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

M. Rosario Rodríguez Moreno, A. Romero Ortiz, I. Romero Ortiz, I. Rodríguez Moreno

Health Centre of "Archidona". Málaga. Spain, Joaquin Blume 1, 6 °F, Granada, 18004, Spain

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 an 3-weeks history of a chronic cough. Smoker of 80 pack-years. Examination revealed dismutation 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 dyspnea, 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.

doi:10.1016/j.pcrj.2006.04.182

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

Maria del Rosario Rodríguez Moreno, M.T. Miranda, J.M. González de Vega, J. Peña, I. Rodríguez Moreno

Health Centre of "Archidona". Málaga., Joaquin Blume 1, 6 °F, Granada, 18004, Spain

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 OMROM 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 O2.
- 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 ($4'89 \pm 2'62$), Fagerström test ($5'11 \pm 2'95$), Charlson Index very low, BMI ($25'10 \pm 3'69$). **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 SaO2 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.

doi:10.1016/j.pcrj.2006.04.183

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

Maria del Rosario Rodríguez Moreno, M.T. Miranda Leon, H. Morales Portillo I. Rodríguez Moreno

Health Centre of "Archidona". Málaga. Joaquin Blume 1, 6 °F, Granada, 18004, Spain

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).

- Exclusion criteria: COPD and other respiratory diseases.
- Variables: Age, sex, BMI.
- Diagnostics criteria: OMS definition of smoker, History of smoker included CMDP (SEPAR), Richmond test, Fagerström test, Charlson Index (co morbidity; co morbidity –age) and Goldberg General Health Questionnaire (GHQ-28) including 4 subscales A (somatic symptoms), B (anxiety and insomnia), C (social dysfunction) and D (severe depression).
- Statistical Method: The data obtained were treated statistically with the SPSS statistical Package (version 12.0).

Discussion: These results may be attributable to tobacco consumption because the Charlson Index are very low in the two groups compared and no differences were observed in BMI. **Results:** The characteristics of smoker group are intense degree of tobaccoism, variable degree of physical dependence, precontemplation phase of abandon, High risk, Richmond test ($4'55 \pm 1'39$), Fagerström test ($4'37 \pm 2'86$), Charlson Index (co morbidity; co morbidity –age) very low, BMI ($25'42 \pm 4'85$).

Conclusion:

- 1- We observed significant differences in subscale B (anxiety and insomnia) of GHQ-28 normal and corrected between the two groups and this scale is pathological in smokers.
- 2- In smokers, a positive association between tobacco and anxiety or insomnia was observed ($OR > 1$).
- 3- Equally no differences were observed in subscales A, C and D of GHQ-28, that corresponding to somatic symptoms, social dysfunction and severe depression respectively.
- 4- Fagerström and total GHQ-28 tests give highest values in smokers who need smoke in the first 30 m after wake-up.
- 5- Fagerström and D subscale GHQ-28 test give significant differences ($p=0.000$ and $p=0.01$ respectively) with increasing values in parallel to the increase physical dependence.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.184

ABS93: Parental anxiety about croup syndrome

Mustafa Kemal Alimoglu, Mehmet Aktekin

Akdeniz University Faculty of Medicine, Antalya, 07059, Turkey

Introduction: Croup (laryngotracheobronchitis) is a common upper respiratory infection in children aged 3 months to 3 years and its classic clinical table characterized by a harsh, barking cough, hoarseness and stridor is generally frightening for the parents. **Aims and objectives:** The aim was to explore disease related anxiety of parents of children with croup syndrome and to investigate the views of families on managing croup in primary care settings. **Methods:** Parents of 11 children with croup syndrome were interviewed just after acute symptomatic treatment of the children in the emergency room. The conversations were especially focused on satisfaction of the parents with the treatment (content of the therapy, information provided etc); their opinion on the possibility of managing such cases in primary care settings; and their fears about development of a serious illness like asthma in the future. **Results:** The cases (9 boys, 2 girls) were 9 to 25 months of age. The parents of 6 children who had experienced similar attacks before were less worried about acute treatment procedure than first-time visiting parents. The most significant cause of parental anxiety was the risk for development of a serious disease like asthma in the future and no information was provided by the doctors on this issue. All the parents but one believed that croup attacks were indicators of upcoming diseases. They all believed that such attacks could be managed in primary care settings, even at home by a professional, for example a family physician. Such an approach is also supposed to provide opportunity of talking on disease related concerns of the parents and decrease parental anxiety. **Conclusion:** Parental anxiety about

the treatment of croup attacks seems decreasing in recurrent cases. But the anxiety about the future course of the disease remains even in experienced families. Better communication skills with the parents and more explanation about the disease seem to be the key points to relieve parental anxiety.

Conflict of interest and funding

None.

doi:10.1016/j.pcrj.2006.04.185

ABS94: The Macklin effect- case series of spontaneous pneumomediastinum

Quah Hui Min Joanne, How Choon How

SingHealth Polyclinics Blk 80 #01-792 Marine Parade Central Singapore 440080, Singapore

We present a case series of spontaneous pneumomediastinum from presentation until resolution. A short review will follow to introduce the Macklin effect as a possible pathophysiology and how this understanding can help improve clinical understanding and management.

Conflict of interest and funding

Nil.

doi:10.1016/j.pcrj.2006.04.186

ABS95: Mental disorders and asthma: have mental disorders an influence on asthma morbidity?

J.M. Vigatà^a, X. Castán^a, N. Domínguez^a, A. Crespo^a, M.J. Cortiella^b, X. Flor^a, N. Moreno^c

^aICS Chafarinas (ICS), C/Chafarinas, 2, Barcelona, 08033, Spain
^bCSM Nou Barris, Spain
^cSAP Muntanya, Spain

Introduction: Asthma is a chronic inflammatory pulmonary disease which is under-diagnosed, under-treated, and with a prevalence over 5%. It is associated with increased physical comorbidity, mortality, high rates of health service utilization, and occupational disability. There is also some evidence which suggests its relation to an increase in psychiatric symptomatology and mental disorders (MD) [1]. However, the validity, strength and specificity of these relations haven't been established, even less in primary care settings. **Aims and objectives:** To describe the prevalence of MD in our asthmatic population and to know whether these patients show a worse evolution in their pulmonary pathology. **Subjects and method:** Transversal descriptive study developed in a Primary Care Centre of Barcelona. A sample of 338 asthmatic patients was studied. They were randomly selected between 675 registered in the centre informatic program. The period of study goes between 2000 and 2004. Clinical histories were revised using GINA 2004 [2] and DSM-IV criteria [3]. **Results:** The average age of patients was 48,2 (SD 21,6). 67,8% were women. Focusing on asthma type, we observed: 41,1% of intermittent asthma, 16,3% of mild persistent asthma, 37,9% of moderate persistent asthma and 4,7% of severe persistent asthma (SPA). 31,1% of studied patients showed MD diagnosis. Among them: depressive disorder 53,3%, anxiety disorder 49,5%, somatoform disorder 4,8%, bipolar disorder 0,9% and others 13,3%. Patients with severe types of asthma showed more prevalence of MD ($p=0,01$). Asthmatic people with MD suffered more crisis ($p=0,005$) and needed more recovery bronchodilator medication ($p=0,053$). **Conclusions:** There is a high prevalence of MD in our asthmatic population, with predominance of depressive disorders. Patients diagnosed with SPA show higher prevalence of MD than the others. Asthmatic patients with diagnosis of MHD show more crisis and need more recovery medication.

Conflict of interest and funding