THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Correction of Anemia in Patients with Chronic Kidney Disease

Whether complete correction of anemia in patients with stage 3 or 4 kidney disease improves cardiovascular outcome is not established. In this study, patients with an estimated glomerular filtration rate of 15 to 35 ml per minute and mild-to-moderate anemia were randomly assigned to receive treatment with erythropoietin to increase their hemoglobin levels to either normal or subnormal. The results suggest that early, complete correction of anemia does not reduce cardiovascular events.

SEE P. 2071; EDITORIAL, P. 2144; CME, P. 2167

ORIGINAL ARTICLE

Anemia Correction with Epoetin Alfa in Chronic Kidney Disease

Recombinant human erythropoietin is indicated for the correction of anemia in chronic kidney disease, but the optimal target level of hemoglobin is unknown. In this open-label study, epoetin alfa was given to achieve a high (13.5 g per deciliter) or a low (11.3 g per deciliter) target hemoglobin level. The higher target level was associated with an increased risk of adverse events without an improvement in quality of life.

SEE P. 2085; EDITORIAL, P. 2144

ORIGINAL ARTICLE

Tolvaptan, a Selective Oral Vasopressin V_2-Receptor Antagonist, for Hyponatremia

The authors investigated whether tolvaptan, an orally active vasopressin V_2-receptor antagonist that promotes electrolyte-free water loss, might improve hyponatremia. Serum sodium concentrations in patients with euvolemic or hypervolemic hyponatremia and mild or marked hyponatremia improved with therapy at day 4 and day 30. Tolvaptan holds promise for treating patients with hyponatremic states.

SEE P. 2099; EDITORIAL, P. 2146; CME, P. 2166

ORIGINAL ARTICLE

Treatment of Coronary In-Stent Restenosis with a Paclitaxel-Coated Balloon Catheter

In a pilot trial, 52 patients with coronary disease and restenosis of a previously placed intracoronary stent underwent angioplasty with either a paclitaxel-coated balloon or an uncoated balloon. Late luminal loss and the incidence of restenosis at 6 months were significantly reduced with the paclitaxel-coated balloon, as was the rate of target-vessel revascularization at 1 year. The results of this small proof-of-concept study will require confirmation in larger clinical trials.

SEE P. 2113; EDITORIAL, P. 2149

CLINICAL PRACTICE

Acute Bronchitis

A 40-year-old man with no underlying lung disease has a 7-day history of cough that is now productive of purulent sputum and mild shortness of breath with exertion. He reports no paroxysms of cough and no contact with ill persons in his community. He does not appear to be in distress. His temperature is 37°C, his pulse 84 beats per minute, and his respiratory rate 17 breaths per minute. On auscultation of the lungs, no rales are heard; scattered wheezes are heard in the lung bases. How should he be evaluated and treated?

SEE P. 2125; CME, P. 2165

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Newborn Boy with Hypotonia

A 2-day-old boy was hospitalized because of hypotonia. Neurologic examination showed diffuse hypotonia, no tongue fasciculations, absent deep-tendon reflexes in the arms, trace reflexes at the knees, and bilateral ankle clonus. The serum creatine kinase level was 14,528 U per liter. A diagnostic procedure was performed.

SEE P. 2132