Anterior interosseous nerve injury associated with a Monteggia fracture-dislocation

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A case of an anterior interosseous nerve palsy associated with a Monteggia fracture-dislocation is presented. The fracture of the ulna was reduced and stabilized with a plate, and the proximal radioulnar dislocation was also reduced. The nerve recovery was spontaneous and complete. A satisfactory result was obtained, without pain or functional sequelae. *(Acta Orthop Belg 2001; 67: 77-80).*

Siringocele de la glándula de Cowper

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Objetivos. Aportar un nuevo caso de siringocele de la glándula de Cowper, recordando aspectos etiopatogénicos, diagnósticos y terapéuticos.

Métodos y resultados. Un paciente de 26 años acude por presentar síndrome irritativo miccional de reciente aparición, e incontinencia por goteo postmiccional de larga evolución. El diagnóstico de siringocele se lleva a cabo mediante cistouretrografía miccional seriada (CUMS), y se confirma de forma endoscópica, a la vez que se realiza el tratamiento definitivo.

Conclusiones. El siringocele o dilatación quística del conducto de la glándula de Cowper tiene una etiología habitualmente congénita. Existen 4 tipos morfológicos: simple, perforado, imperforado y roto. El diagnóstico se realiza mediante CUMS y se confirma endoscópicamente. Aportamos la ecografía transperineal al bagage diagnóstico. El tratamiento consiste en la incisión endoscópica. *(Arch Esp Urol 2001; 54: 381-383).*

Chronic exertional compartment syndrome of the legs in adolescents

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We present our experience in the management and treatment of chronic exertional compartment syndrome (CECS) of the legs in 23 adolescents. Twenty-one patients were affected in the anteroexternal compartment, one in the deep posterior compartment, and one in both. Seventeen of the patients were in-line competitive skaters; the rest practiced soccer or athletics. Mean age at the time of diagnosis was 16 (range, 14-18) years, and the age at the onset of symptoms was 15 (range, 13-17) years. After a careful differential diagnosis, the diagnosis was established on the basis of clinical signs and symptoms and confirmed by intracompartmental pressure (ICP) measurements. Based on our results, the following criteria are considered to be adequate: baseline ICP (at rest) > 10 mm Hg, > 20 mm Hg 1 minute after stopping exercise, > 20 mm Hg 5 minutes later, and > 15 minutes to achieve ICP normalization. All patients but one accepted surgical treatment (complete subcutaneous fasciotomy). No major complication was observed and only one minor complication occurred. All patients returned to the practice of their sports without any symptomatology 6 weeks after the surgery (mean follow-up, 4.8 years). To date there have been no relapses. *(J Pediatr Orthop 2001; 21: 328-334).*

How many and which are the psychopathological dimensions in schizophrenia? Issues influencing their ascertainment

V. Peralta, M.J. Cuesta

During the last two decades, much effort has been made to precisely characterize the symptom dimensions of schizophrenia. A number of dimensional models have been proposed, the most popular of which has been a three-dimensional model consisting of psychotic, negative and disorganizational symptoms. This model, however, has been criticized as too simplistic and more complex models have been proposed, although to date there has been no consensus as to the number and nature of dimensions necessary to account for the whole range of schizophrenic symptoms. In the present paper, the authors review the main methodological issues, which have led to the current confusion about the number of dimensions underlying schizophrenic psychopathology. Among the main issues influencing the delimitation of dimensions are: statistical procedures for determining the number of factors, phase of the illness, level of analysis of symptoms (i.e., symptoms or groups of symptoms), and measurement instrument used. Studies analysing either a broad range of symptoms or particular symptoms at a finer level have produced a rather complex picture of schizophrenic dimensions. There is evidence supporting the existence of eight major dimensions of psychopathology: psychosis, disorganisation, negative, mania, depression, excitement, catatonia and lack of insight. The dimensional structure of symptoms becomes even more complex if one considers that these big dimensions can be further divided into more elementary components. A hierarchical approach for organising the complex dimensional structure of schizophrenic symptoms is proposed. *(Schizophr Res 2001; 49: 269-285).*

Effects of olanzapine and other antipsychotics on cognitive function in chronic schizophrenia: a longitudinal study

