

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Salmeterol and Fluticasone Propionate and Survival in COPD

This trial involving more than 6000 patients with chronic obstructive pulmonary disease (COPD) compared the effects on all-cause mortality of treatment with an inhaler containing both salmeterol and fluticasone, salmeterol or fluticasone alone, or placebo. After 3 years, the study showed a reduction of 2.6 percentage points in the mortality rate; this fell short of the study's pre-specified goals. There were improved clinical outcomes among patients treated with the combination regimen.

SEE P. 775; EDITORIAL, P. 851; CME, P. 883

## ORIGINAL ARTICLE

### Reduction of HIV-1 RNA Levels with Therapy to Suppress Herpes Simplex Virus

Coinfection with herpes simplex virus type 2 (HSV-2) in women with HIV-1 infection is associated with increased genital shedding of HIV-1 RNA. In this randomized, double-blind, placebo-controlled trial, suppression of HSV-2 with valacyclovir decreased genital HIV-1 RNA and mean plasma HIV-1 RNA levels in dually infected women in Burkina Faso.

SEE P. 790; EDITORIAL, P. 854

## ORIGINAL ARTICLE

### RRM1 and ERCC1 in Lung Cancer

This study of early-stage non-small-cell lung cancer showed that high levels of RRM1 in the tumor were associated with prolonged disease-free survival, as compared with low levels of RRM1. High levels of another protein in the tumor, ERCC1, were also associated with a good prognosis. The major benefit of surgery was confined to the 30% of patients in whom high levels of both RRM1 and ERCC1 were present in the tumor.

SEE P. 800; PERSPECTIVE, P. 771

## ORIGINAL ARTICLE

### Deafness and Pili Torti Caused by Mitochondrial Mutation

The Björnstad syndrome, an autosomal recessive disorder characterized by sensorineural deafness and pili torti, is shown to be caused by mutations in the gene *BCS1L*, which codes for a protein necessary for the assembly of

complex III in the mitochondrion. Ear and hair tissue are exquisitely sensitive to mitochondrial function.

SEE P. 809

## CLINICAL PRACTICE

### Diabetic Gastroparesis

A 36-year-old man with a 20-year history of type 1 diabetes mellitus, background retinopathy, peripheral sensory neuropathy, and nephropathy presents with a history of several months of nausea and vomiting. On physical examination (performed 1 hour after the patient has eaten), his blood pressure is 130/80 mm Hg while he is lying down and 110/60 mm Hg while he is standing. His abdomen is not tender. There is epigastric distention, but no splash is audible when the upper abdomen is shaken. How should this patient be evaluated and treated?

SEE P. 820; CME, P. 881

## MEDICAL PROGRESS

### Coronary Microvascular Dysfunction

This review discusses the pathogenesis and management of coronary microvascular dysfunction. Factors to consider in clinical management are the cause of the dysfunction and whether it is iatrogenic, whether obstructive coronary artery disease is present, and whether myocardial disease is present.

SEE P. 830; CME, P. 882

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 28-Year-Old Man with a Mass in the Testis

A 28-year-old man was referred to this hospital for consultation on the management of an enlarging testicular mass. Ten days before the consultation, the right testicle became tender and began to enlarge rapidly. Treatment with antibiotics resulted in decreased tenderness, but the mass persisted. On examination, a 4-cm mass was palpable within the testis. Ultrasound examination disclosed a complex intratesticular mass.

SEE P. 842

## SOUNDING BOARD

### New Models of Clinical Clerkships

The traditional approach to clinical education has involved a series of rotations in various clinical settings. This article which concludes the medical education series, presents evidence and musters arguments for longitudinal integration of the medical curriculum.

SEE P. 858; EDITORIAL, P. 856