

BMJL Cur
Year Floor
1
WI
0675
V. 115
No. 10

September 1991

Volume 115

Number 10

Annals of Internal Medicine

Published Twice Monthly by the American College of Physicians

■ Letters 830

- Myonecrosis and Myofibrosis in Sickle Cell Anemia
- Muscle Infarction in Sickle Cell Anemia
- Oral Quinolone Treatment for Osteomyelitis
- Quinolone Prophylaxis during Neutropenia
- Diagnosis of Pulmonary Embolism
- The Cardiac Conduction System in Unexplained Sudden Death

■ The Literature of Medicine 835

For complete contents, see pages I-3 and I-5

AIMEAS 115(10)753-836 (1991)
US ISSN 0003-4819

Annals of Internal Medicine
BMJL Cur Year Floor 1
UC San Diego
Received on: 11-20-91
V. 115, diagrs. 26 cm

■ ARTICLES

Increasing the Dietary Potassium Intake Reduces the Need for Antihypertensive Medication	753	Siani, Strazzullo, Giacco, and others
Treatment for Cerebral Toxoplasmosis Protects against <i>Pneumocystis carinii</i> Pneumonia in Patients with AIDS	760	Heald, Flepp, Chave, Malinverni, and others
Heterosexual Co-transmission of Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)	764	Eyster, Alter, Aledort, Quan, and others
Reversible Renal Failure Associated with Angiotensin-Converting Enzyme Inhibitors in Polycystic Kidney Disease	769	Chapman, Gabow, Schrier
Screening for Alcohol Abuse Using CAGE Scores and Likelihood Ratios	774	Buchsbaum, Buchanan, Centor, and others
Thorascopic Talc Poudrage Pleurodesis for Chronic Recurrent Pleural Effusions	778	Aelony, King, Boutin

■ BRIEF REPORTS

Combined Endoscopic Sphincterotomy and Laparoscopic Cholecystectomy in Patients with Choledocholithiasis and Cholecystolithiasis	783	Aliperti, Edmundowicz, Soper, Ashley
Recovery of Adrenal Function after Failure Resulting from Traumatic Bilateral Adrenal Hemorrhages	785	Feuerstein, Streeten

■ REVIEWS

Risk for Serious Gastrointestinal Complications Related to Use of Nonsteroidal Anti-inflammatory Drugs: A Meta-analysis	787	Gabriel, Jaakkimainen, Bombardier
Cocaine-induced Myocardial Infarction in Patients with Normal Coronary Arteries	797	Minor, Scott, Brown, Winniford

■ MEDICINE AND PUBLIC ISSUES

Cost Effectiveness of Colorectal Cancer Screening in the Elderly	807	Wagner, Herdman, Wadhwa
--	-----	-------------------------

■ PERSPECTIVE

How Should Results from Completed Studies Influence Ongoing Clinical Trials?	818	Laupacis, Connolly, Gent, and others
--	-----	--------------------------------------

■ ON BEING A DOCTOR

A Job Well Done?	823	Curtis
------------------	-----	--------

■ EDITORIALS

Treatment of Rheumatoid Arthritis: Challenges to Traditional Paradigms	825	Pincus, Wolfe
Human Immunodeficiency Virus Infection in Women	827	Spence, Reboli

Annals of Internal Medicine Table of Contents

Volume 115 Number 10 AIMEAS 115(10)753-836 (1991) US ISSN 0003-4819

Articles

Increasing the Dietary Potassium Intake Reduces the Need for Antihypertensive Medication 753
A. Siani, P. Strazzullo, A. Giacco, D. Pacioni, E. Celentano, and M. Mancini

Increasing the dietary potassium intake from natural foods is a feasible and effective measure to reduce antihypertensive drug treatment. By the end of the study, blood pressure could be controlled using less than 50% of the initial therapy in 81% of the patients who increased their potassium intake compared with 29% of the controls.

Treatment for Cerebral Toxoplasmosis Protects against *Pneumocystis carinii* Pneumonia in Patients with AIDS 760
A. Heald, M. Flepp, J-P Chave, R. Malinverni, S. Rüttimann, V. Gabriel, C. Régnold, A. Sugar, B. Hirschel, and the Swiss HIV Cohort Study

Patients with cerebral toxoplasmosis have a low risk for subsequently developing *Pneumocystis carinii* pneumonia. This decreased risk is probably the result of chronic suppressive treatment with pyrimethamine and sulfonamides.

