particularity. On admission, blood cultures were taken and ampiciline sulbactam was indicated. On the microscopy examination, lots of sarcoptes were seen. Ivermectina 4 mg was indicated.On the 3º day of admission, blood cultures were informed + for SAMR, so Vancomicine replaced the initial antibiotic therapy.

Discussion: Norwegian scabies is associated with immunodeficient states. There are hyperkeratosic lesions where millions of microorganisms exist, as well as bacteria that reaches the bloodstream from the lesions (fissure and clefts) on the skin producing the consequently bacteriema.

P-15-54 | YELLOW FEVER IN PARAGUAY. INDEX CASE IN URBANIZATION AFTER 50 YEARS

Cardozo, C.; González V.V.; Ruffinelli, JC.; Araujo, IK.; Jiménez, JT.

Third Division of Internal Medicine. Hospital de Clínicas. National University of Asunción- Paraguay

Introduction: Yellow fever is a viral disease transmitted by mosquitoes of the genre Aedes; it is a zoonosis of tropical regions of Latin America and Africa. It causes epidemics with a high mortality. It has two cycles: sylvatic and urban. In Paraguay there were no registered cases of urbanization since the 1950's. The confirmation of the first case was notified on January 15, 2008.

Case Report: Male, 25 years old, monkey hunter, coming from Santaní, San Pedro. Initially he had fever, myalgias, abdominal pain, liquid stools and vomitus. Then hematemesis, bleeding gums and altered mentation.

Physical examination: Bad general condition, unstable, marked jaundice, dry mucosae and coma. **Laboratory:** Hb 13.6, Hct 40, WBC 3000, Platelets 89000; AST 3657, ALT 2576, Total bilirubin 7.64, Direct bil 4.4, Indirect bil 3.24, PT 32%. Proteinuria/24 hs 857, amylasemia 457. Viral hepatitis panel: negative. Dengue: positive (4 samples), negative antigenemia. MAC-ELISA: positive for yellow fever.

Progression: Added bronchopneumonia, required antibiotic therapy and had a favorable response with maintenance treatment and transfusion of PRC and FFP due to Hb 8.4. After one week, LFTs improved to normal.

Discussion: The confirmation of the first diagnosed case was achieved by serological techniques. The patient was taken as the index case, facilitating the diagnosis of other cases by epidemiological connection and positive serology. The appearance of yellow fever cases and its urbanization after 5 decades is an alert to the sanitary situation of the country, with high rates of Aedes larval infestation and non-immunized population, even though an effective vaccine has been available for the last 60 years. This important epidemic outbreak is a serious public health problem that concerns all Latin America and requires an expansion of epidemiological surveillance for its detection, investigation and prompt eradication.

P-15-55 | MULTIPLE ABCESS BY NOCARDIA FARCINICA IN ELDERLY

Cadavid, A.; Bravo Blanco, A.M.; Outmuro Cadavid, A.; De Toro Santos, M.

Servicio de M. Interna- NAI. Chou. Ourense; Spain

Introduction: Systemic infections by Nocardia species is an increasingly cause of human infection in Europe and continue to be a serious treta to immunosuppressed host. We present a case of an elderly lady with several subcutaneous nodules diagnosed with low grade lymphoma and Nocardia Farnica abscess and the literature is reviewed.

CASE:Three months before, a 73-year-old woman was diagnosed of warm-antibody autoimmune hemolytic anemia (AIHA) with probably low -grade lymphoma. She'd a splenomegaly homogenous (16 cm) without lymphadenopathies and a mass annex lef suggestive of ovarian teratoma and was treated with prednisone to alternate days. She joined by fever with an abdominal mass of 4 days of evolution. In 15 previous days, referred pain, heat, flushing and swelling in the left forearm and inner side of the right thigh. In her physical examination presented fever of 39ºC and the presence of red, hot, painful and indurated plates in left forearm, inside right thigh and right hypochondrium. Was achieved: 11.8 Mil/mm3 leukocytes (85% S, 9.5% L), Hb 11.2 g / dL, GSA 97 mm Dímero D 784 ng / dL. The Rx chest and ECG were normal. It requested ultrasound (abdominal venous left forearm and right thigh), which showed fluid collections complex. We performed a puncture fine needle aspiration and obtained purulent material aspect which microbiological study identified a "actinomiyces" genus "Nocardia" species "farcinica. The Bone scan showed soft tissue infection of bone involvement of the distal portion of the right femur. Blood cultures were negative. CT-scan was normal. We performed drainage of the abscess and surgical debridement of the right thigh with good resolution. He was treated with amoxicillin-acid Clavulánico (1gr IV every 8 hours for 4 weeks), and was added to the 6 th day of their income cotrimoxazole for 3 months. A CT and scintigraphy evidencing resolution process. Treatment with cotrimoxazole were maintained over 12 months. Currently, the patient is in remission without treatment and with respect to its pathology.

DISCUSION: . Nocardiosis is an uncommon and multisystemic disease that has high mortality and morbidity. An early detection with administration of the proper antibiotics may reduce the risk of this life-threatening infection. . The spectrum of cutaneous nocardiosis in the immunocompromised host is discussed. . The diagnosis can be difficult despite their tendency for cerebral and subcutaneous involvement. A definitive diagnosis requires the isolation and identification of the organism ans a clinical specimen but positive blood cultures are rare. It's very important the susceptibility testing of Nocardia species in selecting drug therapy. . Antibiotic treatment should be kept at least 6 to 12 months in mycetomas and 1 year or more in cutaneous abscess. . In patients with nocardiosis be performed cranial TAc even in the absence of neurologic symptoms.

P-15-56 | SERUM LEVELS OF SOLUBLE ADHESION MOLECULES AND NITRITES IN PREHYPERTENSIVE PATIENTS

Rubio- Guerra, Alberto F.; Vargas Robles, Hilda; Lozano Nuevo, José J.; Escalante Acosta, Bruno A.

Hospital General de Ticomán SSDF México DF. Centro de Investigación y Estudios Avanzados IPN.

Introduction: Endothelial dysfunction is associated with vascular inflammation, reduced serum levels of nitric oxide, and atherosclerosis; soluble adhesion molecules (SAM) are considered markers of endothelial dysfunction and play a role in end organ damage in those patients. Hypertensive patients present elevated SAM levels prehypertensive patients suffer endothelial dysfunction and may have higher levels of SAM and reduced serum levels of nitric oxide than normotensive patients. The aim of this study is to evaluate the serum levels of circulating soluble adhesion molecules and nitric oxide (evaluated as serum levels of nitrites) in prehypertensive non-diabetic patients.

Methods: Circulating levels of VCAM-1, ICAM-1 and e-selectine (ELISA RyDSystems Minneapolis), and serum nitrite levels (Griess method, Molecular Probes Inc. Oregon EUA) were measured in 20 prehypertensive patients (as defined by JNC 7) and in 20 normotensive non-diabetic subjects. Statistical analysis was performed with ANOVA and the Spearman coefficient of correlation.

Results: Prehypertensive patients presented significantly increased levels of SAM, (VCAM-1 530 vs. 470 Ng/ml $p<0.001$), (ICAM-1 285 vs. 239 Ng/ml $p<0.001$), (E- selectine 68 vs 52 Ng/ml $p<0.001$) and reduced levels of nitrites (6.2 µmol/L vs 4.5 µmol/L $p<0.01$) when compared with the normotensive non-diabetic subjects. When levels of circulating soluble adhesion molecules were correlated with the serum levels of nitrites, we found an inverse correlation between the levels of all 3 SAM and nitrites ($R= -2$).

Conclusions: Prehypertensive patients showed higher circulating levels of SAM and lower nitrite levels than normotensive subjects, this may explain why prehypertensive patients had more complications and coronary risk than normotensive patients.

P-15-57 | VISCERAL LEISHMANIASIS: A CHALLENGE IN DIAGNOSIS?

Ojeda, A.; Rojas, J.M; Ruiz, Y.; Gonzalez, H.; Riveros, A.

Hospital de Clínicas. Dr. Montero y Dr. Mazzei, Asunción. Paraguay

Introduction: Visceral leishmaniasis is a zoonotic disease that is prevalent in children, reason why it must be paid special attention and requires a high clinical suspicion to diagnose in inmunocompetent adults. **PURPOSE:** to determine clinical features of visceral leishmaniasis in adults.

Methods: patients admitted in the Clinicas Hospital between 1998 and 2008 with a diagnosis of visceral leishmaniasis.

Results: after 2003, 25 patients with Visceral Leishmaniasis were admitted. Median age was 36 years, 92 % were masculine, 68% were from urban areas. 92% presented with weight loss (mean: 13 kg.), 88 % with fever, 60 % with malaise, 32 % with abdominal enlargement and bleeding sings. They delayed consultation between 18 and 540 days. Pallor was observed in 100 %, splenomegaly in 96%, fever in 88% and hepatomegaly in 76%. 88 % were admitted with a hematological diagnosis. 28% were admitted with a concomitant infection, 44 % received antibiotic therapy for more than 7 days without an apparent origin. 40% suffered nosocomial infection. 100% had RK 39 test positive, 92% presented parasites in bone marrow and 1 case required spleen biopsy. It took 7,12 days to achieve diagnosis. The mean hemoglobin level was of 7,7 g/dl, 92% had leucopenia. 100% received antimonial drugs and 4% also received amphotericin B. Fever broke 3,8 days after the initiation of treatment. When discharged, a r! eduction of 5,2 cm of spleen size and a 3,8 cm in liver size was noted. 76 % presented adverse reactions and the mortality was of 12%.

Conclusions: Visceral leishmaniasis presents with a delay in diagnosis due to the low clinical suspicion since it simulates a number of hematological diseases. There is an increase in the number of adult cases in the last years.

P-15-58 | INCIDENCE AND RISK FACTORS OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS BACTEREMIA IN INTERNAL MEDICINE

P del Río, E Carballo, L Moldes1, A Acevedo2, FJ Alonso.

Departments of Internal Medicine, Microbiology1 and Preventive Medicine2. Complejo Hospitalario Universitario de Santiago (CHUS). University of Santiago. Galicia. Spain.

Introduction: Infection due to Staphylococcus aureus is increasing during last years. The knowledge of risk factors for methicillin-resistant Staphylococcus aureus (MRSA) bacteremia is clue for implementing preventive measures. The aim of this study was to know incidence and risk factors in relation to MRSA bacteremia in patients admitted to our Department of Internal Medicine.

Material and Methods: A total of 55 consecutive patients with Staphylococcus aureus bacteremia admitted in Internal Medicine Department during two years, 2000 and 2006, were included. All analyses were retrospective using prospective collected clinical data. This study was achieved in Internal Medicine Department of a reference university hospital in the northwest of Spain. Risk factors as alcoholism, intravenous drug addiction, heart disease, chronic obstructive pulmonary disease (COPD), cirrhosis, diabetes, chronic renal failure, HIV infection, neoplasm, previous antibiotic treatment, previous antifungic treatment, previous surgery, previous hospital admission, previous phlebitis (≤48h), indwelling urinary catheter, urinary catheter, venous catheter, central venous catheter, orotracheal tube/tracheostomy, nasogastric tube and prognosis of the underlying disease by Mc Cabe and Jackson's criteria, were assessed. Univariate analysis was performed using Chi-squared tests t! o compare qualitative variables and Mann-Withney test to compare cuantitative variables for the two types of bacteremia (Methicillin-sensitive vs. Methicillin-resistant Staphylococcus aureus)

Results: Mean age was 66 years (range, 18-95) and 37 (67%) were males. Patients with MRSA bacteremia were 13 (23.6%). Incidence of MRSA in Internal Medicine Department was 1.4 per 1000 admissions in 2000 year and 2 per 1000 admissions in 2006. Univariate analyses demonstrated that patients with COPD, previously antibiotherapy or antifungic treatment had four times more risk of developed MRSA than Methicillin-sensitive S. aureus (MSSA) bacteremia. Patients with nasogastric tube or indwelling urinary catheter had five times more risk for developed MRSA than MSSA bacteremia.

Discussion: Incidence of MRSA is increasing in Internal Medicine Department. Our study highlights COPD, previously antibiotherapy or antifungic treatment, nasogastric tube or indwelling urinary catheter as risk factors for MRSA bacteremia in Internal Medicine Department.

P-15-59 | MILLER FISHER SYNDROME VARIANT RELATED WITH VIRAL INFECTION

Lantos,Jorge; Guzzi, Marcelo; Rey Roberto; Rodriguez Nouche Raquel; Ventrice, Elizabeth

Internal Medicine Service, De Los Arcos Sanatorium, Buenos Aires, Argentina

We present the case of a previously healthy 66-year-old man,who, during a travel to Slovenia, develops, weight loss, dorsal pain, paresthesias in upper and lower limbs and skin lesions.

The examination, evidenced facial diplejía; sixth pair left paralysis and left upper limb ataxia. The ophthalmologic and otolaryngológic examination were normal. Brain MRI with and without gadolinium, diffusion MRI and angio MRI; Cervical and dorsolumbar MRI were performed. All results were normal.

General Blood test were normal. Testing for thyroid hormones, colagenous diseases,and serum protein electrophoresis were normal. Testing for for HIV, Borrelia, Cytomegalovirus, Hudlesson, Herpes and VDRL were negative.A first cerebrospinal fluid showed lymphocytosis. CSF culture was negative for bacteria, Mycobacterias, fungus, criptococus antigen, and PCR for TB and Herpes I and Zoster.

In a second cerebrospinal fluid, albuminocitológical dissociation was found and PCR was positive for Epstein Bar virus. The fluid flow cytometry did not reveal abnormality. Imagin studies and endoscopies excluded neoplasic disease.

The electromyogram revealed a sensory motor axonal polyneuropathy and demyelinating of four members, with denervatoriy activity,conforming diagnostic criteria of Miller Fisher syndrome. The dosage of GQ1b was 1 / 1600 This presentation is interesting in order to discuss the diagnostis and differential diagnosis of a infrequent clinical situation such as bilateral facial palsy .

Miller Fisher syndrome, although classically covers the triad of oftalmoplejia, ataxia and arreflexia, can manifest itself with less frequent variants, or overlap with other cranial neuropathy. While it is not known exactly how often older adults develop EBV infections,there are descriptions associated with it, neurological manifestations, including Guillain-Barre syndrome and its variants, as well as other cranial palsies.Considering the positivity of PCR for EBV, we may conclude that this is a MF variant, related with EVB.

P-15-60 | HIGH ADHESION AND LOW UNDESIRABLE EFFECTS IN PATIENTS TREATED WITH ENFUVIRTIDE (T20)

Marcela Agostini , Sergio Lupo

Instituto Caici y Cátedra de Medicina Interna I, UAI sede Rosario, Argentina

Objectives: To evaluate the adhesion to the treatment with T20 and to know the undesirable effects.

Material and Methods: 14 HIV + patients under T20, beginning in november 2004. It consisted of a rescue scheme. We analyzed the following parameters: undesirable effects; simplicity of the application and impact of the injections in the daily actions.

Results: They counted on an initial and continuous advising, periodic controls and availability of permanent medical consultation to the possibility of inherent difficulties to the treatment. The period of time of the treatment is between 2 and 36 months. The undesirable effects were: myalgias and hematoma in the application zone 12 (4 degree 4; 4 degree 2 and 7 degree 1); fatigue 2 degree 2; flatulence being 2 degree 2 and 2 degree 1; insomnia 2, degree 1 and 2 like diarrhea; nauseas -vertigo-depression- oral candidiasis- headache - dermatitis- peripheral neuropathy and loss of weight 1 each one degree 1. Auto-application of the injections was difficult for 2 patients and very difficult for 2. Sports, privacy, sex, sleep, travel, work and to move in local form were the activities in which they were affected. 2/14 passed away before finished the first month and 2/14 left the treatment due to myalgias and hematoma after 8 months of treatment.

Conclusions: The long term treatment with T20 was associated with local adverse effects in a big amount of the treated patients. In spite of this and the upheavals in the quality of life that they motivated, next to the administration way, most of the patients continued under treatment. The close contact of the patients with the health group could have contributed to the good adhesion in the treatment.

P-15-61 | SURVIVAL AND CLINICAL CHARACTERISTICS OF EPSTEIN BARR VIRUS ASSOCIATED TO DIFFUSE LARGE B CELL TYMPHOMA IN PERU

Brady Beltran, MD1,*, Domingo Morales, MD2,*, Luis Riva, MD1,*, Fernando Hurtado de Mendoza, MD1,*,, Raul Herrera

1 Oncology Hematology Radiotherapy, Hospital Nacional Edgardo Rebagliati Martins, and 2 Pathology, Hospital Nacional Edgardo Rebagliati Martins, Lima, Peru.

Background: Diffuse Large B Cell Lymphoma (DLBCL) is the most frecuent entity of all Non Hodgkin Lymphomas. Epstein Barr Virus (EBV) positive status is associated with poor survival in Hodgkin lymphoma and T cell NHL. **Aim:** In order to define the prognostic impact of Epstein Barr Virus (EBV) infection in newly diagnostic DLBCL, we investigated the EBV status in Peruvian DLBCL patients.

PATIENTS AND Methods: Between January 2002 and December 2004, seventy-four patients, diagnosed with nodal DLBCL, were included in the analysis. Tissues from patients were analyzed for the presence of EBV encoded RNA (EBER) using the in situ hybridization (ISH) in tumoral cells. **Results:** Of the 74 cases, eleven cases (14.9%) were identified as EBER-positive. EBER positive cases were associated with an advanced age (> 60 years), poorer performance status, more advanced stage, higher International Prognostic Index (IPI) and poorer outcome to initial treatment. The EBER+ DLBCL patients demonstrated substantially poorer overall survival (EBER+ vs. EBER-): 1.1 months (95% CI, 0.0-2.6 months) vs. 15.5 months (1.0-30.0 months) respectively, (p=0.001). Most of the cases EBER (+) were of the non Germinal-Center group. At the multivariable level, EBER status is an independent variable compared with IPI (p=0.001) with a 3.2-fold (95% CI, 1.5-7.2) risk for death for positive cases.

Conclusion: EBV positive status in DLBCL was present in 11/74 cases and is a powerful prognostic factor in this Peruvian population. EBV positive status correlated with advanced age, poor performance status, more advanced stage, non-GC group and short survival. New therapeutic strategies should be investigated in this poor prognostic subgroup.

P-15-62 | DRAMATIC GANGRENOUS NECROSIS AND MYOCARDITIS AS A SEVERE CONSEQUENCE OF MENINGOCOCCAL DISEASE

Arnáiz García, A.; Gutierrez Cuadra, M.; Nuñez Viejo, MA.; Arnáiz García, ME.; Fariñas Alvarez, MC.

