

This Week in the Journal

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ORIGINAL ARTICLES

Aspirin to Prevent Adenomas in Patients with a History of Colorectal Cancer

In this randomized, double-blind trial, daily ingestion of aspirin reduced the incidence of colorectal polyps among patients with previous colorectal cancer. Of 258 patients in the placebo group who underwent colonoscopy, polyps were found in 70, whereas 43 of 259 patients in the aspirin group were found to have polyps.

This prospective study provides proof of the principle that aspirin can reduce the risk of colorectal polyps in a population at high risk for the development of such adenomas.

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A Randomized Trial of Aspirin to Prevent Colorectal Adenomas

Patients with a history of colonic adenomas were randomly assigned to receive daily aspirin or placebo. As compared with placebo, receipt of 81 mg of aspirin per day was associated with a 19 percent reduction in the risk of recurrent adenomas. The 325-mg dose was not beneficial.

Aspirin reduces the risk of recurrent adenomas. Why the 81-mg dose but not the 325-mg dose was beneficial is difficult to explain and may be due to chance. Aspirin's long-term benefits and risks with respect to a variety of health outcomes should guide decisions about its daily use.

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ORIGINAL ARTICLE

Urinary Incontinence after Vaginal Delivery or Cesarean Section

Among more than 15,000 women in a community-based cohort, both cesarean section and vaginal delivery were associated with increased risk of urinary incontinence later in life. Furthermore, moderate or severe incontinence was more than twice as likely after vaginal delivery as after cesarean section, after adjustment for age and other potential confounders.

The observation that the risk of urinary incontinence is higher after vaginal delivery than after cesarean section should be considered in the context of other risks and benefits associated with these modes of delivery.

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ORIGINAL ARTICLE

Treating Short Stature in Adolescents

Treatment with a luteinizing hormone-releasing hormone (LHRH) agonist increases adult height in children with precocious puberty. This study was designed to determine whether LHRH-agonist therapy would increase adult height in short adolescents with normally timed puberty. The adolescents had an increase of 0.6 in the standard-deviation score for height, as compared with the initially predicted adult height; however, bone mineral density was decreased.

The authors conclude that an LHRH agonist cannot be routinely recommended for the treatment of short stature in adolescents with normally timed puberty.

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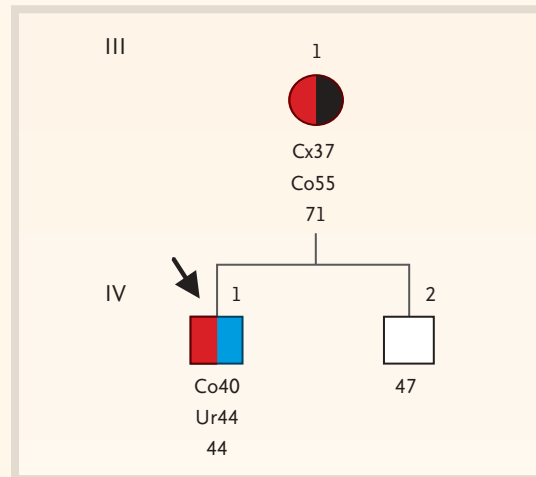
THIS WEEK IN THE JOURNAL

GENOMIC MEDICINE

Hereditary Colorectal Cancer

Colorectal cancers among patients with a familial risk of this disorder account for approximately one of five cases of this disease. Many cases can be prevented by the identification of those at risk and the use of appropriate colonoscopic screening. This article, part of the Genomic Medicine series, provides an in-depth review of the two most common forms of familial colorectal cancer.

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CURRENT CONCEPTS

The Electrocardiogram in Acute Myocardial Infarction

This review article describes the use of electrocardiograms in facilitating the clinical care of patients with acute myocardial infarction. Analysis of patterns of ST-segment elevation can help in making decisions about reperfusion therapy. Correct identification of arrhythmias and new conduction abnormalities is an important challenge.

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SOUNDING BOARD

Elective Primary Cesarean Delivery

Some women would prefer an elective cesarean delivery to labor. The authors of this Sounding Board article review the arguments for and against elective cesarean delivery. They conclude that the available data do not support the routine recommendation of this approach but that they do support a physician's acceding to a request for cesarean delivery made by an informed patient.

Whether a woman without a clear indication for surgical delivery should be free to choose this approach is a controversial issue. Although, as the authors note, more data are needed, this article provides a useful framework for counseling patients on a question that is being raised with increasing frequency in practice.

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