

THIS WEEK in the JOURNAL

ORIGINAL ARTICLE

Class-Sparing Regimens for Initial Treatment of HIV-1 Infection

Several regimens are used as initial antiretroviral therapy for HIV-1 infection, but few direct comparisons are available. In this randomized, open-label study, efavirenz plus two nucleoside reverse-transcriptase inhibitors (NRTIs), lopinavir–ritonavir plus two NRTIs, and lopinavir–ritonavir plus efavirenz were compared. Initial therapy with efavirenz plus two NRTIs was associated with less virologic failure than was lopinavir–ritonavir plus two NRTIs. The NRTI-sparing regimen of lopinavir–ritonavir plus efavirenz had virologic efficacy similar to that of efavirenz plus two NRTIs but was more likely to select for drug resistance.

SEE P. 2095; EDITORIAL, P. 2170; CME, P. 2194

ORIGINAL ARTICLE

Biomarkers to Predict Death from Cardiovascular Causes

To predict the risk of death from cardiovascular causes in a community-based cohort of elderly men, the authors used a combination of biomarkers (troponin I, N-terminal pro–brain natriuretic peptide, cystatin C, and C-reactive protein). The addition of these markers to a model with traditional cardiovascular risk factors significantly improved risk stratification as compared with a model that used only the traditional risk factors.

SEE P. 2107; EDITORIAL, P. 2172

ORIGINAL ARTICLE

Cardiac Troponin in Acute Heart Failure

In this large, retrospective registry study, patients hospitalized with acute decompensated heart failure who had elevated cardiac troponin levels had higher mortality rates than those who were negative for troponin, even after correction for other predictive variables. Measurement of cardiac troponin, which may reflect myocyte injury, is useful for risk stratification of such patients.

SEE P. 2117; CME, P. 2195

ORIGINAL ARTICLE

Recombinant Factor VIIa for Intracerebral Hemorrhage

In a previous phase 2 placebo-controlled trial, recombinant activated factor VII (rFVIIa) reduced growth of the hematoma and improved survival and functional outcome in patients with intracerebral hemorrhage. Those findings were not reproduced in this phase 3 trial, in which rFVIIa reduced hematoma growth but did not improve clinical outcomes.

SEE P. 2127; EDITORIAL, P. 2174

CLINICAL PRACTICE

Rotator-Cuff Failure

A 63-year-old woman presents with a 2-year history of progressive weakness and discomfort in her right shoulder, especially when she puts dishes on the top shelf in her kitchen. She is otherwise healthy and has had no injuries. Physical examination shows some atrophy of the muscles in the right shoulder and weakness when the right arm is elevated. Magnetic resonance imaging shows a large defect in the rotator cuff. How should her case be managed?

SEE P. 2138

MEDICAL PROGRESS

Biomarkers in Heart Failure

Heart failure results not only from cardiac overload or injury but also from a complex interplay among genetic, neurohormonal, inflammatory, and biochemical changes acting on cardiac myocytes, the cardiac interstitium, or both. This review focuses on biomarkers for heart failure other than routinely determined laboratory values and discusses how these might be used in assessing and managing heart failure.

SEE P. 2148

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A 55-Year-Old Man with an Elevated PSA Level and Early-Stage Prostate Cancer

A 55-year-old man was referred to this hospital for management of prostate cancer. An elevated serum prostate specific antigen (PSA) level was found during evaluation of urinary symptoms; core needle biopsies of the prostate disclosed adenocarcinoma, with a Gleason score of 6 out of 10. Examination and computed tomography showed a smoothly enlarged prostate and no lymphadenopathy. Options for management were discussed.

SEE P. 2161; CME, P. 2193