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EDITORIAL

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Mauricio Rocha-e-Silva, Editor

In this issue of CLINICS we highlight a contribution by **Souza Jr et al** who characterized population of 84,694 HIV+ Brazilian patients with late introduction of antiretroviral therapy, using information from the Laboratory Exam Control System. The study analyzed all individuals in Brazil age 15 or over with an initial $CD4^+$ T lymphocyte count requested between 2003 and 2006, and whose anti-retroviral treatment start date was later than their initial $CD4^+$ T cell count. These patients were considered antiretroviral treatment naive. Most were between 15 and 49 years of age. Despite universal access to antiretroviral therapy in Brazil, results show that a high proportion of patients initiate therapy at an advanced stage of disease, indicating the need to develop strategies to promote early diagnosis and a proactive conduct regarding HIV infection nationwide.

Vilela et al endeavored to identify risk factors for short-term percutaneously inserted central venous catheter-related infections in children and to evaluate the accuracy of a mortality score in predicting the risk of infection. Through a case-controlled study with 51 pairs, they conclude that central parenteral nutrition and central venous catheters should be withdrawn as soon as possible. Femoral vein catheterization carries a risk of infection similar to internal jugular catheterization. The Pediatric Risk of Mortality score should not be used to predict the risk of central catheter-related infections.

Furlaneto and Garcez-Leme prospectively evaluated the evolution of cognitive and functional performance and mortality among 103 elderly patients who were delirious during hospitalization due to femoral fractures, and conclude that delirium had no impact on mortality, or on functional or cognitive losses in the late evolution among elderly patients with femoral fractures. It is however stressed that an initial cognitive impairment may identify patients at risk of mortality, functional and cognitive losses in late evolution.

Bonduki et al measured antithrombin III (AT), thrombin (Fragment 1+2 [F1+2] and thrombin-antithrombin [TAT]) generation markers, as well as other coagulation parameters, such as prothrombin time, partial activated thromboplastin time, thrombin time, fibrinogen, euglobulin lysis time, and platelet count, in 45 postmenopausal women after hormonal therapy. They conclude that Conjugated equine estrogen associated with MP treatment may reduce AT levels, whereas unopposed conjugated equine estrogen or transdermal 17beta-estradiol plus MP does not change AT. These changes might not be clinically relevant in the general population; however, hormonal replacement therapy may increase the risk of thrombosis in women with congenital or acquired thrombophilia.

Nasri et al evaluated clinical characteristics of burning mouth complaints in 66 Brazilian patients referred to a large teaching hospital. patients They point out that the existence of systemic comorbidities, self-reported sleep disturbances and taste alterations indicates possible correlations and the need for a careful systemic evaluation of each patient; however, no differences were found between patients with and without precipitating events.

Penaforte et al evaluated the practices of pharmacists in Hospital Care though interviews of 20 pharmacists from the Pharmacy Division by applying a structured questionaire instrument. They report that some essential services, such as the Medication Information Service and Pharmacotherapeutic Follow-up, were absent. Pharmacist professionals were dissatisfied about human resource and physical structure dimensioning, which they present as not very active in terms of Pharmaceutical Care. Authors conclude that care is still centered on the drug, with few clinical activities, and suggest reformulations in service management, particularly in the management of pharmacists.

Marback et al evaluated the quality of life for 108 patients (vs. 40 healthy controls) affected by age-related macular degeneration resulting in monocular or binocular legal blindness. The quality of life of persons with binocular blind-

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ness was more limited in relation to persons with monocular blindness. Both groups showed significant impairment in quality of life when compared to normal persons.

Antonangelo et al evaluated the clinical and laboratory characteristics of pleural effusions secondary to tuberculosis (182 patients) or cancer (144 patients), and found that in the latter a lymphocytic pleural exudate best characterizes these effusions, while in cancer patients serous-hemorrhagic lymphocytic effusions should be submitted to oncotic cytology because this easy and inexpensive exam attains a high diagnostic performance (circa 80%). In this context, authors suggest that thoracocentesis with fluid biochemical and cytological examination should be the first diagnostic approach for these patients.

Calil et al estimated pain intensity and the use of analgesia in 100 traffic accident victims, and conclude that although pain is a common event associated with trauma, it is still under treated and under evaluated in Brazil. They also stress the point that the use of opioids for admittedly very severe pain is not frequently employed in the Emergency Service, not even in hemodynamically stable patients and with a high Glasgow Coma Scale.

Rebeis et al aimed to create an Anthropometric Index for *pectus excavatus* as a method for diagnosis and for preoperative and postoperative assessment by comparing it to the Haller Index and to the Lower Vertebral Index. They conclude that the Anthropometric Index allowed adequate measurement of the defect, maintaining a high correlation with the Haller Index and the Lower Vertebral Index, with high accuracy, which was found to be similar to the already acknowledged and published indices. Authors also claim that this Anthropometric Index represents an efficient method of comparison between the preoperative measurement and the postoperative results.

Maganhin et al analyzed the effect of glucosamine sulfate on the tibial epiphyseal disk of the ovariectomized rats and propose that glucosamine stimulates tibial cartilage and bone growth after ovariectomy in rats.

Albuquerque Mota et al compared the accuracy of positioning of the femoral tunnel in reconstructing the anterior cruciate ligament by means of 2 techniques in 20 knees from human cadavers: tibial tunnel and anteromedial portal. Both techniques were found to achieve the desired positioning for the femoral tunnel entrance and satisfactory thickness for the posterior cortex. Authors however note that drilling via the anteromedial portal may provide greater protection against rupture of the posterior wall.

Garbelotti et al evaluated a low-cost and easily reproducible technique for biomechanical studies in 18 intact human cadaver knees. Even though in this kind of study, the natural effect of loading of the joint and shear forces are not taken into account, the objective was to describe the plastic deformation of the ligaments into 3-dimensional space. Authors claim that this technique was efficient for demonstrating the plastic deformability of the cruciate ligaments, and that the results proceeding from this type of study can assist in the planning of physical rehabilitation programs.

CLINICS also publishes a review on Inflammation and the clinical repercussions of pleurodesis induced by intrapleural talc administration, and 10 case reports.