



This Week in the Journal

DECEMBER 11, 2003

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- 2362 HIV Infection Masquerading as Monoclonal Gammopathy of Unknown Significance
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- 2366 False Positive Aspergillus Antigenemia Related to Piperacillin-Tazobactam
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- 2369 Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs
- 2370 Schizophrenia into Later Life: Treatment, Research, and Policy
- 2371 The Epidemiology of Schizophrenia

CONTINUING MEDICAL EDUCATION

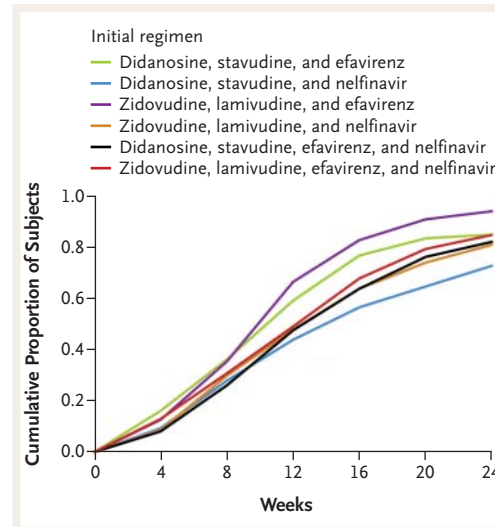
- 2375 Comparison of Sequential Three-Drug Regimens as Initial Therapy for HIV-1 Infection

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ORIGINAL ARTICLES

Regimens for the Initial Treatment of HIV-1



AIDS Clinical Trials Group study 384 was a large study with six treatment groups that examined initial treatment of human immunodeficiency virus type 1 (HIV-1) infection with one of two four-drug regimens or one of four combinations of two consecutive three-drug regimens. In this issue of the *Journal*, there are two reports. The first report shows that the zidovudine-lamivudine-efavirenz regimen is superior to the other three drug regimens for initial treatment.

The second indicates that a four-drug regimen does not increase the duration of successful treatment.

A patient's greatest chance for successful treatment of HIV-1 occurs with the first regimen that is used. The findings from this important research will help to guide the important choice of regimen in the initial treatment of patients with HIV.

SEE PP. 2293 AND 2304; EDITORIAL, P. 2351

ORIGINAL ARTICLE

Intraplaque Hemorrhage and Progression of Coronary Atheroma

Unstable coronary-artery plaques, which are prone to rupture, are believed to have a key role in the pathogenesis of acute myocardial infarction. Hemorrhage into plaques is one mechanism by which they become unstable and progress. This study provides evidence that plaque hemorrhage causes plaques to become unstable by inducing the formation of cholesterol crystals and the recruitment of macrophages.

The central role of plaque hemorrhage in unstable coronary disease opens new lines of thought aimed at the prevention of this pathologic process.

SEE P. 2316; PERSPECTIVE, P. 2285

ORIGINAL ARTICLE

The Natural History of Chronic Allograft Nephropathy

Chronic allograft nephropathy has become the dominant cause of kidney-transplant failure in the present era of improved immunosuppression. This prospective study examined 961 kidney-transplant–biopsy specimens obtained sequentially during the first 10 years after transplantation from 120 recipients with type 1 diabetes. Nephrotoxicity, implicated in late, ongoing injury, was almost universal at 10 years, even in grafts with excellent early histologic findings.

Chronic allograft nephropathy represents cumulative and incremental damage to nephrons from time-dependent immunologic and nonimmunologic causes.

SEE P. 2326; PERSPECTIVE, P. 2288

BRIEF REPORT

Use of an Anti–Interleukin-5 Antibody in the Hypereosinophilic Syndrome

Three patients with hypereosinophilia and severe eosinophilic dermatitis in whom a variety of conventional treatments were ineffective had a rapid response to infusions of a humanized anti–interleukin-5 antibody. None of the patients had evidence of a clonal T-cell disorder or a myeloproliferative disease.

Apart from their clinical interest, these results point to the role of interleukin-5, a factor essential for the growth and differentiation of eosinophils, in a variant of the hypereosinophilic syndrome in which severe dermatitis is the predominant problem.

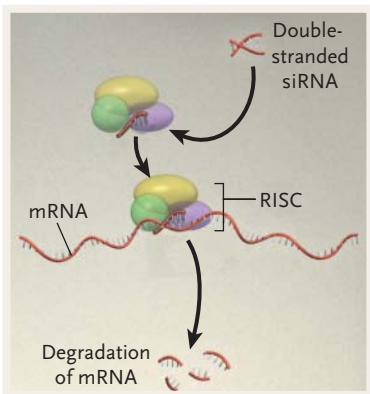
SEE P. 2334

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Inhibitory RNAs and Liver Disease

A promising new method of silencing gene expression has been shown to be an effective therapy in two mouse models of autoimmune hepatitis and hepatitis B infection.

SEE P. 2357

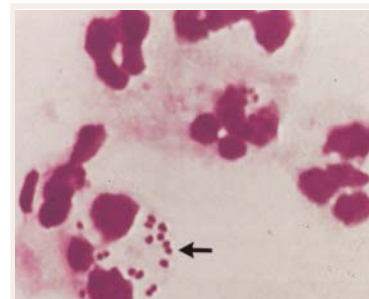


SOUNDING BOARD

The Meningococcal Vaccine — Public Policy and Individual Choice

Every year there are approximately 2200 to 3000 cases of invasive meningococcal disease in the United States. Because of its low cost effectiveness and other limitations, routine use of the meningococcal vaccine is not recommended. However, individual choices may differ from public policy considerations. If parents were aware of this option, many might choose to pay for vaccination in order to protect adolescents and young adults from this devastating infection. Parents and patients need information about the availability of all effective vaccines.

SEE P. 2353



Neisseria meningitidis (arrow) in cerebrospinal fluid.