

Drug abuse with inhaled xylazine

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Given the difficulty of obtaining traditionally illicit drugs, consumption is turning towards less restricted products. We report the case of an 18 year old man, who after inhaling xylazine (a non-narcotic sedative used in tertiary medicine for analgesia, hypnosis and muscle relaxation) presented with an episode of chills and dizziness followed by sweating, gait instability, palpitations and two episodes of syncope with bradycardia and hypotension.

Ten cases of toxicity caused by xylazine consumption by oral and parenteral administration (intramuscular, subcutaneous, and intravenous) have been documented in humans. In these cases, consumption was either involuntary or for suicidal or homicidal purposes, or used as an agent of drug abuse, occasionally resulting in death. We present the second documented case of toxic effects of drug abuse with inhaled xylazine (*Eur J Emerg Med* 2003 Sep; 10(3): 252-253).

Modelos explicativos y predictivos de la carga asistencial médica: aplicación para el cálculo del cupo máximo en medicina de familia que permita un mínimo de diez minutos por consulta

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Objetivo. Estimar el cupo máximo en medicina familiar que permita consultas mínimas de 10 minutos.

Diseño. Transversal.

Ámbito. Tres centros de salud.

Sujetos. Un total de 45.826 habitantes.

Mediciones. A partir de las citas de tres centros estimamos el tiempo anual empleado por paciente y lo ajustamos asignando un tiempo mínimo de 10 minutos por consulta. Establecemos un modelo de regresión cúbica predictor de la carga de trabajo asistencial media por edad en medicina general y estimamos el cupo máximo si se dedica un 70% de la jornada laboral a la asistencia. Exponemos los resultados para dos centros con mayor implicación de enfermería en la atención de los pacientes, y otro en que ésta es menor. Presentamos los coeficientes R².

Estimamos los cupos máximos para los centros de salud de Navarra y los mostramos en cinco grupos elaborados a partir del porcentaje de población de 65 años o más.

Resultados. La edad explica el 86,1% de la variabilidad en la carga asistencial media en cada edad (un 84% en niños y un 93,5% en adultos). Según el porcentaje promedio de sujetos ≥ 65 años de edad los cupos máximos promedios para centros con mayor o menor implicación de enfermería son los siguientes: 7% (2.025 y 1.989); 14% (1.834 y 1.715); 21,2% (1.691 y 1.558); 27% (1.648 y 1.460); 34% (1.560 y 1.340).

Conclusiones. La edad explica en gran medida la variabilidad de la carga asistencial y permite estimar el cupo máximo de pacientes que asegure un tiempo mínimo por consulta. (*Atención Primaria* 2003; 32:23-29).

Hacia una taxonomía de la conciencia

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Introducción. Conceptos tales como alerta, atención, conocimiento, experiencia consciente, conciencia de déficit, autoconciencia o teoría de la mente aparecen en la literatura relacionados con la definición de conciencia. Esta multiplicidad conceptual nos lleva a plantear una pregunta: ¿existen diferentes niveles de complejidad en la conciencia que dependen de estructuras neuroanatómicas diferenciadas?

Desarrollo. En este artículo se ofrece una aproximación hacia una taxonomía de la conciencia y se sugieren básicamente cinco niveles de complejidad y su relación con estructuras cerebrales diferenciadas. Así, en primer lugar se plantea el estado de alerta como una condición necesaria para que se dé la conciencia, y se relaciona con estados atencionales. En segundo lugar se sitúa la experiencia consciente que dependería

de pautas de actividad cerebral sincronizada. Por otra parte, la labor clínica cotidiana muestra la posibilidad de la existencia de una conciencia para cada dominio específico de conocimiento. En cuarto lugar, situamos la autoconciencia, entendida como la capacidad de percibir en términos objetivos manteniendo un sentido de subjetividad. Por último, la teoría de la mente hace referencia a la capacidad de atribuir estados mentales específicos a otros individuos.

