

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Transfusion Strategies in Pediatric Intensive Care Units

Questions remain regarding the timing and quantity of red-cell transfusions in pediatric intensive care units. This study involving stable, critically ill children showed that a restricted strategy (transfusion threshold, 7 g of hemoglobin per deciliter) was as safe as a liberal strategy (transfusion threshold, 9.5 g per deciliter). Rates of multiple-organ dysfunction were similar in the two study groups.

SEE P. 1609; EDITORIAL, P. 1667

## ORIGINAL ARTICLE

### Effect of Torcetrapib on Carotid Atherosclerosis in Familial Hypercholesterolemia

Since torcetrapib, an inhibitor of cholesteryl ester transfer protein, markedly increases levels of high-density lipoprotein cholesterol and lowers levels of low-density lipoprotein cholesterol, in principle it might have a beneficial effect on atherosclerosis. However, in this clinical trial, torcetrapib had no beneficial effect on carotid atherosclerosis, as assessed by ultrasonographic measurement of carotid intima-media thickness. The reasons for this finding are unclear, but the drug did increase blood pressure slightly.

SEE P. 1620

## ORIGINAL ARTICLE

### Omeprazole before Endoscopy in Patients with Gastrointestinal Bleeding

In this randomized study of patients with upper gastrointestinal bleeding, infusion of omeprazole, as compared with placebo, before endoscopy reduced the incidence of endoscopic treatment (19.1% vs. 28.4%,  $P=0.007$ ) and, among patients with peptic ulcers, resulted in fewer actively bleeding ulcers and more ulcers with clean bases. These findings suggest that infused omeprazole is beneficial for patients with upper gastrointestinal bleeding who are awaiting endoscopy.

SEE P. 1631; CME, P. 1695

## BRIEF REPORT

### Targeted Therapy for Inherited GPI Deficiency

Inherited glycosylphosphatidylinositol (GPI) deficiency, characterized by splanchnic vein thrombosis and epilepsy, is caused by a mutation in the promoter re-

gion of *PIGM*. The mutation results in hypoacetylation of the promoter and reduced transcription of the gene. Therapy with sodium butyrate, a histone deacetylase inhibitor, increased *PIGM* transcription and controlled status epilepticus in a young patient with the disease.

SEE P. 1641

## CLINICAL PRACTICE

### Fecal Incontinence in Adults

A 53-year-old woman presents with a history of intermittent fecal incontinence. Physical activity often precipitates an episode, and she wears absorbent pads. She has occasional urinary incontinence when she coughs or sneezes. There is no history of gastrointestinal or rectal surgery and no neurologic symptoms. Examination reveals no perianal deformity or rectal prolapse. The tone of the anal canal is adequate, whereas contractions of the anal sphincter and puborectalis muscles are weak. When the patient bears down, there is no rectal prolapse, and perineal descent is approximately 2 cm. How should she be evaluated and treated?

SEE P. 1648; CME, P. 1693

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 56-Year-Old Woman with Renal Failure after Heart-Lung Transplantation

A 56-year-old woman was admitted to the hospital because of renal failure. Ten years earlier, heart-lung transplantation had been performed because of primary pulmonary hypertension; her immunosuppressive regimen consisted of cyclosporine, prednisone, and azathioprine. Her medical history included glomerulonephritis at the age of 19 years, which resolved, and recurrent urinary tract infections. Renal function had been deteriorating slowly since the transplantation, and proteinuria had developed. A diagnostic procedure was performed.

SEE P. 1657; CME, P. 1694

## SPECIAL REPORT

### The Decrease in Breast-Cancer Incidence in 2003 in the United States

Analysis of data from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registries shows that the age-adjusted incidence of breast cancer in the United States fell sharply by 6.7% in 2003, as compared with the rate in 2002. The decrease began in mid-2002 and had begun to level off by mid-2003. The authors attribute the decline to a sharp drop in the use of postmenopausal hormone-replacement therapy.

SEE P. 1670