

*El material que se presenta a continuación proviene de los datos proporcionados por la OAIC (Oficina de Apoyo a la Investigación Clínica) de nuestro Hospital, así como de los recolectados por nuestra Revista.*

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# Abstracts de publicaciones nacionales ISI 2014

## DEPARTAMENTO DE CIRUGÍA

**REV MED CHIL. 2014 JUN;142(6):786-90.**

CARCINOMA ESCAMOSO SARCOMATOIDE DE LA UNIÓN GASTROESOFÁGICA: CASO CLÍNICO

Braghetto I, Montesinos G, Musleh M, Cortés C, Las Heras F, Domínguez C.

Sarcomatoid squamous carcinoma (ESC) is a rare esophageal neoplasm, with a clinical, etiological and pathological behavior that differs from squamous cancer. From the histological point of view it has a dual configuration. The squamous epithelial component is usually limited to small areas, while the major part is constituted by mesenchymatous (sarcomatoid) polypoid tissue. Treatment is esophagectomy or total esophagogastrectomy depending on the tumor location. Early detection is critical in terms of survival. For large lesions, preoperative chemo-radiotherapy can be considered. We report a 78-year-old male presenting with dysphagia. An upper gastrointestinal endoscopy showed a tumor located below the cardia. The patient was subjected to a total esophageal and gastric resection. In a second operation, the digestive transit was reconstituted in 2 steps. The pathology report informed a sarcomatoid squamous carcinoma. After 18 months of follow up, the patient is ambulatory.

## DEPARTAMENTO DE CARDIOLOGÍA

**REV. MÉD. CHILE 2014; VOL.142, N.3, PP. 344-352.**

SÍNDROME AÓRTICO AGUDO. REVISIÓN DE LA LITERATURA Y ACTUALIZACIÓN DEL TEMA

Javier Vega S., Jaime Zamorano G., Nicolás Pereira C., Alfonso Galleguillos G.

Acute aortic syndrome (AAS) is a term that describes interrelated aortic emergencies with similar clinical characteristics and challenges. These are aortic dissection (AD), intramural hematoma (IH), and penetrating atherosclerotic ulcer (PAU). The incidence of AAS is three cases per 100.000 persons per year. Diverse genetic disorders and acquired conditions have been related to the pathogenesis of this disease. Clinical features of patients with any of the three conditions comprising AAS are very similar. A high degree of clinical suspicion and imaging studies are necessary for an accurate diagnosis. Prognosis is clearly related to underlying diagnosis and appropriate surgical repair, in the case of proximal involvement of the aorta. Involvement of distal segments of the aorta may require medical or endovascular therapy according to the presence of complications. After hospital discharge, patients require lifelong follow-up.

## DEPARTAMENTO DE DERMATOLOGÍA

**BIOL RES. 2014;47:34.**

MELANOMA MALIGNO EN CHILE: DIFERENTES SITIOS DISTRIBUCIÓN ENTRE LOS PACIENTES PRIVADOS Y ESTATALES

Zemelman VB, Valenzuela CY, Sazunic I, Araya I.

BACKGROUND: The body site location of primary Malignant Melanoma (MM) has been correlated with prognosis and survival. Ethnic, genetics, sun exposure factors are related to the anatomical distribution of MM. Low and high socioeconomic strata in Chile differ in ethnic, genetic and cultural conditions. The purpose of this study was to analyze the anatomical MM distribution in the Chilean population in both strata searching for differences due to their ethno-genetic-cultural differences. Records of 1148 MM, 575 cases from state hospitals (Low Socioeconomic Strata, LSS) and 573 cases from private clinics (High Socioeconomic Strata, HSS) were analyzed by body site. RESULTS: Females from LSS showed a higher number of MM in soles, cheeks, and around the eye area.