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This study aimed to determine the effect of olanzapine and other antipsychotic drugs on cognitive functions after 6 months of treatment. Baseline, 3 month and 6 month psychopathological and cognitive evaluations were made. Thirty-eight partially responsive outpatients with DSM-IV chronic schizophrenia diagnosis were included in the study. On the indication of their attending psychiatrists, 21 patients initiated treatment with olanzapine, and 17 remained on their previous treatment with other antipsychotic drugs. Cognitive assessments were blind to medication and psychopathological status. The olanzapine group presented a significantly greater improvement in negative symptomatology and verbal memory than the comparison group in repeated-measures of MANOVAs between baseline, 3 month and 6 month assessments. These differences remained statistically significant after covarying out gender, treatment with other atypical antipsychotics, biperidene doses and changes in positive and negative symptoms. In order to match previous differences between groups, cognitive baseline scores for each test were introduced as covariates, resulting in a significant improvement for the olanzapine group in negative symptomatology and the interference task of the Stroop test. We then re-analyzed the data, dividing the comparison group into two groups: risperidone-treated patients (n = 9) and patients receiving conventional antipsychotic drugs (n = 8). Post-hoc analyses between groups were carried out with baseline cognitive assessment as covariate. The olanzapine group improved significantly more than the risperidone group in negative symptomatology and in the interference task of Stroop test. The improvement in the number of categories of the Wisconsin Card Sorting Test was higher in risperidone patients than in those receiving olanzapine or conventional antipsychotic treatment. Conventional antipsychotic drugs did not present a significant improvement over atypical antipsychotic drugs in any cognitive function. In summary, in patients suffering from chronic schizophrenia, atypical antipsychotic agents were associated with slight differential improvements over time in attentional, verbal memory and executive functions compared with conventional neuroleptic drugs. No differential improvements were found in social functioning, verbal fluency, non-verbal domains of memory or visuo-motor abilities. *(Schizophr Res 2001; 48: 17-28).*

Motor features in psychotic disorders. I. Factor structure and clinical correlates

V. Peralta, M.J. Cuesta

The dimensional structure of motor disorders remains largely unknown. This study aimed to ascertain the factor structure of motor signs and their clinical correlates in psychotic disorders. A sample of consecutive admissions of psychotic patients (n = 187) was utilised to examine the factor structure of motor disorders as assessed by the Modified Rogers Scale (MRS). The relationship between motor dimensions and external variables was analysed. A comparative examination of alternative factor solutions revealed that a six-factor structure, explaining 59% of the total variance, best fitted the 36 MRS items. This solution comprised the components of motor poverty, agitation, stereotypy/mannerisms, proskinetic, negativistic and dyskinetic. All the motor dimensions significantly improved over the psychotic episode. Motor dimensions differentially correlated with the syndromes of psychoses, with the association between motor poverty and the negative syndrome being particularly strong. Residual motor pathology, but not the acute one, was related to various clinical variables. Residual symptoms of motor poverty and stereotypy/mannerisms were associated with poor premorbid adjustment, more illness severity and a diagnosis of schizophrenia. It is concluded that the factor structure of motor disorders and its clinical correlates are rather more complex than generally acknowledged. *(Schizophr Res 2001; 47: 107-116).*

Transplantation of marrow cells from children with non-high risk ALL at the end of therapy into NOD/SCID mice for detecting residual leukemic cells with in vivo growth potential

