

ALGUNOS TRABAJOS PUBLICADOS EN OTRAS REVISTAS

**PSICOLOGIA MEDICA, PSICOPATOLOGIA Y PSIQUIATRIA** ■ F. Antequera y C. Vázquez. Interamericana-McGraw-Hill 1990. Número de páginas: 1.275. Precio: 12.000 ptas. con IVA. ■ En la redacción de los 44 capítulos que componen esta obra han intervenido 42 psicólogos y psiquiatras. En el vol. I se tratan los siguientes temas: 1. Bases psicológicas y biológicas de la conducta. 2. Métodos de investigación de la conducta animal. 3. Psicopatología. 4. Medicina psicosomática y conductual. El vol. II se ocupa de los siguientes temas: 1. Psiquiatría y psicología clínicas. 2. Tratamientos psicológicos y psicofarmacológicos. Cada capítulo va seguido de una bibliografía escogida.

**PRINCIPIOS DE LA CIRUGIA** ■ S. Schwartz, T. Shires y F. Spencer. Interamericana-McGraw-Hill. Dos vols. 5ª Edición 1990. Número de páginas: 1.980. Precio: 14.840 ptas. con IVA. ■ El hecho de que ésta sea la 5ª Edición da una idea de la excelente acogida de la obra. Los autores han conseguido dar unidad a las colaboraciones de 82 profesores de cirugía, que han intervenido en la redacción de sus 46 capítulos. La primera parte se ocupa de «cuestiones básicas», tales como respuestas endocrinas y metabólicas a la lesión, tratamientos hidroelectrolíticos y nutricional de los pacientes quirúrgicos, hemostasia, etc. En la segunda parte, bajo el título de «consideraciones específicas», trata la fisiología quirúrgica de los diversos apartados y sistemas. Se hace especial hincapié en la base fisiopatológica de las enfermedades, deduciendo de ella las manifestaciones clínicas y finalmente el tratamiento.

**DEMOLOGIA Y SALUD PUBLICA** ■ T. B. Newman y W. S. Gardner. 5ª Edición. Interamericana-McGraw-Hill 1990. Versión castellana del Dr. A. Sarriá. Número de páginas: 206, rústica. ■ Como en el resto del título se aclara, es un manual de autoevaluación y repaso. Las 500 preguntas de que consta se han elaborado según el grado de dificultad de las preguntas de la Parte II del «National Board of Medical Examiners» y el «Foreign». Cada pregunta tiene la correspondiente respuesta.

**MANUAL DE LA MENOPAUSIA** ■ R. Taurelle y A. Tamborini. Versión castellana de B. Lienas. Colección de manuales, Masson 1991. Número de páginas: 192. 13,5 X 21 cm. rústica. Precio: 3.150 ptas. con IVA. ■ Expone de forma breve y práctica el tratamiento y prevención de los trastornos de la menopausia. De interés, sobre todo, para el médico de familia.

**PSIQUIATRIA Y MEDICINA NUCLEAR** ■ R. Sopena y J. L. Carreras. Masson 1991. Número de páginas: 160, rústica. Precio: 3.250 ptas. con IVA. ■ Presenta, de forma breve, las principales técnicas de imagen de la Medicina Nuclear, con sus indicaciones. El libro se divide en siete capítulos según los diferentes aparatos y sistemas a explorar: Hueso, Endocrinología, Digestivo, etc.

**MANUAL DE FARMACOCINETICA** ■ Jean Pierre Labaune. Versión en castellano por J. Camarasa y E. Escubedo. Colección de manuales, Masson 1991. Número de páginas: 192, rústica. Precio: 2.550 ptas. con IVA. ■ Es un manual, en el que el Dr. Labaune ha conseguido condensar en pocas páginas y con un criterio eminentemente práctico los diversos factores que condicionan la cinética de un fármaco en el organismo. Resulta por ello de interés para estudiantes de Farmacia, y para los profesionales relacionados con la monitorización de medicamentos.

