



O-FUN-17 - CHALLENGES IN THE DIAGNOSIS AND TREATMENT OF HICCUP IN NEUROLOGICAL PATIENTS

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Resumen

Introduction: The Hiccup is a frequent event in the general population and may be expressed from mild forms (benign) to the persistent and intractable forms. Mild forms are self-limiting and disappear after some time (48 hours), however, persistent and intractable forms remain with the individual even after treatment with exercises and sometimes after drug treatment. There are many causes of hiccups: stimulation of the phrenic nerve by compression, tensile deformation and tension are among the most prevalent, can be a consequence of mediastinal or lung cancer, gastric distension and/or esophageal, gas-troesophageal reflux, instruments (catheters and intubation), cholecystitis, pericarditis, tumors of the central nervous system and Wallemborg syndrome. The objectives of the study is to define and update treatment protocols and treatment of attack Hiccups, persistent and intractable.

Material and methods: Literature review using SciELO database, PubMed, Ebsco, Clin Neuropharma-col, Artmed; pathophysiology and pharmacology books Guyton and Hall and Goodman and Gilman, respectively. The review includes articles and publications from 1970 and 2012, selected 23 papers in 45 founds.

Conclusions: Few publication is made about prevalence and incidence of persistent or intractable hiccups. There are no data on racial, geographic or socioeconomic variation in hiccups. Only a few studies have been reported in patients with intractable hiccups were mostly older men (80%) and associated morbidities (vascular disease, postoperative state, central nervous system disease and reflux esophagitis). This review article is useful and applicable to many situations of day-a-day both the general practitioner on the pathophysiology and treatment of hiccup in its diverse forms. A standard protocol of a patient care with this disease is proposed in this paper. The relevance of this article is to deal with the challenge diagnostic and the difficulty to determine the best procedure to persistent or intractable hiccups in neurological patients mainly.