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## Next Week in the Journal

SEPTEMBER 23, 2004

### Supreme Court Immunizes HMOs

M. Gregg Bloche  
and Wendy Mariner

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# This Week in the Journal

SEPTEMBER 16, 2004

**ORIGINAL ARTICLE**

### Talking about Death with Severely Ill Children

More than 400 Swedish parents who had lost a child to cancer were asked whether they had talked with that child about death. None of the parents who had done so regretted it. In contrast, more than one quarter of the parents who did not talk with their child about death regretted not having done so, especially if they had sensed that their child was aware of his or her imminent death.

This study offers important guidance for physicians who care for children with terminal cancer and their parents. Talking with a dying child about death can benefit parents and possibly the child.

SEE P. 1175; EDITORIAL, P. 1251

## ORIGINAL ARTICLE

**Corneal Reconstruction with Autologous Oral Mucosal Epithelium**

Four patients with severe corneal opacification and resultant visual loss had bilateral total corneal stem-cell deficiency and underwent transplantation of autologous oral mucosal epithelial cells in carrier-free cell sheets to reconstruct their corneal surfaces. All four patients (four eyes) had restoration of corneal transparency and improvement in visual acuity. Corneal reconstruction with tissue-engineered cell sheets composed of autologous oral mucosal epithelium has the potential to restore vision in patients with severe bilateral ocular-surface disorders.

SEE P. 1187; PERSPECTIVE, P. 1170



## ORIGINAL ARTICLE

**Radiofrequency Ablation in Children with the Wolff–Parkinson–White Syndrome**

Some children with asymptomatic Wolff–Parkinson–White syndrome are at high risk for tachyarrhythmias and sudden death. These children can be identified because they have inducible tachyarrhythmias on electrophysiological testing. This randomized clinical trial found that such children benefit from radiofrequency catheter ablation of accessory conduction pathways. The results of this study will change the management of high-risk asymptomatic Wolff–Parkinson–White syndrome in children.

SEE P. 1197; PERSPECTIVE, P. 1172

## ORIGINAL ARTICLE

**Peginterferon Alfa-2a Alone or in Combination with Lamivudine versus Lamivudine Alone in HBeAg-Negative Chronic Hepatitis B**

Among patients with hepatitis B e antigen (HBeAg)–negative chronic hepatitis B, the rates of suppression of hepatitis B virus DNA to below 20,000 copies per milliliter were 43 percent with peginterferon alfa-2a alone, 44 percent with peginterferon alfa-2a plus lamivudine, and 29 percent with lamivudine alone after 48 weeks of treatment and 24 weeks of follow-up; the rates of suppression to below 400 copies per milliliter were 19 percent, 20 percent, and 7 percent, respectively.

Peginterferon alfa-2a was more effective than lamivudine for HBeAg-negative chronic hepatitis B. The addition of lamivudine to peginterferon alfa-2a did not improve the rate of response. Most patients did not have viral suppression 24 weeks after the completion of peginterferon alfa-2a therapy.

SEE P. 1206

## CURRENT CONCEPTS

**Cystic Neoplasms of the Pancreas**

Owing to improvements in imaging techniques, cystic lesions of the pancreas are being identified more often, even in patients who are asymptomatic. These lesions range from benign to premalignant to highly malignant. This review offers guidance on the strategies for establishing the diagnosis, assessing risk, and making difficult decisions about when surgical resection is indicated.

SEE P. 1218; CME, P. 1269

## MEDICAL PROGRESS

**Turner's Syndrome**

Although most children with Turner's syndrome are under the care of specialists, the authors of this article suggest that most affected women can best be served by their primary care practitioners, with the use of informed judgment about the need for referral to specialists. This article reviews current concepts in the genetics, diagnosis, and management of Turner's syndrome.

SEE P. 1227; CME, P. 1270

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

**A Woman with Acute Onset of Chest Pain Followed by Fever**

A 75-year-old woman with a history of aortic-valve stenosis and coronary artery disease awoke in the night with chest pain. The electrocardiogram showed ST-segment depression, and the troponin T levels were elevated. The chest pain resolved, but fever developed. Blood cultures were positive for the *Streptococcus milleri* group; fever persisted despite antibiotic therapy. A cardiologist, an infectious-disease specialist, and a cardiac surgeon discuss the diagnosis and management of this case.

SEE P. 1240; CME, P. 1271

## CLINICAL IMPLICATIONS OF BASIC RESEARCH

**Treatment of the Muscular Dystrophies**

Several congenital forms of muscular dystrophy are caused by mutations of glycosyltransferase genes. A recent study shows that overexpression of a specific glycosyltransferase compensates for the deficits produced by other mutant glycosyltransferases, raising the hope that a single therapy could be used to treat different forms of the disorder.

SEE P. 1254