**MANUAL DE TERAPÉUTICA NEUROPSIQUIATRICA** ■ G. Aimard y A. Vighetto. Versión en castellano por el Dr. F. Corominas. Colección de manuales, Masson 1991. Número de páginas: 320, rústica. Precio: 4.650 ptas. con IVA. ■ Es un manual de terapéutica para todas aquellas afecciones psiquiátricas que tienen como principal órgano diana el cerebro. Su concepción es práctica resultando de interés tanto para estudiantes de Medicina como para médicos. Está dividido en cinco partes: 1. Medios terapéuticos. 2. Terapéuticas sintomáticas. 3. Tratamiento de las enfermedades orgánicas. 4. Tratamiento de las afecciones psiquiátricas. 5. Patogenia en la terapéutica neuropsiquiátrica.

**TI MYOCARDIAL PERFUSION IN THE MANAGEMENT OF THE TRANSPLANTED HEART** ■ José Richert, Jesús Herreros, Andrés Sereña, Marta Domper, Juan Carlos Ramirez, Asunción Gómez and Ramón Arcas. Departments of Nuclear Medicine and Cardiovascular Surgery Clínica Universitaria de Navarra. Eur. J. Nucl. Med. (1990) 16: 167-171. ■ **ABSTRACT:** A semi quantitative method with thallium has been applied in the management of cardiac transplants. In all, 142 scans were performed in 20 patients and were arranged in 3 groups that represent respectively all controls performed to the transplants (G<sub>1</sub>), and a selection of the scans obtained during the 1st rejection episode in each patient (G<sub>2</sub>) and the 2nd if present (G<sub>3</sub>). A heart lung index was calculated through early and late images (I<sub>A</sub>, I<sub>B</sub>), obtained 5 min and 4h post injection of thallium. A decrease in I<sub>A</sub> was detected during acute rejection in all groups. This fall was statistically significant from the mild to moderate rejection degree in G<sub>1</sub> (P<0,01), and the mild rejection in G<sub>3</sub> (P<0,001). I<sub>B</sub> was not modified with rejection. Comparing the biopsies with and without edema, in the absence of rejection, it has been proved that the myocardial edema can produce a decrease in I<sub>A</sub> (P<0,001). We conclude that I<sub>A</sub> is simple and sensitive index to evaluate the graft, although intra myocardial edema can reduce 1st specificity. ■ **Key words:** Rejection - Heart transplant - Thallium - Intra myocardial edema.

**DOSE-ANALGESIC RESPONSE STUDY AND ACECLOFENAC PLASMA LEVELS IN HUMANS** ■ AUTORES; J. Honorato<sup>1</sup>, R. Cabañero<sup>1</sup>, G. Giorgiani<sup>2</sup>, P. G. Movilla<sup>3</sup> and R. Tapouner<sup>4</sup>. <sup>1</sup>Clínica Universitaria de Navarra, Pamplona, Spain, <sup>2</sup>Montebelluna Civil Hospital, Montebelluna, <sup>3</sup>Legnano Civil Hospital, Legnano, Italy, and <sup>4</sup>Prodesfarma Research



Centre, Barcelona, Spain. ■ **ABSTRACT:** A clinical trial was performed to establish an analgesic dose range for aceclofenac in postepiostomy pain. Seventy-six patients were included in a double-blind study. The patients were randomly assigned to one of four groups (50 mg, 100 mg, 150 mg, or placebo). The patients took a single dose consisting of one tablet when pain was moderate or severe. The patients were monitored 0.5, 1, 2, 3, 4, 5, and six hours after administration using a visual analogue scale marked from 0 to 100. The lowest score meant «no pain», while the highest score meant «worst pain possible». During the study, 5 ml of blood were taken from each patient 0, 0.5, 1, 1.5, 2, 3, 4, 6, and 12 hours after the corresponding dose and the serum levels of aceclofenac were assayed by high performance liquid chromatography. Pain intensity differences between time t and baseline, sum of pain intensity differences (SPID), and % SPID were used to measure the degree of analgesia. The data were analyzed statistically using the chi-square test and analysis of variance. The results show that the analgesic activity of aceclofenac was significantly superior to placebo ( $P < 0.05$ ). The 100mg and 150mg doses were significantly more effective than the 50 mg dose ( $P < 0.05$ ). There were no significant differences between the two former doses. The ratio between the serum concentration of aceclofenac and the analgesic effect shows a time shift in the analgesia curve with respect to the serum level curve for all doses. Finally, tolerance was excellent, except for one patient who received the 50 mg dose. This patient complained of moderate epigastralgia, which disappeared spontaneously after two hours.

