

Combining job and family demands and being healthy. What are the differences between men and women?

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Background. The objective of this study is to analyse gender inequalities in the combination of job and family life and their effect on health status and use of health care services.

Methods. The data come from the Navarra Survey of Working Conditions (Spain, 1997) carried out on a sample of 2185 workers. The analysis was restricted to 881 men and 400 women, aged 25-64 years, who were married or cohabiting. Dependent variables were self-perceived health status, psychosomatic symptoms, and medical visits, all of them dichotomized. Independent variables were family demands and number of hours of paid work a week. The analysis was adjusted for age and occupational social class. Multivariate logistic regression models, separated by

sex, were fitted in order to calculate adjusted odds ratios (aOR) and 95% confidence intervals (CI).

Results. Family demands were not associated with men's health whereas married women who lived in family units of more than three members had a higher risk of poor self-perceived health status (aOR=4.16; 95% CI: 1.37-12.65) and of psychosomatic symptoms (aOR=2.05; 95% CI: 1.12-3.75). Among women, working more than 40 hours a week was also associated with both health indicators and, additionally, with a higher probability of medical visits.

Conclusion. In order to fully understand social determinants of workers' health, besides social class, gender inequalities in the distribution of family responsibilities should be considered. (*European J Public Health 2004; 14: 1-6*).

El cuestionario de calidad de vida para cáncer colorectal EORTC QLQ-CR38. Estudio de validación para nuestro país

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Propósito. El Grupo de Calidad de Vida de la EORTC ha desarrollado un cuestionario para evaluar la calidad de vida de los pacientes con tumores colorrectales, EORTC QLQ-CR38. El objetivo de este trabajo es validar la versión en castellano de este instrumento para su uso en nuestro país.

Material y métodos. Una muestra de 109 pacientes con cáncer de recto en estadios B2 o C y dividida en dos subgrupos, según recibieran el tratamiento quimiorradioterápico previo (79 pacientes) o posterior a la cirugía (30 pacientes), han realizado una primera medición con el cuestionario QLQ-CR38 al inicio del tratamiento. Ochenta y siete de estos pacientes lo han contestado una segunda vez y 61 una tercera en momentos específicos del tratamiento y seguimiento. Se ha lleva-

do a cabo un estudio estadístico de la fiabilidad y validez de dicho instrumento.

Resultados. La fiabilidad de las escalas del cuestionario QLQ-CR38 medida con el coeficiente Alpha de Cronbach es adecuada, excepto en el caso de dos escalas que no cumplen el criterio de fiabilidad propuesto. La validez se ha confirmado de dos maneras: varias escalas e ítems distinguen entre grupos organizados según las variables clínicas y algunas escalas e ítems reflejan cambios significativos durante los periodos de tratamiento y seguimiento.

Conclusiones. El cuestionario EORTC QLQ-CR38 es un instrumento válido y fiable para su uso con pacientes españoles con cáncer de recto. Los resultados de este trabajo coinciden con los de estudios de los creadores de la escala. (*Oncología 2003; 26: 285-292*).

Posterior sternoclavicular dislocation. Report of two cases

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Posterior sternoclavicular dislocation is a relatively uncommon lesion, but must always be considered in the event of trauma to the scapulothoracic area in which initial radiology does not show signs of fracture. Its diagnosis and treatment must be carried out promptly because of the possible serious complications that may occur through the clavicle compressing nearby structures. The authors

report two cases, which were diagnosed by CT-scan. In the first case, treatment consisted in orthopedic reduction, while in the second case open reduction and fixation with Kirschner wires was required. The result was satisfactory in both cases, and the patients remain asymptomatic three and five years after trauma. (*Acta Orthop Belg 2003; 69: 188-192*).

Prospective study of artificial anal sphincter and dynamic graciloplasty for severe anal incontinence

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Background and aims. Dynamic graciloplasty and artificial anal sphincter are two options for refractory incontinent the efficacy of which was compared in a prospective study.

Patients and methods. Between November 1966 and June 1998, 16 patients were operated on (artificial anal sphincter 8, dynamic graciloplasty 8). Four consecutive operations with each technique were performed by two colorectal surgeons (one initiated the study with the neosphincter and the other with dynamic graciloplasty). Two independent observers assessed postoperative results at 4-month intervals. Patients were followed up to January 2001, with a median (interquartile range) of 44 (13) months and 39 (15) months for the neosphincter and the dynamic graciloplasty, respectively.

