

## Situación actual de la quimio-radioterapia en el cáncer de cabeza y cuello

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A pesar de que el pronóstico de los pacientes con carcinomas de cabeza y cuello (CCC) en estadios precoces es relativamente bueno con el tratamiento estándar -cirugía o radioterapia-, el pronóstico de los CCC localmente avanzados es mucho peor, con tasas de curación inferiores al 30%. Dado que son tumores sensibles a la radioterapia y también a la quimioterapia, numerosas investigaciones han sido realizadas usando ambas modalidades terapéuticas con el fin de aumentar la actividad antineoplásica y, finalmente, prolongar la supervivencia de estos pacientes. Hasta el momento, salvo en los tumores de la nasofaringe, no existe evidencia de que la quimioterapia administrada antes o después del tratamiento local (cirugía o radioterapia)

mejore el control local o la supervivencia. Sin embargo, cuando se utiliza la quimioterapia de forma simultánea o concomitante con la irradiación, produce un efecto radiopotenciador que clínicamente se traduce en un aumento de la tasa de respuestas y en la supervivencia de los pacientes. El tratamiento radioquimioterápico concomitante produce una mayor toxicidad que el tratamiento radioterápico exclusivo. El grado de toxicidad depende de factores del paciente y, sobre todo, del esquema terapéutico utilizado. En este artículo se comentan los trabajos más significativos relacionados con la radio-quimioterapia en los CCC y se hace una breve revisión del estado actual del tratamiento radioquimioterápico. (*Oncología 2001; 24: 430-438*).

## Presión asistencial, frecuentación y morbilidad pediátrica en un centro de salud. Diferencias etarias y estacionales

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**Objetivo.** Contribuir a un mayor conocimiento de la demanda asistencial pediátrica en atención primaria que permita plantear oportunidades de mejora en la calidad asistencial.

**Diseño.** Estudio retrospectivo, observacional.

**Emplazamiento.** Centro de Salud de Estella (Navarra).

**Pacientes.** La totalidad de pacientes atendidos en el año 1999 en una de las 2 consultas pediátrica del centro de salud. Por edades, se dividieron en lactantes (0-12 meses), preescolares (1-5 años), escolares (6-9 años) y adolescentes (10-14 años).

**Mediciones.** De las 6.611 consultas atendidas se registraron fecha, sexo, edad, tipo de consulta (demanda/programada) y problema de salud (CIPSAP-2), y se calcularon la frecuentación y presión asistencial en relación con la edad y tipo de consulta, así como la distribución estacional.

**Resultados.** Las consultas a demanda fueron 4.600 (69,6%) y las programadas 2.011 (30,4%). La frecuentación total fue de 5,46; en las consultas a demanda fue mayor en los preescolares (6,4) y en las programadas,

en los lactantes (13,3). La presión asistencial total fue de 28,2, siendo menor ( $p < 0,05$ ) en los meses de verano. En las consultas a demanda los problemas de salud más prevalentes fueron: enfermedades respiratorias (52,8%), infecciosas (7,5%), neurosensoriales (6,8%), accidentes (6,0%) y digestivas (4,7%). Existía una correlación negativa ( $p < 0,05$ ) entre la edad y la prevalencia de las enfermedades respiratorias, mientras que la edad era directamente proporcional ( $p < 0,05$ ) a la prevalencia de accidentes y enfermedades del aparato locomotor. La prevalencia de las enfermedades respiratorias e infecciosas era mayor ( $p < 0,05$ ) en los meses de otoño e invierno.

**Conclusiones.** La pediatría en un centro de salud está sometida a una sobrecarga asistencial, siendo las enfermedades agudas del aparato respiratorio el motivo de consulta más frecuente y, en menor grado, las enfermedades infecciosas. Los exámenes de salud están adquiriendo progresivamente una mayor relevancia. Convendría exigir mayor coordinación entre los EAP para unificar criterios diagnósticos y terapéuticos ya que cuanto más rigurosa sea la pediatría extrahospitalaria mayor será su repercusión sobre la mejora de la calidad de la salud infantil. (*Aten Primaria 2001; 27: 244-249*).

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## Manejo de lesiones dermatológicas virales desde atención primaria

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**Objetivo.** Describir las características de diferentes lesiones tumorales virales y su tratamiento realizado por médicos de familia.

Diseño. Estudio descriptivo, retrospectivo.

