



# This Week in the Journal

JUNE 23, 2005

**CORRESPONDENCE**

- 2647 Addition of Clopidogrel to Aspirin and Fibrinolytic Therapy for Myocardial Infarction
- 2648 Cardiovascular Risk Associated with Celecoxib
- 2650 Morphine and Gabapentin for Neuropathic Pain
- 2651 Blast Injuries
- 2653 Boxed Warning Added to Promethazine Labeling for Pediatric Use
- 2654 Treatment of Survivors after the Tsunami

**BOOK REVIEWS**

- 2656 Radiologic–Pathologic Correlations from Head to Toe: Understanding the Manifestations of Disease
- 2657 Cancer of the Skin
- 2657 Medical Management of Kidney Transplantation

**CONTINUING MEDICAL EDUCATION**

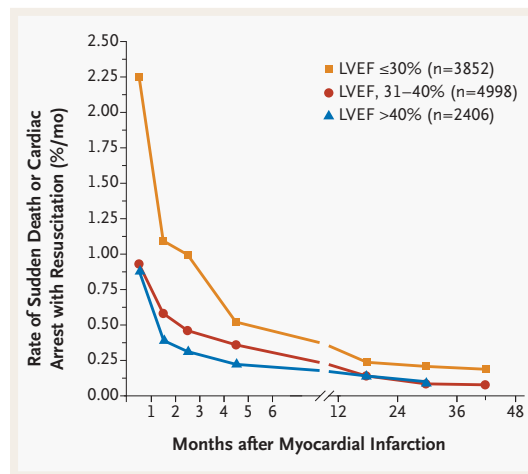
- 2661 Vertebrobasilar Disease
- 2662 Sudden Death in Patients with Myocardial Infarction and Left Ventricular Dysfunction, Heart Failure, or Both
- 2663 Peginterferon Alfa-2b and Ribavirin for 12 vs. 24 Weeks in HCV Genotype 2 or 3

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**ORIGINAL ARTICLE**

**Timing of Sudden Death after Myocardial Infarction**



After myocardial infarction, the risk of sudden death is greatest in the first month and declines thereafter. Patients with an ejection fraction of 30 percent or less are at especially high risk for sudden death, though patients with a higher ejection fraction are still at increased risk. These data will help target preventive strategies to those at highest risk.

SEE P. 2581; EDITORIAL, P. 2638; CME, P. 2662

ORIGINAL ARTICLE

**Adjuvant Vinorelbine and Cisplatin for Non–Small-Cell Lung Cancer**

In early non–small-cell lung cancer, the standard of care is complete resection followed by observation. This large trial compared observation with adjuvant chemotherapy (vinorelbine plus cisplatin) in early-stage non–small-cell lung cancer and found that survival was improved by the addition of postoperative chemotherapy.

The encouraging results of this trial suggest that adjuvant chemotherapy does have a benefit in patients with early-stage non–small-cell lung cancer who have undergone complete surgical resection of the tumor.

SEE P. 2589; EDITORIAL, P. 2640

ORIGINAL ARTICLE

**Insulin Needs after CD3-Antibody Therapy in New-Onset Type 1 Diabetes**

This multicenter, phase 2, placebo-controlled trial involved the use of a humanized antibody — ChAglyCD3 — directed against CD3 in the treatment of new-onset type 1 diabetes mellitus. Patients received placebo or ChAglyCD3 for 6 consecutive days and were then followed for 18 months. The insulin dose increased in patients treated with placebo but not in those treated with ChAglyCD3, and residual beta-cell function appeared to be relatively well preserved with ChAglyCD3. This approach may offer a new strategy for the preservation of residual pancreatic function in persons with newly diagnosed type 1 diabetes.

SEE P. 2598; EDITORIAL, P. 2642

ORIGINAL ARTICLE

**Peginterferon Alfa-2b and Ribavirin for 12 vs. 24 Weeks in HCV Genotype 2 or 3**

Patients with hepatitis C virus (HCV) genotype 2 or 3 were randomly assigned to a standard 24-week course of peginterferon and ribavirin or to therapy of variable duration, in that patients whose condition responded after 4 weeks were treated for 12 weeks rather than 24. The variable-duration strategy was associated with similar response and fewer side effects. This study suggests that a 12-week course of therapy is sufficient for patients with a response after 4 weeks of treatment.

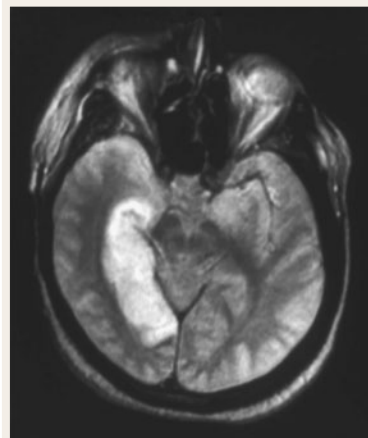
SEE P. 2609; CME, P. 2663

CURRENT CONCEPTS

**Vertebrobasilar Disease**

About 20 percent of ischemic strokes involve the posterior circulation. The correct diagnosis is often delayed, and workups in patients with symptoms may not always suggest vertebrobasilar disease. This review explains the causes, typical presentations, and characteristic findings of common strokes resulting from disease in the vertebral, basilar, or posterior cerebral arteries. Recommendations are made for treatment with thrombolytic agents and the prophylactic use of antiplatelet agents or anticoagulants.

SEE P. 2618; CME, P. 2661



CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

**A Girl with Respiratory Distress and Hemiparesis after Surviving a Tsunami**

A 17-year-old Indonesian girl was swept up by a tsunami that followed a large earthquake. She aspirated salt water and mud but did not lose consciousness. Two days later, a cough developed; two weeks after the tsunami, she had headache, nausea, and vomiting. One week later, right-sided hemiparesis and aphasia developed, which worsened after several weeks in local hospitals. She was transferred to the U.S. Naval Ship *Mercy* for evaluation and treatment.

SEE P. 2628



CLINICAL IMPLICATIONS OF BASIC RESEARCH

**How Ebola Virus Infects Cells**

A recent study provides insight into the way in which Ebola virus enters cells and may therefore suggest a new strategy for therapy.

SEE P. 2645