Department of Internal Medicine and Cardiovascular Surgery. - Marqués de Valdecilla (Santander- Spain); Spain

Introduction:.meningitidis is the leading cause of bacterial meningitis in children and young adults in eastern countries and the second of community-acquired adult bacterial meningitis. Manifestations of meningococcal disease can be varied, from transient fever to fulminant disease with death within hours of the onset of symptoms.

Case: A woman of 74 year-old with antecedents of diabetes and viral meningitis,was admitted to our hospital presenting fever,vomitings and abdominal pain.The physical examination revealed hypotension,tachycardia and cyanotic perfused extremities.Laboratory findings showed leukocytosis,renal insuffiency,data of disseminated intravascular coagulation,acidosis and hypoxia.Rx thorax showed pulmonary edema.Echocardiography revealed a severe disfunction of left ventricule.With the diagnosis of septic shock, treatment with piperacilin-tazobactam and linezolid was incorporated to the inotropic threatment.Blood cultures and lumbar puncture were done.Fever was increased and in few hours appeared data of cutaneous haemorrhages and necrosis in fingers of hands and feet.N. meningitidis was isolated from blood and cerebrospinal fluid cultures.Treatment with cefotaxime was started with remission of signs of sepsis.However the gangrenous necrosis needed of amputation of the proximal interphalangeal articulations of both hands and transmetatarseal resection of feet.

Discussion: Purpura fulminans is a severe complication of meningococcal disease,occurring in 15-25% of those with meningococcemia.Gangrenous necrosis can follow into the subcutaneous tissue, bone and muscle.Keys to prevent this complication are the early intervention with antimicrobials and support of vascular perfusion.Sometimes,deep necrosis of limbs or digits may call for amputation.More than 50% of patients who die of meningococcemia have myocarditis of varying degrees of severity detected on postmortem examination, and this can be improved with a correct treatment,like in this case.

P-15-63 | IMPACT TO ADD SIMVASTATIN TO THE TREATMENT TO THE SEPTICS PATIENTS

Fretes, Ariel; Báez, Santiago; Bianco, Hugo.; Mongelos, Janine.; Vera de Rufinelli, Jazmín

Adult Intensive Care Unit Hospital de Clínicas.National University of Asunción

Introduction: Sepsis is a frequent condition in the adult intensive care unit (AICU), with a high mortality.

Objetive: To determine whether or not simvastatin decreases mortality in septic patients in an adult intensive care unit (AICU). **Methods:** Randomized, double blind clinical trial. Setting: Patients admitted to the AICU in a state of sepsis from August 2003 to December 2005 were included. Simvastatin 80 mg was administered every 24 hours for 10 days versus placebo. Mortality on discharge from the AICU, from the hospital at 30 days and non-event related were evaluated. The anti-inflammatory effect of simvastatin con C-reactive protein (CRP) was evaluated. A $p < 0.05$ was considered significant.

Results: Sixty-five patients were enrolled; males 53.8% (n=35), age 53.55 ± 18.37 years. Apache II 19.47 ± 6.43, SOFA 8.23 ± 3.45. Patients admitted in septic shock were 69.2% (n=45). CRP on admission was 93.96 ± 11.27. Simvastatin was administered to 46.2% of patients (n=30), placebo to 53.8% (n=35). The two groups were comparable in comorbidities and severity variables. Mortality on discharge from the AICU was 64.6% (n=42), simvastatin group 50 % (n 15) vs. placebo 77.1 % (n 27) [RR 0.54 (0.26 - 0.98) p 0.04]. Mortality on discharge from hospital was 67.7% (n 44), simvastatin 53.3% (n 16) vs. placebo 80 % (n 28) [RR 0.52 (0.27 - 0.99) p 0.04]. Mortality at 30 days 66.2% (n 43), simvastatin 53.3 % (n 16) vs. placebo 77.1% (n 27) [RR 0.57 (0.31 - 1.05) p 0.07]. Sepsis-related in-hospital mortality was 58.46 % (n 38), simvastatin 43.3 % (n 13) vs. placebo 71.42 (n 25) [RR 0.61 (0.38 - 0.96) p 0.04]. CRP day 0 simvastatin group 96 ± 0.0 vs. placebo 92.57 ± 14.9 (p ns!); day 10 simvastatin 36.49 ± 5.78 vs. placebo 76.58 ± 36.46 (p = 0.005),

Conclusions: Simvastatin showed a significant reduction in mortality in septic patients on discharge from the AICU, from hospital and event-related mortality, with a significant reduction in CRP on day 10.

P-15-64 | CUTANEOUS CRYTOCOCCOSIS IN PATIENT WITH COMPROMISED CELLULAR IMMUNITY

Araujo, IK.; Gonzalez, V.V.; Flores, L.; Cardozo, C.; Ruffinelli, JC.

Third Internal Medicine Division. Hospital de Clínicas.National University of Asuncion; Paraguay

Introduction: Crytococosis is a disease caused by Cryptococcus neoformans. Its usual route of entry is via inhalation and is then disseminated to the blood stream being often subclinical in immunocompetent hosts. Cutaneous involvement is usually secondary to a systemic spread and is present in 10-15% of infected patients. Primary inoculated cutaneous lesions occur in less than 5% of the cases and 5-10% have bone involvement with one or multiple osteolytic lesions.

Case Report: a 74 year-old woman had received a year ago antituberculous treatment for lymph node tuberculosis (TB)(Mycobacterium sp.). Her initial symptom was a soft mass in the right shoulder that opened spontaneously with purulent secretion and then 3 masses were evident in the skull along with intermittent pulsatile headache. The physical examination revealed a 4 cm ulcerated papule with purulent secretion and easy bleeding on the right shoulder; 3 solid- elastic skull masses in frontal region (2,5 cm), temporal region (10 cm) and vertex (3 cm); slightly painful. Aspiration biopsy and drainage was performed and Cryptococcus informed in both; culture and anatomopathological studies. Activated NBT (Nitroblue tetrazolium) was decreased, IgA, IgG increased with normal IgE, IgM, CD4 and CD8. HIV serology, blood and urine culture were negative. Skull X-ray showed osteolytic images, CT scan showed margined masses in the outer table of cranial bone with osteolytic changes. No underlying neoplasia was identified. She received 1500 mg of Amphotericin B, with progressive decrease of lesions.

Discussion: papular and ulcerative lesions in immunocompromised patients must suggest the possibility of crytococcal infection even without respiratory or neurological participation. The cellular immunity was compromised in this patient and systemic involvement was not associated with the cutaneous involvement. We should recognize that cutaneous manifestations are not specific to diagnose crytococcus and the biopsy should be done when suspected. Therefore, it is important to recognize cutaneous morphological varieties because they could appear earlier than systemic infection.

P-15-65 | FEVER SYNDROME: TRICHINOSIS AS DIFFERENTIAL DIAGNOSIS

Valdebenito, Ana; Ahumada, Felipe; Andreu, Juan.

Department of Internal Medicine, Hospital Clínico Herminda Martin de Chillan Faculty of Medicine, Universidad Católica de la Santísima Concepción. Francisco Ramirez N 10, Chillan, Chile

Introduction: Trichinosis is an infection due to Trichinella nematodes, most commonly Trichinella spiralis. Trichinellosis has re-emerged as an important zoonotic infection in various parts of the World, including Chile. Initial symptoms most commonly are myalgia and fever, but may appear only fever

Case Presentation: A 40-year-old men was admitted to the hospital because of fever for 7 days (38.5°C), 4 days later presented headache, astenia, anorexia, nausea, abdominal discomfort, diarrhoea and myalgia in upper limbs and in lower extremities. Was diagnosed with typhoid fever and began antibiotic treatment (intravenous chloramphenicol). During the hospitalization remained symptoms, myalgia most intense in lower extremities, invalidant, ocular inflamation and bilateral subconjunctival hemorrhage. Was suspected that the patient submit trichinosis. We learned that consumed poorly cooked pork. Hematologic laboratory tests were performed. The diagnosis was made by increasing the creatinphosphoquinase, eosinophilia and also by serology. He patient were treated with prednisone 60 mg/day for 5 days in addition to albendazol for at least 3 days. Evolved in good medical conditions.

Conclusion: When a patient presents with headache and high fever, we must consider bacterial meningitis; moreover myalgia also consider typhoid. Other infections, however, can cause many of the patient's symptoms. However, with a history of consumption of pork cooked badly and taking into account the epidemiological aspects zone must take into account the diagnosis of trichinosis.

P-15-66 | UNUSUAL COMPLICATIONS OF EPSTEINBARR VIRUS INFECTION

Acosta Felquer, M.L.; Sotelo, H.R.; Castillo, IE.; Thompson, C. Fernández Céspedes, NA.

Servicio de Clínica Medica Hospital "J.R.Vidal". Corrientes.; Argentina.

Introduction: Infectious mononucleosis (IM) is usually an acute, benign and self-limited disease, but it is occasionally associated with severe complications with fatal results.

Case Report: A 37 year-old female with a history of rheumatic fever at 12 years old who presented with tipical chest pain. In addition, allodinia in upper and lower limbs with progressive muscle weakness since 15 days ago, deglution disorder and bilateral facial paralysis. She denied having fever or any infectious disease previosly to iniciation of symptoms. Physical examination: allodinia in legs and feet, hypotonia and muscle weakness grade 2 in 4 limbs, bilateral facial paralysis, patellar and aquilian arreflexia and hiporreflexia in upper limbs. ECG: negative symmetrical T waves in all leads. Normal troponin T. Bidimensional echocardiogram: Ejection fraction of 30%. Parietal akinesia. She was admitted to ICU with probable diagnosis of Guillain-Barre syndrome. Normal brain CT and normal cerebrospinal fluid was obtained by lumbar puncture. ASAT: 166 U/L, ALAT: 313 U/L, LDH: 820 U/L; normal CK and aldolase. Serology for VIH, Chagas disease, toxoplasmosis and VDRL; ANA and antiDNA, Anti-cardiolipin antibodies and Anti acetylcholine receptor were negatives. Electromyography was compatible with polyradiculoneuropathy. After 10 days of admission treatment with plasma exchange was started (5 days) with neurological improvement within 48 hours. She was admitted to our service 3 weeks later. Dexamethasone 24 mg/day and Carbamazepine 600 mg/day were added because of allodinia. Serologic tests were requested for CMV (IgG positive) and Epstein-Barr (IgM positive) Cardiac MRI showed signs of myocarditis, ejection fraction of 55% and normal motility. The patient was discharged after 1 month of hospitalization, with diagnosis of complicated IM. **Discussion:** Myocarditis is an unusual complication of the IM with an incidence rate of 0 to 6%. The endomyocardial biopsy is the method required for accurate diagnosis. In this case was not conducted due to technical reasons. The most common neurological complications are meningitis and encephalitis. Less frecuent is Guillain-Barre syndrome. Glucocorticoids have been used in subjects with heart or serious neurological disease. In controlled trials, acyclovir has not had a significant clinical effect.

P-15-67 | BACILLARY ANGIOMATOSIS AND BACILLARY PELIOSIS HEPATITIS: REPORT OF A CASE

Ossa, G; Mansilla, R; Beltran, M. C.; Nicklas, C.; Chahín, C.

Universidad de la Frontera, Temuco, Chile

Introduction: Bacillary angiomatosis, as well as bacillary liver peliosis, are a consequence of a vascular proliferation process secondary to an infection, mostly in HIV patients. In bacillary angiomatosis, the lesions are located in the skin, an erythematous papule. There can also be found mucous lesions, liver, spleen, bone marrow and bone compromise. Bacillary peliosis is characterized by the presence of liver and spleen angioproliferative lesions.

Case: 29 year-old man, with a history of 4 months with fever, 15 kgs weight-loss, intense general compromise, low back pain, dysphagia and postprandial vomiting.

On upper gastroduodenal endoscopy: extensive esophageal candidiasis. HIV antibody test (+). At the admission the patient presented fever, pain on palpation of the lower lumbar region, and the following exams: Hemoglobin 6.3 mg/dl, Hematocrit 19.5%, MCV 74.4 fl, MCH 32.3 pg, WBC 7.600 with 79.2% granulocytes (6.000), and 15.2% lymphocytes (1.200); CD4+ 77 cel/ul, and a viral load of 210000 copies/ml. Alkaline phosphatase 297, Aspartate Aminotransferase (AST) 32 U/L, Alanine Aminotransferase (ALT) 27 U/L, Lactic deshidrogenase 146 U/L. On lumbar puncture, the cerebrospinal fluid was found to have normal serum chemistry and cell counts, and a negative culture; test for cryptococcal antigena and Koch were negative. Serology for CMV, Toxoplasma gondii and markers were also negative. CT scan of the abdomen showed irregular liver lesions with central liquefaction and little contrast enhancement and caries of the spine in T11 left half and L4 body. Treatment was started with ceftriaxone, metronidazole, fluconazole, cloxaciline, anti TBC drugs and cotrimoxazole without an adequate clinical response (after 21 days). An hemilaminectomy with biopsy was performed, showing an inespecific chronic inflammatory process, Zielh Nielsen and Grocott (-).He was started on 3 drug Antiretroviral therapy (Efavirenz/Lamivudine/Diadoside). However, the fever and the general compromise persisted. The diagnosis of bacillaryy angiomatosis without cutaneous manifestation or bacillaryy peliosis hepatis was proposed. The histologic features seen were myxoid stroma and clumps of a granular purple material that on Warthin-Starry staining proved to be bacilli.

A new treatment with Azithromycin and Ciprofloxacin was begun, achieving an adequate clinical response and total remission of the vertebral lesions. Serological testing confirmed the presence of Bartonella henselae. A new CD4+ count showed 157 cells/ul.

By the time of the discharge the patient had received Azithromycin and ciprofloxacine for 40 days and Acyclovir for 21 days, and he was under antiretroviral therapy.

Conclusion: New methodology in DNA analysis has helped to resolve problems related to identification and diagnosis of Bartonella Henselae infections. In immunocompromi sed patients, not only traditional study (cultures and biopsy), but also serology and molecular analysis should be used whenever a diagnosis of an Bartonella infection is suspected. In this particular patient, we used empirical first-line treatment covering frequent etiologic agents in an immunocompromised host, without an adequate clinical response. Bacillary angiomatosis or liver peliosis without cutaneous compromise were suggested; the diagnosis was confirmed with the serology and the clinical response.

P-15-68 | YELLOW FEVER CLINICAL FEATURES

Montiel, D.; Rolon, R.; Torres, E.; Sachero, T.; Ayala, R.

National Hospital; Paraguay

Target: To present the patients' clinical characteristics with Yellow Fever, hospitalizad in the H.Nacional de Itaugua Report of 3 patients with Yellow Fever, confirmed by the clinic, serologia,PCR and inmunohistoquimica of hepatic fabric.the Dpto. Interne Medicine Hospitalizes of the National on February - March, 2008. -72-year-old male,farmer,proceeding from San Pedro.Picture of 6 days of evolution with fever,debility,jaundice,coluria and hemorrhage conjuntival eye He denies migraine, mialgias,neither previous similar picture,nor similar cases in his environment.Physical examination: PA:120/80, confused, jaundice to level of conjunctive, hepatomegalia, asterixis,in hepatic insufficiency and renal sharpinsufficiency **Laboratory:**citolosis hepatic,mixed jaundice to predominance of the direct one,long TP,leucopenia,anemia, hipoalbuminemia urea and creatinina raised.he did not receive the vaccine antiamarílica.he dies 24 hs later.of the revenue with multiorganic fault.Elisa positive IGM for yellow fever,positive PCR in blood. - Male 57 years, farmer proceeding from Caaguazu, picture of 4 days of evolution, with debility, mialgias diffuse, migraine, fever, jaundice and decrease of the diuresis that progresses to anuria.

He did not receive the vaccine antiamarílica. Physical examination: PA:120/80, P:100/m, mucous leather jaundice and, in hepatic and renal insufficiency **Laboratory:**Leucocitosis,anemia ,mixed jaundice to predominance of the direct one with citólisis hepatic marked,Time of pro trombina prolonged, hipoalbuminemia urea and creatinina raised.he,dies with multiorganic insufficiency to her 24hs of the revenue.Elisa positive IGM for yellow fever,hepatic

Histology compatible with yellow fever positive Inminohistoquimica in hepatic fabric. - 18 years old women with pregnancy,of 31 weeks,picture of 7 days of evolution with mialgias dif fuse,fever,jaundice,lost red for vagina.she joins to the feverish,with mucous leather jaundice and,hepatic fault and renal sharp insufficiency.Laboratory, leucococitosis, jaundice to predominance of the direct one,citólisis hepatic slight time of protrombina prolonged.The pregnancy is interrupted at 24 hs later.of the revenue by foetal sharp suffering.she expires a week of internaciòn in multiorganic fault.Elisa negative IGM for yellow fever,hepatic histology compatible with yellow fever and inmunohistoquimica. Commentaries -The 3 patients presented the serious form of the disease.-One of the patients was proceeding from the zone of risk.-two patients did not have epidemiological link,but the Hemagogus and savettes they were isolated in the peri domicile of these patients. -All the patients died in multiorganic fault.

P-15-69 | RHYNOSINUSAL MUCORMYCOSIS

Mena Araujo, Alicia M; Caram, Alejandra V; Cabrera Maciel, María P; Müller, Emma M. Cecchin, Cecilia Y.

Residencia de Clínica Médica. Hospital Angel C. Padilla. Tucumán. Argentina

Introduction: the mucormycosis is an opportunistic, infrequent and potentially lethal infection caused by the mucoral generus. Exceptionally affects healthy people. It is more frequent in inmunodeppresed ubjects, especially in diabetes, leukemia and post transplant patients. Diagnosis is made by cultures and biopsy of affected areas, that shows the invasive tisular damage.

Case Report: a 55 year-old woman with uncontrolled, type 2 diabetes mellitus with 10 years of evolution was admitted to the hospital with tooth pain after a tooth extraction made 20 days ago, swelling in the soft palate and nasal obstruction. Rhynoscopy showed necrosis of mucosa and purulent discharged. Samples for cultures were obtained. Zigomycosis hifas were observed. Anfotericine B was. The CT scan showed right maxilar sinusitis was observed. Mucormycosis was confirmed by biopsy.

After 10 days of treatment a new CT scan was perfomed that showed no progression of the lesion, but by rhynoscopy, persistence of partial necrosis of the nasal septum was observed. Surgery was performed. The patient completed antifungal treatment with 2 grs of Anfotericine B and was discharged.

Discussion: the remarkable of this case was the favorable outcome for this patient with a rapidly invasive course and frequently lethal disease.

P-15-70 | INSTITUTIONAL RECORD OF ANTIBIOTIC RESISTANCE IN URINARY INFECTIONS

Estevez, Leandro; Fernandez del Casal, Carlos; Elicabe, Gustavo.; Maccio, Pedro.; Ragonese, Carlos

Clínica Privada Pueyrredón, Mar del Plata. Argentina

OBJECTIVE: To establish the antibiotic resistance in urinary ambulatory infections (UAI) in a private Clinic.