Conclusión. Se plantea un análisis de los diferentes modelos que han intentado dar respuesta a cada uno de los niveles de complejidad de la conciencia, y se define el contenido de cada nivel para intentar un acercamiento basado en la ciencia analítica y no centrado en el plano de la descripción del concepto. (*Rev Neurol* 2003; 36(11): 1083).

Ocho casos de reumatismo asociados a cáncer

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Objetivo. Estudiar las enfermedades reumáticas asociadas a cáncer diagnosticadas en un Servicio de Medicina Interna.

Material y métodos. Estudio descriptivo retrospectivo de los pacientes diagnosticados durante 1992-2000 de distintas enfermedades reumáticas asociadas a cáncer.

Resultados. De un total de 2.127 pacientes se identificaron 8 casos de reumatismo paraneoplásicos en un periodo de tiempo de nueve años con una incidencia

de 3,7% y un predominio de varones. El motivo de consulta en todos ellos fue la clínica de la enfermedad reumática. Seis de las ocho neoplasias fueron adenocarcinomas.

Conclusiones. Aunque los reumatismos paraneoplásicos no son frecuentes, es necesario tener en cuenta su existencia cuando existan antecedentes de neoplasias, en pacientes varones y cuando el curso clínico o la respuesta al tratamiento es atípica. (*An Med Interna* 2003; 20(1): 16-20).

Intact Medtronic and Carpentier Edwards S.A,V.: clinical and hemodynamic outcomes over 13 years

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We report on 215 consecutive patients with isolated aortic replacement of which 91 received an Intact Medtronic (IM) prosthesis and 124 a Carpentier Edwards SAV. (CE). More than 50% of patients were over 70 years old. Follow-up was complete for 95% of patients. Mean follow-up was 6.04 years (16 days-13 years); a total of 1.244 patient-years (IM 6. 61 years, 590 patient-years, CE 5,95 years, 670 patient-years).

Results. The following results are expressed for IM and CE groups respectively. Early mortality: 3,3 and

8,13%. Late mortality: 23 and 27 patients. Survival at 13 years: $53,31 \pm 7,63\%$ and $47,47 \pm 7,9\%$. Major thromboembolism: 0,34 and 0,30 % per patient-year. SVD: 0,16 and 0,14% per patient-year. Endocarditis: 0,33 and 0,29%. Re-operation: 0,5 and 0,44%. Over 95% of patients are re-operation free at 13 years.

Conclusion. Intact and Carpentier valves had similar durability and clinical/hemodynamic results. Both have proved excellent aortic valve substitutes in elderly patients. (*Cardiovasc Surg* 2003; 11(2): 139-144).

Determination of 5-fluorouracil and its prodrug tegafur in plasma and tissue by high-performance liquid chromatography in a single injection: validation for application in clinical pharmacokinetic studies

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Tegafur, a prodrug of 5-fluorouracil (5-FU), is an oral fluorouracil antitumor drug used for the management of adenocarcinomas. It has an efficacy similar to that of intravenous 5-FU, with potential advantages in terms of convenience and quality of life for the patient and cost-effectiveness compared with intravenous chemotherapy. The authors developed a high-performance liquid chromatography (HPLC) assay for the determination of tissue or plasma tegafur and 5-FU concentration in a single step extraction and a single HPLC Injection.

The retention times of 5-FU and tegafur were 5 and 16,5 minutes, respectively, and the internal standard retention times were 11,5 and 17,5 minutes for 5-

bromouracil (%BU) and beta-hydroxyethyltheophylline, respectively. The limit of quantification was 0,0125 microg/mL for 5-FU and 0,05 microg/mL for tegafur.

The assay had good recovery ($96,5\% \pm 9,45\%$ and $97,5\% \pm 7,89\%$ for 5-FU in plasma and tissue, respectively, and $88,5\% \pm 12,17\%$ and $104,9\% \pm 8,77\%$ for tegafur in plasma and tissue, respectively) Precision was good: the within-day and between-day standard deviation of the mean (RSD) for 5-FU (0,0125-5 microg/mL) and tegafur (0,5-150 microg/mL) was always <8%. The authors conclude that the method described here is ideally suited for the therapeutic monitoring of 5-FU and tegafur. (*Ther Drug Monit* 2003; 25(2): 221-228).

