

F - Conclusiones

F. – CONCLUSIONES

1. La técnica de reducción del efecto citopático ha resultado ser es una técnica sencilla y útil para el estudio de la sensibilidad de los herpesvirus humanos tipos 1 y 2.
2. La técnica de reducción del efecto citopático presenta una reproducibilidad del 87%.
3. La adición del colorante vital (*dye-uptake*) en la técnica de reducción del efecto citopático añade complejidad a la técnica.
4. Los resultados obtenidos mediante la técnica de reducción del efecto citopático correlacionan con la evolución clínica de los pacientes. El 98% de las lesiones causadas por cepas sensibles al aciclovir se resuelven con el tratamiento.
5. En nuestro estudio la frecuencia de cepas de herpesvirus humanos tipos 1 y 2 resistentes al aciclovir en pacientes inmunodeprimidos es baja (4%) y cuando se observa no es necesariamente indicativa de fallo terapéutico.
6. La técnica de reducción del número de placas, para la determinación de la sensibilidad *in vitro* de los herpesvirus humanos tipo 5 a diferentes antivíricos, es una técnica sencilla que requiere entre seis y ocho semanas lo que limita parcialmente su utilidad clínica.
7. Los resultados obtenidos mediante la técnica de reducción del número de placas correlacionan con la evolución clínica de los pacientes. Todos los cuadros clínicos ocasionados por cepas sensibles al ganciclovir y al foscarnet evolucionaron favorablemente con el tratamiento.
8. La frecuencia de cepas de herpesvirus humano tipo 5 resistentes *in vitro* al ganciclovir (4%) y al foscarnet (4%) en pacientes no tratados previamente es baja.
9. La técnica de reducción del número de placas, para la determinación de la sensibilidad *in vitro* del herpesvirus humano tipo 3 a diferentes antivíricos, es una técnica sencilla que requiere entre seis y ocho semanas lo que limita parcialmente su utilidad clínica.
10. En nuestro estudio no se ha detectado ninguna cepa de herpesvirus humano tipo 3 resistente al aciclovir o al foscarnet.
11. Nuestra experiencia confirma que no es necesaria la realización de estudios de

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sensibilidad de los herpesvirus de forma rutinaria. El estudio de la sensibilidad de estos virus estaría indicado en las cepas aisladas de pacientes con alteraciones inmunológicas graves cuyas lesiones siguen evolucionando o empeoran estando en tratamiento con el antivírico.

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1. - Medios de cultivo

Medio de crecimiento de cultivo celular

MEM 10x (Medio mínimo esencial con Sales de Earle y sin glutamina)	100 ml
SBF (Suero bovino fetal)	100 ml
L- glutamina (2 mM)	10 ml
Aminoácidos no esenciales	10 ml
Penicilina-estreptomicina (400 UI/ml- 0.4 mg/ml)	1 ml
Neomicina (0.03 mg/ml)	1 ml
Hepes pH:7,4	30 ml
Se completa el volumen hasta 1.000 ml con agua bidestilada estéril y se ajusta a pH entre 7,2 y 7,4 con NaOH 1N.	

2. - Soluciones tamponadas

Versene

ClNa	16 g
ClK	0,4 g
PO ₄ H ₂ K	0,4 g
Na ₂ HPO ₄ 2H ₂ O	2,8 g
EDTA (C ₁₀ H ₁₄ N ₂ O ₈ Na ₂ · 2H ₂ O).....	0,4 g
Agua	2000 ml
Se ajusta el pH de la solución a 7,4 y se esteriliza en autoclave a una temperatura de 121°C durante 15 minutos.	

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Hepes (20-25 mM)

C ₈ H ₁₈ N ₂ O ₄ S	119 g
Agua	500 ml

Se ajusta el pH de la solución a 7,4 con NaOH 10N y se esteriliza en autoclave a una temperatura de 121°C durante 15 minutos.

Tampón fosfato

Se preparan soluciones madre.

Solución A: solución 0,2 M de fosfato de sodio monobásico (27,8 g en 1.000 ml de agua destilada).

Solución B: solución 0,2 M de fosfato de sodio dibásico (28,43 g de Na₂HPO₄ en 1.000 ml de agua destilada).

Para conseguir el pH deseado, mezclar solución A (monobásico) con solución B (dibásico) de acuerdo con las proporciones expresadas en la siguiente tabla:

A	B	pH	A	B	pH
93,5	6,5	5,7	45,0	55,0	6,9
92,0	8,0	5,8	39,0	61,0	7,0
90,0	10,0	5,9	33,0	67,0	7,1
87,7	12,3	6,0	28,0	72,0	7,2
85,0	15,0	6,1	23,0	77,0	7,3
81,5	18,5	6,2	19,0	81,0	7,4
77,5	22,5	6,3	16,0	84,0	7,5
73,5	26,5	6,4	13,0	87,0	7,6
68,5	31,5	6,5	10,5	90,5	7,7
62,5	37,5	6,6	8,5	91,5	7,8
56,5	43,5	6,7	7,0	93,0	7,9
51,0	49,0	6,8	5,3	94,7	8,0

Se esteriliza en autoclave a una temperatura de 121°C durante 15 minutos. Para preparar soluciones con diferente molaridad, diluir el volumen necesario con agua destilada.

Tampón de elución etanol-fosfato (1:1)

Se mezclan en proporción 1:1 fosfato de sodio monobásico 0,1 M y etanol al 95%.

Para preparar el fosfato de sodio monobásico 0,1 M, se diluye a partes iguales el fosfato de sodio monobásico 0,2 M (solución A), descrita en el apartado anterior, con agua bidestilada.

Para preparar el etanol al 95%, teniendo en cuenta la tabla de dilución de alcohol de Gay-Lussac, se mezclan 93,5 ml de alcohol absoluto y 6,5 ml de agua destilada para un volumen de 100 ml.

3. - Colorantes

Solución de rojo neutro (0,15%)

Se prepara tampón fosfato 0,1M a pH 6,0 partiendo de las soluciones A y B descritas en el apartado anterior. Se mezclan 87,7 ml de la solución A (fosfato de sodio monobásico 0,2 M) con 12,3 ml de la solución B (fosfato de sodio dibásico 0,2 M) hasta un volumen total de 200 ml con agua destilada. Se esteriliza en autoclave a 121°C durante 15 minutos.

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Para preparar la solución de colorante se pesan 0,15 g de rojo neutro y se diluyen en 100 ml de tampón fosfato 0,1 M. Se homogeneiniza bien y se filtra en filtros con poro de 0,2 µm. Se guarda en botella estéril.

Cristal violeta al 1%

Formaldehido	10 ml
Ácido acético	4 ml
Metanol	60 ml
Agua destilada	25 ml
Cristal violeta	1 g

Disolver el cristal violeta en el metanol. Añadir el resto de las soluciones y mezclar totalmente. Se han de disolver completamente todos los cristales del colorante. La solución se debe guardar en una botella preservada de la luz hasta su utilización.

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