**INSULIN REQUIREMENTS AND RESIDUAL BETA-CELL FUNCTION 12 MONTHS AFTER CONCLUDING IMMUNOTHERAPY IN TYPE I DIABETIC PATIENTS TREATED WITH COMBINED AZATHIOPRINE AND THYMOSTIMULIN ADMINISTRATION FOR ONE YEAR**

■ Emilio Moncada, María Luisa Subirá, Amelia Oleaga, Fernando Goñi, Alfonso Sánchez-Ibarrola, Marta Monreal, Marcela Sevilla, María José Goñi, Alfredo Yoldi, Diego Terán and Ignacio Llorente. Department of Endocrinology, Metabolic Unit and Department of Immunology, University Clinic, University of Navarra, Pamplona, Spain. *Journal of Autoimmunity* 1990 (3): 625-638. ■ An increase in clinical and functional remissions with immunosuppression, as well as abnormal T-cell function, in Type I diabetic patients has been reported in the early stages of diabetes. A controlled trial with azathioprine and thymostimulin in separate and combined administration was performed in 45 recently diagnosed Type I diabetic patients.

Phenotyping of the T-lymphocyte subsets, levels of CD25 positive cells and interleukin-2 production by patients lymphocytes, as well as remission rate and stimulated C-peptide levels, were serially assessed. Remission was defined as mean weekly glycemic profiles  $> 7$  mmole/l, serial HbA1 values in the normal range and no insulin requirements for at least 2 consecutive months. At 3, 6, 9 and 12 months of immunotherapy, remission occurred respectively in 0%, 8,3%, 16,6% and 0% of the conventionally treated diabetic con-

trols and in 42.8%, 50%, 42.8% and 36.2% of the subjects with combined azathioprine and thymostimulin administration. Patients receiving azathioprine or thymostimulin alone did not achieve better remission than controls.

C-peptide levels were significantly higher (above 0.6 pmole/ml) in patients with remission than in those not in remission ( $P < 0.02$ ) throughout the study. Excessive interleukin-2 production in recently diagnosed diabetic patients returned to normal levels in patients in remission. In the group receiving immunotherapy, 38,5%, 25% and 23% were still in clinical remission 3, 6 and 12 months after drug withdrawal. Twelve months after stopping immunotherapy patients who had remitted exhibited significantly lower insulin requirements and greater endogenous insulin secretion than those who had not. The former also maintained near normal glycemic control. No side effects were detected except mild and transient leucopenia. The reduced number of patients receiving azathioprine. Remission was achieved at the time of beginning immunotherapy after the onset of diabetes (42.5±15 days;  $P < 0.01$ ) and to age (17.7±5.6 vs 13±7 years;  $P < 0.01$ ). Interleukin-2 production seems to be negatively associated with clinical remission in the early stages of diabetic. Results suggest a complex effect of the drugs used in this study that may enhance long-term remission in recently diagnosed Type I diabetic patients.

**RENAL HEMODYNAMICS AND THE RENIN-ANGIOTENSIN SYSTEM IN CIRRHOSIS**

■ L. Aliaga, J. M. Zozaya, J. Quirós, Richter and J. Prieto. Departamento de Medicina Interna Clínica, Universidad de Navarra, Pamplona (Spain). *Rev. esp. Fisiol.* 1989; 371-376.

