



# This Week in the Journal

JUNE 10, 2004

**CORRESPONDENCE**

- 2518 Sequential Therapies for Proliferative Lupus Nephritis
- 2520 Purine-Rich Foods and the Risk of Gout in Men
- 2521 Pulmonary Hypertension in Sickle Cell Disease
- 2522 Cellulitis
- 2524 Thrombocytosis
- 2525 Diabetic Retinopathy
- 2526 LMO2 and Gene Therapy for SCID
- 2527 Tuberculosis Transmission from a Patient with Skin Lesions and a Negative Sputum Smear

**BOOK REVIEWS**

- 2529 Mark Twain and Medicine: "Any Mummery Will Cure"
- 2530 Suppressing the Diseases of Animals and Man: Theobald Smith, Microbiologist

**CONTINUING MEDICAL EDUCATION**

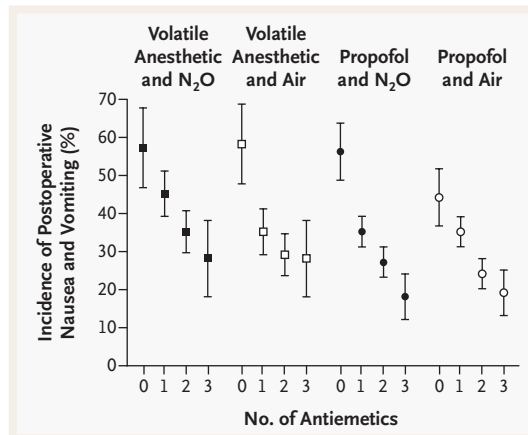
- 2533 Pneumocystis Pneumonia
- 2534 A Factorial Trial of Six Interventions for the Prevention of Postoperative Nausea and Vomiting
- 2535 Noninvasive Positive-Pressure Ventilation for Respiratory Failure after Extubation

**ELECTRONIC ACCESS TO THE JOURNAL'S CUMULATIVE INDEX**

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**ORIGINAL ARTICLE**

**Six Interventions for the Prevention of Postoperative Nausea and Vomiting**



In this factorial trial, the prophylactic use of dexamethasone, droperidol, ondansetron, and total intravenous anesthesia each resulted in similar reductions in the risk of postoperative nausea and vomiting. In this population of patients at high risk for nausea and vomiting, the rates of nausea and vomiting were 52 percent in those

given no antiemetic intervention and 37 percent, 28 percent, and 22 percent in those given one, two, and three interventions, respectively.

The effectiveness of several antiemetic strategies was similar. The costs and side effects of the medications should guide the choice among them. More than one intervention may be appropriate for patients at high risk for postoperative nausea and vomiting.

SEE P. 2441; EDITORIAL, P. 2511; CME, P. 2534

## ORIGINAL ARTICLE

**Noninvasive Ventilation for Respiratory Failure after Extubation**

About one in six patients who are extubated after intubation for respiratory failure require reintubation. In this multicenter study, patients (about 10 percent of whom had chronic obstructive pulmonary disease) who met predefined criteria for recurrent respiratory failure within 48 hours after extubation were randomly assigned to receive medical therapy (followed by reintubation, if needed) or noninvasive ventilation by face mask (also followed by reintubation, if needed). There was no difference in the rate of reintubation between the groups. The rate of death in the intensive care unit was higher in the noninvasive-ventilation group than in the standard-therapy group.

Noninvasive mask ventilation is not a viable alternative to reintubation.

SEE P. 2452; EDITORIAL, P. 2512; CME, P. 2535

## ORIGINAL ARTICLE

**Quantification of Plasma EBV DNA in Patients with Advanced Nasopharyngeal Carcinoma**

Nasopharyngeal carcinoma is intimately associated with Epstein-Barr virus (EBV) infection. This study shows that measurements of EBV DNA in plasma can be useful in monitoring patients with nasopharyngeal carcinoma.

The chief cause of death among patients with nasopharyngeal carcinoma is relapse at distant sites. This study indicates that plasma concentrations of EBV DNA begin to rise before relapse becomes clinically evident, thereby indicating a window of opportunity for therapeutic intervention.

SEE P. 2461

## ORIGINAL ARTICLE

**Antiviral Regimens in HIV-1-Infected Children**

In this phase 1-2 trial, 52 infants infected with human immunodeficiency virus type 1 (HIV-1) were assigned to treatment with one of three combination antiviral regimens. Effective suppression of HIV-1 was associated with the initiation of treatment at or before three months of age and with treatment with the regimen of stavudine, lamivudine, nevirapine, and nelfinavir as opposed to reverse-transcriptase inhibitors alone.

HIV-1 disease progresses more rapidly in children than in adults. This trial shows that aggressive antiviral therapy over a period of 200 weeks is feasible in children and causes few adverse effects.

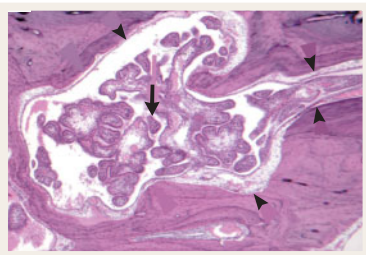
SEE P. 2471

## BRIEF REPORT

**Endolymphatic-Sac Tumors in von Hippel-Lindau Disease**

This Brief Report describes three patients with von Hippel-Lindau disease who had hearing loss due to a microscopic tumor of the endolymphatic sac. In two patients, the tumor cells contained a mutation in the von Hippel-Lindau gene. These cases show that radiologically undetectable endolymphatic-sac tumors can cause deafness in patients with von Hippel-Lindau disease.

SEE P. 2481



## MEDICAL PROGRESS

**Pneumocystis Pneumonia — Insights from Clinical and Basic Research**

Pneumocystis pneumonia remains the most prevalent opportunistic infection in patients infected with the human immunodeficiency virus. Molecular techniques have provided new insights into the complex cell biology of this fungus. The authors summarize advances that have resulted from studies of the cell biology, biochemistry, and genetics of pneumocystis in the past several years and provide recommendations for the diagnosis of pneumocystis pneumonia and for prophylaxis and treatment.

SEE P. 2487; CME, P. 2533

**CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL  
A Man with Rectal Bleeding**

A 61-year-old man with a five-month history of rectal bleeding was referred for the treatment of a low rectal adenocarcinoma. The diagnosis, staging, and management of low rectal adenocarcinoma are discussed.

SEE P. 2500

**CLINICAL IMPLICATIONS OF BASIC RESEARCH****Protection against Diabetic Neuropathy**

Administering erythropoietin to rats with diabetic neuropathy prevents and partly reverses biochemical and physical deficits in nerve and muscle. Certain drawbacks limit the immediate applicability of this approach in patients.

SEE P. 2516