Discussion

DR E. G. J. OLSEN: Do all your patients come from the region of Caracas or have they been referred to you from other centres in Venezuela?

DR PUIGBO: We have not been able to define any pattern of location from where these patients come. Our patients also come from our neighbours, Colombia, Cuba and Guyana. As far as Brazil is concerned, 4 cases have been reported by Andrade from Bahia and other reports followed. To my knowledge there are at least 16 cases in Brazil.

DR J. DAVIES: Can I ask about the social circumstances of your patients and whether or not they had any parasitic infestation?

DR PUIGBO: Eosinophilia was associated with malaria in a few cases. There has also been an association with antituberculous drugs and with haemolytic anaemia.

DR OLSEN: You mentioned eosinophils and I was not absolutely certain whether you referred to degranulation and the abnormalities we have discussed today or to the cell count.

DR PUIGBO: Unfortunately at that time we were not looking specifically for degranulation.

CHAIRMAN: You said 35% had abnormal eosinophil counts. How common is eosinophilia in your population?

DR PUIGBO: I cannot give you exact figures.

DR OLSEN: You mentioned the term atrioventricular prolapse. I am a little concerned regarding terminology, in case it may be confused with the floppy valve syndrome. Did you in your studies find any degenerative changes as well as the redundant tissue of the valve leaflet?

DR PUIGBO: We think that the problem lies in the posterior valve when fixed to papillary muscles, resulting in overshooting of this valve.

This is due to fibrotic tissue fixing the valve by the lack of support, and reduction of the size of the cavity. I agree entirely that there is a problem of nomenclature.

DR C. DUBOST: Why should the anterior mitral valve be prolapsed and why should the posterior leaflet be retracted?

DR PUIGBO: We do not understand the entire pathological process. We know that the process often involves the septum. The anterior leaflet is not as frequently affected as is the posterior.