PATIENTS AND Methods: An observational retrospective study was developed from February 8, 2006 to March 30, 2007. The patients were evaluated in the emergency room (ER) and on an outpatient medical care office. Patients with acute pyelonephritis and acute cystitis were included in this study. Each patient was given a written set of guidelines on how to obtain samples using the clean catch method. The urocultures with a concentration of more than 50000 CFU/ml (Colony Forming Units) were considered positive samples. The Bauer-Kirby disk-diffusion method was used.

Results: Of a total of 3920 patients, 1050 (26.7%) were positive urocultures. Excluding mixed flora and candiduria 978 (24.9%) remained. 688 (70.3%) of these were a match for Escherichia coli, followed by Proteus mirabilis and Staphylococcus saprophyticus with 87 positive urocultures each (7.46%). Escherichia coli resistance to Cotrimoxazole was observed at 30.45% Odds Ratio 2.49 (IC 95% 1.39-4.51), and 13.3% resistance for Ciprofloxacin Odds Ratio 3.21 (IC 95% 2.12-1.41). There was only a 2.27% resistance for Nitrofurantoin. Total resistance was 11.1% for Ciprofloxacin, 12.9% for Nitrofurantoin and 25% for Trimethoprim/Sulfamethoxazole.

Discussion: As a result of this study, Quinolones or Nitrofurantoin will be used as first choice drugs in IUA, given the resistance observed in Cotrimozaxole.

P-15-71 | SPINOCELLULAR CARCINOMA OF THE PALPEBRAL CONJUCTIVA IN HIVINFECTED PATIENT

Figueiredo, Felipe; Carvalho, Ricardo; Ferry, Fernando; Velho, Marcelo.

Universidade Federal do Estado do Rio de Janeiro- UNIRIO-; Brazil

Introduction: HIV infection is frequently associated with development of malign tumors, including ophthalmologic ones. Spinocellular Carcinoma is a common neoplasy seen in bulbar conjunctiva, but it rarely affects the palpebral conjunctiva. It has some possible etiologies as ultraviolet radiation exposure, immunodepression and HPV infection.

Presentation of Case: C.S.S., female, 45 years old, multiple sexual partners, without the use of condom. Past history of syphilis and gonorrhea. Have been using illicit drugs, excepting injectable ones. Smoker and heavy drinker during the past two decades. HIV/AIDS patient, diagnosed in 1989, AIDS stage IV-B (symptomatic infection – encephalopathy and neuropathy) in treatment with (AZT/3TC/ABC) since 01/2003.

Patient presented extra-ocular infiltrative lesions in both eyelids of the left eye, hyperemia and localized edema, with hypothesis of lymphoma. Treatment of choice was surgical exeresis with wide surgical margins (determined on the basis of gross inspection of the excised tumor and the cut surface). Histopathologic exam diagnosed squamous cell carcinoma.

Two days after procedure, patient have gone home and returned few days later to remove stitches. An ambulatorial follow-up was scheduled to detect an eventual tumor recurrence.

Conclusion: Conjunctival involvement by squamous cell carcinoma shows higher aggressiveness in HIV-infected patients. Such patients need several evaluations to have an early detection of recurrence, even after complete excision of the tumor. This kind of tumor is easily noticed in a phase that certainly would not be noticed if it have had appeared in a different site, such as stomach. Due this precocious detection, it has an effective treatment and metastases are rare.

P-15-72 | A FEBRILE NEUTROPENIA CASUISTRY

Custodio, Sandra; Andrade, Luis; Joaquim, Ana; Moreira, Sara; Gonçalvez, Ermelinda

Sao Sebastiao Hospital; Portugal

Introduction: Myelosuppression remains the leading cause of dose-limiting toxicity associated with systemic cancer chemotherapy. Febrile Neutropenia is a medical emergency with a high mortality, being early diagnosis and prompt treatment essential for a successful management. The risk of Febrile Neutropenia depends on the type of cancer (location and stage), treatment (type and intensity of the regimen), as well as host-related factors (age, gender, comorbid conditions).

Material and Methods: Retrospective analysis of demographic, clinical and prognostic factors among patients with Febrile Neutropenia, hospitalized in the Internal Medicine Department of São Sebastião Hospital from 1st January 2004 to 31st December 2007. Data were collected made from the clinical files of the Internal Medicine and Medical Oncology Departments.

Results: 103 episodes of Febrile Neutropenia were registered: 88 hospitalized patients (13 twice; 1 three times). The mean age was 62,7 ±13 years, comprised between 31 (min) and 87 (max); 56% were males. The most prevalent cancers found in these patients were: lung (18%), breast (17%) and lymphoma (15%); and 58% of patients had a stage IV malignancy. All patients had Neutrophil counts <1000cel./mm3 at Nadir: 51% 100cel./mm3, 33% between 100 and 500cel/mm3, and 16% >500cel/mm3. The Hospitalization had an average duration of 8,1 days (±7 days). The in-hospital mortality was 21 patients (20,4%). Gender, age, type of cancer and CRP value were not predictive risk factors for in-hospital mortality.

DISCUSSION: AND **Conclusions:** The majority of patients had a neutrophil count <100cel./mm3 and stage IV malignancy which accounts for a worse prognosis. The mortality rate encountered is in accordance with the international data. It is essential to study the population of different hospitals and countries in order to improve the management of Febrile Neutropenia and prevent its occurrence.

P-15-73 | BLASTOCYSTIS HOMINIS AND OTHER INTESTINE PARASITES IN AMBULANT FOOD IN CASCAVEL CITY PARANÁ BRAZIL

Ganassin, Lisiane T.; Tazikawa, María das Graças M. H

Universidade Estadual do Oeste do Paraná- Brasil

Introduction: In the last decades a change in the alimentary habits of the population has been observed in general, also in Brazil, this having to the great population growth in the great centers and to theagricultural exodus, what it increases the search for extradomiciliate feeding. Such fact generates a concern regarding the contamination of foods, therefore beyond the parasites providing with the water, of infect foods of animal origin, the food manipulators, mainly the unsymptomatic, and its utensils of preparation also are a source in potential for its dispersion. Thus, considering the importance of the food manipulators as potential transmitters of intestine parasites one searched in this study to verify the occurrence of intestine parasites in ambulant food salesmen in the city of Cascavel - Paraná, Brazil. **Material and Methods:** Excrement analyses of 71 people of the ambulant food commerce had been carried through, with varied ages and of both the sorts. The fecal samples had been collected in appropriate bottles contend buffer formaline 10% and analyzed by the methods of Lutz/Hoffman, Pons and Janer and modified Ritchie.

Results: The general occurrence of parasites was of 25 (35,2%), the found protozoan more was Blastocystis hominis 13 cases (52,0%), being the masculine sort the most assault the 8 (61,5%) and etárias bands of 21a the 30 and 31 40 years more the attacks with 3 (23,1%) respectively. In 7 (53,9%) of the cases one met as only parasite and in 6 (46,2%) associates to other protozoans, being more frequent associated with nana Endolimax 5 (20,0%), Giardia lamblia 3 (12,0%), Entamoeba histolytica/dispar 3 (12,0%), Ancilostomídeos 2 (8,0%), Ascaris lumbricoides 1 (4,0%), Strongyloides stercoralis 1 (4,0%). Quarrel: The biggest meeting of protozoan in relation to the helmintes has been demonstrated for some authors and can be related to the restricted self-medication for the helmintes. The biggest meeting of the protozoan Blastocystis hominis in some regions, in the coprologic examinations demonstrates the necessity to elucidate the controversies and indefinitions the respect of this protozoan. The relation between sort and intestine parasites total is not elucidated, needing several other studies. The results demonstrate the relevance of fecal-verbal transmission e, therefore it must be prioritized the measures of control of intestine parasites in this population.

P-15-74 | USEFULNESS OF RAPID REPLY SYSTEM OF INFECTION CONSULTATION FACILITATED BY PREVISIT OF ID FELLOW TO PHYSICIANS WORKING IN INTERNAL MEDICINE DEPARTMENTS

Jeon, Jae Hyun; Park, Wan Beom; Park, Sang Won; Myuoong, Don Oh; Choi, Kang Won

Department of Infectious Disease of Internal Medicine, Seoul National University Hospital, Seoul, South Korea

Introduction: We changed reply system of infection consultation from May. 1. 2007. Consultation was replied back within 24 hours from the first contact time and all the first reply after infectious disease (ID) fellow visit was confirmed by ID staff within that time. We surveyed the satisfaction and usefulness of infection consultation.

MATERIAL AND METHOD: : We made the questionnaire about frequency of contact to infection specialist , reason of contact , usefulness of reply in diagnosis and treatment of infectious disease, rapidity of consultation reply, satisfaction rate.

RESULT and DISCUSSION: Reliability rate was diverse (Reliable : 64.8 % , Not reliable : 10.8%). Overall satisfaction rate was high (so so and Yes : 5.4% and 94.6%). Rapid double confirmation system was highly satisfactory consultation system to physician. But impact of this system on mortality and hospital stay of patient must be studied more.

P-15-75 | PREVALENCE OF MULTIDRUG RESISTANT TUBERCULOSIS IN PERUVIAN ARMY FORCE

Herrera, Raúl; Flores, Neil; Lamilla, Miguel.; Ayllon, Eduardo.; Beltran, Brady.

Military Hospital, Police Hospital and Air Force Hospital of Peru; Portugal

SUMARY

PURPOSE: The Aim of this study was to investigate the prevalence of drug resistance to tuberculosis in Peruvian Army Force and evaluated the clinical characteristic of diagnosed patients of drug resistance.

Methods: : We evaluated patients diagnosed of Multidrug Resistant Tuberculosis whit a positive culture and test of drug susceptibility showed antituberculosis drug resistance between patient whose are included at Tuberculosis Program of following Hospitals : Military, Police and aeronautic. This study include patients since 2000 to now.

RESULTS: : We evaluated 361 patients includes at Tuberculosis Program, where we found 32 patients con of Multidrug Resistantuberculosis, by the way the prevalence Of Multidrug Resistant Tuberculosis in Peruvian Army Force was de 8.86 %. All patiens were previously treatment and no were news cases. The resistance a three or more drugs were more frecuent an the resistance to isoniazid and rifampin were more frecuent too. We observed that 10.53 percent of patients had a low body mass index and 25,64 percent of patients had a low hematocrito. 71,05 percent of patients were males. he> medium age was 31 years. 84.21 percent of patients were in close quarters. And 7.89 percent of patients were another diseases as diabetes and arthritis. Nobody had AIDS.

Conclusion: : The Prevalence of Multidrug Resistant Tuberculosis in Peruvian Army Force was of 8.86% . All patients were previously treatment with antituberculosis drug in any time in their lifes. The prevalency of Multidrug Resistant Tuberculosis is relative low in comparision with the general peruvian population where the prevalence is 12.3 %. In this study no was found relation between live in close quarters and a higher prevalence of Multidrug Resistant Tuberculosis.

P-15-76 | CENTRAL NERVOUS SYSTEM CRYPTOCOCCOSIS IN A PATIENT WITH SYSTEMIC ERYTHEMATOUS LUPUS: A CASE REPORT

Bustabad, Estefania; Lopes, Emilia; Caetano, Olinda.; Alves, Gloria; Cotter, Jorge.

Hospital de Guimaraes.; Portugal

Introduction: Cryptococcal infection is a rare, yet well recognized complication of systemic lupus erythematosus (SLE).this case emphasize that the pacients developed this opportunistic infection as the result of immunosuppressive therapies, whether the intrinsic immunological defects of sle may be directly responsible for the predisposition to fungical infections.

Case: We report a case of a 41 years old female diagnosed with SLE, arterial hypertension, thrombosis of porta artery, renal insufficiency due to lupic glomerulonephritis type IV, treated with corticosteroids and immunosuppressive drugs.

She consulted the emergency of our Hospital for generalized tonic-clonic seizure.The skull computed tomography scan showed the presence ofintracerebral masses of possible inflammatory versus neoplasic origin. in the cerebrospinal fluid were detected numerous cryptococci.

She was treated with intravenous liposomal amphotericin B, followed by oral fluconazole with favourable response.

The clinical symptoms and follow-up images improved.

P-15-77 | INFECTIOUS ENDOCARDITIS ANOTHER GREAT PRETENDER

Gregorio,R.; Vedes, E.; Toscano Rico, M.; Dores Marques,M; Sousa Guerreiro, A.

Hospital de Pulido Valente - Portugal

Authors present a case of a 55-year-old white male, with previous history of bipolar disease, admitted because of asthenia and diaphoresis for the last two months. He showed a skin rash diagnosed as inverse psoriasis and addictive oligoarthritis of the left knee and right tibio-tarsic joint.

On admission, physical examination showed tympanic temperature of 38 ºC, there was no cardiac bruits nor cutaneous vasculitis stigmata. He had mild anemia and sedimentation rate of 110 mm/1st hour. Thoracic and abdominal CT scan and tumor markers were negative. Shigella, Campylobacter, Yersinia, parvovirus B19 and EBV were tested and negative, excluding reactive arthritis. Auto-antibodies were not present.

The synovial liquid exam of the knee showed no pathologic findings. Autoimune study was positive to Reumathoid Factor (RF) and HLA-B27 and high suspicion psoriatic arthritis was sustained. Because of persistent high sedimentation rate and constitutional complaints a transthorac! ic echocardiogram was performed and revealed a nodular lesion strongly suspected of vegetation, confirmed by trans-esophagical echocardiogram. Infectious

Endocarditis was suspected inspite of persistent negative blood cultures. There were one major and two minor Duke's criteria (vegetation, fever, RF). The patient was empirically treated with ceftriaxone and gentamicine with great improvement. This case shows the importance of a careful differential diagnosis and high suspicion level.

P-15-78 | THE ROLE OF LEPTIN ADIPONECTIN AND RESISTIN IN TYPE 2 DIABETIC PATIENTS WITH METABOLIC SYNDROME.

Almeida, B.; Silva, J.; Marques, R.; Pereira, H.; Coelho, A.

Internal Medicine (Dir.A. Figueredo),Cardiology and Clinical Pathology Services Centro Hospitalar de Coimbra E.P.E.Coimbra, Portugal

Introduction: Fat tissue is viewed as an active endocrine organ with a high metabolic activity. Adipocytes produce and secrete several adipocytokines that play an important role in the metabolic control of diabetes. Our objective was to evaluate interactions among leptin, adiponectin and resistin and the profile of type 2 diabetes in patients with metabolic syndrome. **Materials and Methods:** we present the results of 93 patients (age: 59.6±12.4 years). The presence of metabolic syndrome in type 2 diabetic patients was the inclusion criteria according to the guidelines of the International Diabetes Federation. The patients underwent anthropometric examination, with determination of waist circumference, BMI and fat tissue using electric bioimpedance. The serum concentration of leptin was measured using RIA kits, adiponectin and resistin were analyzed by Elisa immunoassay and C-peptide by quimioluminescence. Lipid profile, HbA1c and high-sensitive CRP were also quantified on a fasting period. The atherogenic index, using the relation between leptin and adiponectin, was also calculated. **Results:** The BMI mean was 32.5±5.9 Kg/m², waist circumference was 105.1±18.1 cm, fat tissue was 36.6±8.3 % and HbA1c was 8.3±1.8 %. When measuring adipocytokines levels the mean of leptin was 21.5±18.2 ng/ml, adiponectin was 6.1±6.7 µg/ml and resistin was 2.5±1.2 ng/ml. The Pearson correlation coefficient was calculated for the variables under study showing that there was a positive correlation between leptine and BMI (r=0,516, p=0,0018) and fat mass (r=0,482, p=0,0039), but not with HbA1c. Adiponectin had no correlation with HbA1c, but had a strong association with the level of HDL cholesterol (r=0,691, p=0,0001). We have found correlation between resistin and BMI (r=0,539, p=0,001), weight (r=0,437, p=0,0098), HbA1c (r=0,331, p=0,043) and C-peptide (r=0,512, p=0,017), but absence of statistic correlation with body fat mass. The atherogenic index was positively correlated with high-sensitive CRP (r=0,414, p=0,04). **Discussion:** Our study concludes that the atherogenic index (using the relation between leptin and adiponectin) can be used to assess the risk of the occurrence of cardiovascular disease. Resistin showed a positive correlation with BMI and weight, as higher levels of this adipocyte-derived protein seem to be associated with increased production of endogenous insulin and higher values of HbA1c.

P-15-79 | PREVALENCE OF PATHOGENS AND ANTIMICROBIAL SUSCEPTIBILITY IN URINE CULTURES OF PATIENTS REFERE TO AVESINA QAZVIN TEACHING CENTER.

Assefzadeh, M.; Hagmanochehri, F.; Mohammadi, N.; Tavakoli, N.

Qazvin Medical University, Qazvin- Iran.

Abstract **Background:** Knowledge of antimicrobial susceptibility is a suitable method in empirical Use of antimicrobial agents.

OBJECTIVE: with notice to high Prevalence of urinary tract infections and their importance among other infections & also lack of data regarding the prevalence and antimicrobial Susceptibility of pathogens in Avesina Qazvin hospital, this study was designed to detect the prevalence and antimicrobial susceptibility of urinary tract infections.

Methods: This prospective study carried out across 3 months from July to September 2007 investigation of positive urin cultures of out patients and inpatient of Avesine Qazvin Teaching hospital. The antimicrobial Susceptibility Testing Performed by disk diffusion method.

Finding: Among 224 urine Sample, E coli was the most Species (61.20/0) and Pseudomonas (10.30/0), Kellebsiellg(8.90/0), Congolese-Negative staphylococcus (6.30/0) were the Common pathogens. Nitrofurantoin(72.40/0) and Amikacin (77%) have had most efficacy on Ecoli speias & also Amikacin was the most effective antibiotic agent for Pseudomonas species(50%). C

onclusion: Ecoli was the most common pathogen and maximum susceptibility was seen to Nitrofurantion. Amikacin was the most effective agent for Intravenous use. **Keywords:** UTI - Microorganisms - Antimicrobial susceptibility.

P-15-80 | CEFTRIAXON RESISTANT ECOLI MENINGITIS SUCCESSFULLY MANAGED WITH CEFTAZIDIM AND CIPROFLOXACIN: CASE REPORT AND RENIEW OF THE LITERATURE.

Assefzadeh, M.; Allami, A.

Qazvin Medical University, Qazvin- Irán

Case: A 57-year-old Iranian woman presented with a 4-day history of fever, malaise, and disorientation. Signs of meningismus were evident on examination. Her medical history was remarkable for diabetes mellitus, hypertension. She had been frequently admitted hospitals. Ampiciline, Ceftriaxon, and vancomycin began for possible bacterial meningitis. A head CT scan without contrast was unremarkable.

