

hood. The disease is an autosomal-dominant variable penetrance. This mutation leads to a multisystem disease with the presence of *diabetes mellitus*, hypogonadism, cataracts, cardiac and nervous system. Rohrer described hypersomnia, and more recently there are reports of central apneas, obstructive and oxyhemoglobin desaturation during sleep. The study aimed to determine the profile of sleep and quality of life in patients with SD and compare them with normal controls. We studied 18 patients admitted with SD in Neuromuscular Diseases Clinic of Federal University of Bahia, Brazil, and 20 controls. The participants completed the WHOQOL-100 for assessing quality of life, signed a consent form and received a sleep diary to be completed for thirty days. After one month, the scales investigated responded snoring and Stanford Sleepiness Scale and Epworth daytime sleepiness, and underwent polysomnography investigation and the Test of Multiple Sleep Latency (TMSL). There was a higher prevalence of men in both groups. SD in the group with the extremes of age were 21 to 55 years, since the extremes in the control group were 21 and 64 years. In patients with SD were observed lower sleep efficiency, increased time awake after sleep onset, greater number of arousals and increased arousal index. The frequency and obstructive apnea index and hypopnea were higher in patients with SD. The minimum saturation of oxyhemoglobin during sleep was lower in patients with SD. Among the volunteers who underwent the TMSL was observed in the group of individuals with SD there is a higher percentage of individuals who initiated some stages of the sleep cycle. It was also observed in the group of individuals with SD is an inverse correlation between the mean latencies in the TMSL with apnea / hypopnea. Individuals with SD showed higher degree of daytime sleepiness in both scales. We also observed that the mean score on the Epworth Sleepiness Scale in the group of patients with SD was higher compared with the control group. When evaluating each of the facets of the WHOQOL-100 is observed in the group of patients with SD most mediators tended to affect results in lower quality of life. Thus, we observed that patients with SD should be investigated routinely with polysomnographic studies, TMSL, use of scales for the assessment of daytime sleepiness and quality of life in order to provide an accurate profile of the clinical conditions and their repercussions, which can guide the adoption of measures to improve the welfare and long-term prognosis.

Key words: myotonic dystrophy, Steinert, apnea, sleep, polysomnography, quality of life.

*Avaliação de qualidade de vida e sono de indivíduos com distrofia

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Endoscopic endonasal transsphenoidal surgery for pituitary adenomas: evaluation of results and technical aspects (Abstract). Thesis. São Paulo, 2011.

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Introduction: The endoscopic surgery has been increasingly accepted for the treatment of pituitary adenomas. There is still controversy regarding the benefits of this new technique. A new surgical approach must be safe and effective.

Objective: Analyze the results and technical aspects of the endoscopic endonasal transsphenoidal approach for pituitary adenomas.

Method: Retrospective study of 30 consecutive patients that underwent endoscopic endonasal resection of pituitary adenomas with a follow up from 24 to 67 months.

Results: There were 18 women and 12 men, mean age 44 years (range 17-65 yr). Among the 30 patients, 23 had macroadenomas and 7 microadenomas. Twelve patients had non-functioning tumors, 9 had ACTH-secreting tumors, and 8 had GH-secreting tumors and 1 prolactinoma. Complete resection and hormonal control was achieved in all microadenomas. Macroadenomas were completely removed in 6 patients, subtotal resection in 6 and partial resection in 11. Three patients had diabetes insipidus and 5 had CSF leaks treated with lumbar drainage.

Conclusion: The endonasal endoscopic approach for pituitary microadenomas and macroadenomas restricted to the sella is effective and safe. Macroadenomas with suprasellar extensions and cavernous sinus invasion may require endoscopic extended approaches for complete removal. The endoscopic endonasal transsphenoidal approach offers excellent visualization of anatomical structures and preserves the nasal cavity.

Key words: endoscopy, pituitary/surgery, adenoma.

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