■ The interrelationship between renal hemodynamics and the renin-angiotensin-aldosterone system in 28 nonazotemic cirrhotic patients was studied. Patients were divided into three groups: A) Patients without ascites and no edema; B) Patients with ascites and a relatively high sodium excretion ( $41.9 \pm 12.9$  mmol/day); and C) Patients with ascites and very low sodium excretion ( $4.8 \pm 0.6$  mmol/day). Renin and aldosterone levels were significantly increased in group C. A significant correlation was observed between plasma aldosterone concentration and urinary sodium excretion, and between plasma renin activity and aldosterone levels. There were no significant differences in urine flow, glomerular filtration rate, effective renal plasma flow or renal blood flow between the three groups of patients, in spite of the marked differences in renin and aldosterone levels. Renal perfusion was not related to plasma renin activity either in the overall sample of patients or in the individual groups. These results show that factors other than sodium balance and renal perfusion are involved in renin secretion in cirrhosis. ■ **Key words:** Cirrhosis, Ascites, Renal hemodynamics, Renin-angiotensin-aldosterone system.

**CABERGOLINE: A LONG-ACTING DOPAMINE AGONIST IN THE TREATMENT OF PARKINSON'S DISEASE**

■ G. Lera, M. D., J. Vaamonde, Muruzabal, L. M. and J. A. Obeso, M. D. *Annals of Neurology*



4, October 1990, pág. 593. ■ Chronic levodopa therapy is associated with complications such as motor fluctuations, dyskinesias, nocturnal immobility, and early morning dystonia. Intravenous or duodenal levodopa infusion and subcutaneous administration of dopamine agonists like lisuride or apomorphine allow an adequate therapeutic control to be regained in many cases (1,2). Such approaches, however, are not very practical and it will be difficult to use them widely. Cabergoline (Cb) is a new ergot derivative with high affinity for dopamine type 2 (D-2) receptors, with an active half-life of about 65 hours (3). Cabergoline could be a suitable drug to provide continuous dopaminergic stimulation by the oral route. We have treated 18 parkinsonian patients with complex «on-off» fluctuations and disabling dyskinesias with Cb for a mean period of 12.5 months (range 10-18 mo). Cabergoline given once a day was added to levodopa-carbidopa in an open, increasing dose, pilot study. The mean Cb daily dose was  $12.2 \pm 3.4$  mg. (range 3-18 mg.). The levodopa-carbidopa daily dose was reduced from 1,102.9 mg. (baseline) to 691.1 mg. after Cb treatment ( $p < 0.05$ , Student's *t* test). The number of «off» hours a day was reduced by 79.2% with respect to the baseline assessment (6.7 hr to 1.7 hr) ( $p < 0.01$ ). The score obtained by the Unified Rating Scale for Parkinson's Disease when «off» was also reduced by a mean of 53% (baseline 63.5, after Cb 29.6). «On» dyskinesias were enhanced in duration and severity by at least 50% in 8 patients, and «off» period dystonia was abolished in 2, reduced by 50% in 5, and unaltered in 2. Five patients abandoned the study after a mean treatment period of 9.2 months (range 1 mo) because of inefficacy (2 patients), increased diphasic dyskinesias (1), severe nausea and vomiting (1) and heart failure (1). These results suggest that Cb, associated with levodopa, has a clear antiparkinsonian effect when given once a day. If the hypothesis that intermittent oral levodopa therapy exerts a deleterious effect on the dopaminergic response can be validated (1, 4, 5), Cb could help to minimize and possibly avoid the therapeutic problems associated with chronic levodopa therapy.