Females from the HSS showed a higher number of MM in dorsal feet and dorsal hands. Males from LSS showed a higher number of MM in soles, around the eye area, and cheeks. However, males from HSS showed a higher number of MM in the trunk, and in the arms. Acral MM was significantly higher in LSS than in the HSS in both sexes. The Chilean population from the HSS and LSS showed differences in the distribution of MM by site. Furthermore, gender differences in the proportion of MM analyzed by anatomical site are observed in both strata. CONCLUSIONS: Results show evidence that differential genetics factors, sun exposure, or other environmental or cultural factors of both strata may account for these differences.

## DEPARTAMENTO DE OBSTETRICIA Y GINECOLOGÍA

**REV MED CHILE 2014; 142: 1150-1156**

PREVALENCIA AL NACIMIENTO DE MALFORMACIONES CONGÉNITAS EN LAS MATERNIDADES CHILENAS PARTICIPANTES EN EL ECLAMC EN EL PERÍODO 2001-2010

Julio Nazer H., Lucía Cifuentes O.

Background: The Latin American Collaborative Study of Congenital Malformations (ECLAMC) is an epidemiological surveillance system operating in 11 South American countries since 1969. Aim: To analyze the Congenital Malformation prevalence rate at birth from 2001 to 2010 in Chilean Hospitals participating in ECLAMC. To compare these rates with those of the period 1982-1994. Material and Methods: Review of the ECLAMC database, which contains information about 282.568 newborns, 2.110 of them stillbirths (0.75%) from 13 Maternity hospitals. Results: In the study period, 10.925 newborns had congenital malformations (3.9 %). Their frequency was lower in live newborns than stillbirths (3.8 and 15.3%, respectively). Compared with the 1982-1994 period, congenital malformation prevalence rates at birth were higher. They stabilized in approximately 4 %, from 1985 to 2010. The prevalence of some anomalies such as Down syndrome increased significantly. On the other hand, there was a reduction in the prevalence of spina bifida and anencephaly. Conclusions: Prevalence rates of congenital malformations at birth remained stable in the last 18 years in Chilean Hospitals participating in ECLAMC. However the prevalence of some malformations such as Down syndrome, Polydactyly, anotia-microtia, syndactyly and cleft palate have increased. The prevalence rates of spina bifida and anencephaly have decreased.

**REV MED CHILE 2014; 142: 1431-1439**

FACTORES DE RIESGO DE OCURRENCIA Y GRAVEDAD DE MALFORMACIONES CONGÉNITAS

Andrea Canals C., Gabriel Cavada C., Julio Nazer H.

Background: The relative importance of congenital malformations as a cause of death in the first year of life is increasing along with the control of preventable causes of perinatal mortality. Aim: To identify risk factors for congenital malformations. Patients and Methods: Retrospective case-control study of births registered in the database of The Latin American Collaborative Study of Congenital Malformations (ECLAMC), in the period 2001-2010. Results: Birth weight and gestational age were significantly lower in cases than controls, behaving as risk factors and associated with a greater severity of congenital malformations. The risk and severity of congenital malformations increased along with mother's age. Fetal growth retardation, a history of congenital malformations in the family, physical factors and acute illnesses of the mother in the first trimester of pregnancy were also significant risk factors for congenital malformations and their severity. The educational level of the mother was a protective factor for congenital malformations and their severity. Conclusions: Variables previously identified as risk factors for congenital malformations, were significantly related with the occurrence of congenital malformations and their severity.

## DEPARTAMENTO DE PSIQUIATRÍA Y SALUD MENTAL

**REV MED CHIL. 2014 SEP;142(9):1142-9.**

PROGRAMA COLABORATIVO A DISTANCIA PARA EL TRATAMIENTO DE LA ENFERMEDAD DEPRESIVA.

Rojas G, Castro A, Guajardo V, Alvarado R, Isamit C, Fritsch R.

