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APRIL 7, 2005

Over-the-Counter Statins?

Brian Strom

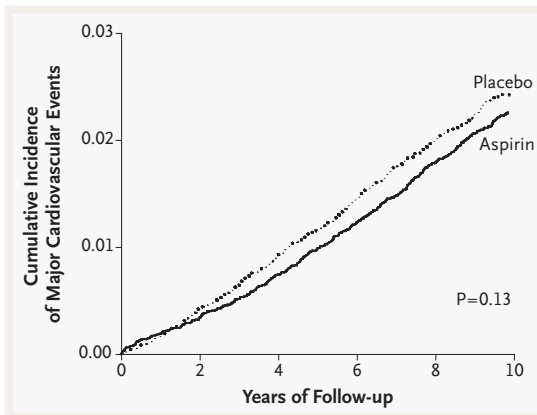


This Week in the Journal

MARCH 31, 2005

ORIGINAL ARTICLE

Low-Dose Aspirin and Cardiovascular Disease in Women



In men, low-dose aspirin prevents myocardial infarction but not stroke. In this large study of low-dose aspirin in healthy women, the opposite was found: there was no reduction in the risk of myocardial infarction, but the risk of stroke was significantly decreased owing to a reduction in the risk of

ischemic stroke with a small increase in the risk of hemorrhagic stroke. Thus, low-dose aspirin for cardiovascular prevention appears to have different effects in men and women.

SEE P. 1293; EDITORIAL, P. 1366; CME, P. 1398

ORIGINAL ARTICLE

Comparison of Warfarin and Aspirin for Symptomatic Intracranial Arterial Stenosis

Stroke or transient ischemic attack due to intracranial arterial stenosis is usually treated with warfarin. The results of the current trial refute this practice and suggest that warfarin results in an increased mortality rate. Aspirin (1300 mg per day) is the recommended therapy.

SEE P. 1305; EDITORIAL, P. 1368; CME, P. 1397

ORIGINAL ARTICLE

Sirolimus for Kaposi's Sarcoma after Transplantation

In 15 renal-transplant recipients with a functioning graft and cutaneous Kaposi's sarcoma, cyclosporine was stopped and sirolimus was started. All skin lesions in all patients regressed within six months. The switch from cyclosporine to sirolimus did not destabilize the graft.

Sirolimus probably has both immunosuppressive and antineoplastic effects. Its use may have a practical advantage in graft recipients with Kaposi's sarcoma and other neoplasms that arise in immunosuppressed patients.

SEE P. 1317; EDITORIAL, P. 1371

ORIGINAL ARTICLE

Morphine, Gabapentin, and Their Combination for Neuropathic Pain

In a randomized trial, the combination of morphine and gabapentin led to better pain control than either agent alone in patients with diabetic neuropathy or postherpetic neuralgia. The dose of each agent was lower when used in combination than when used alone. Adverse effects were not more severe with the combined formulation.

These findings suggest that treatment with the combined formulation of morphine and gabapentin for neuropathic pain is superior to treatment with either agent alone.

SEE P. 1324; EDITORIAL, P. 1373

CURRENT CONCEPTS

Blast Injuries

Most terrorist attacks have involved explosive devices. This review explains the mechanisms of blast injuries. Primary blast injuries may produce rupture of the tympanic membranes, pulmonary damage, air embolization, and rupture of a hollow viscus. There may also be blunt trauma, burns, toxic inhalations, and injuries caused by projectiles and the collapse of buildings. This article explains the strategies for the initial stabilization of patients and for identification of the severity of blast injuries, as well as approaches to treatment.

SEE P. 1335; CME, P. 1399

MEDICAL PROGRESS

Chronic Inflammatory Demyelinating Polyneuropathy

It is important to recognize chronic inflammatory demyelinating polyneuropathy, which has features in common with the acute variant of inflammatory demyelinating polyneuropathy (Guillain-Barré syndrome), since corticosteroids, intravenous immune globulin, plasma exchange, and immunosuppressive agents may ameliorate its course. This review summarizes present knowledge about clinical presentation, diagnostic criteria, and diagnostic procedures involved in assessing this condition, as well as its current management.

SEE P. 1343

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Man with Weakness and Pain in the Legs

A 73-year-old man was admitted to the hospital because of three days of fever and pain and weakness in his leg muscles that caused difficulty walking. He had begun taking atorvastatin several months earlier and had recently traveled to Cape Cod and South Carolina. There was mild leukopenia and thrombocytopenia, with elevated levels of creatine kinase. A diagnostic procedure was performed.

SEE P. 1358

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Amyotrophic Lateral Sclerosis — A New Role for Old Drugs

A screening assay of FDA-approved drugs identified ceftriaxone and other β -lactam antibiotics as potential therapies for amyotrophic lateral sclerosis (ALS) and other neurologic disorders. The results of experiments in a mouse model of ALS provide support for this hypothesis and suggest that ceftriaxone could also be used to delay the onset of ALS.

SEE P. 1376



Joseph Barrak/AFP/Getty Images