**DOPPLER VELOCIMETRY MEASURED IN RETROCHORIONIC SPACE AND UTERINE ARTERIES DURING EARLY HUMAN PREGNANCY**

■ L. T. Mercé, M. J. Barco and F. de la Fuente From the Department of Obstetrics and Gynecology University Clinic of Navarra Pamplona, Spain. *Apta. Obste. Ginecol. Scand.* 1989 (68): 603-607. ■ **STRACT:** The natural course of uterochorionic vascular resistance during the first trimester of pregnancy is described. We performed a weekly study using a pulsed Doppler in 25 normal pregnancies, with a total of 191 examinations made. The flow velocity waveform was studied simultaneously in the retrochorionic area as well as in the uterine arteries. Different velocity indices were analysed, which demonstrated the feasibility of the (D/S) x 100 index for study of the retrochorionic vessels and of the Pourceindex (S-D/S) for the uterine arteries. A gradual weekly decrease in flow resistance was found, with significant differences before (D/S) x 100 =  $52.01 \pm 8.33$ ; S-DS =  $0.83 \pm 0.09$ ) vs after the 9th week (D/S) x 100 =

$58.9 \pm 8.78$ ; S-D/S =  $0.72 \pm 0.10$ ). Further evaluation of its predictive and diagnostic value in gestational pathology is necessary.

**LEVODOPA CONSUMPTION REDUCES DOPAMINERGIC RECEPTOR RESPONSIVENESS IN PARKINSON'S DISEASE**

■ J. Vaamonde, M. R. Luquin and José A. Obeso Movement Disorders Unit Department of Neurology Clinica Universitaria University of Navarra Pamplona, Spain. *Neurology Suplemento 1. Vol. 37:* 266. ■ **SUMMARY:** In seven patients with Parkinson's disease with daily motor fluctuations, we found that the same subcutaneous apomorphine dose that improved motor function when given in the morning after a normal night without taking levodopa failed to turn patients «on» during afternoon and evening «off» periods, and on a different morning after receiving levodopa during the night. No significant changes in levodopa or 3-O-methyldopa plasma levels that could explain these variations were detected. These findings suggest that increased daily levodopa consumption may reduce striatal responsiveness to dopaminergic stimulation. Key Words: Levodopa consumption—Apomorphine—Motor fluctuations—Parkinson's disease.

**COMPARISON OF THREE SEROLOGICAL TESTS FOR BRUCELLA OVIS INFECTION OF RAMS USING DIFFERENT ANTIGENIC EXTRACTS**

■ C. M. Marín, M. P. Jiménez de Bagués, J. M. Blasco, C. Gamazo, I. Moriyón, R. Díaz. *Veterinary Record* (1989). 125: 504-508. ■ The sensitivity and specificity of the complement fixation, gel diffusion and ELISA tests for the diagnosis of *Brucella ovis* infection of rams have been compared using three different antigens obtained by petroleum ether—chloroform—phenol, or cold saline extractions gave poorer diagnostic results than those obtained by hot saline extraction in all the tests. The best sensitivity was obtained with the ELISA (97.6%) followed by the gel diffusion (96.4%) and complement fixation tests (92.7%). The gel diffusion test detected as positive the two rams negative in the ELISA, while the complement fixation test did not improve the sensitivity of the other tests. Under these conditions all the tests were 100% specific when testing sera from rams free of *B. ovis*.

**CONGENITAL CARDIAC MALFORMATIONS AND CHRONIC ALCOHOLISM IN RAT FETUSES**

■ A. Ballesteros, M. A. Marco, E. R. Frizell, J. A. F. López de Ochoa., M. Fresnillo and I. Villalazaga Department of Pediatrics University of Navarra Navarra, Spain. *Ann. NY Acad. Sci.* 588: 327-333. Vol. 588. Año 1990. ■ (1) The development in Sprague-Dawley rats of the alcoholic embryopathy requires the establishment of chronic alcoholic intoxication prior to gestation and throughout it, in levels of alcoholemia greater than 100 mg/dL; a relationship exists between these levels during the embryonic period and the frequency of cardiac malformations. (2) The alteration of heart growth induced by alcohol is related to that of body weight. (3) Gestational exposure to alcohol induces a cardiac hypoplasia and hypotrophy, whereas denutrition is only associated with cardiac hypotrophy.