Heterosexual Co-transmission of Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) 764
M.E. Eyster, H.J. Alter, L.M. Aledort, S. Quan, A. Hatzakis, and J.J. Goedert

The higher prevalence of HCV in female sexual partners of men with hemophilia than in blood donor and other low-risk groups suggests that there is a low level of sexual transmission. Male to female sexual transmission of HCV is less efficient than that of HIV. The frequency of HCV transmission to female sexual partners is five times higher when HIV is also transmitted to the partner, suggesting that HIV may be a cofactor for the sexual transmission of HCV.

Reversible Renal Failure Associated with Angiotensin-Converting Enzyme Inhibitors in Polycystic Kidney Disease 769
A.B. Chapman, P.A. Gabow, and R.W. Schrier

The authors describe eight episodes of reversible acute renal deterioration in five patients with autosomal-dominant polycystic kidney disease, massive renal involvement, and chronic renal insufficiency. In all cases, angiotensin-converting enzyme inhibitors either predisposed the patient to or precipitated the acute event.

Screening for Alcohol Abuse Using CAGE Scores and Likelihood Ratios 774
D.G. Buchsbaum, R.G. Buchanan, R.M. Centor, S.H. Schnoll, and M.J. Lawton

Clinicians can improve their ability to estimate a patient's risk for an alcohol abuse or dependence disorder using likelihood ratios for CAGE scores (an acronym for the four questions asked in the CAGE test; Cut down, Annoyed, Guilty, Eye-opener).

Thoracoscopic Talc Poudrage Pleurodesis for Chronic Recurrent Pleural Effusions 778
Y. Aelony, R. King, and C. Boutin

Thoracoscopic talc poudrage is an effective pleural sclerosing technique and is relatively painless.

Brief Reports

Combined Endoscopic Sphincterotomy and Laparoscopic Cholecystectomy in Patients with Choledocholithiasis and Cholecystolithiasis 783
G. Aliperti, S.A. Edmundowicz, N.J. Soper, and S.W. Ashley

Endoscopic sphincterotomy combined with laparoscopic cholecystectomy is effective in the treatment of patients with simultaneous gallbladder and bile duct stones. Length of hospital stay and degree of postoperative disability were significantly reduced among our patients compared with those having standard cholecystectomy and bile duct exploration.

Recovery of Adrenal Function after Failure Resulting from Traumatic Bilateral Adrenal Hemorrhages 785
B. Feuerstein and D.H.P. Streeten

A 32-year-old psychotic man had severe pelvic and femoral injuries and hypotension associated with adrenal insufficiency caused by bilateral adrenal hemorrhages. Adrenocorticotropic hormone administration was found to cause normal increases in plasma cortisol concentrations at 10 and 30 months after the initial trauma.

(Continued on page I-5)

Postmaster: Send changes of address to Circulation Manager, *Annals of Internal Medicine*, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572.

Annals of Internal Medicine is published twice monthly and copyrighted © 1991 by the American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572, USA. Basic USA subscription price is \$75.00 per year. Second-class postage paid at Philadelphia, Pennsylvania, and at additional mailing offices. Canada Post International Publications Mail Sales Agreement #546186. GST ID#128512159.

Reviews

- Risk for Serious Gastrointestinal Complications Related to Use of Nonsteroidal Anti-inflammatory Drugs. A Meta-analysis 787
S.E. Gabriel, L. Jaakkimainen, and C. Bombardier

Users of nonsteroidal anti-inflammatory drugs (NSAIDs) are at approximately three times greater relative risk for developing serious adverse gastrointestinal events than are nonusers. Additional risk factors include age greater than 60 years, previous history of gastrointestinal events, and concomitant corticosteroid use. These data represent summary statistics from 16 studies and cannot be considered generalizable to all NSAID users.

- Cocaine-induced Myocardial Infarction in Patients with Normal Coronary Arteries 797
R.L. Minor, Jr, B.D. Scott, D.D. Brown, and M.D. Winniford

Cocaine-induced myocardial infarction in patients with normal coronary arteries appears to involve adrenergically mediated increases in myocardial oxygen consumption, vasoconstriction of large epicardial arteries or small coronary resistance vessels, and coronary thrombosis.

Medicine and Public Issues

- Cost Effectiveness of Colorectal Cancer Screening in the Elderly 807
J.L. Wagner, R.C. Herdman, and S. Wadhwa

Although colorectal cancer screening is costly, its potential medical benefits make it a reasonably cost-effective preventive intervention for the elderly. A program of annual fecal occult blood testing (FOBT) in the elderly would detect at least 17% of the expected cases of cancer and could cost \$35 000 per year of life saved.

