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This Week in the Journal

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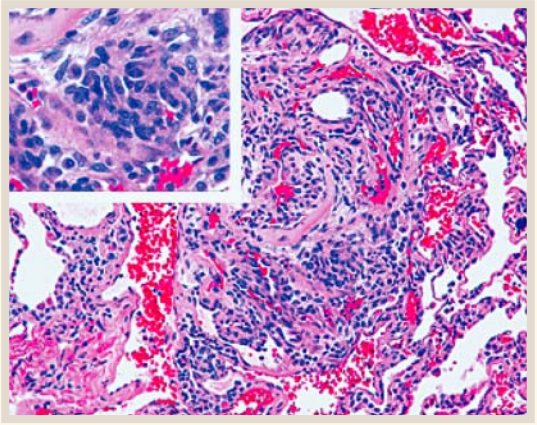
ORIGINAL ARTICLE

HHV-8 Expression in Primary Pulmonary Hypertension

Human herpesvirus 8 (HHV-8) is believed to cause Kaposi's sarcoma, and the vascular lesions of Kaposi's sarcoma resemble the plexiform lesions of primary pulmonary hypertension. In this study, molecular evidence of HHV-8 was found in the lung tissue of 10 of 16 patients with primary pulmonary hypertension, but in none of 14 patients with secondary pulmonary hypertension.

This vasculotropic virus may have a role in the pathogenesis of primary pulmonary hypertension.

SEE PAGE 1113; PERSPECTIVE, PAGE 1107



ORIGINAL ARTICLE

Withdrawal of Mechanical Ventilation in Anticipation of Death in the ICU

The reasons underlying physicians' decisions to withdraw mechanical ventilation from patients in anticipation of their death were examined in this observational study. A daily accounting of potential reasons for withdrawal was scored and compared with the eventual outcome. Patients who required vasoactive medications, patients who physicians predicted either had a slim chance of survival or would have severe cognitive impairment if they survived, and patients perceived by their physicians as not wanting life support were those in whom ventilation was withdrawn in anticipation of death.

This study examines the thinking of physicians as they make some of the most difficult decisions in medicine.

SEE PAGE 1123; PERSPECTIVE, PAGE 1109

ORIGINAL ARTICLE

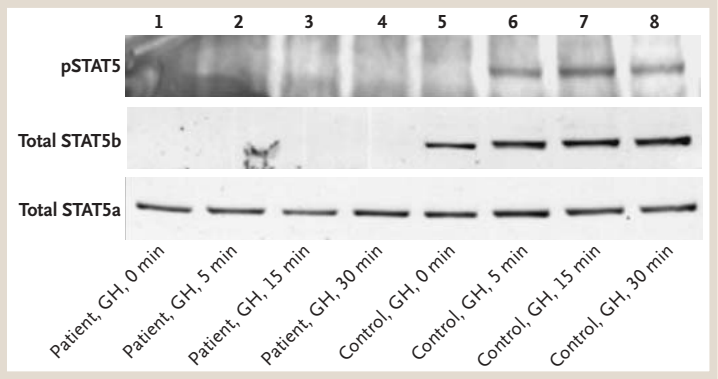
Intensity of Warfarin for the Prevention of Recurrent Thrombosis

Warfarin can prevent recurrent thrombosis in patients with the antiphospholipid antibody syndrome, but the intensity of anticoagulation is an unsettled matter. In this randomized trial, patients with the syndrome were assigned to moderate- or high-intensity warfarin. The high-intensity regimen was no more effective than the moderate-intensity regimen.

This trial is a step forward in settling the controversy over the management of warfarin thromboprophylaxis for patients with the antiphospholipid antibody syndrome.

SEE PAGE 1133; EDITORIAL, PAGE 1177

THIS WEEK IN THE JOURNAL



BRIEF REPORT

Growth Hormone Insensitivity and *STAT5b* Mutations

This report documents that the syndrome of growth hormone insensitivity (severe short stature, increased secretion of growth hormone, but low serum concentrations of insulin-like growth factor I [IGF-I] and IGF–binding protein 3) in a teenage girl was due to a homozygous missense mutation in the gene for STAT5b, an essential component of the actions of growth hormone, as well as many other cytokine-induced functions.

Mutations in *STAT5b* can be responsible for profound growth failure.

SEE PAGE 1139; PERSPECTIVE, PAGE 1110

CURRENT CONCEPTS

Molecular Epidemiology of Tuberculosis

The ability to determine the genotype of *Mycobacterium tuberculosis* is changing our understanding of the dynamics of tuberculosis transmission. This review summarizes the methods of genotyping and explains how they can assist clinical management. These techniques can be used to evaluate tuberculosis-control programs and provide clues to the pathogenesis of tuberculosis infection.

SEE PAGE 1149

DRUG THERAPY

Developmental Pharmacology

For those using drugs to treat infants and children, the integration of developmental pharmacology is crucial to appropriate clinical practice. Changes in metabolic capacity, distribution sites, and organ function all affect the way in which medications are handled in the very young. This review examines the developmental changes that profoundly affect the responses of children to medications and related therapies.

The advances in pediatric clinical pharmacology during the past decade stem from an enhanced understanding of the influence of growth and development on the disposition and actions of drugs.

SEE PAGE 1157

CORRESPONDENCE