

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Effects of Bariatric Surgery on Mortality in Sweden

The prospective, controlled Swedish Obese Subjects study enrolled 4047 subjects who either underwent bariatric surgery or received conventional treatment. The results of follow-up for up to 15 years suggest that bariatric surgery for severe obesity is associated with long-term weight loss and decreased overall mortality. SEE P. 741; EDITORIAL, P. 818; CME, P. 839

## ORIGINAL ARTICLE

### Long-Term Mortality after Gastric Bypass Surgery

This study examined long-term total mortality after gastric bypass surgery in severely obese subjects, as compared with severely obese controls who did not have surgery. Mortality was significantly reduced in subjects in the surgery group, particularly death from diabetes, heart disease, and cancer. However, the risk of non-disease-related death (including accidents and suicide) was higher in the surgery group than in the control group. Gastric bypass surgery appears to reduce long-term mortality in severely obese patients. SEE P. 753; EDITORIAL, P. 818

## ORIGINAL ARTICLE

### National Study of Sexuality and Health among Older U.S. Adults

This survey of a large population of adults 57 to 85 years of age showed that rates of sexual activity decline with age but that many older adults are sexually active. Women were less likely than men to report having a partner and being sexually active. Many older adults reported sexual problems; few had discussed sexuality with a physician. These cross-sectional data inform our understanding of sexual activity and problems in older adults. SEE P. 762; EDITORIAL, P. 820

## ORIGINAL ARTICLE

### Genomewide Analysis of Amyotrophic Lateral Sclerosis (ALS)

A genomewide analysis of sporadic ALS suggests that a variant of *FLJ10986*, a gene of unknown func-

tion expressed in the spinal cord and other tissues, may confer susceptibility to the disease. This study also provides provisional identification of other candidate genes, variants of which may underlie susceptibility. SEE P. 775; EDITORIAL, P. 822

## CLINICAL PRACTICE

### Isolated Systolic Hypertension in the Elderly

A 68-year-old accountant visits his physician. A year earlier he was told that his blood pressure was somewhat elevated and was advised to reduce salt intake and increase activity. Otherwise, he has been in good health and has no history or signs of cardiovascular or renal disease. On physical examination, his blood pressure is 178/72 mm Hg, and his body-mass index is 28.4. How should he be further evaluated and treated? SEE P. 789; CME, P. 837

## CURRENT CONCEPTS

### Normotensive Ischemic Acute Renal Failure

Prerenal azotemia and acute tubular necrosis, the two forms of ischemic acute renal failure, account for more than half the cases of renal failure in hospitalized patients. Yet the contribution of ischemia is initially unrecognized in many patients with acute renal failure. This article reviews the renal response to ischemia and the clinical features of and risk factors for normotensive ischemic acute renal failure. SEE P. 797; CME, P. 838

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 61-Year-Old Man with Recurrent Fevers

A 61-year-old man was admitted to this hospital because of recurrent fevers and pulmonary infiltrates. He had been well until approximately 3.5 months earlier, when chills, fevers, and fatigue developed, followed by dyspnea, all of which persisted despite antimicrobial therapy. On admission, the patient had daily fever, with temperatures up to 38.9° C; the erythrocyte sedimentation rate was 94 mm per hour. Computed tomography of the chest showed interlobular septal thickening and hilar and subcarinal lymphadenopathy. Positron-emission tomography showed diffuse uptake in the lungs. A diagnostic procedure was performed. SEE P. 807