

This Week in the Journal

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ORIGINAL ARTICLE

Frequent Ventricular Ectopy after Exercise as a Predictor of Death

Exercise-induced ventricular ectopy is known to be associated with an increased risk of death. In this study of more than 29,000 subjects, frequent ventricular ectopy that occurred during the recovery period after the cessation of exercise was a better predictor of the five-year risk of death than frequent ventricular ectopy during exercise.

The important clinical implication is that exercise testing should include careful cardiac monitoring during the recovery period. Information about ventricular arrhythmia after exercise is useful in risk stratification.

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ORIGINAL ARTICLE

Multiple Colorectal Adenomas and Germ-Line Mutations in *MYH*

This study explores the link between germ-line mutations in the DNA-repair gene *MYH* and recessive inheritance of multiple colorectal adenomas and classic adenomatous polyposis coli. Patients with biallelic mutations and multiple colorectal adenomas had more polyps and were more likely to have colon cancer than those without *MYH* mutations.

Screening for germ-line mutations in *MYH* may be appropriate in patients with multiple colorectal adenomas and familial adenomatous polyposis coli, as well as in relatives of persons who are known to have *MYH* mutations.

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ORIGINAL ARTICLES

Adefovir Dipivoxil for the Treatment of Hepatitis B e Antigen–Negative Chronic Hepatitis B

Hepatitis B e antigen (HBeAg)–negative chronic hepatitis B is associated with progressive liver injury and is likely to require long-term therapy. In this trial, histologic liver abnormalities improved after 48 weeks of therapy with adefovir dipivoxil, and no resistance mutations were found.

The improvement in histologic liver abnormalities and the absence of resistance mutations suggest that adefovir dipivoxil may prove helpful for patients with chronic hepatitis B who require long-term antiviral therapy.

SEE PAGE 800; EDITORIAL, PAGE 848

Adefovir Dipivoxil for the Treatment of Hepatitis B e Antigen–Positive Chronic Hepatitis B

In this 48-week placebo-controlled, randomized trial, adefovir dipivoxil improved histologic liver abnormalities in patients with hepatitis B e antigen (HBeAg)–positive chronic hepatitis B and did not result in the development of mutations in the hepatitis B virus polymerase gene that are associated with resistance to the drug.

This study demonstrates that adefovir dipivoxil is effective for HBeAg-positive chronic hepatitis B. The study did not compare adefovir dipivoxil with other therapies, nor did it assess whether long-term treatment is effective.

SEE PAGE 808; EDITORIAL, PAGE 848

THIS WEEK IN THE JOURNAL

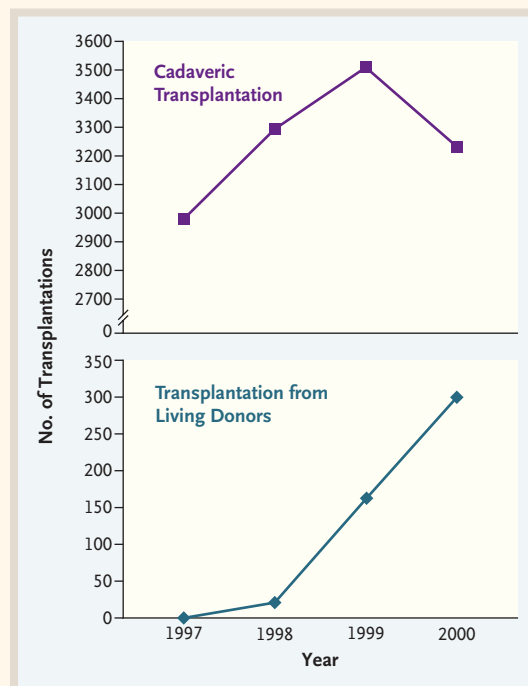
SPECIAL ARTICLE

Liver Transplantation from Living Donors in Adults

This study was based on a survey of 84 liver-transplantation centers, of which 42 reported that they performed 449 transplantations from living donors in adults in 1997 through 2000. The number of such transplantations increased markedly during that period, and the procedure now accounts for 5 percent of all liver transplantations in adults. The mortality rate among donors was very low, but the rate of complications was not inconsequential.

The procedure involves the removal and transplantation of the right hepatic lobe. Although it is not without risk to the donor, the procedure has found a place in liver-transplantation programs as a way to reduce the shortage of organs and the waiting time for this potentially lifesaving intervention.

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CLINICAL PRACTICE

Occupational Exposure to HIV

While obtaining a peripheral venous blood sample from a patient with the acquired immunodeficiency syndrome, a 35-year-old phlebotomist is injured by a bloody 18-gauge needle attached to a syringe. The patient has been taking didanosine and stavudine for more than six months, but her quantitative plasma human immunodeficiency virus (HIV) RNA titer and CD4 T-lymphocyte count have not been measured for many weeks. What is the appropriate post-exposure treatment for the phlebotomist?

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SOUNDING BOARD

Patient Safety: Residents' Suggestions for Reducing Medical Errors in Teaching Hospitals

The authors propose several simple and inexpensive ways to reduce errors in teaching hospitals. Their suggestions include computerized procedures to sign out patients when residents go off duty, standardized placement and composition of medical charts and equipment, and the replacement of "see one, do one, teach one" with a rational system for training residents to perform procedures.

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