BACKGROUND: In the treatment of depression, primary care teams play an important role, whose effectiveness improves when inserted into a collaborative model of disease management. AIM: To report the results of a clinical trial carried out to test the effectiveness of a collaborative program between primary health teams and specialists supported by an electronic platform. MATERIAL AND METHODS: Physicians from four community hospitals belonging to the Reloncavi Health Service network, recruited 81 patients with depression aged 37 to 43 years, 84% of whom were female. Participants were divided in an active group, which participated in the collaborative program and a control group, which received the usual care, according to the Ministry of Health's Guidelines for Depression. The main outcome was the Beck Depression Inventory (BDI-I) score at three months of intervention. RESULTS: Participants had an average of

29.6 points (95% CI: 27.6-31.6) in the BDI-I and 38% of them had a high suicide risk. There were no statistically significant baseline differences between active and control group. In the intervention group, the BDI-I score changed from 30.0 (95% CI 27.0 to 32.8) to 15.3 (95% CI 11.8 to 18.8). In the control group the score changed from 29.2 (95% CI: 26.4-31.9) points to 20.8 (95% CI 16.8 to 24.7). The decrease was significantly higher in the intervention groups. CONCLUSIONS: A program of this kind may be useful to assist primary care teams in remote areas of the country to improve treatment outcomes for depression.

#### **REV MED CHILE 2014; 142: 494-500**

PREVENCIÓN, DETECCIÓN, TRATAMIENTO O SEGUIMIENTO EN SALUD MENTAL DE ADOLESCENTES A TRAVÉS DEL USO DE INTERNET: UNA REVISIÓN SISTEMÁTICA CUALITATIVA

Marianela Hoffmann, Graciela Rojas, Vania Martínez

Background: The widespread use of INTERNET by adolescents, renders it a simple and accessible means for health care campaigns Aim: To perform a systematic review of ISI publications about INTERNET use for adolescent mental health prevention, detection, treatment or follow up. Material and Methods: Systematic reviews, meta analyses and controlled clinical trials in all languages were searched. Manuscripts without an abstract or only publishing the study design were excluded. All selected articles were critically read. Results: One hundred and five papers were found and 61 were excluded because they did not address the research question. Of the resting 44, only six complied with the search criteria among them, 3 articles correspond to systematic reviews addressing early intervention programs and mental health treatment based on Internet; the other 3 articles correspond to controlled clinical trials addressing treatment interventions of anxiety and depression and 1 address on depression prevention program. Conclusions: INTERNET facilitates the application of mental health promotion, prevention and intervention among adolescents. However the resource is still underused.

#### **REV MED CHIL. 2014 MAY;142(5):593-8.**

ASOCIACIÓN ENTRE OBESIDAD Y CÁNCER DE OVARIO

Valladares M, Corsini G, Romero C.

Obesity is a risk factor for cancer. Epidemiological evidences associate ovarian cancer with obesity. Epithelial ovarian cancer (EOC) is the most common type of ovarian cancer and accounts for a high rate of mortality. The association between ovarian cancer and obesity could be explained by molecular factors secreted by adipose tissue such as leptin. In EOC, leptin increases cell proliferation and inhibits apoptosis. Additionally, adipose tissue synthesizes endogenous estrogens, which increase cell proliferation of epithelial ovarian cells. Also, obesity associated hyperinsulinism could increase ovarian estrogen secretion.

## **DEPARTAMENTO DE MEDICINA**

### **GASTROENTEROLOGÍA**

#### **REV MED CHIL. 2014 APR;142(4):413-7.**

PANCREATITIS FOCAL AUTOINMUNE VERSUS CÁNCER DE PÁNCREAS: EL VALOR DEL TRATAMIENTO DE ESTEROIDES EN EL DIAGNÓSTICO  
Berger Z.

BACKGROUND: The differential diagnosis of pancreatic cancer and focal forms of autoimmune pancreatitis is complicated since serological tests, IgG4 and CA 19-9 have a low sensibility and specificity. CT scan and magnetic resonance imaging provide clear differentiation in the majority, but not in all cases. Endosonography is the most precise diagnostic procedure and allows to obtain samples for cytology or even histological studies. AIM: To report the experience with 18 cases of focal autoimmune pancreatitis and three cases of pancreatic cancer. MATERIAL AND METHODS: Review of medical records of 18 patients with focal autoimmune pancreatitis and 3 cases of pancreatic cancer. RESULTS: The eighteen patients with focal autoimmune pancreatitis were treated with prednisone 0.5 mg/kg/day obtaining a complete clinical and morphological recovery in all. However, 3 had a relapse and one was operated. During follow up, none has developed a pancreatic cancer. The 3 patients with pancreatic cancer did not respond to steroidal treatment. CONCLUSIONS: The quick and dramatic response to steroids of autoimmune pancreatitis, may be useful and is recommended for the differential diagnosis with pancreatic cancer.

