

THYROID AUTOIMMUNITY IN DIABETES MELLITUS INSULIN DEPENDENT CHILDREN AND ADOLESCENTS.

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In a previous work we pointed out the high correlation among the presence of antithyroid antibodies (AB), thyroid function alteration and clinical symptoms in children with insulin dependent diabetes mellitus (DMID). In the actual study, the chronic lymphocytic thyroiditis (CLT), antithyroid AC and alteration function in patients with DMID was evaluated. From a total of 228 pts, in 78 (age 11.6 + 4.3), basal TSH and/or post TRH, T4, T3 by RIE and microsomal anti-fraction (MiAF) antithyroid AC and antithyroglobulin (ATg) haemagglutination was done. CLT presence (Fisher's criteria) was determined in 20 pts (25%): 16 girls, 4 boys; 11,6 years + 3.43, 90% (18/20) of which presented thyroid function alteration with high basal TSH $X 7.39 + 3.49$ u/ml ($p < 0.001$) and/or frank hyper response to TRH (> 25 u/ml). 85% of the patients presented clinical symptoms; goiter was detected in 65%. CLT prevalence was significantly greater in the first four years of the diabetes evolution. The frequency of MiAF positive titles was 15.4% of the diabetic and 50% of CLT patients. Due to the high prevalence, 25%, we conclude that thyroid function study, AC dosage and clinical exam must be included in all the children with DMID, specially in the first four years after the onset of the disease.

PEDIATRIC AIDS: ANATOMOPATHOLOGY OF AUTOPSY CASES

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Nine autopsies were performed between 1988-1992 in children with AIDS belonging to a pool of 150 HIV infected children. Symptoms began in all patients during the first year of life (range: 0-10 months, $X: 3$ months). Seven died before one year of age, and two when they were 3 years old (range: 0-36 months, $X: 1.7$ years). Source of infection was: blood transfusion in 3 (2 mothers and 1 child), tattoo in both parents in 1, drug addiction in parents in 4, drug addiction and promiscuity in 1. Autopsies were performed and processed routinely. 5/9 had hepatomegaly; 3/9 splenomegaly; 2/9 cardiomegaly; and 1 child had intraventricular bleeding. Lymphoid depletion in nodes was observed in 5/9 while hyperplasia in 1/9. Thymic involution was observed in 1/9 while 4/9 had lymphoid depletion in their thymuses. In 1/9 the thymus was normal. Hepatic steatosis was observed in 7/9 and non specific hepatitis in 6/9. Diffuse alveolar damage was recorded in 4/9, PHL/LIP in 2/9 and lung angionatosis in 2/9. Acute myocarditis was found in 2/9 and myocardial infarction in 1/9. Sepsis by CMV was found in 3/9, and South American trypanosomiasis, histoplasmosis, congenital syphilis and pneumocystis carinii, one case each. We did not see neoplastic diseases, probably because of the early age of death of our cases. No concurrent infections were recorded. Lymph node and lung angionatosis were not associated with Kaposi's sarcoma. We have not found neither coronary nor peripheral arteriopathy, as it was reported by Joshi et al. Neither did we find focal segmental sclerosis on the kidneys. Opportunistic infections could not have been diagnosed on clinical grounds.

PREVALENCE OF HEPATITIS C VIRUS (HVC) ANTIBODIES IN HIGH RISK GROUPS

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About 80-90% of post-transfusional hepatitis and 50% of sporadic hepatitis, so called non A non B Hepatitis, are produced by HVC. The prevalence of Anti-HVC is about 0.4-2.2% in blood donors. After an acute HVC infection, 50-60% of patients will progress to a chronic state, and 20% of them will have a hepatic cirrhosis. The objective of this study was to evaluate the anti HVC prevalence in different high risk groups. Subjects and Methods: 131 patients considered as high risk groups were selected: a) 69 with hepatic disease (HD, 34 boys, $r: 1m-18y$); b) 23 with hemato-oncologic disease (H-O, 13 boys, $r: 2.5-16y$); c) 39 with chronic renal failure (CRF, 19 boys; $r: 3-19y$). Hospital's blood donors (BD) population was used as control group. Anti-HVC was detected by 2nd. generation immunoenzyme assay and confirmed by a 2nd. sample. Results:

GROUP	Nr.	ANTI-HVC + Nr.	% (13.04)	TRANSFUSION (+10)	Nr. IMMUNOSUPPRESSED PATIENTS
a) HD	69	9	(13.04)	9/9	2/9
b) HO	23	2	(8.6)	2/2	2/2
c) CRF	39	7	(17.9)	7/7	6/7
d) BD	1880	20	(1.06)	-	-

Conclusion: 1) Patients of the 3 study groups had a higher prevalence than the control group ($p < 0.05$); 2) Screening of anti-HVC seems mandatory in services of Hemotherapy; 3) Patients with CRF should be screened for anti-HVC, because their renal transplant may be conditioned by the presence of hepatic involvement.

FEBRILE SYNDROME AFTER SURGICAL RESECTION OF POSTERIOR FOSSA TUMORS

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25 CASES OF EXPERIMENTAL ORTHOTOPIC LIVER TRANSPLANTATION (OLT) IN PIGS.

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The aim of this study is to evaluate retrospectively the influence of the different variates in relationship to the success of the surgery, defined as immediate bile production and survival rate after 48 hs. From November 1991, to July 1992, 25 OLTX were practiced in pigs. Variates were valued in donor and in the recipient group. Variates in the first group were a) ablation time; b) cold ischemic time; c) volume of fluid given; d) back table time. In the second group variates were: a) surgical time; b) by-pass time; c) by-pass flow; d) volume of fluids; e) venous anastomosis time; g) sodium bicarbonate infusion. The logistic regression test was used as statistical analysis.

No variates showed statistical significance, although in the last 15 transplants a progressive increase of success was noted.

We can conclude, that success obtained in this study may be linked to an adequate integration of the group, to the uniforming of the anesthetic-clinical-surgical strategy and the progressive training of the surgical technique rather than to the variates included in the study.

EXPERIMENTAL SURGERY IN ORTHOTOPIC LIVER TRANSPLANTATION (OLT): ANATOMO-PATHOLOGIC CORRELATION.

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The aim of this study is to evaluate retrospectively the liver biopsies in 16 pigs submitted to OLT, at different specific times during the surgery, compare the histological evolution and value the different variates on the complications and on the surgical success. The logistic regression test was used as statistic analysis. 3 biopsies were practiced in each OLT: BI: before the ablation; BII: after back table time; BIII: in the revascularised liver. They were histologically classified in: mild: lesion of hepatocytes less than 30%; moderate: 30-60% of lesion; and severe: more than 60%. The following variates were correlated with the complications and the surgical success: 1) ablation time, 2) fluid volume infusion to the liver, 3) cold ischemic time, 4) back table time, 5) by-pass time, 6) by-pass flow, 7) fluid volume to receptor, 3) medial arterial pressure (M.A.P). BI group showed no lesion (control group). BII: guided mild lesion in 11 cases, moderate in 3, and 2 biopsies were not done. BIII: had 11 cases with mild lesion, 4 with moderate and 1 with severe. Mild lesion BII group (11 cases) 10 did not suffer changes in their respective BIII and 1 developed on severe BIII, being this one a non primary function (NPF). Moderate lesion BII group did not suffer changes. No necropsy evidenced hepatic lesion as a cause of death, except the NPF successful transplants (total: 10) 7 were mild lesion. BIII group, and 3 were moderate. Conclusion: There was histological correlation between BII and BIII biopsies, holding on the degree of lesions in 13/14, being the exception a case of NPF, the only cause of hepatic death. The presentation of complications was significant with the by-pass flow ($p: 0.03$) and M.A.P ($p: 0.02$) and the surgical success with M.A.P ($p: 0.005$), by-pass flow ($p: 0.001$) and fluid volume infused to receptor ($p: 0.001$).