Perspective

- How Should Results from Completed Studies Influence Ongoing Clinical Trials? The CAFA Study Experience 818
A. Laupacis, S.J. Connolly, M. Gent, R.S. Roberts, J. Cairns, and C. Joyner, for the CAFA Study Group

Seven randomized studies during the past 5 years have evaluated or are evaluating the efficacy of warfarin or aspirin or both in decreasing the risk of embolic events in patients with nonrheumatic atrial fibrillation. By March 1990, two of the studies had been published. The Steering Committee of the Canadian Atrial Fibrillation Anticoagulation (CAFA) study decided that the evidence of benefit with warfarin, from the two published studies, was sufficiently compelling to stop recruitment into CAFA without any preliminary examination of the CAFA data.

On Being a Doctor

- A Job Well Done? 823
J.R. Curtis

This story chronicles a resident's growth through interactions with a person with AIDS. It concentrates on the resident's gradual realization that a physician's job may be well done despite a patient's death.

Editorials

- Treatment of Rheumatoid Arthritis: Challenges to Traditional Paradigms 825
T. Pincus and F. Wolfe

Based on a long-term observational study rather than a randomized controlled trial, Epstein and colleagues, in the 15 March 1991 issue of *Annals*, challenged the current views about rheumatoid arthritis therapy. One of their conclusions was that gold is of no value. Possible benefits of gold may have been obscured by methodologic problems; these include the timing of data acquisition, use of other second-line therapies in control patients not receiving gold, and analyses of patients as a group rather than as individuals.

-
- Human Immunodeficiency Virus Infection in Women 827
M.R. Spence and A.C. Reboli

Large multidisciplinary, longitudinal studies of women infected with human immunodeficiency virus must be done because women now represent a major group of patients with AIDS.

Letters

- Myonecrosis and Myofibrosis in Sickle Cell Anemia 830
J. Mattana and P.C. Singhal; D. Grob and T.D. Schiano; R.B. Layzer; J. Valeriano-Marcet and L.D. Kerr

- Muscle Infarction in Sickle Cell Anemia 831
G.J. Dennis and R.M. Keating

- Oral Quinolone Treatment for Osteomyelitis 832
H.M. Blumberg; L.O. Gentry

- Quinolone Prophylaxis during Neutropenia 833
P.H. Chandrasekar; A. Del Favero, F. Menichetti, and P. Martino

- Diagnosing Pulmonary Embolism 833
B.E. Ojserkis; M.A. Kelley, J.L. Carson, H.I. Palevsky, and J.S. Schwartz

- The Cardiac Conduction System in Unexplained Sudden Death 834
M. Lev and S. Bharati

The Literature of Medicine

- Reviews, Notes, and Listings 835

Medical Notices Begins on I-24

Abstracts of Articles Begins on I-27

Information for Authors I-9

Copyright Form I-15

Business and Subscription Information I-104

Classified Services See Advertising Pages

CME Bulletin Board I-132

Index to Advertisers I-136

Annals of Internal Medicine

Published Twice Monthly by the American College of Physicians

Publication Policy Committee, American College of Physicians

John H. Holbrook, MD, *Chairman*
Elizabeth Barrett-Connor, MD
John F. Burnum, MD
Linda Hawes Clever, MD
Kenneth M. Ludmerer, MD
John J. Mazza, MD
Robert H. Moser, MD
Eleanor Z. Wallace, MD

Editors

Editors, Robert H. Fletcher, MD, and
Suzanne W. Fletcher, MD
Editors Emeriti, J. Russell Elkinton, MD, and
Edward J. Huth, MD
Associate Editors, Elias Abrutyn, MD,
John L. Abruzzo, MD, E. Victor Adlin, MD,
Martin Black, MD, Leonard E. Braitman, PhD,
Paul E. Epstein, MD,
Steven N. Goodman, MD, PhD, MHS,
Daniel G. Haller, MD, Warren Laskey, MD
Book Review Editor, Edward J. Huth, MD
Executive Editor, Kathleen Case
Managing Editor, Pamela Fried

Editorial Board

James O. Armitage, MD, *Omaha*
John P. Atkinson, MD, *St. Louis*
Laurence H. Beck, MD, *Danville*
John D. Cantwell, MD, *Atlanta*
David W. Fraser, MD, *Swarthmore*
Michael A. Geheb, MD, *Detroit*
Nortin M. Hadler, MD, *Chapel Hill*
Thomas S. Inui, MD, *Seattle*
Mark A. Kelley, MD, *Philadelphia*
Shirley A.P. Levine, MD, *San Antonio*
Diane E. Meier, MD, *New York*
Richard K. Root, MD, *Seattle*
Arthur H. Rubenstein, MD, *Chicago*
Laurence Z. Rubenstein, MD, *Sepulveda*
Jeremy N. Ruskin, MD, *Boston*
Edward H. Shortliffe, MD, *Stanford*
Earl P. Steinberg, MD, *Baltimore*
Tadataka Yamada, MD, *Ann Arbor*