#### **REV. MÉD. CHILE, AGO 2014, VOL.142, NO.8, P.1006-1013**

ENFERMEDAD INFLAMATORIA INTESTINAL A PARTIR DE UNA EXPERIENCIA LOCAL

Simian D, Estay C, Lubascher J, Acuña R, Kronberg U, Figueroa C, Brahm J, Silva G, López-Köstner F, Wainstein C, Larach A, Larach J, Quera R.

Background: The incidence and prevalence of Inflammatory Bowel Disease (IBD) has increased. Aim: To determine demographic and clinical characteristics of patients with IBD in a Chilean private hospital. Patients and Methods: Review of a prospective registry of patients with IBD, started on 2012. It includes clinical, imaging, endoscopic and pathological information of patients. Results: Data

of 316 patients with IBD, aged 16 to 86 years (56% females), were analyzed. Ulcerative Colitis (UC), Crohn's and non-classifiable IBD were diagnosed in 230, 77 and 9 patients, respectively. The disease was diagnosed in 82% of patients in the period between 2002 and 2012. There was a peak in the diagnosis of both UC and CD between 20 and 39 years of age, without gender differences. The disease switched from UC to CD in six patients. In four, there was a change in disease behavior. Thirty eight patients were treated with biological therapy. The median lapse between the diagnosis and the use of biological therapy was 1 year in patients diagnosed after 2007, compared with 5.5 years among those patients diagnosed before 2007 ( $p = 0.001$ ). There was a trend towards a higher requirement of surgery until 2006. Subsequently there was a stabilization of the requirement, concomitant with the incorporation of biological therapy. Conclusions: An adequate registry of IBD patients is necessary to improve demographic and clinical characteristics. A national registry is needed to assess the epidemiological changes of IBD in Chile.

#### **REV MED CHILE 2014; 142: 1181-1192**

##### **DIAGNÓSTICO PRECOZ DE CÁNCER GÁSTRICO. PROPUESTA DE DETECCIÓN Y SEGUIMIENTO DE LESIONES PREMALIGNAS GÁSTRICAS: PROTOCOLO ACHED**

Antonio Rollán, Pablo Cortés, Alfonso Calvo, Raúl Araya, María Ester Bufadel, Robinson González, Carolina Heredia, Pablo Muñoz, Freddy Squella, Roberto Nazal, María de los Ángeles Gatica, Jaqueline Gobelet, René Estay, Raúl Pisano, Luis Contreras, Ingrid Osorio, Ricardo Estela, Fernando Fluxá, Adolfo Parra-Blanco

An expert panel analyzed the available evidence and reached a consensus to release 24 recommendations for primary and secondary prevention of gastric cancer (CG) in symptomatic patients, with indication for upper GI endoscopy. The main recommendations include (1) Search for and eradicate *H. pylori* infection in all cases. (2) Systematic gastric biopsies (Sydney protocol) in all patients over 40 years of age or first grade relatives of patient with CG, to detect gastric atrophy, intestinal metaplasia or dysplasia. (3) Incorporate the OLGA system (Operative Link on Gastritis Assessment) to the pathological report, to categorize the individual risk of CG. (4) Schedule endoscopic follow-up according to the estimated risk of CG, namely annual for OLGA III-IV, every 3 years for OLGA I-II or persistent *H. pylori* infection, every 5 years for CG relatives without other risk factors and no follow-up for OLGA 0, *H. pylori* (-). (4) Establish basic human and material resources for endoscopic follow-up programs, including some essential administrative processes, and (5) Suggest the early CG/total CG diagnosis ratio of each institution and the proportion of systematic recording of endoscopic images, as quality indicators. These measures are applicable using currently available resources, they can complement any future screening programs for asymptomatic population and may contribute to improve the prognosis of CG in high-risk populations.

