

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### **Surgery versus Prolonged Conservative Treatment for Sciatica**

This randomized trial of 283 patients with 6 to 12 weeks of severe sciatica compared early microdiscectomy surgery with a strategy of prolonged conservative treatment with eventual surgery if needed. Patients who had early surgery reported faster recovery and more rapid improvement in leg pain. After 1 year, the outcomes in the two groups were similar, and 95% of the patients in both groups reported recovery.

SEE P. 2245; PERSPECTIVE, P. 2239; CME, P. 2339

## ORIGINAL ARTICLE

### **Treatment of Lumbar Degenerative Spondylolisthesis**

This clinical trial compared surgical treatment with nonsurgical treatment of spondylolisthesis. Because of extensive patient crossover, the data were essentially nonrandomized, and as-treated analyses were performed. During 2 years of follow-up, patients treated surgically had greater improvement in pain and function than those treated nonsurgically. Patients treated nonsurgically showed moderate improvement over time.

SEE P. 2257; PERSPECTIVE, P. 2239

## ORIGINAL ARTICLE

### **Temsirolimus, Interferon Alfa, or Both for Advanced Renal-Cell Carcinoma**

This large, multicenter trial compared temsirolimus with interferon alfa alone and with a combination of the two drugs in patients with newly diagnosed metastatic renal-cell cancer and a poor prognosis. As compared with interferon alfa or combination therapy, temsirolimus was associated with a moderate improvement in survival among these high-risk patients.

SEE P. 2271

## ORIGINAL ARTICLE

### **Survival after Treatment for Urea-Cycle Disorders**

This open-label, uncontrolled, 25-year study of treatment with sodium phenylacetate and sodium benzoate documents overall survival of 84% in historically

lethal urea-cycle disorders characterized by acute hyperammonemic episodes. When episodes are promptly recognized and treated with this therapy, together with intravenous arginine hydrochloride and adequate calories to prevent catabolism, plus dialysis when necessary, plasma ammonium levels fall, markedly improving survival.

SEE P. 2282; EDITORIAL, P. 2321

## CLINICAL PRACTICE

### **Osteopenia**

A 55-year-old asymptomatic woman, who is 5 years postmenopausal, is concerned about osteoporosis, since her mother had a hip fracture at the age of 70 years. The patient has no personal history of fractures and has never taken corticosteroids. She does not smoke but does drink one to two glasses of wine a day. Her weight is 105 lb (48 kg), and her height is 62 in. (1.6 m); her body-mass index is 19.2. Measurements of bone mineral density with the use of dual-energy x-ray absorptiometry show T scores of  $-1.7$  at the spine and  $-1.5$  at the femoral neck (indicating osteopenia). What should you advise?

SEE P. 2293; CME, P. 2338

## DRUG THERAPY

### **Prevention and Treatment of Major Blood Loss**

The most common medical cause of major blood loss is surgery, particularly cardiovascular procedures, liver transplantation and hepatic resection, and major orthopedic procedures. Excessive blood loss may also occur for other reasons, such as trauma. This article reviews the benefits of hemostatic drugs and considers the associated risk of adverse events, particularly thrombotic complications.

SEE P. 2301; CME, P. 2337

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### **A Woman with Relapsing Fevers and Recent Onset of Dyspnea**

A 25-year-old woman was admitted to the hospital with relapsing fevers, headache, and dyspnea. An elective splenectomy had been performed 4 years earlier for hereditary spherocytosis. Laboratory studies showed leukocytosis, anemia, and multiple intraerythrocytic ring forms on a peripheral-blood smear. The dyspnea worsened, and hypoxemia developed. A therapeutic procedure was performed.

SEE P. 2313