

**ABS90: Chronic cough as the sole initial manifestation of epidermoid carcinoma of the trachea**

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**Aims:** The study of chronic cough is necessary to establish the adequate diagnostic, and treatment if it's possible.  
**Design:** History: A 47-year-old man presented with a 3-weeks history of a chronic cough. Smoker of 80 pack-years. Examination revealed diminution of respiratory murmur, no fever and little sputum. **Methods:** Radiography, Laboratory data, Computerised tomography, bronchoscopy and biopsy were obtained.

**Results:**

**Radiography:** Middle lobe syndrome  
**Computerised Tomography:** Pedunculated tracheal mass emanating from the right tracheal wall. A lower Paratracheal and retrovascular node of 7 × 5 cm (1996 AJCC-UICC Classification regional lymph node stations for lung (Trachea) cancer staging)

**Flexible bronchoscopy:** Which revealed a sessile tracheal mass emanating from the right tracheal wall, approximately 2 cm upper to the carina of the trachea. A biopsy was obtained

**Biopsy:** Intermediate-grade Tracheal Epidermoid Carcinoma

**Laboratory data:** Leukocytosis (22.500) with Neutrophilic reaction (91'3%) and raising erythrocyte sedimentation rate and C-reactive Protein (6'2 mg/dl)

**Diagnostic:** Epidermoid Carcinoma of lung (Trachea) IIB (T4N2M0)

**Discussion:** The patient with Epidermoid Carcinoma of the trachea typically presents with dyspnoea, chronic cough, or haemoptysis. Occasionally, this type of tumor is found on a routine chest radiograph of an asymptomatic patient. Intermediate-grade tumors represent the bridge between low- and high-grade tumors; and tend to be more locally destructive and may be more likely to recur.

**Conclusions:**

- 1- Chronic cough, especially in chronic smokers, must be studied
- 2- Epidermoid carcinoma of the trachea is a cause of chronic cough by irritation of the airways not contemplated at the protocols of Griffit 1996
- 3- Treatment of tracheal epidermoid carcinoma is primarily surgical, with complete en bloc resection recommended
- 4- Lymphadenectomy is individualized in each case according to the extend and histologic features of the tumor. It would not be recommended for low- or intermediate-grade tumors
- 5- The tumor was classified as intermediate grade, and adjuvant external beam radiotherapy was recommended and performed specially in this patient with superior vena cava syndrome.

**Conflict of interest and funding**

None.

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**ABS91: Analysis of the influence of smoking only one cigarette on some biological risk factors for cardiovascular disease**

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**Design:** To analyze the effect of only one cigarette in smokers.

**Methods:**

- 47 patients: 27 smokers (cases), 20 non-smokers (controls); after informed consent.
- Exclusion criteria: Cardiovascular and respiratory diseases.
- Material: MX3 Plus OMRON Automatic Blood pressure monitor, BEDFONT Mini 2 Smokerlyzer CO breath analyzer, BCI 3301 Oxygen saturation analyzer.
- Variables: BMI, COHb, systolic (SBP), diastolic (DBP) and mean blood pressure (MBP), CO levels, heart rate (HR), respiratory frequency (RF), Sa O<sub>2</sub>.
- Diagnostics criteria: Richmond test, Fagerström test, Charlson Index, Goldberg General Health Questionnaire (GHQ-28).
- Statistical Method: The data obtained were treated statistically with SPSS statistical Package (version 12.0).

**Results:** Smoker group: intense degree of tobaccoism, variable degree of physics dependence, preparation phase of abandon, High risk, Richmond test (4'89 ± 2'62), Fagerström test (5'11 ± 2'95), Charlson Index very low, BMI (25'10 ± 3'69).  
**Discussion:** Initially, biological risk factors for cardiovascular disease is not present in any of the two groups.

**Conclusion:**

1. In smokers, the consumption of only one cigarette increased at the five minutes some biological risk factors for cardiovascular disease in a significant manner: SBP and DBP change their state of Normal to Normal-High according to ESH-ESC 2003 tables for to stratify the cardiovascular risk.
2. Only pre-cigarette in smokers increased at the five minutes SBP, DBP, MBP, HR, RF, CO levels, COHb levels and decreased SaO<sub>2</sub> in a significant manner ( $p < 0'0001$ ).
3. No differences in all variables considered into two groups of study in basal state was observed except RF, CO and COHb levels that's increased in smokers ( $p < 0'0001$ ).
4. CO and COHb breath levels are directly correlated with RF and B subscale (anxiety and insomnia) GHQ-28, give highest values in smokers ( $p < 0'0001$ ).
5. We consider that these results may be used on campaigns for smoking cessation.

**Conflict of interest and funding**

None.

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**ABS92: Analysis of the influence of tobacco on the psychosocial assessment of intense smokers**

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**Introduction:** It is known that patients with COPD have more depression or depressive symptoms than healthy individuals. Nicotine is considered one cause of anxiety by drugs consumption in DSM-IV. **Design:** Analysis of influence of tobacco in psychosocial assessment on intense smokers without COPD or other respiratory disease.

**Methods:**

- A sample of 58 patients: 38 smokers (cases), 20 non-smokers (controls).