Emplazamiento. Centro urbano de salud.

Pacientes. Un total de 225 pacientes adscritos al centro.

Intervenciones. Durante 2 años se recogieron las siguientes variables: sexo, edad, tipo de lesión, localización anatómica y tratamientos utilizados.

**Mediciones y resultados principales.** Un 51% de la muestra estaba constituida por varones y el 49% eran mujeres. Casi la mitad tenían 15-34 años. Las patologías más atendidas fueron verrugas vulgares (72%), verrugas plantares (19%) y *Molluscum contagiosum* (8%). Todas las verrugas plantares se localizaron en

extremidades inferiores; los condilomas y papulosis bowenoide en genitales; en cabeza y cuello un 35% de las verrugas vulgares (el resto en extremidades superiores) y el 26% de los *Molluscum contagiosum* (el 37% en tórax y/o abdomen). El tratamiento médico se aplicó en todas las lesiones genitales. La crioterapia fue el método más empleado, utilizándose en todas las verrugas plantares, el 53% de las verrugas y el 21% de los *Molluscum contagiosum*. El curetaje se usó en el 80% de los *Molluscum contagiosum* y el 30% de las verrugas. El rebanado en el 11% de las verrugas.

**Conclusiones.** No hay datos concluyentes en la bibliografía referentes a la elección de la técnica para tratar estas lesiones. Recomendamos la crioterapia en lesiones múltiples y en zonas donde la cirugía pueda tener repercusión funcional. El curetaje parece eficaz para el *Molluscum contagiosum* y en resistencias el tratamiento médico. (*Aten Primaria* 2001; 27: 108-110).

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## The value of D1 lymphadenectomy as prognostic marker in gastric cancer

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**Background.** To assess if the study on the involvement of perigastric lymph nodes, the only ones resected in D1 lymphadenectomy, is a valid prognostic marker in patients undergoing curative resection for gastric cancer.

**Methodology.** A retrospective study was performed in 101 patients with gastric cancer, 34 women and 67 men, with a mean age of 61 years, undergoing curative resection by gastrectomy and D1 lymphadenectomy. Tumor size, the depth of tumoral

invasion of the wall, nodal involvement and 5-year survival were assessed.

**Results.** Both tumor size and the depth of tumoral invasion of the wall were significantly related to metastatic involvement of perigastric lymph nodes. Similarly, tumoral involvement of the first-level lymph nodes was significantly associated with survival.

**Conclusions.** D1 lymphadenectomy can provide adequate prognostic information in patients with gastric cancer undergoing curative resection. (*Hepato-Gastroenterology* 2001; 48: 895-898).

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## Gamma band activity in an auditory oddball paradigm studied with the wavelet transform

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**Objectives.** To examine the characteristics of evoked and induced gamma band oscillatory responses occurring during P300 development in an auditory oddball paradigm.

**Methods.** A time-frequency analysis method was applied to an auditory oddball paradigm in 7 healthy subjects. This method combines a multiresolution wavelet algorithm for signal extraction and the Gabor transform to represent the temporal evolution of the selected frequency components. Phase-locked or evoked activity and also non-phase-locked activity were computed for both standard and target stimuli.

**Results.** The gamma band frequency components differed between target and non-target stimuli

processing. The study showed an early and mainly phase-locked oscillatory response appearing around 26-28 ms after both standard and target stimuli onset. This response showed a spectral peak around 44 Hz for both stimuli. A late oscillatory activity peaking at 37 Hz with latency around 360 ms was observed appearing only for target stimuli. The latency of this late oscillatory activity had a high correlation ( $p = 0.002$ ) to the latency of the P300 wave.

**Conclusions.** EEG signal analysis with wavelet transform allows the identification of an early oscillatory cortical response in the gamma frequency range, as well as a late P300-related response. (*Clin Neurophysiol* 2001; 112: 1219-1228).

