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At the *Journal's* site on the World Wide Web (www.nejm.org), you can search an index of all articles published since January 1975 (abstracts 1975–1992, full text 1993–present). You can search by author, key word, title, type of article, and date. The results will include the citations for the articles plus links to the abstracts of articles published since 1993. For nonsubscribers, time-limited access to single articles and 24-hour site access can also be ordered for a fee through the Internet (www.nejm.org).

CLINICAL PROBLEM-SOLVING SERIES

The *Journal* welcomes submissions of manuscripts for the Clinical Problem-Solving series. This regular feature considers the step-by-step process of clinical decision making. For more information, please see www.nejm.org/hfa/articles.asp.

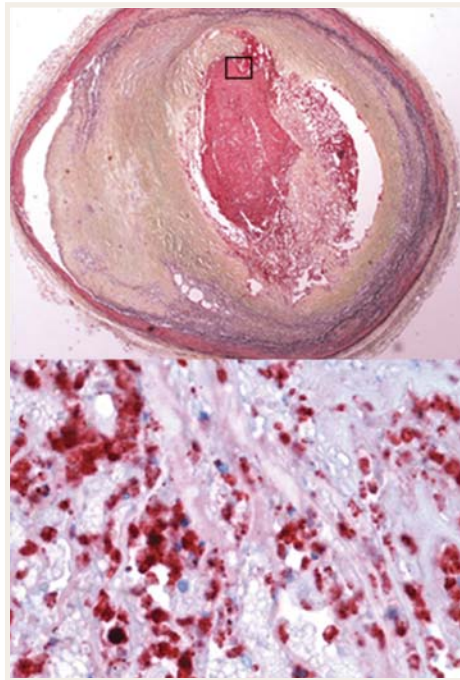


This Week in the Journal

OCTOBER 23, 2003

ORIGINAL ARTICLE

Prognostic Value of Myeloperoxidase in Acute Coronary Syndromes



Myeloperoxidase Staining

Inflammation appears to have a key role in acute coronary syndromes. Myeloperoxidase, an enzyme that generates reactive oxygen species, is released from leukocytes on activation, and plasma levels of myeloperoxidase may serve as a marker of inflammation. In this study, plasma myeloperoxidase levels were found to be predictive of subsequent coronary events in patients with chest pain, even when patients were initially negative for troponin T.

Plasma myeloperoxidase levels may be of use in risk stratification among patients with suspected acute coronary syndromes.

SEE P. 1595; PERSPECTIVE, P. 1587

ORIGINAL ARTICLE

Glutathione Peroxidase 1 Activity and Coronary Artery Disease

Reactive oxygen species may have a role in the pathogenesis of atherosclerosis, and antioxidant enzymes that degrade these species may protect against atherosclerosis. In this study, the activity of one such enzyme, glutathione peroxidase 1, as measured in red cells, was found to be inversely correlated with the risk of subsequent coronary events.

The findings add evidence that reactive oxygen species may be involved in atherosclerosis and suggest the possibility that reducing reactive oxygen species may have therapeutic value.

SEE P. 1605; PERSPECTIVE, P. 1587

ORIGINAL ARTICLE

GPR54 as a Regulator of Puberty

Puberty does not occur in patients with idiopathic hypogonadotropic hypogonadism. This study investigated mutations in a candidate gene encoding a G protein–coupled receptor (*GPR54*). Affected members of an index pedigree were homozygous for an L148S mutation; an unrelated proband had two separate mutations, R331X and X399R. Isolated hypogonadotropic hypogonadism was also present in a knockout mouse that was engineered to lack this gene.

Mutations in the gene encoding *GPR54* cause autosomal recessive idiopathic hypogonadotropic hypogonadism, suggesting that this receptor is essential for normal gonadotropin-releasing hormone–related physiology and for puberty.

SEE P. 1614; PERSPECTIVE, P. 1589



ORIGINAL ARTICLE

The Safety of Sulfonamide Nonantibiotics after Reactions to Sulfonamide Antibiotics

In a large cohort study, 969 patients had an allergic reaction to a sulfonamide antibiotic, 96 (9.9 percent) of whom subsequently had a reaction after receiving a sulfonamide nonantibiotic. However, this rate was lower than that for reactions after receiving a penicillin.

These data suggest that there is no specific cross-reactivity to sulfonamide nonantibiotics in patients who have had an allergic reaction to a sulfonamide antibiotic. Instead, some patients may have a nonspecific predisposition to allergic reactions.

SEE P. 1628; PERSPECTIVE, P. 1592

SPECIAL ARTICLE

Hospital Use and Survival among Veterans Affairs Beneficiaries

A reduction in historically high rates of hospital use was one goal of the Veterans Affairs (VA) system's 1995 introduction of primary care and capitated payment. This study of veterans with chronic disease showed that from 1994 through 1998, hospital use declined by 50 percent and urgent care visits fell by 35 percent. Mortality rates did not increase.

Major changes in the VA system in 1995 resulted in a marked decrease in hospital use without an increase in mortality among chronically ill veterans.

SEE P. 1637; EDITORIAL, P. 1665

CLINICAL PRACTICE

Gout

A 59-year-old man with bilateral olecranon-bursa tophi has frequent bouts of acute gouty arthritis, including three in the past year. Serum uric acid levels are consistently above 9 mg per deciliter. He is moderately obese and has mild, untreated hypertension. Allopurinol was discontinued after a maculopapular rash developed. How should this patient be treated?

SEE P. 1647