The analysis of CSF revealed compatible values for bacterial meningitis. The cultures of urine, and CSF samples yielded Ecoli. The patient's clinical condition did not improve after 3 days. On hospital day 4, the culture of CSF was still positive. By use of disk method, the isolate was found to be resistant to cephtriaxone and imipenem but sensitive to ciprofloxacin. Ceftriaxon was discontinued then therapy with iv ciprofloxacin, 400 mg given every 12 h and ceftazidim 2g given every 8 h were begun.

The results of repeated analyses of CSF showed improvement, and the culture of CSF samples was negative. Ciprofloxacin and ceftazidim was continued for a total of 21 days. The patient remained asymptomatic, with no recurrence.

KEYWORD: Ecoli Meningitis, Cephtriaxon, Ciprofloxacin.

P-15-81 | INVESTIGATION OF ANTIBIOTIC RESISTANCE AND SUSCEPTIBILITY PATTERNS OF COMMUNITY-ACQUIRED URINARY TRACT INFECTIONS IN UNIVERSIDADE BRAZ CUBAS AND IPIRANGA HOSPITAL MOGI DAS CRUZES BRAZIL

Edson Costa, Marcelo Fabiano Rodrigues, Leila Moussa Costa, Sonia Maria Almeida, Silvia Froes Bassini

HOSPITAL, MOGI DAS CRUZES, BRAZIL

Introduction: Urinary tract infections (UTIs) remain the common infections diagnosed in outpatients as well as hospitalized patients. Current knowledge on antimicrobial susceptibility pattern is essential for appropriate therapy. Extended-Spectrum beta-Lactamase (ESBL) producing bacteria may not be detected by routine disk diffusion susceptibility test, leading to inappropriate use of antibiotics and treatment failure. **OBJECTIVE:**The aim of this study was to determine the distribution and antibiotic susceptibility patterns of bacterial strains isolated from patients with community acquired urinary tract infections (UTIs) at Ipiranga Hospital in Brazil as well as identification of ESBL producers in the population of different uropathogens. **Methods:** Urinary isolates from symptomatic UTI cases attending to the Universidade Braz Cubas and Ipiranga Hospital at Mogi das Cruzes were identified by conventional methods. Antimicrobial susceptibility testing was performed by Kirby Bauer 8217;s disc diffusion method. Isolates resistant to third generation cephalosporin were tested for ESBL production by double disk synergy test method. **Results:**Of the 457 tested sample 60 samples showed growth of pathogens among which the most prevalent were E. coli (61%) followed by Klebsiella spp (28%). The majority (69%) of the isolates were from female while the remaining were from male. Among the gram-negative enteric bacilli high prevalence of resistance was observed against ampicillin and co-trimoxazole. Most of the isolates were resistant to 4 or more number of antibiotics. Forty two percent of isolates were detected to produce ESBL among which 34.42 % were E. coli isolates.

Conclusion: This study revealed that E. coli was the predominant bacterial pathogen of community acquired UTIs in Mogi das Cruzes, Brazil. It also demonstrated an increasing resistance to Co-trimoxazole and production of extended spectrum b-lactamase among UTI pathogens in the community. This study is useful for clinician in order to improve the empiric treatment. Seldin DW, Giebisch G. The Kidney: Physiology and Pathophysiology (3rd ed), Philadelphia, Lippincott, Williams & Wilkins, 2000, pp 2589, 2613-2614.

Hooton TM, Stamm WE. Diagnosis and treatment of uncomplicated urinary tract infection. Infect Dis Clin North Am 1997; 11: 551-581.

Kunin CM. Urinary tract infections and pyelonephritis, in Cecil Textbook of Medicine, 21th ed, edited by Golsman L, Bennett JC, Philadelphia, WB Saunders Co, 2000, pp 613-617.

P-15-82 | PSEDALLESCHERIA BOYDII INFECTIONS

Marques N, Sá R, Ferreira E, Serra E, Rabadão E, Coelho F, Saraiva Da Cunha, Meliço-Silvestre

Infectious Diseases Department, University Hospitals of Coimbra, Portugal

Introduction: Pseudallescheria boydii and its asexual form, Scedosporium apiospermum are filamentous fungi found ubiquitously in the environment.

Objectives: and **Methods:** The authors report 3 cases of Pseudallescheria boydii infections diagnosed between 2003 and 2007. A retrospective analysis of clinical records was performed.

Results:

Case I: A 76-year-old woman with a 3-month history of generalized lymphadenitis underwent a supraclavicular lymph node biopsy. Fungal culture revealed P. boydii. Treatment with voriconazole was effective.

Case II: A 68-year-old renal transplanted man presenting a 1-month history of 3 painful skin nodules on his left leg was submitted to skin biopsy culture, which revealed P. boydii. The lesions disappeared after treatment with voriconazole.

Case III: A 66-year-old diabetic renal transplanted man presented with fever, headaches and seizures. Brain CT scan showed a right frontal abscess and surgical drainage was performed. Cultures from the abscess yielded P. boydii. Treatment with voriconazole was performed for 14 weeks but approximately one month after its suspension he died of pulmonary tuberculosis.

Conclusion: P. boydii infections are rare. Invasive disease is potential l ethal and its management it's difficult. Resistance to traditional antifungals such as amphotericin B is well known. Treatment with newer triazoles, such as voriconazole seems to be more efficacious.

Bibliography:

Castiglioni B, Sutton DA, Rinaldi MG, Fung J, Kusne S. Pseudallescheria boydii (Anamorph Scedosporium apiospermum) Infection in solid organ transplant recipients in a tertiary medical center and review of the literature. Medicine (Baltimore). 2002 Sep;81(5):333-48.

Nesky MA, McDougal EC, Peacock Jr JE. Pseudallescheria boydii brain abscess successfully treated with voriconazole and surgical drainage: case report and literature review of central nervous system pseudallescheriasis. Clin Infect Dis. 2000 Sep;31(3):673-7.

P-15-83 | DESCRIPTION OF SEPTIC HOSPITALIZED PATIENTS BELONGING TO AN HMO

San Roman, E.; Giannasi, S.; De Toma, A.; Martínez, B.; Giunta, D.

Hospital Italiano de Buenos Aires; Argentina

Background: Severe sepsis is an ongoing challenge for clinicians and health-care administrators mainly because is associated with a high incidence, mortality rate and costs. In recent years, several epidemiological studies about the incidence of sepsis have been published. Despite extensive research into the aetiology and treatment of severe sepsis, little is known about its epidemiology in a Health Maintenance Organization (HMO) with strong focus on primary care. Objective. Determine de incidence and outcome of sepsis in hospitalized patients with the same HMO.

Methods: Cross sectional prospective observational study. We included consecutive hospitalized patients with sepsis syndrome belonging to the same HMO, from November 2007 to March 2008. All the patients were included in the Institutional Sepsis Registry.

Results: From 130000 adult patients belonging to HMO, 329 patients were included, which represents 415 sepsis episodes. 5.9% of HMO hospitalizations with an incidence density of 4.5 cases per 1000 people per year (95% confidence interval, 4-5). The median hospital stay was 9 days for all patients with sepsis and hospital mortality was 19%. Median aged was 78 years old (intercuartil range 17) and 53% were female. Median Charlson´s comorbity score was 2. The most frequent comorbidities were chronic hypertension (75%), dyslipidemia (48%), cancer (29%) and dementia (19%) and diabetes (18%). The most frequent primary sources of infection were respiratory tract infections (45%), urinary tract infection (26%), abdominal infections (10%), intravascular (9%). Nosocomial sepsis was 24% of the episodes; and 34% required hospitalization in critical care unit. Mortality in inpatient with septic shock was 73% (95% confidence interval 58-87), Multiple organ failure 63% (95% confidence interval 51-74), severe sepsis 57% (95 % confidence interval 47-67) and sepsis 6% (95% confidence interval 3-9).

Conclusion: The incidence of sepsis increased with age and comorbidity status. Mortality increases with multiple organ failure increase.

P-15-84 | DESCRIPTION OF CENTRAL VENOUS CATHETERRELATED SEPSIS IN A COMMUNITY HOSPITAL

Pollán, J.; Martinez, B.; Salazar, E.; Elizondo, C.; Giunta, D

Hospital Italiano de Buenos Aires.; Argentina

Background: Catheter related sepsis is a common complication in inpatients associated with increased mortality, comorbidity and longer hospital stay. Objective. To describe the episodes of catheter related sepsis in a group of patients with new episodes of sepsis included in the Institutional Sepsis Registry (ISR) in a Health Maintenance Organization at a University Hospital.

Methods: Descriptive cross sectional study. All consecutive inpatients with a new episode of sepsis associated to central venous catheter-related bloodstream infections according to attending physicians were included, between November 2007 and March 2008.

Results: 328 patients with sepsis were included in the ISR. 24 (7%) had Catheter related sepsis. The median age was 70 (intercuartil range 20) and 46% were female. The median Charlson comorbidity score was 2 (intercuartil range 2.5). 75% (18/24) episodes were considered hospital acquired infections, 4% (1/24) community acquired (4%), and 21% (5/24) related to the health care system infections. 7 (29%) patients presented septic shock, 12 (50%) severe sepsis, 11 (46%) multiple organ failure. 6 (25%) central venous catheter-related bloodstream infections were associated to a triple lumen catheter, and 6 (25%) to a Swan-Ganz catheter. 62% of the patients had positive blood culture obtained from peripheral vein, 46% had a positive catheter culture, and 21% a positive blood cultures obtained through the catheter. Staphylococcus aureus was the most frequent bacteria isolated 8 (33%), follow by Coagulase Negative Staphylococcus in 3 (12.5%) and Klebsiella Pneumoniae 3 (12.5%). The median Length of Stay was 19 days (intercuartil range 23) and hospital mortality was 36% (IC95% 14 - 58).

Conclusions: Catheter related sepsis was presented in 7% of the whole episodes of sepsis included in the ISR. Mostly were hospital acquired infections, but a considerable proportion was detected in related to the health care system infections. The high mortality and length of stay stress the burden of diseased in patients who suffer this complication.

P-15-85 | MENINGITIS DUE TO COINFECTIONS OF C. NEOFORMANS AND M. TUBERCULOSIS IN PEOPLE LIVING WITH HIV/AIDS.

Chumpitaz, R.; Claros, J.; Soto, A.; Angeles, V.; Quispe, B.

Department of Medicine, Hospital Nacional Unánue (HNHU) .Lima; Perú.

Introduction: Criptococcal meningitis is the most frequent Central Nervous System (CNS) infection in people living with HIV/AIDS (PLWHA). The co-infection with M. tuberculosis has been rarely described.

OBJECTIVE: to describe the clinical and laboratory findings (including the characteristics of the Cerebrospinal fluid (CSF) analysis) in PLWHA with meningitis due to coinfection of C. neoformans and M. tuberculosis.

Methods: We reviewed the clinical records of patients with diagnosis of meningitis due to both C. neoformans and M. tuberculosis hospitalized in the internal medicine ward of HNHU from 2003 to 2007.

Results: 5 cases were identified. All were males. Average age was 37,4 years (31-54) and average time before seeking clinical attention was 32 days (9-60). Mean CD4 cell count was 52 cells/mL(1-136). All patients presented with headache and nausea or vomiting. Nuchal rigidity was found in 4 patients (80%) and fever in 3 (60%). Other symptoms included altered mental status, behaviour disturbances, agitation, photophobia and diplopia. The CSF was transparent in all cases with an average WBC count of 26,4cel/mL, which showed mononuclear predominance in all cases. The average levels of Glucose, Protein and ADA were 1,7mmol/L, 0,84g/dL and 8u/L respectively. All the patients had positive results for cryptococal antigen, Indian Ink test and C. neoformans culture. The diagnosis of tuberculous meningitis was based on positive Acid Fast Smear in 2 cases, a positive culture in 1 case and positive Polymerase chain reaction in 2 cases. All the patients had an initial diagno! sis of cryptococcal meningitis , but additional investigation was done due to persistence or relapse of symptoms after a successful initial clinical response. The average time between diagnosis of Cryptococal meninigitis and Tuberculous meningitis was 45 days (6-100)

Conclusion: coinfection with C. neoformans and M. tuberculosis as a cause of meningitis has been rarely described but deserves clinical attention, particularly in patients with persistence or relapse of symptoms after an initial response and in patients from countries with a high prevalence of tuberculosis. Key words Meningitis, Cryptococcus, M.Tuberculosis.

P-15-86 | SYPHILIS. CHARACTERISTIC OF CONSULTATIONS IN AN INFECTIOUS DISEASES UNIT DURING 2007.

Barolin, Clarisa.; Viegas, M.; Romani, A.; Migazzi, C.

Hospital Presidente Perón de Avellaneda. Prov. Bs. As. Argentina

Objetive: To describe the results of consultations by syphilis in our Infectious Diseases Unit during 2007.

Material and Methods: prospective study based on history, background, review clinical outcomes of VDRL with its confirmation, TPHA , FtaAbs or Elise.

Results: Of 51 patients with syphilis, 28 (55%) were female and 23 (45%) males with an average age of 33 years (women 31 years and boys 34 years). 22 (43%) patients arrived derived from another service, of whom 14 (63%) come from obstetrics (perinatal transmission), 9 (18%) for civil registration formalities or sanitary pad, 6 (12%) through sexual contact with sick patients and 14 (27%) by finding laboratory routine. We had 5 cases of co-infection with HIV. With regard to educational level, 67% had completed primary schools, only 6 (11%) secondary school, and 33% did primary incomplet. Clinical stage was at 60% of the cases, latent late syphilis; 20% secondary syphilis; 10% primary syphilis and latent early.

Conclusions: Syphilis is predominant in the thitd decade of life (as covered by bibliography). Consultations are in very late stage (60% are latent late syphilis). Low association with other sexually trasnsmitted infections (10% to HIV). .It would be useful to include a request for VDRL in the analysis routine.

P-15-87 | SPONTANEOUS CRYPTOCOCCAL PERITONITIS IN A CIRRHOTIC PATIENT.

Tolusso Mariela Eugenia, Canteros Teresa Mabel, Bichara María Fernanda, Romo Claudia, Segovia Marianela.

Clínica Médica. Hospital José M. Penna. Buenos Aires. Argentina

Objetive: To report a case of not common disease but with high mortality

Background: Spontaneous bacterial peritonitis (SBP) is a common complication in patients with liver cirrhosis and ascites, nevertheless SBP caused by fungus, particularly Cryptococcus neoformans is rarely reported. Due to the diagnosis is usually delayed, the mortality of these patients is high.

Case Report: A 54-year-old man with history of alcoholic cirrhosis, hepatic failure Child-Pugh C, upper gastrointestinal bleeding and broad-spectrum antibiotics for urinary tract infection. On admission, the patient was drowsy with hepatic encephalopathy grade II, fever and tense ascites on abdominal examination. Laboratory findings: Hct. 28%; WBC 14,200; platelets 138,000; prothrombin time 22%; PTT 46 second. albumin 1,9 mg%, Serum anti-HIV, HCV and HBV negative. Ascitic fluid examination reveled slight turbidity, with blood cell count 158/mm3 with 69% lymphocytes. Serum-ascites albumin gradient (SAAG) was 1.8 g/L, total protein 0, 52 mg/dl, albumin 0,1mg/dl.

Results: Encapsulated, budding yeasts were incidentally detected at microscopic examination. India ink preparation confirmed presence of Cryptococcus. Ascites fluid cultures reveal growth of Cryptococcus neoformans after 3 days. Blood and urine cultures were steriles. Serum cryptoccocal antigen was negative. The patient was treated with amphotericin B. He develops improvements, last ascites fluid cultures were negative, but the kidney function deteriorated and requiered dialysis.

Conclusions: SBP is a common complication in patients with advanced liver cirrhosis and ascites. A predominance of lymphocytes on ascites fluid may be a clue for non-bacterial causes. In such a situation, the possibility of spontaneous fungal peritonitis should be considered. Clinical awareness of this unusual but lethal entity may lead to earlier diagnosis and proper treatment.

P-15-88 | TUBERCULOUS PERICARDITIS. REVIEW OF ONE CASE.

Braulio Vargas1,2; Alonso Salazar1; Eugenio Ionescu1; Reinaldo Gámez1; Edmundo Martínez1; María Carolina Maldonado1; Richard Scalonna1

1Department of Internal Medicine, Miguel Perez Carreño General Hospital.

2La Floresta Cardiovascular Center. Caracas, Venezuela.

Case: A 61-year-old previously healthy man presented to our Emergency Room complaining of a one-month progressive dyspnea, from moderate to small efforts, fever and dry-cough history. Physical examination revealed cutaneous pallor, crackles at pulmonary auscultation and hypophonetic, tachycardic heart sounds. Twelve-lead electrocardiogram revealed low-voltage complexes as transthoracic echocardiogram severe pericardic efussion. Patient underwent a pericardic window procedure, obtaining 900 mL of citrine turbid fluid, which alanine deaminase analysis was positive (74 IU/L).

In the last decade, the tuberculous pericarditis has been observed mainly in immunosuppresed patients in developed countries. Mortality in untreated patients with acute effusive tuberculous pericarditis reaches up to 85%. Pericardic constriction is seen in 30-35% of all cases.

Clinical presentation is variable: acute pericarditis with or without effusion, silent cardiac tamponade, often severe pericardic effusions with recurrent course, toxic symptoms with persistent fever, acute constrictive pericarditis, subacute constriction, effusive-constrictive, chronic constrictive pericarditis and pericardic calcifications.

The diagnosis is made on the basis of identifying M. tuberculosis in pericardic effusion or tissue and/or the presence of caseous granulomas in the pericardium. Pericardioscopy and pericardic biopsy increases diagnostic precision. Pericardium biopsy makes possible a quick diagnosis with better sensitivity than pericardiocentesis (100% compared to 33%).

The diagnostic outcome of pericardiocentesis in tuberculous pericarditis is ranged between 30-76%, according to the methods for pericardic effusion analysis.

In conclusion, tuberculous pericarditis is seen in immunosupressed patients in developed countries. Diagnosis is based on identifying M. tuberculosis in pericardic efussion or tissue (caseous granulomas) and it is important since mortality is high if left untreated.

P-15-89 | CANDIDA INFECTIONS: EPIDEMIOLOGICAL AND MICROBIOLOGICAL ANALYSIS.

Valledor, A.; Barcán, L.; Smud, A.; Nemirovsky, C.; Boscaro, G.

Hospital Italiano Bs. As.; Argentina.

Introduction: The incidence of Candida infections has increased in the last years, so as the proportion of C.no albicans and azole resistance. The objective of this study is to analyze risk factors for the acquisition of invasive infections, acquisition area and typifying and susceptibility tests of Candida in patients hospitalized in our center .According to these data, we will propose an adequate empirical treatment.