Randomized clinical trial of stapled haemorrhoidopexy versus conventional diathermy haemorrhoidectomy

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Background: The aim of this study was to compare the results of stapled haemorrhoidopexy (commonly called stapled haemorrhoidectomy) with those of conventional diathermy haemorrhoidectomy.

Methods: Fifty-five patients with symptomatic third- and fourth-degree haemorrhoids were randomized to either stapled haemorrhoidopexy (n = 27) or conventional diathermy haemorrhoidectomy (n = 28). Operating time, postoperative pain, time to return to work, postoperative complications and effectiveness of haemorrhoidal symptom control were recorded. The mean follow-up was 15.9 months in the stapled haemorrhoidopexy group and 15.2 months in the conventional haemorrhoidectomy group.

Results: Mean pain intensity was significantly less in the stapled group (P = 0.001). There were no

significant differences in the total number of complications, the length of absence from work or control of symptoms. Seven patients in the stapled group re-presented with prolapse compared with none in the conventional haemorrhoidectomy group (P = 0.004). This difference was also observed in the subset of patients with fourth-degree haemorrhoids (P = 0.003).

Conclusion: The stapled operation was significantly less painful than conventional haemorrhoidectomy. However, the rate of recurrent prolapse was higher after stapled haemorrhoidopexy than after conventional diathermy haemorrhoidectomy. (*Br J Surg* 2002; 89(11): 1376-1381).

Carpal scaphoid fracture nonunion in children

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Four new cases of carpal scaphoid non-union in children are presented. This rare injury is characterized by delay in treatment of the scaphoid fracture or incorrect immobilization. The Matti-Russe procedure was performed with autograft harvested from the proximal cubitus, achieving complete consolidation in every patient. No complications

occurred and there was no significantly limited mobility. The author speculates about the possibility of partial or complete consolidation of the scaphoid fracture without treatment as a part of the natural history of this fracture in children. (*J Pediatr Orthop*. 2002; 22(4): 448-451).

Classification issues in catatonia

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Kahlbaum described catatonia as a disorder in which mood syndromes were the primary features and the characteristic symptoms were the motor signs. In the present study, we examined the relationship between motor features and other syndromes of psychosis, the clinical validity of Kahlbaum's concept of catatonia, its relationship to schizophrenia and mood disorder, and its nosological position in relation to DSM-III-R, DSM-IV and Leonhard's classification of endogenous psychoses. Patients with Kahlbaum's catatonia differed from patients with schizophrenia or mood disorder in various demographic and clinical variables. Positive and negative motor syndromes,

although interrelated, showed a different correlational pattern with other psychotic syndromes. Catatonia did not appear to fit into any particular nosological category, although this issue largely depends on whether schizophrenia and mood disorders are broadly or restrictively defined. When definitions are more restrictive as in Leonhard's system, catatonia seems to be better accommodated as a "third psychosis", *i.e.* described by the concept of cycloid psychosis. (*Eur Arch Psychiatry Clin Neurosci* 2001; 251 Suppl 1: 114-16).

Cannabis-induced psychosis: a cross-sectional comparison with acute schizophrenia

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Objective: The existence of cannabis-induced psychosis (CP) remains controversial, partly because of methodological problems. We hypothesize that acute schizophrenia (AS) and CP can have distinct demographic, premorbid and clinical features.

Method: We compared 26 patients with CP to 35 with AS, after their cannabis-consumption status was confirmed by repeated urine screens. Patients with CP were assessed after at least 1 week but not more than 1 month of abstinence. Symptoms were evaluated with the Present State Examination (PSE).

Results: In group CP, male gender, expansive mood and ideation, derealization/depersonalization, visual hallucinations, and disturbances of sensorium were more frequent than in group AS. Premorbid schizoid personality traits were more frequently associated to AS and antisocial personality traits to CP.

Conclusion: The continuous heavy use of cannabis can induce a psychotic disorder distinct from AS. These two clinical entities share some features but they differ in others. (*Acta Psychiatr Scand* 2002; 105(3): 173-178).