## **GENÉTICA**

#### **REV MED CHIL. 2014 MAY;142(5):587-92.**

##### **ESTUDIO DE ASOCIACIÓN DE BASE FAMILIAR ENTRE POLIMORFISMOS DE MTHFR MIELOMENINGOCELE EN CHILE.**

Pardo R, Suazo J, Castillo S, Vargas M, Zalavari A, Santos JL, Blanco R, Rotter K, Solar M, Tapia E.

**BACKGROUND:** Mandatory fortification with folic acid (FA) was implemented in Chile in 2000. Thereafter, the rate of spina bifida decreased by 52 to 55%. Genetic abnormalities in folate metabolism may be involved in the etiology of spina bifida. **AIM:** To evaluate the association between myelomeningocele (MM) and c.A1298C and c.C677T polymorphisms within the coding gene for 5,10-methylenetetrahydrofolate reductase (MTHFR) in the Chilean population. **MATERIAL AND METHODS:** These polymorphisms were genotyped in 105 patients showing isolated MM, born after the onset of FA fortification, and in their parents. The transmission disequilibrium test (TDT) was performed to evaluate alterations in the transmission of both alleles and haplotypes MTHFR polymorphism. We also evaluated the presence of parent-origin-effect (POE) of alleles using the Clayton's extension of the TDT. **RESULTS:** TDT analysis showed no significant distortions in the transmission of alleles or haplotypes. Moreover, although the POE showed increased risk for maternally derived allele, this risk was not statistically significant. **CONCLUSIONS:** The studied variants in the MTHFR gene (c.C677T and c.A1298C) do not constitute risk factors for MM in this sample of Chilean patients and their parents.

## **INFECTOLOGÍA**

#### **REV CHILENA INFECTOL. 2014 APR;31(2):123-30.**

##### **SUSCEPTIBILIDAD ANTIMIUCROBIAL EN CHILE 2012**

Cifuentes-D M, Silva F, García P, Bello H, Briceño I, Calvo-A M, Labarca J; Grupo Colaborativo de

Bacteria antimicrobial resistance is an uncontrolled public health problem that progressively increases its magnitude and complexity. The Grupo Colaborativo de Resistencia, formed by a join of experts that represent 39 Chilean health institutions has been concerned with bacteria antimicrobial susceptibility in our country since 2008. In this document we present in vitro bacterial susceptibility accumulated during year 2012 belonging to 28 national health institutions that represent about 36% of hospital discharges in Chile. We consider of major importance to report periodically bacteria susceptibility so to keep the medical community updated to achieve target the empirical antimicrobial therapies and the control measures and prevention of the dissemination of multiresistant strains.

## NEFROLOGÍA

**REV MED CHILE 2014; 142: 114-117**

CASO CLÍNICO: CISTITIS ENFISEMATOSA ASOCIADA A HIDRONEFROSIS SECUNDARIA

Edith Pérez De Arce Oñate, María Eugenia Sanhueza, Rubén Torres, Erico Segovia

We report a 53 year-old woman with type 2 diabetes mellitus and hypertension, presenting with progressive abdominal pain lasting three weeks, associated with lower abdominal swelling and fever. Clinical examination showed a large increase in abdominal volume, contraction of extracellular compartment, and signs of severe sepsis. Computed tomography showed an over-distended bladder with severe wall and luminal pneumatosis and bilateral hydronephrosis. The diagnosis was of emphysematous cystitis associated to hydronephrosis. Urine and blood cultures were positive for multi-susceptible *Escherichia coli*. Clinical evolution was favorable after 6 weeks of ceftriaxone and urinary catheter use. Emphysematous cystitis is a rare clinical entity, with an associated mortality of 7%. Known predisposing factors are older age, female gender and presence of diabetes. Microbiological agents most frequently involved are *Escherichia coli* and *Klebsiella pneumoniae* (80% of cases). Medical treatment is preferred and is based on urinary tract decompression with a bladder catheter, and prolonged broad spectrum antimicrobial therapy