Methods: Episodes of major infections caused by Candida were analyzed, from isolates in Microbiology Laboratory of our hospital, between May 2007 and February 2008. An episode was defined as Candida isolation from an sterile site. Urine samples were excluded. Data from the patients charts were prospectively obtained. Results Fifty episodes of major infections in 50 pat. were analyzed. Sex: M. 32 ep., F: 18 . Median age: 64 y. Infection was hospital-acquired (H) in 37 ep., community-acquired in 10 and Health-Care associated in 3 cases. All the patients presented associated illnesses and classical risk factors . Nine out of 37 pat. with H infection presented also VRE colonization (24%). Median time between hospitalization and the first Candida isolation was 14 d . Localization of infection was: candidemia 21 ep., abdominal 17 , thoracic 4 , soft tissue 3 , osteoarticular 4 and others 1. Seventeen out of 19 ep. of H-candidemia were originated in ICU . Of all 21 candidemias 12 were associated or probably associated to catheter. C.albicans was isolated in 27 episodes, C. tropicalis in 10, C. glabrata in 9, C. parapsilosis in 2, C. guillermondi and C. noalbicans in 1 ep. each. Global susceptibility to fluconazole and voriconazole was 97%, Itraconazole 83% and amphotericin B 100%.

CONCLUSIONS: C. albicans is still the most frequently isolated species in our hospital. C. tropicalis and glabrata follows. Our data are different from southamerican bibliography in higher frequency of C.glabrata isolation and lower of C.parapsilosis. High association with VRE is remarkable. Our susceptibility data reafirm the empiric use of Fluconazole in our center.

P-15-90 | INVASIVE ASPERGILLOSIS IN AN INMUNO-COMPETENT PATIENT.

Costamagna A; Ruiz Deza RG; Gragnolatti G; Cardinali RF, Frioni RV

Sanatorio Bernal S.R.L, San Martin 572 Bernal, Argentina

We present a clinical case of a 54-year-old patient, male, with history of asthma with inadequate adherence to treatment. He was eferred from other institution for spontaneous pneumothorax with a pleurodesis s a treatment. On physical examination, the patient appeared well, with normal vital signs. He presented hypoventilation in the affected side (right lung) nd wheezing in both pulmonary fields when was auscultated. The neumothorax was drained effectively.

He was evaluated by surgeons who detected air loss around the drainage associated with subcutaneous progressive emphysema. A TC scan and Thoracoscopy was performed. This medical procedure involved internal inspection and pleurectomy. A caseous (cheese like) material was ound in pulmonary parenchyma. Samples were taken for pathological anatomy hose results was an inflammatory chronic process with necrotic areas and mycotic material compatible with Invasive Aspergillosis. Cultures were positive for Aspergillus spp.

A new drainage with a chest tube was implemented and another surgical treatment was programmed: A placement of endobronchial valv of bronchopleural fistula which emerged as a possible alternative to lung volume reduction. Patient fulfilled treatment with intravenous Itraconazol with good clinical evolution. **Laboratory:** Glycemia 95mg %, Urea 44mg %, Creatinine 0.9mg %, sodium 138meq/l, potassium 3.3 meq/l, Hematocrit 37 %, Leukocytes 13800 Prothrombin Time 100 %, KPTT 35 seconds, HIV serology (in 2 samples or ELISA) negative.

Thorax X- ray showed a 2º degree pneumothorax. A new TC scan confirmed a pneumothorax in the right lung, sign of subcutaneous emphysema and pneumomediastin. Minimum spills pleural right, intermediate tracts of after-effects aspect.

We conclude that these sort of infections for invasive Aspergillosis are observed in immunocompromised patients instead of patients who have he potential for immunologic response.

P-15-91 | HIV AND OSTEONECROSIS

Levalle, J.; Teijeiro, R.; Lopez Alcoba, H.; Begher, S.; Chattas, A. Faccioli , K.

Hospital Dr. Ignacio Pirovano, Buenos Aires, Argentina

Background: Osteonecrosis in HIV infected patients has increased in the last decade. The pathogenesis of this condition is not well known, but some risk factors such as hypertriglyceridemia , hyperlipidaemia, antiphospholipid antibodies, corticosteroids, HAART -mainly PIs- have been found among others. This disorder is frequently found in men and the most common localization is the hip. MRI and the bones biopsy are the main techniques to reach a diagnosis.

Methods: A 44-year- old heterosexual man who was diagnosed with HIV infection in 1999 after he had developed interstitial pneumonitis, oral candidiasis, and pulmonary TBC; whit CD4 T cells count 45 cell/ ul and viral load >500000 copies/ml. At that time the patient started receiving NRTI and IP treatment as well as the appropriate follow-up for these opportunistic infections. In 2004 the patient was admitted to hospital due to Pulmonary TBC reactivation, suffering myalgia during the last year and functional impotence in scapula and pelvis. The following year the man underwent a hip replacement and he refused to receiving HAART treatment in 2006. Pelvis and elbow X-Ray and MRI described osteonecrosis in humeral and femoral heads. It has been found an enhancement contrast in left coxofemoral and elbow joints by radioactive and bone scan. Anatomopathology has shown aseptic necrosis, and bone and soft tissue culture was negative.

Conclusion: It is essential to arrive at a certain diagnosis in order to start with a prompt therapy to prevent irreversible impairment of the bone tissue. The most interesting fact about this case history is that it affected more than one joint.

P-15-92 | POTT DISEASE A DIAGNOSIS CHALLENGE UTILITY OF THE POLYMERIC CHAIN REACTION (PCR)

Florez Sarmiento Cristian, Rodriguez Francisco, Perez Jairo.

Hospital Militar Central Bogotá Colombia.

Introduction: The pathologic fractures, especially the ones in the backbone, propose a diagnosis challenge when being forced to exclude multiple pathologies, in our community due to the revival of tuberculosis, it is an important diagnosis to be considered and promotes the use of new techniques for its early detection.

CLINICAL REPORT: A 75-year old patient, diagnosed with a T7 spontaneous fracture, is subject to a back orthopedic immobilization; a biopsy is made for diagnosis purposes. As an initial report shows: a plasmocitarium infiltration, absence of caseification granuloma, baciloscopy and negative mycobacterium culture, Blastoconidias presence. Amphotericin B is administrated with no tolerance, for that reason it was changed for itraconazol which is applied for two months. Negative studies for plasmocitoma and neoplasis. Fever persisted afterwards, Motor-sensitive neurological damage (T8).

Results: The search for osteoarticular TBC through the affected PCR oseum fragment continued, which then is reported as positive for mycobaterium tuberculosis.

Conclusion: The rebirth of tuberculosis has been related to the collateral increment of the Pott disease impact. The diagnosis is a true challenge taking into account that the diagnosis methods are known to have low sensibility, fortunately nowadays we have very useful tools as the PCR technique, which has a superior sensibility and accuracy.

P-15-93 | WEST NILE ENCEPHALITIS IN ARGENTINA: A CASE REPORT

Florez L, Rojas H, Torres H, Kalbermatter J, Gonzalez J

Sanatorio Adventista del Plata. Libertador San Martín, Entre Ríos. Argentina

Introduction: West Nile Virus (WNV) is a flavivirus member of the Japanese Encephalitis virus serocomplex. This virus has spread quickly throughout the Atlantic coast of the American continent since his arrival to NYC in august of 1999. Since then, yearly outbreaks occur in the USA with a mortality ranging from 7% - 14% among patients with neuroinvasive disease. Only 20% of infected people develop acute fever, weakness, anorexia, retroocular headache, myalgias, arthralgia and a transient macular rash. Neurological disease manifests as encephalitis, meningitis and acute flaccid paralysis in only 1% of the infected persons. The epidemiologic cycle includes the culex mosquito, widely spread around the world and the reservoir (wild birds) in which the enzootic cycle takes place. The presence of dead birds is a helpful epidemiologic tool during outbreaks. We present the only reported West Nile Virus infection to our knowledge in Argentina during 2007.

Case: A 62 years old farmer man coming from a rural area of Santa Fe is admitted to the ER with a history of 5 days of fever, headache, dizziness, osteomyalgias, weakness and altered mental status which fastly evolved to unconsciousness accompanied by myoclonic status. His physical examination revealed motor deficit of his left arm and leg and generalized hyperreflexia. Meningeal signs were negative. The CSF showed pleocytosis with mononuclear predominance, low glucose concentration and elevated protein levels. Serologic tests found antibodies against WNV and Saint Luis Encephalitis virus. The plaque reduction neutralization test confirmed WNV as aetiologic agent. The patient required a long ICU hospitalization and survived.

Discussion: Flavivirus encephalitis is infrequent in Argentina. The first cases of WNV infections were diagnosed in 2006. Our case is the fifth reported in our country. Previous cases were diagnosed in Cordoba and Chaco between March and April, 2006. During the same time, the virus was found in three dead horses from San Antonio de Areco (Bs. As.) and Victoria (Entre Rios).

Conclusion: The WNV is a new aetiology to consider in patients presenting with encephalitis, meningitis or acute flaccid paralysis in Argentina.

P-15-94 | CASE REPORT. RAMSAY HUNT SYNDROME

Di Loreto Adriana, Rodríguez M. Roy, Villamil H. Karen, Nunes Angélica, Rodríguez Doris.

Hospital Miguel Pérez Carreño - Caracas, Venezuela / Calle La Guayanita, Esquina El Pescozón, Caracas - Distrito Capital

Herpes Zoster Oticus, is a Varicella-zoster virus latent infection with a diffuse lymphocytic infiltration in sensory root of geniculate ganglion along the entire course of the facial nerve. It consists in Facial Paralysis (12%) and vesicular eruptions in a EAM, cranial tissues and mucous membrane of bucopharingeal space. Involvement of vestibulocochlear nerve leads to sensorineural hearing loss (10%) and vestibular symptoms (40%). The treatment consist in high-dose corticosteroids with Acyclovir with effect through interference with DNA polymerase and inhibition of its replication.

CLINIC Case: Female patient of 21 years old without antecedents, it consults to emergency room in 05/2007 to present petechias in right supraclavycular region, without itch and pain. Subsequently, the number of lesions rise and associate new vesicles with serum contain in neck, middle of the face and right conchae. PE: BP: 120/70mmHg HR: 76x. RR:14x. bunch vesicles, serum contain and erythema hal o, some of them in crust phase in face, neck and supraclavycular region without infection. Unhurt eyelid, reactive pupils, lagophthalmo. Conchae with vesicular and bunch eruptions. Cervical posterior chain adenopathy.

Right peripheral facial paralysis, positive left Weber and Rine. Rigth sensorineural hearing loss. impaired taste sensation on anterior tongue, reduce of superficial sensibility in the right face without motor deficit. Clinical exams without alterations, negative HIV.

Treatment with Acyclovir begins (10mg/kg) with clinical improvement.

Keywords: Ramsay Hunt Syndrome, Herpes Zóster Oticus, Facial Paralysis, Acyclovir.

P-15-95 | SERUM BIOCHEMISTRY PROFILE BEFORE AND AFTER ATAZANAVIR

Bernardino Roca, Jose Manuel Ventura

Hospital General. Av. Benicasim, s. n. 12004. Castellon. Spain

Background: and **OBJECTIVE:** Atazanavir seems to have fewer side effects than other protease inhibitors, although hyperbilirubinemia is a concern with the drug. We aimed to determine the magnitude of hyperbilirubinemia, and the possible occurrence of other serum biochemistry abnormalities with the medication.

Methods: In a cohort of HIV infected patients, we assessed serum biochemistry parameters before and after changing to modalities of anti-HIV therapy than included atazanavir. We also evaluated HIV viral load and CD4 lymphocyte response to such therapy switch.

Results: A total of 60 patients were studied; all of them had received at least one modality of anti-HIV treatment previously. Mean (and standard deviation) of age was 37.5 (+/- 7.1) years; 37 (62 %) were male; 33 (55 %) had acquired HIV via drug use; 36 (60 %) were coinfected with hepatitis C virus. Three patients (5 %) stopped atazanavir therapy before completing 1 month of **Treatment:** two of them because of jaundice and another one because of vomits. Table shows the most relevant results. Parameter Before After P Glucose (mg/dl) 103 104 .674 Blood urea nitrogen (mg/dl) 13.6 13.3 .596 Creatinine (mg/dl) .85 .87 .205 Uric acid (mg/dl) 5.1 5.0 .641 Total bilirubin (mg/dl) .65 1.73 .000 Total cholesterol (mg/dl) 166 167 .811 Triglyceride (mg/dl) 168 160 .725 HDL-cholesterol (mg/dl) 46.3 50.7 .075 Lactic dehydrogenase (IU/L) 352 315 .015 Alkaline phosphatase (IU/L) 133 102 .001 Glutamate-pyruvate tr. (IU/L) 50.7 66.4 .069 CD4 cell count (per mm3) 323 393 .007 HIV-RNA (per ml, log10) 3.31 1.76 .000

Conclusions: Atazanavir causes a mild increase in serum bilirubin level, and a descent in lactic dehydrogenase and alkaline phosphatase.

P-15-96 | PREVALENCE OF DISLIPIDEMIA IN HIV (+) PREGNANT WOMEN UNDER ANTI-RETROVIRAL TREATMENT OF HIGH EFFECTIVENESS (TAAE)

Agostini M (1-2), Nocciolino L (2); Mizdraji L (2), Gustaffson M (2), Lupo S (1-2)

Instituto CAICI (1) - Universidad Abierta Interamericana (2). Rosario. Argentina

Introduction: Dyslipidemia is the alteration of the lipid levels in blood, caused by an elevation of the Total Cholesterol, the LDL, the triglycerides or a diminution of the HDL. This lipidic disorder, due to its aterogenic action, is considered one of the main factors of risk for cardiovascular events, for example the Acute Infarct of Myocardium; in addition to this, it's a factor to suffer certain diseases during the pregnancy, such as pre-eclampsia and the pancreatitis. **Objectives:** 1-. To know the prevalence of dyslipidemia in a group of pregnant women HIV(+) under anti-retroviral treatment (TAAE). 2- To recognize the anti-retroviral drug that caused more lipidics alterations. 3- To know the time treatment in which elevations in lipids appeared. 4- To identify associated pathologies such as: pre-eclampsia and pancreatitis. **Material and Methods:** A study of descriptive type took ahead, based on clinical histories corresponding to HIV(+) pregnant women under TAAE, of the Obstetrics Service of Provincial Hospital Centenary, Rosario, of CAICI (Centralized Institute of Attendance and Integral Clinical Investigation) of Rosario City; and of School Hospital "Eva Perón", Granadero Baigorria City, during the period between 1st. November 2003 and 30th. August, 2007. The sample was conformed by the total of 29 HIV(+) pregnant women under TAAE corresponding to the period of study. **Results:** Of 29 HIV + pregnant women, 17 were already under treatment and the rest initiated it in the course of the pregnancy (To see table I). In 25, the total cholesterol levels were lower to 200 mg/dl. before pregnancy. During it, in 18 (62,1%), it increased, being the highest increase during the 3rd. quarterly in 12 women, 1st. quarterly in 2 and 4 in 2nd. quarterly. The triglyceridos levels of were lower to 150 mg/dl in 25 previous to pregnancy, and the highest increase was observed in the third trimester in 15 pregnant women. The total of patients who used INTI +2 IP (n=1), and 2 INTI +2 IP (n=1) presented increase of the total cholesterol during the pregnancy. The total of patients who use INTI +2 IP (n=1) and 2 INTI +2 IP (n=1) presented increase of the triglyceridos during the pregnancy. Of the total of patients who initiated TAAE before the pregnancy (n=17), 70.6% presented increase of the total cholesterol. Twelve began TAAE during the pregnancy, and 50% presented i! ncrease of the total cholesterol. 17 pregnant women received TAAE before pregnancy and 82.4% presented increase of the triglyceridos. Twelve initiated it during the pregnancy, in which 33.3% presented increase of triglyceridos. Two patients (6,9%) developed pre-eclampsia. There were no pancreatitis cases in the studied population.

Conclusion: An association between the presence of dyslipidemia and the treatment with inhibitors of the proteases was stated, with a considerable increase of total cholesterol and triglyceridos which was made more evident during the third trimester and mainly in those patients whose TAAE began before pregnancy. It was observed, that in both cases of pre-eclampsia the patients presented an increase in the triglyceridos. We did not find association between hipertrigliceridemia and pancreatitis during pregnancy. Regards the Nucleosídicos Inhibitors of the Inverse Transcriptasa, not only an increase of the lipidics levels was not observed, but also that a diminution of the total cholesterol and the triglyceridos appeared during the gestation.

P-15-97 | CUTANEOUS LEISHMANIASIS

Marrodan M., Cordero G. Guizarri Y., Perrusi R., Pincione O.

Htal. Gdor. Domingo Mercante. J.C.Paz, Bs. As. Argentina

Leishmaniasis appears as different clinical diseases produced by Leishmania.e

Its thought that there are about 12.000.000 cases around the world, and there are 400.000 new cases a year. This disease is in every continent excepting Oceania and the Antarctica.

For its transmition it must be necessary to have an infected animal or human´s reservoir, a phlebotomine as a vector and a susceptible host.

The cutaneus way is represented by ulcered lesions in the exposed skin, which lasts a few months or years before being solved by itself. In HIV+ patients its incidence is similar to normal people, but the HIV pacient´s have the possibility to develop in an unusual way.

We introduce this case because it's an unusual disease in our area.

P-15-98 | LYMPHOMA NO HODKING TO BIG CELLS IN HIV + PACIENT'S ORAL CALVITY

Marrodan M, Cragnolini G, Gaviña F., Fritz V., Marcol A.

Htal. Gdor Domingo Mercante. Renee Favaloro 4750 J. C. Paz, Bs. As., Argentina

Lymphoma no Hodking risk is 100 times more frequent in HIV+ patients that in HIV-, The incidence grow up in 20 times in the 80`s with the HIV infection. This lymphoma makes a neoplasia´s group in relationship that come from lymphoid cells that are situated in different areas of the lymphatic node (follicular lymphoid, nodular cortex zone, peri follicular or inter follicular, and extra nodal lymphoid system). This lymphomas are usually of B cell in a high level, and especially big cells which type are diffuse with extra ganglionar and SNC affectation.

When the patient with lymphoma consults usually the disease is advanced, generally with extra nodal affection. The evolution is more aggressive and longer, and with a low answer to the treatment than negative HIV. From all the oral cancer, the oral lymphomas represent a 4% of them.

We introduce 2 cases of oral cavity lymphoma as an unusual presentation that the internist checks. And one of them with calotte's manifestation.