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## Brainstem auditory evoked potentials (BAEPs) in the cynomolgus macaque monkey. Equivalence with human BAEPs and proposal of a new nomenclature

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Several groups have studied brainstem auditory evoked potentials (BAEPs) in non-human primates. However, the nomenclature of the waves elicited and their correspondence with human waves I-V differ among authors. BAEPs were recorded from six anaesthetised young cynomolgus macaques (*Macaca fascicularis*), using different sound stimuli parameters. A constant pattern of four main waveforms was present in all the animals with stimulus intensities over 60 dB SPL, although up to four smaller waveforms were observed in some of the individuals. Latency values

increased with decreasing stimulus intensities and with increasing repetition rates. These results were similar to the BAEPs observed in other species of macaques. Although an approximate equivalence between human and monkey BAEPs is possible, some discrepancies suggest that there may be generators, which contribute to different waves in both species. This is the reason for our proposal of a new nomenclature for BAEP waveforms in monkeys, following a descriptive order with Arabic numerals preceded by the letter M. (*Hear Res* 2001; 151: 115-120).

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## Helical CT cholangiography in the evaluation of the biliary tract: application to the diagnosis of choledocholithiasis

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**Background.** We evaluated the role of helical computed tomographic (HCT) cholangiography in the study of the biliary tract, especially in the detection of choledocholithiasis, and compared it with direct cholangiography. **Methods.** One hundred one patients with biliary lithiasic pathology undergoing direct cholangiography to rule out choledocholithiasis were included in this study. HCT was performed before and after slow infusion of cholangiographic contrast. Three-dimensional reconstructions and axial images were reviewed by two independent observers. Ultrasonography also was performed on all patients. **Results.** The success rate of HCT cholangiography was 99%, with only a slight reaction to the contrast. The density values were significantly higher in the distal

region of the tract and showed a significant correlation with serum bilirubin levels. Anatomic evaluation of the biliary tract with CT was similar to that with direct cholangiography. Anatomic variants were found on 23 studies. Twenty-two patients had choledocholithiasis, and 21 cases were detected with HCT cholangiography. The sensitivity of this technique (95.5%) was greater than that with unenhanced CT (60%) and ultrasonography (27.3%). Maximum intensity projection reconstructions were the most valuable for detecting choledocholithiasis. **Conclusion.** HCT cholangiography is a reliable technique that is similar to direct cholangiography in visualizing biliary anatomy, anatomic variants, and choledocholithiasis. (*Abdom Imaging 2002; 27: 61-70*).

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## Comparison of two different methods for measurement of phenylalanine in dried blood spots

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Phenylketonuria is an inherited metabolic disorder caused by a defect in the hydroxylation of phenylalanine. Newborn screening is crucial for the diagnosis and treatment of this disease. A phenylalanine dehydrogenase-coupled enzymatic assay (Quantase) in microtiter plates for the screening of method based on the modified fluorometric McCaman method. The test exhibited a linear calibration curve with a good slope as well as sufficient imprecision (< 10%), recovery (99.23±/−4.86%) and limit

of detection (54.5 micromol/l). One hundred and ninety dried blood spots were analysed by this enzymatic method and compared with McCaman's. Although Quantase (Teknovas, Bilbao, Spain) showed a phenylalanine mean level in dried blood spot 18.2 micromol/l higher than that obtained with our routine method, the agreement between both techniques was considered acceptable. (*Clin Chem Lab Med 2000; 38: 773-776*).

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## Hyperfractionated radiotherapy concomitant with cisplatin and granulocyte colony-stimulating factor (filgrastim) for laryngeal carcinoma

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An open-label, non-randomized study evaluated the feasibility and efficacy of filgrastim (recombinant methionyl human granulocyte colony-stimulating factor, r-metHuG-CSF) to prevent mucositis induced by accelerated hyperfractionated radiotherapy (1.6 Gy b.i.d., total dose 67.2 Gy in six weeks with a two-week split) and concomitant chemotherapy (cisplatin, 20 mg/m<sup>2</sup>/day, days 1-5 by continuous intravenous infusion) in patients with laryngeal carcinoma. Filgrastim 300 microg/day was administered on days 1, 3, and 5 in weeks 2-6 of radiotherapy, after the second fraction. Twenty patients (three stage II, six stage III,

and eleven stage IV, according to AJCC) were enrolled in the trial. Oral mucosal toxicity was grade 2 in nine patients (45%), grade 3 in eight (40%), and grade 4 in three (15%). Severe hematological toxicity (WHO criteria) was uncommon. Nineteen patients (95%) completed the treatment in the planned time. Overall survival was 55% at three years. The administration of filgrastim with this regimen was feasible, and it appeared to reduce the severity and duration of mucositis induced by the combined treatment. (*Cytokines Cell Mol Ther* 2000; 6: 35-39).

