anormales[418]. Con se ilustra en la figura 25B, la lengua aparece extruida medialmente con los dedos índice y pulgar adyacentes a ésta, lo cual explica las peculiaridades de síndome lacunar aquídescrito.

La última observación de la que nos ocuparemos tiene un interés congresual y presencial histórico, que ni el Dr Polo Esteban ni este autor olvidarán jamás. Una mujer de 37 años en su 23 semana de gestación ingresó por un cuadro de visión borrosa y debilidad generalizada. En la exploración había una oftalmoplejía externa y paresia facial bilateral, voz nasal, disartria, y tetraparesia[314]. La evaluación obstétrica fue normal. La madre de la paciente estaba afectada; el brote de botulismo fue desencadenado por una conserva casera de judía verde; tiene interés que todas las gallinas de su gallinero alimentadas con este producto contaminado hubieran muerto. No se identificó el tipo de *clostridiumbotulinum* responsable. La estimulación repetitiva a 50 Hz demostró una potenciación del 70%. Se administraron 5 viales de antitoxina botulínica AB. La debilidad progresó hasta la tetraplejía requiriendo soporte ventilatorio; los movimientos fetales eran entonces los únicos visibles. En este periodo las ecografías abdominales sucesivas demostraron undesarrollo fetal normal. Fue dada de alta a los tres meses del inicio sintomático con mínima debilidad residual. El parto fue eutócico, con un bebé normal. Así, pues, el botulismo en esta paciente no tuvo ninguna repercusión negativa en el embarazo, lo cual apoya la decisión de tratar a la mujer embarazada con BoNT/A, cuando sea necesario, al menos en la segunda parte del embarazo. Este trabajo se publicó como una *Letter to de Editor* en Lancet el 20 de julio de 1996[314]. Un mes antes, lo presentamos como póster en el *European Neurological Society Meeting* de la Haya[419]. Como era nuestra costumbre, el Dr. Polo Esteban y un servidor acudimos a colgar el póster muy pronto (en torno a las 7:30). En

una sala inmensa y casi vacía, a unos escasos metros detrás de nosotros, advertimos la silueta de una mujer pacientemente esperando para hablar con el senior del trabajo, Dr. Polo Esteban. Era, ni más ni menos, que la Dra. Angela Vincent, reputadísima neuroinmunóloga de la Universidad de Oxford (UK), quien entabló un distendido diálogo del que fui testigo mudo. Al agradecer el trabajo afirmó: “esto va en contra de lo que hasta ahora habíamos pensado”.

6.5. Postscriptum: un reconocimientopara el Dr. Onofre Combarros Pascual

Como hemos esbozado enteriormente, en 1994 el Dr. Combarros Pascual puso en marcha el Laboratorio de Neurogenética en un espacio adosado al del Laboratorio de Genética Molecular del HUMV dirigido por el Dr. José Luis Fernández Luna. En sus casi tres décadas de existencia, ha cambiado tres veces de emplazamiento: sótano de la Escuela Universitaria de Enfermería, planta sexta de este edificio, y finalmente Facultad de Medicina. El Dr. Combarros Pascual orientó su investigación al análisis de la asociaciones de diversos *loci* genéticos de riesgo con la enfermedad de Alzheimer esporádica; más adelante, y dentro de un programa internacional, condujo varios estudios de epistasis en esta enfermedad. Su rendimiento investigador fue excepcional con 103 trabajos indexados en *PubMed* (*Search, Combarros O and Alzheimer disease*). Por añadidura, el Dr. Combarros Pascual creó un centro de atracción para investigadores jóvenes, por donde han pasado y siguen pasando Médicos Adjuntos y Especialistas becarios del IDIVAL y del ISCIII, lo cual ha sido un pilar esencial para la investigación del Servicio de Neurología. Además, él fue IP de nuestro de Grupo de Enfermedades Neurodegenerativas, tanto del CIBERNED como del IDIVAL. Tras su

jubilación, el Dr. Jon Infante Ceberio le ha relevado contando con el inestimable apoyo del Dr. Pascual Sánchez-Juan.

7. Conclusiones

Han sido casi cinco décadas de ininterrumpida investigación neurológica, en gran medida derivada de nuestra sólida formación postgraduada, y del inestimable apoyo de los compañeros de trabajo. Nuestra actividad investigadora recibió pronto reconocimiento internacional que, desde luego, ha ejercido una espléndida función estimulante.

Conflicto de interés

El autor no declara ningún conflicto de intereses. No se ha recibido ninguna financiación pública ni privada.