Results. Fourteen patients had complications. In the immediate postoperative period; there were eight

cases of wound healing-related problems (four in the graciloplasty group). Perineal infection occurred in one patient in the graciloplasty group. At follow-up there were 11 complications (6 in the neosphincter group). Four patients undergoing neosphincter implantation had erosion or pain at the cuff site and had the implant removed (a new device was reimplanted in one). Four patients undergoing dynamic graciloplasty had the stimulator removed. Postoperatively the neosphincter was associated with a significantly lower score on the continence grading scale of the Cleveland Clinic Florida than graciloplasty.

Conclusion. The artificial anal sphincter is a more convenient technique than dynamic graciloplasty for institutions treating small number of patients. However, technical failures and complications during follow-up that require reoperation are very high in both types of treatments. (*Int J Colorectal 2003; 18: 349-354*).

Cistitis glandular florida de tipo intestinal con extravasación de mucina: una lesión que simula un tumor

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RESUMEN

En la vejiga se pueden observar una gran variedad de lesiones o cambios metaplásicos epiteliales. La sustitución extensa del urotelio por epitelio similar a la mucosa intestinal se ha considerado como una lesión premaligna. Sin embargo, la historia natural de la metaplasia intestinal y su comportamiento a largo plazo es desconocida. Presentamos un caso de cistitis glandular de tipo intestinal vejiga en un paciente joven. En la cistoscopia se observó un tumor bien circunscrito de 4 cm localizado en trigono. Histológicamente la lesión mostraba numerosas glándulas revestidas por epitelio de tipo intestinal sin atipia citológica correspondiente

a la variedad intestinal de la cistitis glandular. Destacaba en este caso el depósito de un material basófilo en el estroma correspondiente a mucina. Se podía ver acúmulos de este material rodeados y comprimidos por tejido conectivo, simulando quistes mucosos. Este caso demuestra que en el estudio cistoscópico la cistitis glandular puede simular un tumor cuando la lesión es extensa. Y que la extravasación de mucina puede causar un problema de diagnóstico diferencial con un tumor maligno, un hallazgo que ha sido raramente documentado previamente. Se discute además el significado biológico de ese tipo de lesión. (*Actas Urol Esp* 2003; 27: 297-300).

Alpha and beta oscillatory changes during stimulus-induced movement paradigms: effect of stimulus predictability

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We studied the effect of stimulus predictability on the alpha and beta changes observed in central regions during stimulus-induced movement paradigms. Six young volunteers were instructed to extend briskly their dominant wrist as soon as possible after hearing a 2000 Hz sound. Two sequences of stimuli were presented to each subject, the first rhythmic at 1/s and the second with random intervals between 5 and 13 s. A time-frequency analysis of nonphase-locked activity in the 7-3 Hz range was performed on stimulus-centred EEG sweeps using wavelet filters and Gabor transforms. During the sequence of predictable rhythmic stimuli, stimulus-induced movements were accompanied by a decrease in beta activity that began contralaterally about 1 s prior to the stimulus and extended to both sides later on. This decrease was

followed by a rebound after the end of the movement. In the alpha band, the decrease observed started just after the sound. During the sequence non-predictable, random stimuli, stimulus-induced movements were accompanied by a shorter and smaller alpha and beta-ERD, that started after the stimulus. The presence of a pre-stimulus beta ERD only in the rhythmic predictable paradigm suggests that central pre-movement beta ERD may be an indicator of motor preparation, and could be used for objective evaluation of time estimation and motor timing. The minimal differences observed in the alpha changes in both paradigms suggest that alpha-ERD may not be linked to motor preparation. (*Neuroreport* 2003; 14: 381-385).