P-15-99 | WEIL'S SYNDROME. REPORT OD ONE CASE

Saúl P.;Forwe A.;Ugarte L.;Schiavino K

Servicio de Clínica Médica. Policlìnico Metalùrgico Central Ciudad Autònoma de Buenos Aires. Argentina

Introduction:- Leptospirosis is an world wide distributed atropozoonosis, characterized by generalizad vasculitis. Severe Leptospirosis or Weil´s Syndrome occurs in 5-10% of patients, with 10-20% of morbitidy, severe hepathic, renal and pulmonary failure. The first symptom indicating the severity of the desease is icterice.

Clinic Case.- 35 year-old male, ethilist, smoker, works in the reparation of heavy scales. Six days before hospitalisation patient begins with fever, dysuria, asthenea, productive cough, dispnoea which progresses to a FC IV which is the reason of the consultation. Physical exam: fever, tachypneic, tachycardic, icteric, hypoxemic with 85% arterial saturation at normal conditions. Crepitant stertors, cough with hemoptoic expectoration. Chest X-ray with bilateral reticulonodular infiltrates. Labs: HCT. 23%, WBC: 15500 mm3 with neutrophilia, urea 60 mg%, Creatinine 0.90 mg%, GOT:120 U/LM GPt:120 U/LM Total Bilirubin: 7,86, Direct Bilirubin: 7mg%.

Symptoms interpreted as Severe Community Acquired Pneumonia and alcoholic hepatitis; initiation of treatment with Sulbactam Ampicilline plus claritromicine plus Trimetropine Sulfametoxazol and corticoids. Patient evolves with sustained hyotension and hypoxemia which recquired intensive care. Addition of antituberculostatics. When reinterr! ogated, patient communicates having been in the flooded outskirts of the city 10 days earlier. Serology for leptospirosis was positive positivo MAT +. Administration of Ceftriaxone was initiatied, patient was dischargedwithin 8 days.

Conclusion.- Leptospirosis is considered as emergent in our country. The subdiagnosis may be a difficulty in severe cases. One must suspect when facing a respiratory profile which evolves with pulmonary hemorrhage.

P-15-100 | INFECTIOUS SPONDYLODISCITIS

Falasco Viviana, Fernández Graciela, Diorno Alejandra, Bornacin Esteban, de Llano Carolina, Valiño Araceli, Muzio Adriana, Gonzàlez Julieta.

HIGA Pedro Fiorito -Avellaneda- Pcia de Buenos Aires. Argentina

Introduction: Spondylodiscitis is a difficult to diagnose infectious process involving intervertebral disk and vertebral bodies . It has an incidence of 5 per million inhabitants per year , being 40 to 70 the age of appearance . There are associated risk factors such as diabetes, immunesuppression, intravenous drug addiction, spinal trauma, infections of the urinary tract,etc. Etiopathological agents involved are Staphylococcus aureus, Streptococcus, Gram negative bacilli and Mycobacterium tuberculosis **Materials and Method:** A retrospective study of case histories of patients admitted to the Internal Medicine ward of this hospital between January 2003 and January 2007 was carried out.

OBJECTIVE: To evaluate clinical forms of presentation, associated comorbilities, diagnostic rentability of methods and most frequent etiopatological agents.

Results: Eight cases of spondylodiscitis were found out of which five were female and three were male patients. Average age was 45.6 in women and 59 in men. Associated risk factors were diabetes (50%) hypothyroidism (50%), UTI (30%) and local trauma (15%). Back pain was the cause of consulting in 100% cases, prolongued fever in 62.5% and neuroradiculopathy in a lower percentage. CRP was high in 100% of cases and there was leukocytosis in only 62.5% . Haemocultures were positive in 75% cases (MRSA 66.66% and MSSA 33.33%) Bacteriological recovery from culture of material obtained by puncture of the affected area was positive in 75% (60% MSSA, 40% MRSA, and 20% Koch bacilli). MRI diagnosed lumbar spondylodiscitis in 76%, dorsolumbar and cervical 12.5%, lumbar discitis in 12.5%, paravertebral and psoas abscess in 75% and medullary affection due to ischemia or compression in 25%.

Discussion: Spondylodiscitis represents 5% of osteomyelitis in adults. The most frequent means of infection is haematogenous, staphylococcus being the most frequent agent , coinciding with findings in our study.Back pain is most conspicuous symptom of presentation described in bibliography, and was 100% in our study. In our patients MRI was the diagnostic image method of most rentability, as described in literature .

Conclusion: Any back pain associated to risk factors must be taken as a diagnostic suspicion of spondylodiscitis, since its early diagnosis reduces morbimortality.

P-15-101 | ANTIBIOTIC ASSOCIATED COLITIS

Falasco Viviana, Fernández Graciela, Diorno Alejandra, Bornacin Esteban, de Llano Carolina, Valiño Araceli, Muzio Adriana, González Julieta, Rubio Liliana.

HIGA Pedro Fiorito -Avellaneda- Pcia de Buenos Aires. Argentina.

Introduction: Diarrhea is one of the most frequent antibiotic related complications (75%) and colitis is one of the most serious with an attack rate in hospital from 2.5 to 29%. Clostridium difficile is the most frequent pathogenous involved in diarrhea and colitis in 20 to 30% rising to 90% in pseudomembranous colitis (PMC).

Materials and Method: A retrospective study was carried out considering patients admitted to our Internal Medicine ward between September 2006 and September 2007 , who suffered from diarrhea during antibiotic therapy , diagnosed by VCC or RSC.

OBJECTIVE: To evaluate the association between antibiotic treatment and development of colitis, determine symptoms and signs that caused diagnostic suspicion, association with comorbility and evaluate the diagnostic value of laboratory studies and analyse the treatment prescribed.

Results: There were 32 patients, 18 female and 14 male. Average age was 64.12 years old. Antibiotics associated with colitis were Clindamycin and Ciprofloxacyn (50%) and Ceftazidin (43.75%). Hypertension (62.5%) and diabetes (56.25%) were the most frequently associated factors. Diarrhea was the sympton that caused diagnostic suspicion , with mean time of appearance of 8.8 days, and electrolyte disturbances in 100% followed by abdominal pain in 87%. Endoscopic studies were diagnostic in 100% cases. Fecal leukocytes were positive in 25% and coproculture in 12,5 %. Empiric oral antibiotic treatment with Metronidazole in 37.5 %, Vancomycin 12.5% and double therapy in 50% was prescribed .

Discussion: PMC defined by macroscopic and hystological evidence of adherent exudate plaques on the intestinal mucosae is a disease whose incidence has increased due to the massive use of antibiotics.Ampicillin, cephalosporin and lyncomicin have been most frequently associated . Inour study, Clindamycin and Ciprofloxacyn were the most frequent agents. Clinical presentation was diarrhea and abdominal pain in 80% of our patients.

Conclusion: The use of Clindamycin in an indiscriminated way is associated with the appearance of diarrhea , therefore it should be replaced by another antibiotic of similar spectrum. Fecal leukocytes andcoproculture were not valuable for diagnosis.

P-15-102 | FULMINANT SEPTICAEMIA BY AEROMONAS SOBRIA FOLLOWING CELLULITIS IN AN ELDERLY MAN

Anton, E.; Ruiz, M.; Escalante M.

Department of Internal Medicine. Hospital of Zumarraga. (Guipuzcoa); Spain.

Introduction: Aeromonas sobria is an unusual microorganism in the community. Sepsis produced by A. sobria is infrequent in the immunocompetent patients. Herein, we describe an elderly immunocompetent man who developed a fatal sepsis from cellulitis produced by A. sobria that progressed quickly to multiorganic failure and death, 72 hours after admission to hospital.

Case Report: A 72-year-old man receiving therapy for coronary artery disease (vasodilatador drugs) presented with severe pain in the midback radiating to the inside left arm for the last three hours associated with sweets and chills. Pain improved with sublingual cafinitrine. On physical examination the patient appeared ill, his temperature was 39.8ºC and HR 110 bpm. Palpation of the left arm induced pain, signs of cellulitis or phlebitis were absent. **Laboratory:** CK and troponine were normal; WBC count 16.8 x 106 ml-1 (87% of neutrophils). EKG: unchanged by previous (old myocardial infarction). An empiric treatment with intravenous amoxicillin-clavulanic was started. 24 hours later he was afebrile but his left arm showed a severe cellulitis, so the patient received i.v. cloxacillin. A vascular doppler-ultrasound showed an important subcutaneous and lymphatic edema with no signs of thrombophlebitis. The next hours the state of the patient worsened rapidly and he presented a septic shock that progressed to multiorganic failure and death 72 hours later. Blood cultures (3) were positive for A. sobria, sensitive to amoxicillin-clavulanic.

Discussion: A. sobria, an anaerobic gramnegative microorganism that lives in the ground and the water, can produce gastroenteritis, sepsis, and cellulitis. Cellulitis, an infection of the underlying subcutaneous tissues, usually is caused by group A Streptococcus and Staphylococcus aureus. The bacteremia following cellulitis produced by Aeromonas spp is very infrequent in healthy people, and it is more usual in immunocompromised patients who have cancer, chronic hepatic disease or AIDS. The Aeromonas spp can be responsable for 1% of the bacteremias attended in hospital with 30% of mortality. The empiric therapy of the cellulitis requires b-lactams antibiotics. However, clindamycin has been shown to be more effective than b-lactams. Also, quinolones are very effective in front of Aeromonas spp, so they are the first treatment recomendated. 349w

P-15-103 | DISSEMINATED SHARP MUCOCUTANEOUS HISTOPLASMOSIS

Ré, H.A.; Gilli, V.; Fontanini, L M.; Masola, A C.; Weidmann, M E.

Hospital San Martín. Paraná, E. Ríos. Argentina

Introduction: Histoplasmosis is an opportunist infection affecting HIV-infected or drug-induced immunosupression patients. The disseminated form represents 1 in 2000 cases.

Clinical Case: A 57-years patient, smoker, enolist, asthmatic, with Chronic Pulmonary Obstructive Disease (CPOD), receiving b2 agonist bronchodilators and corticosteroids, was admitted with and extended cellulitis in the inferior right limb (thigh and leg). Lab studies: hemoglobin, 13,2 g/dl; neutrophilia with left deviation; platelets, 257000/mm3; ESR, 40mm; and HIV, non reactive. Plain chest radiography showed no infiltrates, CT scan showed signs of extensive cellulitis without liquid collection. Doppler ecography was normal and abdominal ultrasound showed no hepatosplenomegaly. Both, blood and soft tissue cultures were negative for bacterias. Skin biopsy (losange) for pathology and fungus culture was requested. Multiple antibiotics (cephalotin, clindamycin and tigecyclin) had been given to the patient before receiving the culture result, with partial resolution of the symptoms. Patient was discharge in good condition, pending culture results. Patient was admitted 2 weeks later, febrile with putrid necrotic cutaneous ulcers, 40 by 20cm and 10 by 10cm on the antero-internal right thigh and comprising the abdominal wall. Lingual mucosa and nasal septum were also invaded. Skin and soft tissue cultures yielded Pseudomonas A, MRSA, and Morganella Morganii, while Pseudomonas A. WAS RECOVERED FROM THE blood. Furthermore, Histoplasma sp grew from the skin biopsy. As a consequence piperacilina-tazobactam, vancomicina and anfotericina B therapy was initiated. Patient was finally admitted to intensive care unit because of septic shock, and died 5 days later.

Conclusion: The reason for this presentation was the low frequency of disseminated Histoplasmosis in a patient without severe immunodeficiency, associated whit bacterial infection.

P-15-104 | EXTRAPULMONARY TUBERCULOSIS CHARACTERISTICS: REVISION OF A TWO YEARS OBSERVATION PERIOD.

Proasi, F.; García, ML; Sagué, L.; Tau, A.; Martínez Aquino, E.

Sanatorio Franchin. CABA. Argentina.

Introduction: Tuberculosis (TB) is a frequent disease in our country. Association of HIV and TB had increased incidence on extra pulmonary locations.

Material and Methods: This retrospective and descriptive study (from May 2005 to April 2007) included EPTB cases with bacteriologic confirmation (non pleural extra pulmonary samples with positive cultures for M tuberculosis). We analyze medical charts to record demographic characteristics of patients, co-morbidities, HIV serology, prior TB, symptoms, diagnostic method used and location of disease.

Results: we found 13 cases of EPTB, median of age was 46.2 (17-88) years and 10 patients were Male. Location of EPTB was: 6 lymph nodes, 5 gastrointestinal, 1 kidney and 1 testicular. The median time of symptoms was 3 (2-5) months (data from 8 patients). Only one patient had previous TB and 3 had a TB/HIV association. The tuberculin skin test was positive in two cases, negative in 4 and not done in 7. The diagnostic methods used were: 6 excisional lymph nodes biopsy, 5 colonoscopy, 1 surgical removal and urine analysis. 60% of patients had two or more co-morbidities (smoking, alcoholism, hypertension, chronic kidney failure, IV addiction, AIDS, high-doses corticosteroid). Clinical findings were: lymphadenopathy (5), impregnation syndrome (5), fever (3), chronic diarrhea (3), prolonged fever syndrome (2), rectal bleeding, hematuria, scrotal mass, obstruction, hemoptisys and asymptomatic in one case each. Of 79 cases of TB during this period, 30 were extra pulmonary (17 pleural TB and 13 not pleural TB). The relationship extrapulmonary/pulmonary (E/P) was 38%.

Conclusions: In our series we found a higher E/P relationship (38%) than that was published (20%). This could be because about half of the pleural forms also had pulmonary compromise. There were serious EP locations, like renal and genitourinary and more than 60% of patients had two or more co-morbidities. Reports observed that EPTB is more frequent in HIV patients (>70%). In our study only 3 patients had HIV. Symptomatic period was extense leading to delayed diagnosis, therefore it should always be consider as a possible disease.

P-15-105 | ERYSIPELOTHRIX RHUSIOPATHIAE ENDOCARDITIS WITH CENTRAL NERVOUS SYSTEM INVOLVMENT

Cabello, Claudia; Leff, D.; Longo, L.; Rodríguez, V.; Scioscia, J; Pidote, D.

Hospital Tornu, Buenos Aires. Argentina.

Introduction: human infection with Erysipelothrix rhusiopathiae (ER) presents as a focal cutaneous disease. In spite of the low frequency of bacteremia it is associated with endocarditis in 75%. We report a patient with bacteremia and infectious ER endocarditis caused associated with hemorrhagic brain infarcts, who died after a long stay in the intensive care unit (ICU).

Case Report: a 47 aged man with history of cigarette smoking and alcohol abuse presented with progressive dyspnea, ascitic-edematous syndrome and weight loss during the last 2 months. Physical examination: aortic systolic murmur, bibasal crackles and painful hepatomegalia without neural involvement. **Laboratory:** anaemia. Echocardiography: severe aortic regurgitation with a 15 mm mobile vegetation. Blood culture: 3/3 ER (confirmed by Api Corine). Intravenous penicillin therapy was started. Computed tomography (CT): right temporoparietal hemorrhage. Patient evolved with progressive heart failure. Twenty-three days after admission he showed right hemiplegia and impaired consciousness. Repeated CT revealed a left frontotemporal hematoma that was removed. The patient died few months later due to a non related cause.

Conclusions: ER is a gram-positive rod producing human and animal disease. Most human cases are related to occupational exposure. Predisposing ER bacteremia factors are alcohol abuse, liver cirrhosis, immunosupression, chronic disabling diseases and intravenous drug abuse. In 36% of cases a history of cutaneous lesions is recorded. ER endocarditis is often subacute and frequently produces extensive destruction of cardiac valves, specially the aortic one. In 60% of patients endocarditis developed on previously normal heart valves. Neurological manifestations are uncommon because of ER preference for aortic valve and its low virulence. We reported a patient with subacute endocarditis and brain hemorrhage. This is the fifth case reported in Argentina and the third case of endocarditis with neural manifestations worldwide.

P-15-106 | LATENT TUBERCULOSIS INFECTION IN ALCOHOLICS ADDICTS

R. Perelló(1), G. Vallecillo(1), F. Sánchez(1), F. Fonseca(2), R. Güerri(1), M. Torrens(2).

1. Medicina Interna/Enfs.Infecciosas. 2. CAS Barceloneta. Spain

OBJECTIVE: Due to the resurgence of tuberculosis drugs users are considered at increased risk for Latent Tuberculosis Infection (LTI). According to the national guidelines (SEIMC) health care facilities are required to perform tuberculin skin tests. The aim of the study were to determine the prevalence and risks factors for latent tuberculosis in a cohort of alcoholic patients.

Methods: we analized patients attended in Health Care Center for drug addicts in Barcelona. Only patients that meet criteria DSM-IV for alcoholic dependence and controlled during 2007 were included in the study. Patients were evaluated for latent tuberculosis trough tuberculin skin test according to the Mantoux technique. LTI were positive if skin's induration were larger than 10 mm at 72 hours before administration. Sex, age, birthplace, human inmunodeficiency virus infection(HIV) and presence of viral or hepatic liver disease were evaluated.

Results: the cohort consisted in 160 patients, men 111(69.3%), women 49(30,6%), median age 48,4+ 10,2, born in Spain 151/160 (94,4%), HIV Infection 8/160(5%), alcoholic and/or viral liver disease 52/160 (32,5%). The overall prevalence of LTI were 45/160 (28,1%), men 34/111 (30,6%) and women 11/49 (22,45). In the univariate analysis only sex (O.R1.52; IC 0.7-3.3) , HIV (O.R1.19; IC 0.63-4.1) and foreigners (O.R1.14; IC 0.6-3.9) Increased risk for LTI but not were statistically significant.

Conclusion: The prevalence of LTI in alcoholics patients are high, with and increasing trend in foreigners and seropositive HIV. Chemoprophylaxis should be considered in this patients given this effectiveness.

P-15-107 | EXTRAPULMONARY TUBERCULOSIS

Laura Fernández Rovira, Carolina de la Vega, Lorena Ponzoni, Claudia Koleff.

Hospital 4 de junio, Residencia de Clínica Médica, Pcia. Roque Sáenz Peña- Chaco.