Agradecimientos

Quisiéramos manifestar nuestro profundo reconocimiento a todos quienes han colaborado con el Servicio de Neurología del HUMV, y particularmente a aquelos cuyos nombres no figuran en el texto. Vaya una mención especial para Doña Marta de la Fuente (Secretaria de Neurología) por su inestimable ayuda en el mecanografiado de nuestros manuscritos, y a Don Mario Corral (Responsable de la Biblioteca Marquesa de Pelayo) por su apoyo en la búsqueda de la bibliografía.

Hay dos personas a quienes quisiéramos dedicar este trabajo histórico. A mi esposa, May, siempre a mi lado dándome ánimo para seguir adelante en los 48 años que llevamos juntos. Y al Profesor Juan Martínez López de Letona (1937-2012) a quien debo el haber alcanzado mi madurez como médico en el amplio sentido de la palabra; cuando evoco su memoria siempre brota el último párrafo del obituario que le dedicó Ignacio Sotelo (El País, 17 de enero de 2013): *No hizo nunca el menor intento por recibir honores, todo lo contrario, se lo ponía difícil al que lo intentara, quedando en una débil penumbra en una España que, al brillar los oropeles y oírse tan solo los ecos, en vez de las voces, ha terminado por ignorar a los mejores.*

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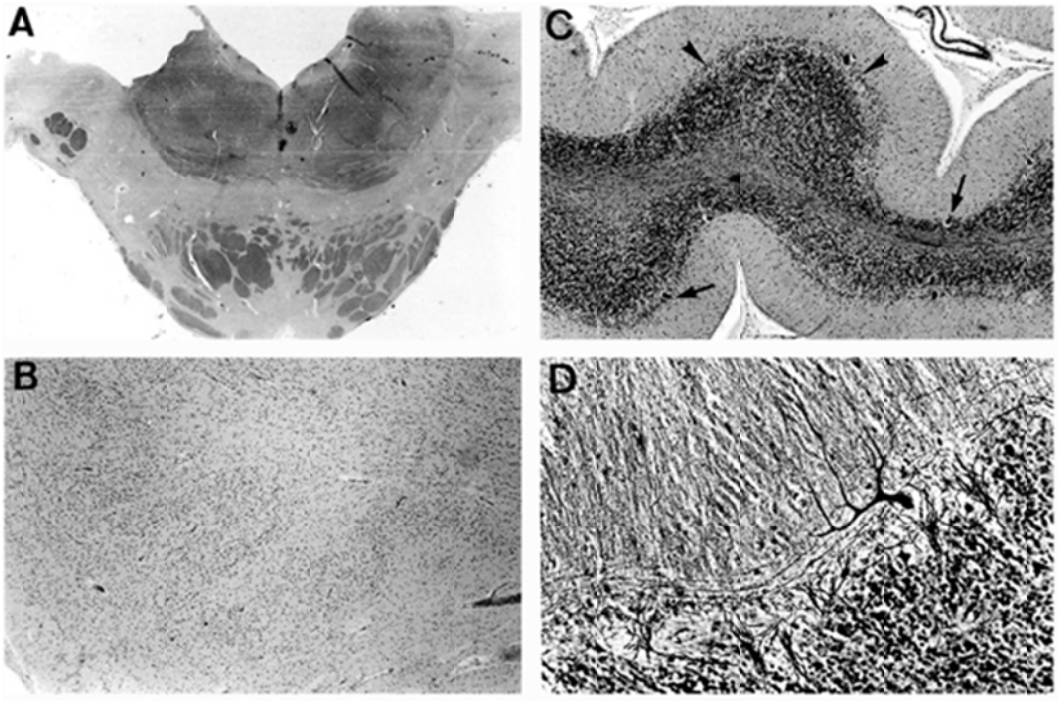

Figura 1. Hallazgos histológicos en la atrofia olivo-ponto-cerebelosa tipo Menzel[19]. (**A**) Sección transversa de la protuberancia en la que se observa una desmielinización completa de las fibras ponto-cerebelosas (Spielmeyer). (**B**) Detalle de la oliva bulbar con pérdida completa de neuronas; de hecho, su contorno abollonado se insinúa merced a la intensa gliosis (Nissl). (**C**) Folia cerebelosa en la que hay una pérdida casi completa de células de Purkinje (las fechas señalan dos remanentes) y acusada proliferación de la glía de Bergmann (puntas de flecha). (**D**) La pérdida de células de Purkinje da lugar a la presencia de cestas vacías (Naoumenko-Feigin).