

The dramatic rise of adenocarcinoma of the lung for the most part has occurred “in the discolored smoking-related lungs” and not in the bright pink lungs that have not been exposed to smoke, as depicted in Figure 1 of their article.

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THE AUTHORS REPLY: Lutschg is correct that adenocarcinoma is the predominant cell type in all patients with lung cancer, including patients who are current and former smokers and patients who have never smoked; this is the case with patients at the University of Texas M.D. Anderson Cancer Center (Spitz M, Merriman K: personal communication).^{1,2} We emphasized the increase in the incidence of adenocarcinoma among persons who have never smoked (the pink lungs in Fig. 1 of our article), since the disease in this subgroup of patients has a different biology and molecular ori-

gin than it does in patients who have smoked.³ The unique genetic changes detected more frequently in persons who have never smoked than in current or former smokers with lung cancer have enabled the development of more effective therapy for these patients.⁴ Ultimately, a more complete understanding of the genetic profiles of all lung cancers (smoking-related or not) will be needed to better define the pathogenesis, prognosis, and likelihood of a therapeutic response in individual cases of lung cancer, as we emphasized in our review article.

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Persistent Fainting after Implantation of a “Curative” Pacemaker

TO THE EDITOR: Syncope is a common and disabling problem, and its cause may be difficult to elucidate. A 64-year-old right-handed male taxi driver was referred to us for the investigation of syncope in April 2007. Four weeks previously, at dinner, he had suddenly felt strange and dizzy before losing consciousness for 2 minutes. On recovery, he was fully oriented. Several days before admission, he described feelings of “impending doom” that lasted for 2 minutes during breakfast.

He was previously well. He was a nondrinker and nonsmoker, and he was taking aspirin for secondary prevention of a transient ischemic attack. Results of physical examination, blood tests,

electrocardiography (ECG), echocardiography, 48-hour Holter monitoring, and magnetic resonance imaging of the brain and electroencephalography (EEG) after he had undergone sleep deprivation were normal; an implantable loop recorder was inserted.

Three weeks later, while watching television, he had a dizzy spell lasting several minutes, followed by syncope. The reading from the loop recorder showed that the syncopal event preceded a sinus-node arrest lasting 25 seconds (Fig. 1). A dual-chamber pacemaker was implanted.

Despite normal pacemaker function, he had numerous confusional episodes during the subsequent days. These episodes were unrelated to

activity and mostly occurred while he was sitting down. He collapsed again several weeks later, while sitting for a meal at a wedding. Repeat EEG with simultaneous ECG revealed a localized, epileptogenic disturbance in the left anterior temporal region. Temporal-lobe epilepsy was diagnosed, and he was treated with oxcarbazepine. He remains asymptomatic at 1 year of follow-up.

Ictal bradycardia is a rare manifestation of epileptic seizures. Autonomic modifications may result because of ictal discharges in the region of the structures of the central autonomic network. There is limited evidence of a preferential left temporal-lobe onset.¹ Most patients are male and 60 years of age or older.² This pattern of epilepsy may induce central or obstructive apneas as well as malignant arrhythmias and is linked to sudden unexpected death in patients with epilepsy.³ Temporal-lobe epilepsy may present with feelings of panic and impending doom, palpitations, diaphoresis, dyspnea, and paresthesias. Hence, it is easily misdiagnosed as an anxiety attack.⁴ The discovery of a major arrhythmia without EEG monitoring may lead to an incorrect diagnosis of primary cardiac disease and treatment with cardiac pacing.

Cardiac pacemakers may be indicated in symptomatic ictal bradycardia or asymptomatic bradycardia lasting more than 5 seconds. However, cardiac pacemakers have not been proved to reduce the incidence of sudden unexpected death among patients with epilepsy.³ Physician awareness, patient education, and effective seizure control are of prime importance in preventing ictal asystole and potential sudden unexpected death among patients with epilepsy.

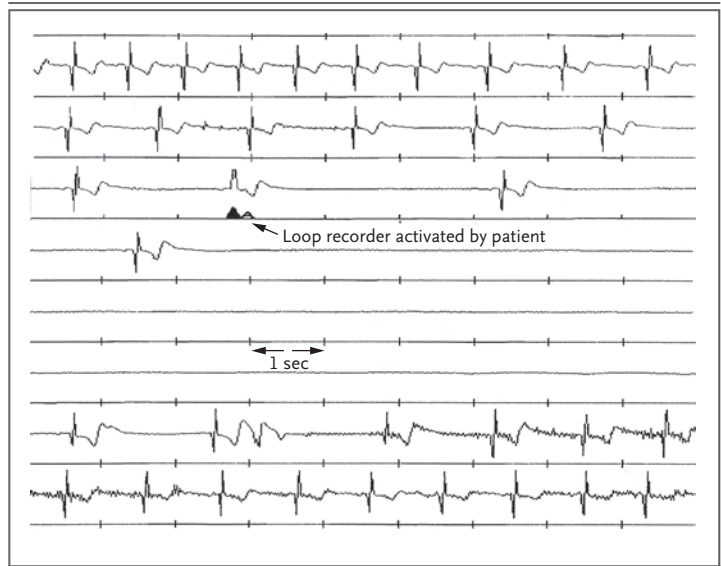


Figure 1. Reading from a Loop Recorder Showing a Prolonged Pause of 25 Seconds after a Sinus Bradycardia.

The patient reported feeling dizzy several minutes before the loop was activated.

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Reports of Esophageal Cancer with Oral Bisphosphonate Use

TO THE EDITOR: Between the time of the initial marketing of alendronate in October 1995 through mid-May 2008, the Food and Drug Administration (FDA) received reports of 23 patients in the United States receiving a diagnosis of esophageal cancer, with alendronate (Fosamax, Merck) as the suspect drug (in 21 patients) or the concomitant drug (in 2 patients). No similar U.S. reports for other oral bisphosphonates were retrieved from the FDA's

database for adverse-event reporting. Eight deaths were reported. Of the 23 patients, 18 (78%) were women; the median age was 74.0 years (mean, 71.8; based on 19 patients). Among the 14 patients with dose information, 8 were reported to have taken alendronate at a dose of 10 mg per day; 5 were reported to have taken 70 mg per week; and 1 was reported to have taken alendronate "once per week." The median time from alendronate use to diag-