chemotherapy, TF (1 unit daily, subcutaneous) until leukocyte count was > 2.5 x 10^9/L and platelet count > 80 x 10^9/L. Group 2 did not receive TF.

RESULTS

Treatment with TF accelerated the recovery of neutrophils, leukocytes, platelets and hemoglobin. The incidence and severity of infections and hemorrhages were less in the TF group than in the control group. There was no evidence that TF accelerated the re-growth of leukaemic cells. It seems that TF is safe in AL, accelerating haematopoietic recovery. However, it should be used with caution until results of additional trials become available.

Days to hematopoietic recovery (X ± SD)

Parameters	Group 1 (n=10)*	Group 2 (n=9)**	p
Neutrophilis > 1.0 x 10^9/L	4.7 ± 2.4	22.6 ± 8.5	< 0.001
Leukocytes > 2.5 x 10^9/L	4.7 ± 2.4	21.1 ± 9.3	< 0.001
Platelets > 80 x 10^9/L	7.5 ± 3.7	17.6 ± 6.8	< 0.001
Haemoglobin > 10 G/L	10 ± 5.5	20.0 ± 11.5	< 0.001

*One patient with blast cells in pancytopenia period was not included.
**Two patients that died in aplasia were not included.

Transfusions and antibiotic treatments

	Group 1 (n=11)	Group 2 (n=11)	p
Red-Cell transfusions (units)	1.0 ± 1.1	3.5 ± 2.6	<0.01
Platelet transfusions (units)	4.1 ± 5.7	19.0 ± 14.7	<0.01
Leukocyte transfusions (units)	1.4 ± 3.3	5.6 ± 9.0	n.s.
Antibiotics (days of treatment)	10.0 ± 7.1	24.9 ± 16.5	<0.05

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INTERFERON ALPHA-2B IN EPIDEMIC NEUROPATHY

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INTRODUCTION

More than 40 000 cases of an epidemic Neuropathy were reported in Cuba during 1993. It had two clinical pictures: an optic neuritis and a peripheral neuropathy (1). A nutritional unbalance and toxic as well as opportunistic infectious agents have been involved in the pathogeny of the disease. Several virus isolates were obtained from patients cerebrospinal fluid. One of them was identified as Coxsackie A9 serologically and by partial genome sequence. Its cytopathic effect in vitro is sensitive to inhibition by IFN alpha (2).

METHODS

Several controlled, randomized, clinical trials were carried out with different treatments, among them IFN at various therapeutic regimes, always compared to a basal polyvitamin schedule that was given to all patients. Five IFN trials, performed at 12 hospitals, included 212 patients with optic neuritis and 460 with peripheral neurological symptoms (including the control groups). Patients were less than 3 months sick. IFN α2b (Heberon, Heber Biotec, Havana) was given 3 times per week during 3 weeks at 6, 3 or 1 mill. IU per dose, depending on the trial.

RESULTS AND DISCUSSION

IFN treatment had no additional effect, over the vitamin therapy, on the evolution of the optic neuritis. On the contrary, 3 of the trials showed evidences of a beneficial action of IFN on patients with the peripheral form of the disease. Better results where obtained in the trial where the higher dose (6 million IU) was used.

Twenty percent of the patients with IFN recovered after 21 days of treatment vs. 5% in the control group. After 1 month of follow-up, there were significantly more recovered and less worsened patients in the IFN group. In another trial, where IFN (3 million IU) with or without hydroxocobalamine (as a detoxifying agent) was used, there were also significantly better results in the IFN groups than in those without it (70 vs. 56% improvement, 24 vs. 16% recovery, 5 vs. 20% worsening).

A pooled, stratified, analysis of all the trials indicates that IFN could be useful for the treatment of the peripheral neuritis associated to the epidemic neuropathy.

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USO DE INTERFERON ALFA-2B RECOMBINANTE EN NEUROPATIA EPIDEMICA. PRUEBA TERAPEUTICA. PINAR DEL RIO

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INTRODUCCION

La Neuropatía Epidémica es una enfermedad que, inicialmente, se caracterizó por déficit visual central con trastorno de visión a color en el eje rojo-verde sin manifiesto defecto pupilar aferente, evidencia de ambliopía ni enfermedad macular definida, con campo visual característico de defecto bilateral y bastante simétrico de las fibras del nervio óptico, que tomaba sólo y específicamente el haz papilo-macular, con escotomas relativamente pequeños, centrales o ceco-centrales al blanco y mayores al color rojo y verde. Este cuadro se asoció con frecuencia a manifestaciones polineuropáticas (1).

Debido a la existencia de un estado de emergencia nacional, se realizó este estudio motivados por la posible etiología viral y conociendo los favorables resultados obtenidos con el uso del interferón en diversas entidades virales (2-4).

Evaluación neurológica (60 días)								
	Vitaminas				IFN-α2b + Vitaminas			
	L	M	S	Total	L	M	S	Total
Recuperado	1	6	1	8	3	11	1	15
Mejorado	1	10	3	14	0	15	7	22
Igual	1	6	2	9	0	3	0	3
Empeorado	0	3	3	6	0	1	1	2
Total	3	25	9	37	3	30	9	42

Leyenda: L: Ligero, M: Moderado, S: Severo.