Gene conversion (655G splicing mutation) and the founder effect (Gln318Stop) contribute to the most frequent severe point mutations in congenital adrenal hyperplasia (21-hydroxylase deficiency) in the Spanish population

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This study addresses the contributions of gene conversion and a founder effect to the distribution of the two most frequent severe point mutations of the 21-hydroxylase (21OH) gene causing congenital adrenal hyperplasia: the 655G splicing mutation at intron 2, and Gln318Stop in a Spanish population. Direct and indirect analyses of segregated mutant and normal 21OH genes in 200 Spanish families (classic and nonclassic 21OH deficiency) were performed. Both mechanisms were found to contribute to different degrees to the defective investigated alleles. The 655G splicing mutation (62 alleles, 15.5%) seemed to be almost exclusively related to recent conversion events,

whereas Gln318Stop (33 alleles, 8.3%) is more likely to be due to the dissemination of remotely generated mutant alleles. Other severe defective alleles, 8 bp-deletion (13 alleles, 3.3%), 306insT (5 alleles, 1.3%), and gene deletions (43 alleles, 11%), as well as the mild mutation Val281Leu (120 alleles, 30%), also appear to be strongly associated with particular D6S273 alleles. Although gene conversion contributes to the generation of severe 21OH alleles, the high frequency of some severe mutations in different geographic areas is consistent with a founder effect. (*Clin Genet* 2002; 62: 181-188).

Paramedian pontine infarct secondary to basilar artery dissection

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Dissection limited to the basilar artery is quite rare, and the great majority of cases is spread from an intracranial vertebral dissection. We report a case of a basilar artery dissection which presented with a paramedian pontine infarct.

Case report. A 26-year-old man began, 2 days before admission, with a gradually progressive headache followed by vertigo, unsteadiness, weakness and numbness of left-side limbs, and dysarthria. He had neither, nor had he had a previous cranial or cervical trauma. Neurologic exam on admission revealed a conscious and well-oriented person.

He had a supranuclear left facial palsy and a left hemiparesis; his gait was unsteady. No nistagmus or dysmetria were found. Ocular muscles were spared and optic fundus were normal. Routine hematologic and biochemic blood tests were normal. Antinuclear antibody level, sedimentation rate, VDRL, VIH and Lyme disease serologies were within normal limits.

Results of testing for antiphospholipid antibodies, protein C, protein S and homocystein levels were normal. Lumbar puncture yielded normal cerebrospinal fluid. Chest radiograph, electrocardiogram and transthoracic echocardiogram were unremarkable. Transcranial Doppler showed an inversion of flow with high resistance signal and increased velocity in the basilar artery (systolic velocity over 200 cm/s), suggestive of a marked stenosis. Magnetic resonance showed a small dark area of flow void representing the narrowed lumen of the basilar artery. Angiography demonstrated a complete tapering occlusion of the basilar artery ("string sign") and an efficient supply through the cerebellar arteries. A right paramedian pontine infarct was found on magnetic resonance. Anticoagulation was initiated with intravenous heparin sodium. The patient's symptoms gradually cleared. At discharge, the only residual deficit was a slight left hemiparesis. Follow-up transcranial Doppler showed spontaneous

recanalisation of basilar flow. A patent foramen ovale with left-to-right shunt was ruled out by transcranial Doppler examination. At follow-up examination 4 months later, the patient was still well.

Spontaneous basilar artery dissection resulting in a parapontine infarct are the unique features of the present case. The subacute onset of dysarthria, unsteadiness and left hemiparesis preceded by headache suggest a cerebrovascular disorder involving the vertebrobasilar system. The diagnostic approach was made by transcranial Doppler. A basilar stenosis was suspected and it was confirmed by angiography. Angiographic findings were highly suggestive of an artery dissection with a complete tapering occlusion ("string sign") at the top of the basilar artery. There were not radiologic signs of fibromuscular dysplasia. Cardioembolic sources were not found. An infectious vasculitis was ruled out.

Basilar artery dissection is a rare condition and associated with poor outcome. When lesions are limited to the distal basilar artery, ischemic infarcts tend to occur in the midbrain, thalamus, cerebellum and temporal and occipital lobes. In other cases, extensive lesions were found on the basis pontis. The presentation of a basilar artery dissection as a paramedian pontine infarct is unusual. The dissection can cause ischemic lesions either by compromising the vascular lumen by a subadventitial hematoma or a thrombus forming over the fibrosed intima. Patients with ischemic symptoms recover better than those with a subarachnoid hemorrhage. Few cases with minor brainstem infarcts and a good outcome have been reported.

In conclusion, transcranial Doppler is a useful diagnostic approach in cases of basilar artery dissection that must be followed by angiography. The spectrum of clinical findings and outcomes can be diverse. (*Cerebrovasc Dis* 2003; 16: 178-179).