## REUMATOLOGÍA

**REV MED CHILE 2014; 142: 924-929**

AORTITIS, CAUSAS INFRECUENTES EN REUMATOLOGÍA: PRESENTACIÓN DE CASOS

Pamela Wurmman, Francisca Sabugo, Julio Cruz, Gonzalo Díaz, Felipe Sánchez, Sandra Pino, Ninette Pezo, Juan Carlos Díaz, Cristina Fernández

Report of three cases Aortitis is a nonspecific term that describes an inflammation of the aortic wall caused by inflammatory, infectious, paraneoplastic and idiopathic diseases. The symptoms are variable and nonspecific; therefore a high level of clinical suspicion is required to diagnose it. It is often an incidental finding while looking for other diagnoses and it is confirmed mainly through imaging studies. We report three cases of aortitis: A 29-year-old woman presenting with alopecia, oral and nasal ulcers and positive antinuclear antibodies. A CAT scan showed a segmental thickening of thoracic aorta, with dilated and stenotic areas. She was successfully treated with steroids, hydroxychloroquine, cyclophosphamide and azathioprine. A 41-year-old male presenting with dorsal pain and cough. The CAT scan showed an extra-intimal thickening of the descending aorta and stenosis of the celiac artery. The final diagnosis was a polyangiitis and was treated with steroids, cyclophosphamide and azathioprine. A 28-year-old woman presenting with pain in the left upper abdomen. Imaging studies showed a thickening of the aortic arch and subclavian artery. The final diagnosis was sarcoidosis and the patient was treated with prednisone.

## DEPARTAMENTO DE NEUROLOGÍA Y NEUROCIRUGÍA

**BIOL RES. 2014 JUN 16;47(1):27.**

CELECOXIB DISMINUYE EL CRECIMIENTO Y LA ANGIOGÉNESIS Y PROMUEVE LA APOPTOSIS EN LÍNEA DE CÉLULAS TUMORALES RESISTENTES A LA QUIMIOTERAPIA.

Rosas C, Sinning M, Ferreira A, Fuenzalida M, Lemus D.

**BACKGROUND:** During the last few years it has been shown in several laboratories that Celecoxib (Cx), a non-steroidal anti-inflammatory agent (NSAID) normally used for pain and arthritis, mediates antitumor and antiangiogenic effects. However, the effects of this drug on a tumor cell line resistant to chemotherapeutic drugs used in cancer have not been described. **RESULTS:** Cx reduces angiogenesis in the chick embryonic chorioallantoic membrane assay (CAM), inhibits the growth and microvascular density of the murine TA3-MTXR tumor, reduces microvascular density of tumor metastases, promotes apoptosis and reduces vascular endothelial growth factor (VEGF) production and cell proliferation in the tumor. **CONCLUSION:** The antiangiogenic and antitumor Cx effects correlate with its activity on other tumor cell lines, suggesting that Prostaglandins (PGs) and VEGF production are involved. These results open the possibility of using Celecoxib combined with other experimental therapies, ideally aiming to get synergic effects.

## SERVICIO DE ANATOMÍA PATOLÓGICA

**REV MED CHIL. 2014 MAY;142(5):656-61**

MICROLITIASIS ALVEOLAR PULMONAR: CASO CLÍNICO

Cristina Fernández F., Mauricio Salinas F., José Andrés de Grazia K., Juan Carlos Díaz P.