Introduction: Tuberculosis continues being a serious public health problem. The World Health Organization estimates that one third of the worldwide population is infected by M. tuberculosis.**OBJECTIVE:** To determine frequency of extrapulmonary Tuberculosis in population with diagnostic of Tuberculosis, negative HIV staying in clinics from 2000 to 2007.**Material and Methods:** Medical clinical records of 163 patients with diagnostic of tuberculosis, negative HIV, in clinics from 2000 to 2007 were tested. Information tested: sex, age, place of living, organ which the disease affects, methodology diagnostic, evolution.**Results:** from 163 patients, 62 (38,03%) showed extrapulmonary Tuberculosis, 44 (70,96%) women and 18 (29,03%) men. Age from 13 to 70 medium 40 years old. Place of living: Sáenz Peña 19 (30,64%), Castelli 18 (29,03%), Tres isletas 4(6,45%), Las Breñas 4 (6,45%), Pinedo 3(4,83%), La Tigra 2 (3,22%), Taco pozo 1 (1,61%), Campo largo 1 (1,61%), Villa Berthet 1 (1,61%), San Bernardo 1 (1,61%), Charata 1 (1,61%), Quitilipi1 (1,61%) , Guanacos 1 (1,61%), Bermejo1 (1,61%) , Machagay 1 (1,61%) , Sta. Silvina 1 (1,61%), Napenay 1 (1,61%). Organ which the disease affects: meninges 22 (35,48%), pleura 15 (24,19%), ganglionary 8 (12,9%) miliary 7 (11,29%), peritoneum 6(9,67%), genital 1 (1,61%), bone 1(1,61%), renal 1 (1,61%), meninges, bone and renal 1 (1,61%). Method diagnostic: culture positive BAAR 44(70,96%), direct for positive BAAR 14 (22,58%), without diagnostic 4 (6,45%). Evolution: high with no sequels 33 (53,22%), death 13 (20,96%), with treatment 8 (12,90), left treatment 4 (6! ,45%), neurological sequels 3 (4,83%), sent to a high level centre 1 (1,61%). **Discussion:** In the bibliography extrapulmonary Tuberculosis implies 10-20% of the cases in immunecompetent patients but in our investigation is different 38,08%. Most of them are women medium 40 years old, 58,67% living in the north centre of the province. 35,40% affects the meninges, following pleura and ganglionary. It is different from bibliography shows that the high frequency is in pleura, ganglionary and 5% meninges only. Culture positive in 70,96%. Mortality 20,96%, which varies from 8% to 50% according to the investigations.

Conclusions: A larger frequency of extrapulmonary tuberculosis was determined in female population living in the north-centre of Chaco. The most affected organ is meninges.

P-15-108 | NON- TROPICCAL PYOMYOSITIS WITH PECTORAL MUSCLE LOCATION

Sabio Rodrigo; Solis Silvia; Canda Paula; Gini Fabio; Lasala Raul

Hospital Distrital Lago Argentino, El Calafate, Santa Cruz. Argentina

Introduction: Pyomyositis is an infection of striated muscle caused by bacteria, mostly staphylococcus aureus. Despite being considered a tropical disease, its prevalence in temperate climates appears to be growing in the last decades, owing to an increase in the number of immunocompromised patients.

Other main risk factors include HIV infection, diabetes, neoplastic diseases and rheumatologic conditions. The clinical picture tends to be sub acute, leading to a delayed diagnosis. Three stages have been depicted. In the first stage, also called invasive, myalgia predominates, accompanied by fever and malaise. The second stage or suppurative, appears between 10 and 21 days later, with intense pain and swelling of the affected area, fever and leukocytosis. In the last stage or septic, clinical status reflects a more widespread infection, even to a septic shock or multiorgan failure.

Clinical Case: A 56 year old female presented with pain and restrained range of movements in her left arm, especially abduction, which started 15 days ago. She developed in the next 48 hours swelling in her left pectoral area and fever. She had diabetes and there was no history of trauma or other risk factors. Laboratory test results showed marked leukocytosis (20.000/ml), a raised erythrocyte sedimentation rate value of 76 mm/h and a normal CK (22 UI/ml).

The ultrasound revealed an altered echostructure with diffuse infiltration of muscle fibers and a central hypoechoic area. A presumptive diagnosis of pyomyoisitis was made. She was started on antibiotics and the collection was surgically drained, rendering pus-like material, where a methicillin sensible staphyloccus aureus was isolated. Pathology sample of striated muscle tissue showed focal areas of necrosis, acute inflammation and an abscess-like pattern.

Conclusion: We report a case of non-tropical pyomyositis in a cold region, with a left pectoral muscle location, due to staphylococcus aureus. We believe that this entity should be taken into account when a compatible clinical picture and typical risk factors are present, even in non-endemic areas, thus avoiding diagnostic pitfalls.

P-15-109 | SPONDYLODISCITIS: AN UNUSUAL AETIOLOGY OF PERSISTENT BACK PAIN IN A PATIENT WITH ADVANCED COLON ADENOCARCINOMA

Baied C, Lanari F, Pi A, Salina L, Gamba A

Sanatorium Agote, Argentine

Introduction: Spondylodiscitis is a rare but prolonged inflammation of two adjacent vertebral bodies and the disk between. In a patient with history of neoplasia, the symptom of low back pain suggest the possibility of malignancy, vertebral body metastasis, compression fractures (osteoporosis) or less common in frequency a spondylodiscitis.

Case Clinic: we present a 76-year-old male patient with diagnosis of colon adenocarcinoma since December-2006, with a colostomy and peritoneum metastasis who was hospitalized because of left pleural effusion. He was treated with chemotherapy 15 days before he was hospitalized. He referred back pain for more than three weeks, this pain was unrelieved by rest or the supine position. He had no history of fever or bacteremia.

The laboratory tests were as follows: the erythrocite sedimentation rate was 100, white blood cells 14300 (89% polymorphonuclear leukocytes), hematocrit 29.3,. Staphylococcus aureus methicillin-sensitive was isolated in two blood cultures. The pleural effusion was compatible with empyema. The effusion was drained by tube thoracostomy; the pleural fluid was sent for cytologic examination and for culture.

The results were: staphylococcus aureus methicilin-sensitive and negative for malignancy. The transthoracic echocardiography didn't show any evidence of vegetations. A computed tomography of the dorsal and lumbar spine showed vertebral fracture D10-D11 with osteopenia suggestive of lytic lesion. A computed tomography guided fine needle aspiration was performed and confirmed a Staphylococcus aureus infection, the pathology was negative for malignant cells. He was treated with antibiotics (ceftriaxone 4g/d for two weeks, 2g/day the next two weeks and cephalexin 4g/d for another fifteen days). A surgical intervention was required for mechanical instability.

Discussion: we report the case of an old patient with colon adenocarcinoma, who complained of back pain, with findings in laboratory of elevated acute phase reactants, and a tomography of the dorsal spine with a lytic lesion. It's very important to bear in mind the possibility of pyogenic spondylodiscitis like a differential diagnostic of vertebral body metastasis.

P-15-110 | ACUTE SEPTIC ARTHRITIS FOLLOWING ARTHROSCOPIC KNEE SURGERY: AN ANALYSIS OF RISK FACTORS

R.Pérez-Ferri, F.Romero-Candau, E. Mora Sena, F. Najarro, C. Rodríguez

Bone and Joint Infection Unit. FREMAP HOSPITAL. Sevilla. Spain

Introduction: Septic arthritis (SA) is an infrequent but potentially serious complication following arthroscopic knee surgery.

AIMS: To determine the incidence and aetiology of cases of SA following arthroscopic knee surgery in our Hospital (which belongs to an occupational accidents insurance company) and analyze risk factors.

Materials and Methods: Retrospective review of all inpatients diagnosed with SA in our Bone and Joint Infection Unit between 2002 and 2007. Only patients who developed SA following arthroscopic surgery have been considered.

Results: In the period reviewed, 4198 arthroscopic knee surgery procedures were performed in our hospital. 12 cases of SA following these procedures were registered, which yields an incidence rate of 0.29%. All the patients infected were male, with an average age of 34 (21-52). Procedures which included ligament reconstruction showed a higher rate of incidence of SA (0,86%) than those of plain arthroscopic surgery (0,19%).

The most commonly isolated pathogens were gram-positive cocci (67%): 5 Staphylococcus aureus (42%) and 3 Coagulase-negative Staphylococcus spp. (25%): 2 Staphylococcus epidermidis and 1 Staphylococcus lugdunensis. The two cases of gram-negative bacilli were Enterobacter cloacae (17%) and in two other cases the pathogen responsible for the infection was not isolated. The analysis of risk factors revealed a breach of our antibiotic prophylaxis protocol in 50% of the cases, either by applying it when it was not indicated or by extending it longer than indica! ted. Intra-articular steroids were used in almost 50% of the patients diagnosed with SA.

Conclusions: The incidence of SA following arthroscopic surgery in our hospital matches that described in medical literature. As in cases of SA in other locations, Staphylococcus aureus is the most frequent pathogen. Although the most common type of patient in a hospital like ours is a young, healthy male, our incidence data for SA following arthroscopic surgery are similar to those of other hospitals with different types of patients. We must insist on the observance of antibiotic prophylaxis protocols and avoid the use of intra-articular steroids.

P-15-111 | INFECTIOUS ENDOCARDITIS IN A INTERNAL MEDICINE INTERMEDIATE CARE UNIT

Neves, Clarinda; Dias, Paula; Rocha, Gonçalo.; Friões, Fernando.; Almeida, Jorge.

Hospital São João, Porto- Portugal

Introduction: Infective endocarditis (IE) is a life threatening disease. Epidemiologic features have been changing: the patients affected are older and with other co-morbidities which could imply a worse outcome. **OBJECTIVE:** To describe the cases of IE in an Internal Medicine Intermediate Care Unit (IMICU).

Methods: We review the cases with the discharge diagnosis of IE admitted in one year in a IMICU. **Results:** There were 16 patients, 9 of which were women, in a total of 18 admissions. The median age was 67, 44 years (14 to 79). The initial presentation was fever in 7 patients, cerebral embolization in 3 patients, splenic embolization in 1, fever and heart failure (HF) in 4 and fever and shock in 1. 11 patients had previous valvulopathy, 7 of which with prosthesis. 3 patients had recent hospital admissions and 2 patients had dental invasive procedures. All patients had IE of the left valves. Streptococcus viridans was isolated in 4 patients; coagulase-negative Staphylococcus infected 5 patients (4 with St. epidermidis methicillin-resistent (SEMR)), Staphylococcus aureus (3 methicillin-resistent (SAMR)) in 5 patients, and 2 patients had bacteraemia by Escherichia coli (E. coli), and 1 patient had Enterococcus faecalis. 2 of these patients had co-infection (E. coli and SAMR; E. coli and SEMR). All had vegetations on the echocardiogram. 7 patients had been going on previous antibiotic therapy for presumption of other infections, until the diagnosis of IE. 6 patients had initial empirical therapy with vancomycin (V) and gentamycin (G), 5 with V, G and rifampicin (R), 3 with ceftriaxone and G, one with cefazolin, G and R and 1 with penicillin and G. 6 patients needed a change in the prescribed antibiotics after antibiogram. 7 patients had thoracic surgery, 5 for acute HF and 2 for perivalvular abscesses. 8 patients died (2 for cerebral embolization, 2 in acute HF, 1 for systemic dysfunction, 1 for other infectious complications, 2 on the post cardiac surgery).

Comments: The clinical severity of the patients is a main feature in the admitted cases in the IMICU.

P-15-112 | ESOPHAGEAL FISTULA INDUCED BY TUBERCULOSIS IN HIV+ PATIENT

Angelo Rosa, Camila; de Souza Carvalho, Ricardo; Costa Velho, Marcelo.; Motta, R.N.; de Almeida Ferry, Fernando Raphael.

Universidade Federal do Estado do Rio de Janeiro, Escola de Medicina e Cirugía. Hospital Universitario Gaffrée Guinie, Ambulatorio de Clínica Médica e AIDS, Brazil

Introduction: HIV is a virus that promotes involvement of the host cell immunity and can foster the emergence of tuberculosis. The co-infection TB / HIV pssui clinical presentation, laboratory and radiological very different from those found in individuals not infected with HIV.

Case Report: JMSJ, male, 45 years old, white, autonomous, a native of Rio de Janeiro, homeless. In August 2007 decrease in general health status, with significant weight loss, asthenia and prostration. Treaty with amoxicillin clavulanate + presenting partial improvement. In September showed new status vespertinal accompanied by fever, coughing and sweating, same time when it was diagnosed HIV +. With the RX-chest without amendments, began to azithromycin + sulfamethoxazole and trimethoprim. Also in September, started to antiretroviral therapy (HAART) with ATC + NVP. In October was hospitalized in HUGG for not submitting improvement of fever, prostration and asthenia than the emergence of severe anemia and signs and symptoms of an RX-apart from chest - compatible with pulmonary tuberculosis, possibly linked to lung pneumocistose. At the time of admission the CD4 and CD8 were 161 and 196 respectively. The clinical impression was: HIV + patient with high possibility of pulmonary ! tuberculosis and anemia by AZT. It started the scheme as evidence RIP therapy and suspended the HAART. Started framework of dysphagia being treated empirically for thrush, with fluconazole, without improvement. It held an esophagogastroduodenoscopy (ADS) that showed three fistulas the middle third of the esophagus and erosive gastritis flat of antrum. The result of the biopsy of the esophagus showed outline of training of granuloma, BAAR sputum was positive in only 21 days after beginning the scheme RIP, probably with the collapse of fistula. The antiretroviral therapy was resumed with stavudine, lamivudine and abacavir (scheme compatible with the use of RIP).

Conclusion: The ADS showed esophagitis by tuberculosis. In patients with HIV + esophagitis is to cause the Candida albicans, followed by cytomegalovirus, hepes virus and, fourthly, tuberculosis. In Western literature, there are few cases of fistula esofagianas described by tuberculosis in patients with HIV.

P-15-113 | ATYPICAL FOCALIZATION OF COMMON BACTERIA CLINICAL CASE

Brito V.; Amaro M.

García de Orta Hospital Almada. Portugal.

Introduction: Infection that involves locomotor system has some particularities related to laborious diagnosis and treatment and to high morbidity, resulting in prolonged hospitalizations and important functional impairment.

Case: A 58 year old man, with rheumatic aortic valvulopathy and chronic heart failure was admitted with fever, shivers, head and neck aches and sensitive disorders. Observation revealed a postural deviation with a stiff neck and knee monoartritis. Lumbar puncture was normal. Radiology of cervical spine showed a reduction of C3-C4 space. Cerebral CT scan was normal and cervical MRI revealed an infectious process with intracanalicular epidural extension between C2 and C7. Escherichia coli was isolated on blood and articular liquid cultures. Genitourinary ultrasound and transesophagic echocardiogram was normal.Patient completed 6 weeks of antibiotic, using also orthotics neck lace to cervical stabilization, with complete recover.

DISCUSSION: and Conclusion: Authors emphasize atypical focalization of these gram negative bacteria, the importance of isolation of agent, treatment duration and also rehabilitation and follow-up of such clinical case.

P-15-114 | PNEUMOCOCCAL MENINGITIS IN ADULTS

Marques N, Coelho F, Saraiva Da Cunha, Meliço-Silvestre

Infectious Diseases Department, University Hospitals of Coimbra, Portugal

Introduction: Streptococcus pneumoniae is the leading cause of acute bacterial meningitis in adults.

Objectives: To report a case review of community-acquired pneumococcal meningitis in adults diagnosed at our Infectious Diseases Department during the last 8 years (2000 - 2007). **Methods:** Retrospective analysis of clinical records. Diagnosis of pneumococcal meningitis was based on the presence of clinical signs and symptoms of meningitis and identification of Streptococcus pneumoniae in the CSF and/or blood cultures. Only one episode was considered for patients with recurrent pneumococcal meningitis.

Results: 45 consecutive cases were diagnosed. The mean age was 50 ± 20 years (range: 17-93) and the sex ratio (male: female) was 28:17. Forty-three patients (95.6%) presented with fever and 40 (88.9%) with neck stiffness. At admission 15 (33.3%) had a Glasgow Coma Scale score lesser than 8. Focal neurological deficits were present in 5 patients (11.1%). Brain CT scan was performed in 44 patients; the results were normal for 15 (33.3%). In the initial lumbar CSF, the mean leucocyte count was 2962 ± 3047 cells/mcl (range: 1-12000) for 33 patients and the other 12 had uncountable CSF leucocytes. The CSF protein concentration was 537 ± 327 mg/dl (range: 45-1417) and the glucose concentration 12 ± 21 mg/dl (range: 0-84). CSF cultures were positive in 44 cases (97.8%) and blood cultures in 8 (17.8%). There wasn`t any case of penicillin resistance. Underlying and associated conditions predisposing for invasive pneumococcal infection were present in 34 patients (75.6%). History of hea! d trauma was present in 17 patients (37.8%). Six patients (13.3%) had recurrent bacterial meningitis and 5 had a CSF fistula. Thirty patients (66.7%) had meningitis-associated complications. Nine (20%) received mechanical ventilation. All patients were treated with ceftriaxone and 35 (77.8%) received dexamethasone. At discharge, 34 patients (75.6%) made a good recovery (Glasgow Outcome Scale 5). The in-hospital mortality was 4.4% (n=2).

Conclusion: Pneumococcal meningitis is a life-threatening infection leading to considerable morbidity.

Bibliography:

Weisfelt M, van de Beek D, Spanjaard L, Reitsma JB, de Gans J. Clinical features, complications, and outcome in adults with pneumococcal meningitis: a prospective case series. Lancet Neurol 2006;5(2):123-9.

P-15-115 | CNS LYME BORRELIOSIS: ANOTHER GREAT IMITATOR

Marques N, Sá R, Coelho F, Matias F, Santiago B, Saraiva Da Cunha, Meliço-Silvestre

Infectious Diseases Department and Neurology Unit, University Hospitals of Coimbra, Portugal

Introduction: Neurological manifestations of Lyme disease develop in about 5% (chronic illness) to 15% (acute stage) of untreated patients and ocular manifestations are uncommon.

Objectives: and **Methods:** To report a retrospective analysis of 2 clinical cases with rare presentation and diagnosed over a two-year period (2005-2007).

Results:

Case I: A 36-year-old woman developed blurry vision and an intermediate granulomatous uveitis was diagnosed. Two weeks later she complained of diffuse arthralgias and myalgias and weight loss. Shortly thereafter, she presented with syncope, dysphonia, dysphagia for fluids and paresthesias in the right hemiface and upper limb. Neurologic examination revealed facial palsy, gag reflex abolition, bilateral papilledema and a broad base walk. There was no history of an identifiable tick bite, rash or arthritis. CSF examination showed polymorphonuclear pleocytosis and culture was negative. Brain MRI and electromyogram were normal. Autoimmunity study and serologies for HIV, EBV, CMV, HSV, VDRL, Listeria, Brucella were negative. Serum and CSF Lyme indirect immunofluorescence (IIF) and Western blot were positive. After 30 days of daily 2 g ceftriaxone she recovered entirely.