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## Integrating psychopathological dimensions in functional psychoses: a hierarchical approach

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Previous factor analysis studies of psychotic symptomatology have demonstrated three psychopathological dimensions: positive, negative and disorganization. However, few studies have analyzed non-schizophrenic samples and most use a syndrome-level of analysis or only schizophrenic symptom scales. This study examined how many dimensions underlie psychosis, and whether within psychosis there is a hierarchical organization of dimensions. A total of 660 inpatients with an acute psychotic episode were studied. Psychopathology was measured through a wide psychopathological assessment using the Manual for the Assessment and Documentation of Psychopathology (AMDP-system). Principal component factor analysis was carried out on 64 psychopathological symptoms scoring 1 or higher in at least 10% of the sample. A 15-factor solution was

obtained which failed to depict a psychosis model on clinical and methodological grounds. Further predetermined factor analyses ranging from 1 to 15 factors were carried out to examine alternative factor solutions. A 10-dimensional model was the best model on clinical, statistical and conceptual grounds. Moreover, the examination of the 1 to 10 dimensional models allowed us to infer a hierarchical model of psychopathological dimensions, which can be represented in the frame of a tree-structure. The model permitted transitions between psychiatric categories and psychopathological dimensions, and it was able to integrate previous factor solutions with different numbers of resulting dimensions. The findings have implications for the design of future studies and for the hierarchical conceptualization of psychopathological dimensions. (*Schizophr Res* 2001; 52: 215-229).

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## Ovarian endometriosis and clear cell carcinoma, leiomyomatosis peritonealis disseminata, and endometrial adenocarcinoma: an unusual, pathogenetically related association

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A 42 year-old female with a preoperative clinical diagnosis of ovarian cancer underwent laparotomy which revealed leiomyomatosis peritonealis disseminata (LPD) in the peritoneum and omentum and a left ovarian endometriotic cyst associated with a clear cell carcinoma. A grade 1, superficially invasive villoglandular endometrial endometrioid adenocarcinoma was also found. Microscopically, the endometriotic cyst wall contained an extensive peripheral band-like con-

densation of stromal cells. These cells were strongly positive for alpha inhibin and may have been the hormonal source responsible for the induction of the simultaneous LPD and endometrial adenocarcinoma. It is proposed that endometriosis is not only a precursor of clear cell carcinoma but, through secondary hormonal induction of the surrounding ovarian stroma, may also provide a hormonal stimulus for diverse proliferative processes. (*Int J Gynecol Pathol.* 2001; 20: 267-270).

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## Early prognosis in severe sepsis via analyzing the monocyte immunophenotype

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**Objective.** To analyze the early discriminative predictive information regarding the immunophenotype components of patients with sepsis, and its potential use as a prognosis tool. **Design.** Observational prospective clinical study. **Setting.** Intensive care unit (ICU) in a University Hospital. **Patients.** Thirty-five patients admitted with severe sepsis. **Measurements.** Analysis of peripheral blood on admission and 48 hours later of the absolute white cell count and the immunophenotype of lymphocyte (CD3, CD3-HLADR, CD4, CD8, CD4/CD8 ratio, CD19, and CD25) and monocyte (CD13, CD13-HLADR, CD14, CD14-HLADR, CD13-CD14, and CD4) subpopulations. **Results.** Due to its high correlation, the immunophenotypic profile studied at admission and 48 h later showed the same prognosis power regardless of the time of performance. The univariate analysis between groups (survival *versus* death) confirmed the prognostic significance of the total

monocyte count and its subpopulations; significant differences were observed from the beginning only in the CD19 lymphocyte subpopulation. Multivariate analysis was performed using logistic regression with survival as the dependent variable. The final model comprised monocytes beta = 0.002 (P = 0.025) and CD13-HLADR beta = 0.016 (P = 0.029). The monocytes receiver operating characteristic (ROC) area obtained was 0.819 (confidence interval 0.663-0.976 at 95 %), the CD13-HLADR ROC area was 0.810 (confidence interval 0.658-0.963), and the monocytes + CD13-HLADR ROC area was 0.918 (confidence interval 0.807-1.000). **Conclusions.** A single blood sample test obtaining the absolute monocyte and CD13-HLADR subpopulation count in the first days of admission could contribute to simplifying the classification of patients with severe sepsis into high- and low-mortality risk. (*Intensive Care Med.* 2001; 27: 970-977).