Pulmonary alveolar microlithiasis is an extremely rare disease characterized by intra-alveolar accumulation of calcified spherical particles (called microliths), due to a mutation of the gene encoding a membrane transport protein of the alveolar surface. Most patients are asymptomatic at diagnosis. The course of the disease is slowly progressive, with development of pulmonary fibrosis and respiratory failure. The “sandstorm” pattern is the characteristic finding of this disease. We report a 39-year-old female presenting with progressive dyspnea. A chest X ray showed ground-glass opacities and a high resolution CT scan showed numerous calcified lung micronodules. A surgical lung biopsy confirmed the diagnosis of pulmonary alveolar microlithiasis.

## **SERVICIO DE UROLOGÍA**

**REV MED CHIL. 2014 SEP;142(9):1136-41.**

NIVEL EDUCACIONAL COMO DETERMINANTE EN TAMIZAJE DE CÁNCER DE PRÓSTATA

Novoa C, Anguita C, Badilla-O S, Aliaga A, Reyes D.

**BACKGROUND:** The screening of prostate cancer allows an earlier diagnosis, allowing more therapeutic options. This screening depends in part on spontaneous patients’ consultation, which is largely related to their educational level. **AIM:** To evaluate the association between educational level, knowledge of the disease, and prostatic screening. **MATERIAL AND METHODS:** A questionnaire was applied to 377 men aged between 50 and 90 years to determine their educational level, knowledge of the disease, if they had any prostate screening and age at first screening. Data was analyzed with R Commander. **RESULTS:** Eighty one percent of respondents had some knowledge of the disease and of these, 68% had prostate screenings compared with 34% of those without knowledge of the disease. Information about prostate cancer was reported by 71% and 96% of respondents with primary and university education, respectively. Fifty nine and 90% of respondents with primary and university education had prostate screenings performed, respectively. **CONCLUSIONS:** Those respondents with a prostate cancer screening had a better knowledge of the disease and a higher educational level.

## **UPC**

**REV CHILENA INFECTOL. 2014 OCT;31(5):528-33.**

ADHESIÓN MÉDICA PARA INDICACIONES DE PROCEDIMIENTOS INVASIVOS EN EL UNIDAD CUIDADOS CRÍTICOS DE UN HOSPITAL UNIVERSITARIO.

Gálvez LR, Berasain MA, Luengo C, Cifuentes M, Tobar E, Jemenao MI, Silva F.

**INTRODUCTION:** Physicians’ adherence to pre-established criteria for the indication and/or maintenance of invasive devices is a weak point in infection control programs. Fulfillment of the recommendations for preventing infections associated with invasive devices is essential to reduce their risk. **OBJECTIVE:** To assess the adherence of physicians to the standardized criteria for indication of central venous catheter (CVC) and permanent urinary catheter (PUC) and to the application of supervision guidelines. **METHODS:** During a period of 7 months, residents of the Critical Patient Unit monitored the adherence to criteria for indication of CVC and PUC recorded in patients’ medical records. This information was compared with current regulations to assess compliance. **RESULTS:** Between April and September 2009, 2078 supervision guidelines were applied. Invasive devices were identified in 47.7%. 10.4% of CVCs and 19.2% of PUCs did not meet criteria for installation and / or maintenance at the time of monitoring. **CONCLUSIONS:** Adherence of our medical staff to criteria for installation and /or maintenance of CVC and CUP should be improved. Monitoring can be efficiently performed by residents and could reduce infections associated with invasive procedures.

**REV MED CHILE 2014; 142: 1584-1593**

MANEJO DEL POTENCIAL DONANTE CADÁVER

Guillermo Bugeo, Sebastián Bravo, Carlos Romero, Ricardo Castro

Solid organ transplantation is limited by donor availability. The loss of brain function produces hemodynamic, respiratory, hormonal and metabolic changes that lead to hypotension and organ dysfunction. Management of a potential donor is similar to any critically ill patient. Cardiovascular stability and protective ventilatory support must be pursued, aimed at minimizing the local and systemic inflammatory response that is triggered by brain death. There is no consensus on protocols for hormonal supplementation. The administration of vasopressin analogues and steroids may be beneficial under certain conditions. Appropriate medical management helps to optimize the function of different organs prior to transplantation. This may increase the number of harvested organs and improve their functional outcome in the recipient.