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Next Week in the Journal

SEPTEMBER 30, 2004

Election 2004: Prescription Drugs

Richard Frank



This Week in the Journal

SEPTEMBER 23, 2004

ORIGINAL ARTICLE

Renal Dysfunction and Cardiovascular Outcomes after Myocardial Infarction

Frank renal failure is known to be associated with a poor prognosis after myocardial infarction. This study, involving more than 14,000 patients, showed that renal dysfunction was an important predictor of outcome after myocardial infarction. The new findings add to our knowledge by showing that even mild degrees of renal dysfunction carry negative prognostic implications.

SEE P. 1285; EDITORIAL, P. 1344

ORIGINAL ARTICLE

Chronic Kidney Disease and the Risks of Death, Cardiovascular Events, and Hospitalization

End-stage renal disease increases the risks of death and of cardiovascular disease and the use of specialized health care, but the effects of less severe kidney dysfunction on these outcomes are not well defined. In this study of adults with known creatinine levels, the adjusted risks of death, cardiovascular events, and hospitalization were inversely proportional to the estimated glomerular filtration rate.

These findings highlight the clinical and public health importance of chronic renal insufficiency.

SEE P. 1296; EDITORIAL, P. 1344; CME, P. 1370

ORIGINAL ARTICLE

Dexamethasone for Mild Croup

This placebo-controlled trial assessed the effectiveness of a single dose of dexamethasone in 720 children with mild croup who presented to the emergency department. Dexamethasone treatment was associated with more rapid resolution of symptoms, less loss of sleep, and a lower rate of return for medical care.

Dexamethasone treatment has been shown to be of benefit in severe croup. These results indicate that corticosteroid treatment can be of modest benefit for virtually all children with croup. This treatment also leads to cost savings and reduced anxiety in the caregivers. Whether there are long-term effects is not known.

SEE P. 1306; PERSPECTIVE, P. 1283

SPECIAL ARTICLE

Health Care in the 2004 Election

In recent national surveys of voters' views on the importance of issues in the 2004 presidential campaign, voters ranked health care fourth after the economy and jobs, the war in Iraq, and terrorism. The health care issues of most concern were the availability and affordability of health care and health insurance.

Health care issues are important to the public in the 2004 presidential election, but health care is likely to be overshadowed by the economy, the war in Iraq, and the threat of terrorist attacks.

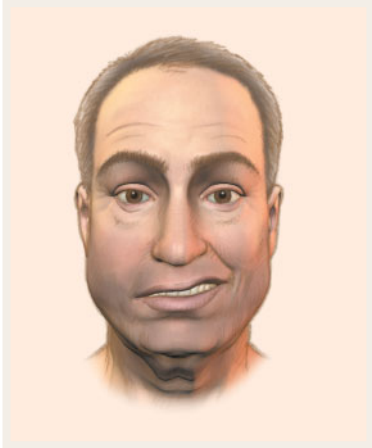
SEE P. 1314; EDITORIAL, P. 1344

LEGAL ISSUES IN MEDICINE

The Supreme Court's Limitation of Managed-Care Liability

In June 2004, the U.S. Supreme Court ruled that managed-care organizations are not liable when patients have medical complications resulting from decisions to deny coverage for treatments recommended by the patients' doctors. In this article, Wendy Mariner discusses the implications of the Supreme Court decision for physicians and patients.

SEE P. 1347; PERSPECTIVE, P. 1277



CLINICAL PRACTICE

Bell's Palsy

A healthy 50-year-old man notices that his face is drooping on the right side. On examination, facial asymmetry is evident, and some saliva has accumulated on the right side of the patient's mouth. When the patient attempts to close his eyes, his right eye does not close, although it rolls upward, and he is unable to show his teeth or inflate his cheek on the right. How should the patient be evaluated? Does he need immediate treatment?

SEE P. 1323; CME, P. 1369

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Woman with Paresthesias of the Arms and Legs

A 37-year-old woman noted a gradual onset of numbness, first in her hands and then in her feet and legs, accompanied by weakness of the legs and difficulty balancing. She was otherwise well except for hypothyroidism, which had developed at the age of 15 years. On examination, there was decreased vibratory sensation and proprioception in the feet. A diagnostic test was performed.

SEE P. 1333; CME, P. 1371