

# This Week in the Journal

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ORIGINAL ARTICLE

## Coronary Angioplasty versus Fibrinolytic Therapy for Myocardial Infarction

In hospitals with angioplasty facilities, coronary angioplasty is the preferred approach to revascularization in patients with acute myocardial infarction. In this Danish study, patients initially admitted to hospitals without angioplasty facilities were randomly assigned to receive on-site fibrinolytic therapy or to be transferred to an invasive-treatment center for angioplasty. Despite the time required for transfer, patients assigned to angioplasty had a better outcome than those assigned to fibrinolytic therapy.

**Angioplasty should be considered the standard method of revascularization for patients with myocardial infarction.**

SEE PAGE 733; EDITORIAL, PAGE 798

ORIGINAL ARTICLE

## Effect of Granulocyte Colony-Stimulating Factor on Chemotherapy for Acute Myeloid Leukemia

This trial of concurrent chemotherapy and granulocyte colony-stimulating factor (G-CSF) for acute myeloid leukemia was based on the ability of G-CSF to heighten the sensitivity of cultured leukemia cells to chemotherapeutic agents. Patients who received the dual treatment ("G-CSF priming") fared better than patients given chemotherapy alone.

**G-CSF priming is a novel approach to augmenting the cytotoxicity of chemotherapy without incurring additional myelotoxicity.**

SEE PAGE 743; PERSPECTIVE, PAGE 727

BRIEF REPORTS

## A Mutation in the FSH Receptor as a Cause of Gestational Spontaneous Ovarian Hyperstimulation Syndrome

This Brief Report describes recurrent gestational spontaneous ovarian hyperstimulation syndrome in a family with a heterozygous mutation in the transmembrane domain of the receptor for follicle-stimulating hormone (FSH). The mutant receptor responded to human chorionic gonadotropin as well as to follicle-stimulating hormone. A second Brief Report describes another FSH receptor mutation that also leads to gestational ovarian hyperstimulation syndrome.

**When the follicle-stimulating hormone receptor responds to more than one ligand, ovarian hyperstimulation syndrome may result.**

SEE PAGE 753; PERSPECTIVE, PAGE 729

## Ovarian Hyperstimulation Syndrome Due to a Mutation in the FSH Receptor

The overproduction of endogenous chorionic gonadotropin during pregnancy has been associated with spontaneous ovarian hyperstimulation syndrome. Yet the syndrome has been observed in women with normal levels of chorionic gonadotropin. This Brief Report defines a mutation in the follicle-stimulating hormone (FSH) receptor that is associated with recurrent, spontaneous ovarian hyperstimulation syndrome. In this instance, the mutant receptor responded both to chorionic gonadotropin and to thyrotropin.

**Inappropriate stimulation of the follicle-stimulating hormone receptor is a key element in the development of the ovarian hyperstimulation syndrome.**

SEE PAGE 760; PERSPECTIVE, PAGE 729

## THIS WEEK IN THE JOURNAL

## SPECIAL ARTICLE

**Costs of Health Care Administration  
in the United States and Canada**

The authors estimate that the costs of health care administration in the United States are about \$1,000 per capita and represent 31 percent of all health care expenditures. Administrative costs in Canada are lower, at roughly \$300 per capita and 17 percent of all health care expenditures.

**This article updates the estimates of the costs of health care administration made in 1991 by the same authors. Administrative costs in the United States account for almost one third of all health care expenditures and remain substantially higher than those in Canada.**

SEE PAGE 768; EDITORIAL, PAGE 801

## HEALTH POLICY REPORT

**Canada's Health Care System**

In this review of recent developments in Canadian health care policy, Detsky and Naylor describe the strains on the system in the 1990s that led to declining satisfaction on the part of the public and providers and to national debate about health care reform. A 2003 agreement between the federal and provincial governments called for a substantial increase in federal funds for health care but no major changes in organization, delivery, or financing.

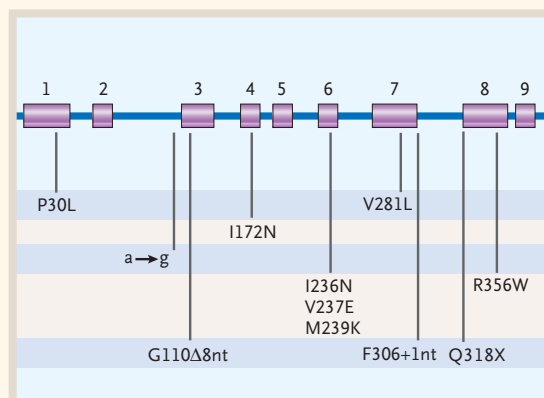
SEE PAGE 804

## MEDICAL PROGRESS

**Congenital Adrenal Hyperplasia**

Congenital adrenal hyperplasia is a group of autosomal recessive disorders resulting from the deficiency of one of the enzymes required for cortisol synthesis in the adrenal cortex. The most frequent is steroid 21-hydroxylase deficiency, accounting for more than 90 percent of cases. This article discusses the molecular mechanisms, diagnosis, and management of this disease and highlights new developments, including genotype-phenotype correlations, gene-specific prenatal diagnosis, and prenatal therapy.

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## CORRESPONDENCE

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| <p><b>811</b> Nitroprusside in Critically Ill Patients with Aortic Stenosis</p> <p><b>813</b> Folate Supplementation in Sickle Cell Anemia</p> <p><b>814</b> The AIDS Pandemic</p> <p><b>815</b> Restless Legs Syndrome</p> | <p><b>815</b> Enfuvirtide for Prophylaxis against HIV Infection</p> <p><b>816</b> Treatment of Primary Erythromelalgia with Cyclosporine</p> <p><b>817</b> Severe Pseudohypocalcemia after Gadolinium-Enhanced MRA</p> |
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