

# This Week in the Journal

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## ORIGINAL ARTICLES

### Peanut Allergy in Children

The prevalence of peanut allergy is increasing. The authors investigated factors associated with peanut allergy in a large cohort from which both children with allergy and control children were drawn. There was an association between the presence of peanut allergy and the use on infants of skin preparations containing peanut oils; also associated with the subsequent development of peanut allergy were intake of soy milk or soy formula and the presence of an oozing, crusted rash.

**A possible explanation for the increase in peanut allergy may be that infants with rashes are treated with products that contain peanut oils, thus sensitizing them to peanuts. This is only a theory, but it is one that can be tested.**

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EDITORIAL, PAGE 1046

### Anti-IgE Therapy for Peanut Allergy

Peanut allergy is an IgE-mediated condition against which there is no adequate protection; the reaction can be fatal. This trial assessed the ability of humanized anti-IgE monoclonal antibody TNX-901 to alter the threshold of tolerance in patients with peanut allergy. Patients received three different doses of TNX-901 or placebo. The threshold of sensitivity of those treated with the highest dose of antibody increased significantly. TNX-901 was well tolerated.

**Regular injections of TNX-901 may provide protection against the accidental ingestion of peanut; approval for general use will require additional studies.**

SEE PAGE 986; PERSPECTIVE, PAGE 975;  
EDITORIAL, PAGE 1046

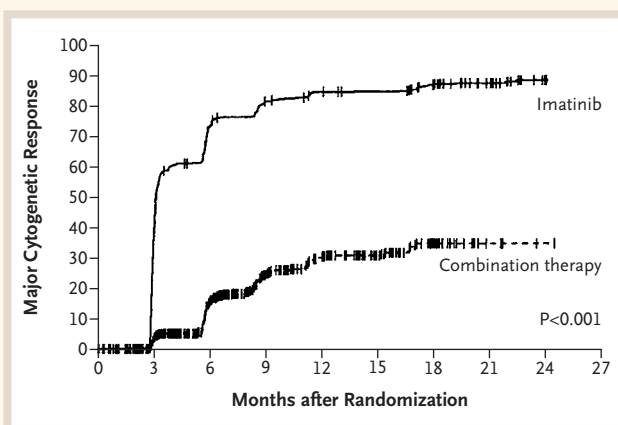
## ORIGINAL ARTICLE

### Interferon and Cytarabine Compared with Imatinib for Chronic Myeloid Leukemia

Imatinib, an inhibitor of the mutant tyrosine kinase that causes chronic myeloid leukemia (CML), is effective in patients with chronic-phase CML who have no response to the standard treatment, interferon alfa. In this study of 1106 patients with previously untreated chronic-phase CML, imatinib was superior to a combination of interferon alfa and cytarabine as initial therapy.

**These results are likely to change clinical practice by replacing interferon alfa with the better-tolerated imatinib. Even so, questions remain: Will imatinib reduce the need for bone marrow transplantation in CML? How often will drug resistance develop? Can imatinib cure the leukemia?**

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## THIS WEEK IN THE JOURNAL

## ORIGINAL ARTICLE

**Carcinoid Heart Disease**

Carcinoid tumors release vasoactive compounds, including serotonin, which may be toxic to heart valves. Right-sided valves are especially vulnerable. In this study, the progression of heart-valve disease was associated with higher peak urinary levels of 5-hydroxyindoleacetic acid (a serotonin metabolite) and treatment with cytotoxic chemotherapy.

**Although such a mechanism was not documented in this study, cytotoxic chemotherapy may cause bursts of serotonin release, which may predispose patients to progressive heart-valve disease. The findings may therefore have implications for management.**

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## SPECIAL ARTICLE

**Shattuck Lecture —  
Diversity of the Immune Repertoire  
and Immunoregulation**

Since 1890, the Massachusetts Medical Society has sponsored the Shattuck Lecture at its annual meeting. The 2002 lecturer, Dr. Robert S. Schwartz, discusses advances in the basic science of immunology that, in time, changed clinical practice and summarizes the new treatments they spawned.

SEE PAGE 1017

## CLINICAL PRACTICE

**Vestibular Neuritis**

A 53-year-old man awoke in the morning with acute dizziness. He staggered to the bathroom, where he vomited repeatedly. When he was seen at the local emergency department 12 hours later, he had left-beating nystagmus in all positions of gaze but otherwise no focal neurologic findings. How should he be evaluated and treated?

SEE PAGE 1027

## HEALTH POLICY REPORT

**Understanding and Responding  
to Adverse Events**

This article describes a method of investigating and learning from adverse events. Careful investigation and systems analysis can identify the factors that set the stage for a medical error. The author argues that the process of understanding adverse events leads to improvements in care and reductions in errors and that insensitive and inadequate handling of an incident can result in additional harm to patients and families. He outlines practical strategies to minimize the trauma resulting from adverse events.

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