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The leukemic relapse after the end of therapy in children with non high risk acute leukemia (ALL) is an unpredictable event that results from the growth of residual leukemic clones that survived the radio-chemotherapy. The presence of minimal residula disease (MRD) in samples from children with ALL is currently detected by flox cytometry and/or polymerase chain reaction-based methods. In the present work we developed a strategy for detecting MRD in the marrow of children with non-high risk leukemia at the end of treatment based on the capacity of human leukemic cells for growing in the NOD/SCID mice marrox microenvironment. After obtaining the informed consent, marrow cells were drawn from children with non-high risk ALL at the end of the therapy, in 8 Spanish pediatric hospitals. Fresh or thawed mononuclear cells were injected into sublethally irradiated NOD/SCID mice and the animals were followed for 3 months. Femoral aspirates from the mice were obtained at periodic intervals and the engraftment kinetics and composition of the human grafts were determinated by flow cytometric analyses. The marrow and spleens of the mice were recovered at the end of the experiments and the presence of human leukemic clone immunophenotypes and clonal DNA markers similar to those of the original leukemic clone was studied. From May 99 to June 01, samples from 43 children have been transplanted, and 21 engrafted in the NOD/SCID mice. Two children relapsed, but we not detected leukemic growth in the mice trasplanted with their cells (no human engraftment in one patient and human non-leukemic engraftment in the order). Mice transplanted with cells from 2 different children showed an expansion in the human B lymphoid cell compartment along the 3 months period. PCR amplification of the IgH-CDR3 region showed that the expansion was not clonal, and southern blot analysis of a t (12;21) present in one of the patients was not detected in the human B-lymphocytes growing in the mice. None of those 2 children have relapsed. The study is still opened to determine its overall value for detecting MRD in children with non-high risk ALL at the end of therapy. *(Blood 2001; 98: 11: 326b-5067).*

Fibrous dysplasia of both alae of the sacrum

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A case of monostotic fibrous dysplasia involving both alae of the sacrum is reported. Only 2 cases of monostotic sacral involvement were published previously. The lesion was detected in a 42-year-old man suffering from lumbosacral pain after minimal trauma. Radiographic studies revealed cystic images on both alae of the sacrum, with internal condensations and some liquid contents. A trephine biopsy did not produce enough diagnostic data, and a posterior surgical approach was elected. Curettage and refilling with allograft were performed. The pathologic anatomy study diagnosed a fibrous dysplasia. Two years after surgery, the patient was asymptomatic. (*Am J Orthop 2001; 30: 135-137)*.

Comparación de los resultados de los Protocolos SHOP 89 y SHOP p4 en el tratamiento de 681 pacientes pediátricos afectos de Leucemia Aguda Linfoblástica

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Objetivo. Presentar los resultados del grupo cooperativo SHOP, de las Sociedades de Hematología y Oncología Pediátrica, en el tratamiento de 681 niños con leucemia aguda linfoblástica.

Pacientes. Pertenecen 259 niños al protocolo SHOP 89 y 422 al SHOP 94. La distribución por sexos, grupos de edad, cifra de leucocitos e inmunofenotipo es homogénea en ambos protocolos. En el SHOP 89 se contemplaron dos grupos de riesgo: estándar y alto, y en el SHOP 94 tres grupos: estándar, alto y muy alto riesgo. Las diferencias terapéuticas en ambos grupos radican en: asignación de mayor puntuación a los factores edad y cifra de leucocitos, valoración de la respuesta precoz, inducción más intensiva (daunorrubicina en 48 horas), reinducciones en el primer año así como la aplicación del trasplante de progenitores hematopoyéticos en el grupo de muy alto riesgo en el SHOP 94.

Resultados. En el SHOP 89 se alcanzaron cifras de blastos en médula ósea inferior al 5% en el día +14 en el 64,7% de pacientes y en el SHOP 94 en el 82,4%. La remisión completa se alcanzó en el 95% en el SHOP 89 y en el 96,2% en el SHOP 94.

La supervivencia actuarial libre de evento (SLE) del SHOP 89 es: 59 ± 3% a 12 años y del SHOP 94 es 68 ± 3% a 7 años (p = ns). En el grupo de riesgo estándar la diferencia es significativa entre ambos protocolos, SHOP 89 64 ± 4% *vs* SHOP 94 82 ± 4% (p = 0,0097). En los grupos de alto y muy alto riesgo, SHOP 89 53 ± 5% *vs* SHOP 94 59 ± 4% (p = ns). El inmunofenotipo T presenta una mala evolución en ambos protocolos.

Conclusiones. 1) Se alcanzó la cifra de blastos en médula ósea < 5% más precozmente en el SHOP 94. 2) La SLE se ha mejorado significativamente en los pacientes de riesgo estándar. 3) Motivado por nuestros resultados desfavorables en LAL-T y en pacientes de alto y muy alto riesgo, se ha diseñado el protocolo SHOP 99 más intensificado para dichos pacientes con fármacos más activos para las LLA T. *(Hematológica 2001; 86, Suplemento 2: 38)*.