Case II: A 59-year-old woman presented with progressive right visual deterioration, headaches and retrobulbar pain and ophthalmologic examination revealed right optic neuritis. Neurological exam was normal except for right papilledema and flame shape retinal hemorrhages. She denied history of tick bites and rash. Brain CT scan was normal as well as CSF biochemical profile. Brain MRI revealed right optic nerve enlargement. Thyroid function and autoimmunity study were normal. Serologies for HIV, HSV, CMV, EBV, VDRL, Brucella were negative. Lyme IIF and Western blot were positive in serum and negative in CSF. After 2 weeks of oral doxycycline 100 mg twice daily without considerable improvement, therapy was switched to ceftriaxone 2 g daily for 28 days with good benefit.

Conclusions: Lyme neuroborreliosis and neuroretinitis pose a diagnostic challenge. Manifestations of Lyme disease are so numerous that Borrelia is considered the "new great imitator".

Bibliography:

Stanek G, Strle F. Lyme borreliosis. Lancet 2003; 362:1639-47.

P-15-116 | MENINGITIS IN MADEIRA`S DISTRICT GENERAL HOSPITAL - A 7 YEAR REVIEW (2000 TO 2006)

Silva A.S.; Sousa F.; Jardim M.; Brazão M.L.; Reis A.P., Faria N.; Teixeira A.C.; Araújo J.N.

Medicine Department and the Infectious Disease Unit of Madeira's District General Hospital

Introduction: Meningitis is a medical emergency that requires close monitoring and quick medical intervention. In order to achieve low morbidity and mortality, it is necessary a quick diagnosis as well as an early identification of the causative organism with the corresponding antibiotic therapy for a favourable outcome.

Objectives: To determine the incidence of meningitis in Madeira Islands.

Materials and Methods: The clinical files of 112 patients admitted with the diagnosis of meningitis from 2000 to 2006 were reviewed and organised under the following parameters: gender, age, season, place of origin, length of stay, co-morbidities, symptoms and signs at presentation, aetiology, therapy and outcomes.

Results: and **Conclusion:** From the 112 patients 52.7% were male and 47.3% were female. Incidence was highest in the 21 to 30 and the 31 to 40 years of age group (24.1 and 17.9% respectively). Most were admitted in the winter months (34.8%) with an average length of stay of 15 days. Most originated from the city of Funchal the area with the highest population density. Cultures were negative in 37.5% despite turbid liquor suggesting infection. The aetiology most commonly identified was bacterial (31.3%), followed by viral (22.3%) and fungi in (8.9%). The most common organisms identified with a bacterial aetiology were Streptococcus pneumoniae (48.6%), followed by Neisseria meningitidis (28.6%), Staphylococcus aureus (8.6%), Listeria monocytogenes (5.7%), Streptococcus agalactea (2.9%), Haemophylus influenzae (2.9%) and Morganella Morgani (2.9%). In our study the mortality was 8.9% (10 patients). The authors would like point out the relevance of this study, which shows the true incidence of meningitis in Madeira and the need for an active health promotion and prevention, close epidemiologic monitoring and prompt medical intervention in order to improve the outcomes concerning this condition.

Key Words: Meningitis, meningism, early antibiotic therapy.

P-15-117 | WHAT RESULTS CAN BE EXPECTED FROM THE ECHOCARDIOGRAPHY OF HIV POSITIVE PATIENTS TREATED USING COMBINED ANTIRETROVIRAL THERAPY?

Ludka O., Pozdisek Z., Musil V., Vlasinova J., Snopkova S., Spinar J.

Cardiology Department, University Hospital Brno, Czech Republic

Introduction: Cardiovascular diseases is becoming one of the limiting factors for the survival of HIV positive patients treated with modern combined antiretroviral therapy (cART). According to to published data, cardiovascular diseases might be revealed in even more than 50 percents of HIV positive patiens. They mostly include cardiomegaly with signs of heart failure similar to that seen in dilated cardiomyopathy, endo-, myo- and pericarditis, ischaemic heart disease, intracardiac tumors, pulmonary hypertension, vasculitis and autonomic neuropathy. The cardiovascular morbidity rate may be shared by HIV infection itself, cART, oportunistic infections and their therapy, neoplasy, intravenous drug usage and obviously classic risk factors.

Aim: To assess the function of both cardiac ventricles as a part of cardiovascular disease screening in HIV positive patients. Patients: 37 HIV positive patients treated by cART, 27 men, 10 women, age 42±10 years. **Methods:** Transthoracic resting ! and exercise echocardiographic study including tissue doppler imaging (TDI).

Results: LVEF 65+9%, E 81+/-19 cm/s, A 57+/-12 cm/s, E/A 1,5+/-0,4, E-DT 163+/-31 ms, IRP 79+/-16 ms, Vp 71+/-17 cm/s, TDI med - Sa 9,0+/-1,4 cm/s, Ea 10,8+/-2,7 cm/s, Aa 9,1+/-2,2 cm/s, E/Ea 7,6+/-2,5, TDI PK - Sa 13,8+/-2,1 cm/s, Ea 13,2+/-2,6 cm/s, Aa 11,8+/-3,8 cm/s. Contractile reserve was completely preserved in all patients. Significant elevation of LVEDP during exercise was appreciated in only one patient.

Conclusion: in the population of HIV positive patients treated by cART in our AIDS centre we did not prove any higher prevalence of systolic and diastolic dysfunction of both ventricles. Because of this, we could not confirm the higher incidence of heart failure with figures similar to dilated cardiomyopathy.

P-15-118 | PARATYPHOID FEVER: A RARE DISEASE WITH COMMON PRESENTATION

André Casado, Raquel Nazareth, Francisco Da Silva, José Pimenta Da Graça

Hospital de Egas Moniz, Portugal

Typhoid fever is still an important disease in travellers from developing countries were it is associated to significant morbidity and mortality. Another form of enteric fever, Paratyphoid fever, is even rarer, corresponding to 3-17% of cases of enteric fever, reaching 45% in epidemic settings. In Portugal notified cases of enteric fever are rare, especially the ones attributable to paratyphoid fever.

We report the case of a diabetic patient, without a relevant epidemiologic history, who presented with a picture of gastroenteritis complicated with hypovolemic shock and acute renal failure. The investigation revealed Salmonella paratyphi B infection. Antibiotic treatment was instituted accordingly and the outcome was favourable. Having this uncommon case as a starting point, the authors reflect on the diagnostic and therapeutic approaches to enteric fever, highlighting the need for a thorough assessment of the epidemiologic context in suspect cases.

They point out the need to respect the updated directives on primary prevention in risk situations.

1. Muehlen M et al: "Outbreak of domestically acquired typhoid fever in Leipzig, Germany, June 2004. Euro Surveill. 2007; 12(2).

2. Bhan MK et al: "Typhoid and paratyphoid fever". Lancet 2005; 366(9487): 749-62.

3. Sood S et al: "Paratyphoid fever in India: An emerging problem". Emerg Infect Dis 1999; 5: 483-4.

4. Cooke FJ, Wain J: "The emergence of antibiotic resistance in Typhoid Fever". Travel Med Infect Dis. 2004; 2(2): 67-74.

5. Chart H. The pathogenicity of strains of Salmonella paratyphi B and Salmonella java. J Appl Microbiol. 2003;94(2):340-8.

6. Recent increase in S. Paratyphi A phage type 1 and S. Typhi Vi-phage type E1 in England and Wales, associated with travel to the Indian subcontinent HC Lewis, J Lawrence Health Protection Agency Centre for Infections, London, United Kingdom. http://www.eurosurveillance.org/ew/2006/060309.asp

P-15-119 | OSTEOMYELITIS FROM BRUCELLA INFECTION IN THE THORACIC VERTEBRAE AS A FIRST MANIFESTATION WITH NON SPECIFIC SYMPTOMS

Konstantinos Kritikos, Ioanna Skrapari, Eleftheria Kagkelari, Maria Kapaki, Theodore Kalloniatis, Theodore Gounaris, Evangelia Sioula

1st Department of Internal Medicine, Evangelismos General Hospital, Athens, Greece.

We report the case of a 77-year-old woman who developed Brucella osteomyelitis in the thoracic vertebrae with no fever, no inflammatory markers identified, and with pain in the back while moving as the only presenting symptom. The patient at admission presented only pain, identified mainly in the region of the lower thoracic and upper lumbar vertebrae and, as mentioned, she was afebrile.

She also reported no sweats, malaise, anorexia, fatigue, weight loss or any other symptoms. There was no lymphadenopathy and no hepatosplenomegaly identified. She also reported frequent episodes in her past of low back pain attributed to lumbar disk prolapse and sciatic pain.

Her lab work during admission was: WBC:7620/μL (P:77%, L:16.5%, M:7.4%), HCT:40%, Hb:13.4 g/dL, PLT:275000/μL, CRP:1,02 mg/dL, ESR:26 mm/h, SGOT:28 U/L, SGPT:26 U/L, γGT:19 U/L. CT scan revealed spondylodiskitis in the region of the 11th-12th thoracic vertebrae. Serologic tests and the blood cultures t! hat were performed, resulted positive for Brucella. Bone scintigraphy was performed and revealed the same lesion.

The patient was initiated with a course of antibiotics that included Doxycycline, Gentamicin and Rifampicin and was immobilised. Brucellosis is a zoonotic infection with protean manifestations and a a well-documented cause of fever of unknown origin with varied and nonspecific symptoms. In addition to fever, other prominent symptoms include sweats, malaise, anorexia, arthralgias, fatigue, weight loss, and depression.

Physical findings, are usually limited to minimal lymphadenopathy and occasionally hepatosplenomegaly. Virtually any organ system can be involved with brucellosis and localization of the process may cause focal symptoms or findings. Despite the fact that infection of the spine is a very common manifestation of Brucellosis, the case is presented because of the absence of other common symptoms and mainly of fever, which is a prevalent symptom during Brucella infection.

Therefore, it is essential that clinicians retain a high index of suspicion in patients who present with non-specific and chronic osteoarticular symptoms, especially in endemic regions. Early recognition of the infection, sh! ould improve the outcome of those patients.

P-15-120 | A RARE CAUSE OF SPLENIC ABCESS: SALMONELLA

Mehmet Yildiz,Neyran Kertmen,Gönül Karamercan, Nevzat Iliman

Second Department of Internal Medicine , Diskapi Education and Research Hospital , Ankara , TURKEY

Splenic abscess has been determined in fewer than 500 cases to date. Although it is a rare entity, the mortality rate is around 14%.

Case: A 49-year-old male patient was admitted to our clinic with the complaints of high temperature, lethargy, and abdominal pain of one week. In his follow-up, his general condition deteriorated and acute renal failure developed. Staphylococcus growth in the blood culture suggested sepsis, and thus, a hemodialysis program was started. In USG evaluation , appearance of a splenic abscess was noted. In the culture of the abscess content obtained through interventional radiology, staphylococcus and salmonella growth were detected. The patient whose general condition was poor was applied a percutaneous drainage catheter. The antibiotic treatment of the patient consisted of metranidazol 2x500 and seftriakson 2x500. The control USG obtained upon increased abdominal pain demonstrated multiple foci of abscess in the spleen and thrombosed pseudoaneurysm on the pancreas tip. The findings based on Doppler USG were compatible with those of aneurysm. Therefore, angio procedure was planned. However, because of disordered liver functions and hemorrhage profile of the patient, the procedure was postponed. The patient developed acute abdomen findings in the follow-up and died.

DISCUSSION: Endocarditis is the primary cause of splenic abscess formation .Other causes are urinary system infections, intraabdominal sepsis, dental infections and pulmonary infections. The rate of invasion from neighboring organs is 6-15%. Iatrogenic trauma is another cause. Cases with sickle cell anemia or talasemia among hemoglobunopathies may have splenic abscess. Staphylococcus, streptococcus, salmonella and E. coli are the most commonly isolated infective agents from the culture of abscess material. In the abscess culture of our patient, salmonella and staphylococcus growth was determined. Salmonella is isolated from the cultures of 15% of splenic abscess patients. Splenic abscess formation after typhoid fever is a rare entity. The use of antibiotics alone in the treatment is ineffective and the mortality rate is about 30-80%. Percutaneous drainage accompanied by USG and CT is preferred in the elderly, immunosuppressed patients, and patients with poor general condition. Splenectomy is performed on patients in whom medical treatment and percutaneous drainage combination fails.

P-15-121 | LEPTOSPIROSIS COMPLICATED BY ADEM

Borja Moya, Susana Marques, Manuela Fera, Sílvia Rodrigues, Ermelinda Pedroso

Servicio de Medicina, Centro Hospitalar de Setubal (Portugal)

Introduction: Leptospirosis is a zoonosis that appears in a rural atmosphere, characterized by producing a quadro biphasic with a first phase bacteriemica and a second phase immune. 10% of those infected presents a hepato-renal syndrome, less frequent is the involvement of the central nervous system and very rarely will develop an acute disseminated encephalomielyte (ADEM). Case report

We report a case of a 55-year-old man with a ADEM, in the context of leptospira infection. Will be presented the clinical , laboratory and imaging features that led us the diagnosis, and also will be presented the therapeutic possibilities that we can use. Clinical Value

The ADEM is a demyelinating disease that appears after a systemic infection, its impact is still unknown and in the case of leptospirosis will appears during the second phase(immune). Symptoms, the presence of antibodies for leptospira, and laboratory abnormalities of cerebrospinal fluid may suggest the diagnosis, but the imagem is fundamental for the diagnosis of ADEM. Associated with a less mortality is an earlier diagnosis and the use of corticoterapia(although may generate some controversy).

Conclusion: We should consider and know this uncommon evolution in patients with leptospirosis given the high prevalence of this zoonosis. Also will be done a brief final description of the prognosis factors in ADEM.

P-15-122 | A CASE OF POLYARTICULAR SEPTIC ARTRITIS

Mehmet Yildiz,Neyran Kertmen,Nevzat Iliman

Second Department of Internal Medicine , Diskapi Education and Research Hospital , Ankara , TURKEY

Septic arthritis is a disease characterized with pain, swelling, and temperature increase in the arthritic joint .However, rarely, 15% of the cases suffer polyarticular involvement.

Case: A 69-year-old male patient was admitted to our clinic upon his application to the emergency clinic with the complaints of pain, swelling, hyperemia, and increased temperature in the right shoulder, and in the left hand and right foot.In the emergency clinic, the patient had fever and thus, was started on Ampicilin -sulbaktam 4x2gr treatment. The right foot had findings compatible with an abscess.

The treatment regimen was added Amikasin 2x 500 gr. A prediagnosis of polyarticular septic arthritis was made and multiple-joint puncturing was performed. No bacteria were detected in the right shoulder puncture fluid in gram staining, but the leukocyte count was 25000 /mL . In the puncture fluid of the left hand joint, 15-20000 /mL leukocyte was detected, but no bacteria were observed in gram staining. No growth was detected in the cultures of blood and wound site on the right foot and in the joint fluid of the patient . The treatment was continued with oral antibiotic administration.

Discussion: Despite antibiotic use in septic arthritis patients, the mortality rate in hospitals is 7- 15%, and among polyarticular septic arthritis patients, this rate is around 30%.In the presence of inflammatory joint disease, for example rheumatoid arthritis, symptoms may be observed in multiple joints.

Other disorders that increase the prediction for polyarticular septic arthritis are systemic lupus erythematosis, diabetes mellitus, alcoholism, and malignancy. Diagnosis is based on WBC count, PNL rate, gram staining, and culture of the synovial fluid. However, in many earlier studies, it has been shown that WBC count, erythrocyte sedimentation, and gram staining have low specificity and sensitivity for the diagnosis of septic arthritis. In 50% of the patients with septic arthritis, WB C count in the synovial fluid may be under 28000/mL. Gram staining is positive in only 50% of the cases, and in 20% of the cases, the culture result is (-) .The treatment of septic arthritis comprises joint drainage, proper antibiotic selection, and resting the joint in a functional position.

P-15-123 | SUBDURAL EMPYEMA REPRESENTS A LOCULATED INFECTION BETWEEN THE OUTERMOST LAYER OF THE MENINGES, THE DURA, AND THE ARACHNOID

Ramiro Carvalho, Sónia Costa, Rita Simões, Fátima Branquinho, Mª Carmo Perloiro

Hospital Fernando Fonseca – Portugal

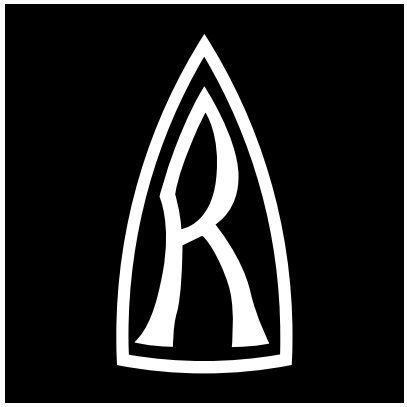
The empyema may develop intracranially or in the spinal canal. Intracranial subdural empyema is most frequently a complication of sinusitis or, less frequently otitis or neurosurgical procedures. Spinal subdural empyema (SSE) is an exceptionally rare and serious condition, and to date only 57 cases have been reported. The exact incidence of the SSE is unknown; it may result from hematogenous infection or spread of the infection from osteomyelitis. The most affected region is the thoraco-lumbar spine and the most common bacterial source is Staphylococcus aureus.

To prevent serious morbidity and mortality, early diagnosis is essential. Patients with localized back pain who are at risk for developing such abscesses or who have an increased erythrocyte sedimentation rate and/or neurologic deficit should have an immediate MRI scan with contrast enhanc! ement. If there is a suspicion of a spinal subdural abscess, urgent radiological examination followed by immediate surgical drainage and appropriate antibiotic therapy is warranted.

We report a case of a 54 year old female patient with a history of type 2 diabetes mellitus, hypertension and dyslipidemia, admitted to our Hospital In diabetic ketoacidosis, fever, backache, and signs of nerve root compression for the past 10 days. During the internment she gradually developed weakness and sensory deficit of both lower extremities; analytically she had increased inflammatory parameters. The MRI revealed a subdural empyema. Microbiologic culture study was positive for Staphylococcus aureus.

The patient started prompt antibiotic treatment with vancomycin and a third generation cephalosporin and immediate surgical drainage, with good recovery.

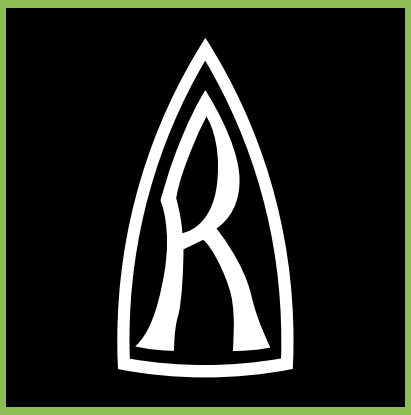
The essential problem of SSE lies in the necessity of early diagnosis, because only timely treatment is able to avoid or reduce permanent neurologic deficits.



ROEMMERS

CONCIENCIA POR LA VIDA

www.roemmers.com.ar



ROEMMERS

CONCIENCIA POR LA VIDA

www.roemmers.com.ar