THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Injectable Paromomycin for Visceral Leishmaniasis in India

Visceral leishmaniasis (kala-azar) disproportionately affects the rural poor, with approximately 500,000 cases worldwide. Treatment options are limited, especially in resource-poor settings. In this open label, comparator-controlled trial, intramuscular paromomycin was found to be noninferior to intravenous amphotericin B in the treatment of visceral leishmaniasis, with cure rates of 94.6% and 98.8%, respectively.

SEE P. 2571; PERSPECTIVE, P. 2567; CME, P. 2663

ORIGINAL ARTICLE

Clinical Course and Prognosis of Smoldering (Asymptomatic) Multiple Myeloma

In this study, the risk of progression of asymptomatic smoldering multiple myeloma to active multiple myeloma was found to be related to the level of serum monoclonal immunoglobulin and the proportion of plasma cells in the bone marrow at the time of diagnosis.

SEE P. 2582

ORIGINAL ARTICLE

Estrogen Therapy and Coronary-Artery Calcification

In the previously published Women's Health Initiative comparing conjugated equine estrogens with placebo in women who had undergone hysterectomy, there was a substantially lower rate of events related to coronary heart disease among the women receiving estrogen. The current substudy showed that coronary-artery calcium scores were lower in women receiving estrogen than in those receiving placebo. Since estrogen has complex effects, the new findings should not be construed as being clinically directive.

SEE P. 2591; EDITORIAL, P. 2639

ORIGINAL ARTICLE

Natural History of Multiple Sclerosis with Childhood Onset

In this cohort study of patients with onset of multiple sclerosis at the age of 16 years or younger, secondary progression occurred after a median of 28 years and at a median age of 41 years. In comparison with a cohort with onset after 16 years of age, patients with childhood-onset multiple sclerosis took approximately 10 years longer to reach secondary progression but did so at an age approximately 10 years younger.

SEE P. 2603

BRIEF REPORT

Entecavir Inhibition of HIV-1 Replication

Entecavir is a new antiviral medication to treat hepatitis B virus (HBV) infection. Initial in vitro studies suggested it had no activity against human immunodeficiency virus type 1 (HIV-1); thus, it was recommended as primary therapy for HBV in persons with HIV-1 and HBV coinfection who did not require HIV-1 antiviral therapy. In this study, the in vivo and in vitro activity of entecavir against HIV-1 is described.

SEE P. 2614; EDITORIAL, P. 2641

CLINICAL THERAPEUTICS

Natalizumab for Multiple Sclerosis

A 30-year-old woman with relapsing–remitting multiple sclerosis presents for consideration of treatment with natalizumab after several first-line treatments have failed. Natalizumab has been shown to reduce the rates of relapse and disease progression in multiple sclerosis. However, use of this agent is restricted because of the risk of progressive multifocal leukoencephalopathy, a serious central nervous system disorder.

SEE P. 2622; CME, P. 2661

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A 19-Year-Old College Student with Fever and Joint Pain

A previously healthy 19-year-old college student was transferred to this hospital with fever, hypotension, and pain in the right elbow and left ankle. Eleven days earlier, sore throat and fatigue had developed, and a diagnosis of infectious mononucleosis was made; 1 week later, corticosteroids were prescribed because of severe pharyngitis. On the day of admission, the patient awoke with severe joint pain. Laboratory studies on admission showed leukocytosis and anemia. The next day, the result of a diagnostic test was reported.

SEE P. 2631; CME, P. 2662

CLINICAL IMPLICATIONS OF BASIC RESEARCH

At the Heart of the Failing Heart?

Ablation of a microRNA protects mice from left ventricular hypertrophy and myocardial fibrosis.

SEE P. 2644