

RISK OF MIGRAINE IN ATRIAL SEPTAL DEFECTS CARRIERS (ABSTRACT)*. DISSERTATION. SALVADOR, 2005.**ELZA MAGALHÃES****

The association between atrial septal defect (ASD) and migraine has been reported by several authors. The majority of such reports, however, are series of cases. The power of this association is hampered by the lack of analytic studies.

Objective: To determine the magnitude of the association between ASD and migraine.

Method: Case-control study. We evaluated 101 patients submitted to transesophageal echocardiography (TEE) from January to December 2004. An interview was carried out prior to the TEE in order to establish the diagnosis of migraine, according to the International Headache Society criteria. The subjects were divided into two groups: cases (ASD carrier) and controls (without ASD). They were matched by sex, age and social class. The following variables were analyzed: 1. proportion of migraine in each group, 2. occurrence of aura, and 3. more than three crises per month in migraine carriers in each group. The proportion of events was compared and the differences of occurrence of migraine analyzed by the chi-square test. The odds ratio (OR) and the 95% confidence interval (CI) were calculated. It was considered significant the p value ≤ 0.05 .

Results: The mean age of the 101 subjects was 37.7 (SD=11.2); 83.2% were female; 48.3% had ASD and 61.9% (58 subjects) had migraine, 51% of which reported aura. After matching, the results between cases/controls were: number of patients (34/34), female gender (82.4%/82.4%); mean age in years 38.7 (SD 11.24) / 38.9 (SD 11.17); frequency of migraine 67.6%/32.4% (OR=4.3) (95% CI, 1.04 to 8.8), ($p=0.038$). The 58 migraine sufferers were divided in two groups: *Group 1*, 39 subjects with ASD, mean age 34 years old (SD 11), 93% female gender. *Group 2*, 19 subjects without ASD, mean age 35 years old (SD 9.6), 68% female gender. When asked about the occurrence of more than three migraine crises in the last month, 76.7% of Group 1 and 60% of Group 2 answered yes (OR=1.56; $p=0.2$; 95% CI, 0.6 to 7.6). Aura occurred in 65.1% of the Group 1 and 40% of the Group 2 (OR=2.8; 95% CI, 0.8 to 9.3; $p=0.08$).

Conclusion: These results suggest that ASD is a risk factor for migraine and that migraine carriers with ASD have higher tendency for the occurrence of aura and a higher number of migraine crises for month than migraine carriers without ASD.

KEY WORDS: migraine, atrial septal defect, risk factor.

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ULTRASONIC OBSERVATIONS OF FETAL MOVEMENT PATTERNS AND INDIVIDUALITY IN LOW-RISK PREGNANT WOMEN (ABSTRACT)*. DISSERTATION. RIBEIRÃO PRETO, 2004.**THEODOLINDA MESTRINER STOCHE****

Introduction: Real-time visual exploration of fetal activity began in the 1960's, when ultrasound techniques first appeared. Its use allowed great progress in the studies of the dynamics motor and neurological development, both in normal and pathological conditions.

Objective: The aim of this study was to carry out regular ultrasound exams in healthy fetuses, with purpose in evaluating the fetus motor development, registered in video cassette recordings; verify the presence or absence of fetal motor and behavioral individuality; describe and discuss the parents behavior during the exams.

Method: Six fetuses from desired spontaneous low-risk pregnancies were selected for the study. These fetuses were observed regularly each four weeks, for one hour, from the 12th week of pregnancy up to birth. Based in the characterization established by Prechtel (1989), the following features were registered: presence or absence of different patterns of movement, in individual fetal,

and parents, behavior during the exams. The study comprised only fetuses which originated normal neuropsychomotor and behavioral development children, having these children been followed up until the age of 8 years-old.

Results: All pregnancies came to term without major problems. The pre-natal follow up accomplished, as well as the clinical and ultrasonographic development of the fetuses, were regarded as normal. The analysis in movement groups by period has shown that some movement patterns were more often observed in the beginning of pregnancy, such as shocks, generalized movements and trunk movements. Certain types of movement remained at a stable frequency, while others had their frequency increased. Somersault and creep movements were only observed between the 16th and 28th weeks. Transversal analysis of the different kinds of movement showed that movements occurred with greater frequency by the 20th week of pregnancy, followed by progressive decrease until birth. Complex movements were sel-