Editorial Staff

Production Editor, Miranda J. Hughes
Manuscript Editors, Charles A. O'Hay,
Sandra D. Plum, Paul J. Wolfe
Proofreader, Laura L. Allen
Information Specialist, Elizabeth Wolverton
Manuscript Processing Supervisor, Lorraine
Friedman
Editorial Office, Suzanne Brownholtz, Ruth
Burrows, Nicole Carpinelli, Grace Lobb,
MaryBeth McCormick, Nicole Massone,
Margaret Stone, Sharon Zinner

Circulation

Tamara N. Staley, *Manager*

Advertising and Sales Office

Director, Thomas J. Gillen
Advertising Office, Hal S. Bischoff,
Sales Representative
Ara H. Eloian, *Production Manager*



Publishing Offices
Independence Mall West
Sixth Street at Race
Philadelphia, PA 19106-1572
USA
215-351-2400
Toll Free 800-523-1546

Editorial Policy

Annals of Internal Medicine publishes original articles, reviews, clinical conferences, editorials, book reviews, letters, and other information relevant to internal medicine and related fields. Further details on the kinds of manuscripts that will be considered for publication are given in "Information for Authors."

The content of *Annals of Internal Medicine* is protected by copyright. Manuscripts are accepted for publication with the understanding that their contents, all or in part, have not been published elsewhere and will not be published elsewhere, except in abstract form or by the express consent of the Editors.

Annals of Internal Medicine accepts no responsibility for statements made by contributors or claims made by advertisers.

Subscriptions

Annals of Internal Medicine (ISSN 0003-4819) is issued twice monthly by the American College of Physicians; new volumes begin with the 1 January and 1 July issues each year. A subscription to *Annals* includes six issues of the *ACP Journal Club* yearly.

Area 1 (surface mail to United States and possessions): basic rate, \$75.00; persons out of medical school for 4 years or less, \$56.25; students (medical), \$37.50.

Area 2 (via International Remail to Canada): basic rate, \$120.00; persons out of medical school for 4 years or less, \$90.00; students (medical), \$60.00.

Area 3 (via International Remail to all countries outside North America): basic rate, \$138.00; persons out of medical school for 4 years or less, \$103.50; students (medical), \$69.00.

Checks for subscriptions should be made payable to *Annals of Internal Medicine* and remitted to Subscription Services, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572, USA.

Editorial Correspondence

Editorial correspondence should be addressed to:

The Editors
Annals of Internal Medicine
Independence Mall West
Sixth Street at Race
Philadelphia, PA 19106-1572, USA

Information for Authors (Short Form*)

DISTRIBUTION

Annals has over 93 000 subscribers, about 86 000 in the United States and Canada and 7000 in other countries.

In the United States, about 42% of subscribers are physicians in general internal medicine, 26% are physicians in subspecialties of internal medicine, and 10% are physicians in other fields; about 16% are residents or medical students and about 6% are hospitals, clinics, libraries, or medical schools.

CONTENT

The editorial emphasis is on reports of original clinical research, reviews, and commentaries pertinent to internal medicine.

Articles

Studies of the causes, diagnosis, course, and treatment of disease and its prevention. Reports of newly delineated syndromes and diseases; reports of new investigations into mechanisms of disease. Articles should not exceed 4000 words.

Brief Reports

Clinical association, single case reports, preliminary reports of drug trials, and reports of adverse effects. Text not exceeding 750 words; ten or fewer bibliographic references; one figure or table; abstract, no longer than 150 words.

Academia and Clinic

Papers on medical education. Maximum text length, 2500 words.

Reviews

Detailed, critical surveys of published research relevant to clinical problems. Meta-analyses are published as reviews. Text length, not over 5000 words.

Clinical Conferences

Edited transcripts of clinical staff conferences on basic and clinical topics; no more than 5000 words.

Position Papers

Documents detailing official positions taken by medical organizations or associations on issues pertinent to medical practice. May include a reference list or a bibliography of sources used in formulating the position.

Abroad

Reports on health and medical care in countries other than the United States. Text length, not over 1500 words. Maximum number of references, ten. No more than one figure or table.

Literature of Medicine

Essays: Papers on the medical literature, information retrieval, writing, or bibliographic or other research tools. *Reviews*: Short, critical reviews of books, software, and audio-visual material.

Medicine and Public Issues

Papers on the environments of medicine: economic, ethical, sociologic, and political. Text length, not over 2500 words.

Perspective

Essays expressing opinions, presenting hypotheses, or considering controversial issues. Text length, not over 2500 words; references desirable.

History of Medicine

Essays, reports, or biographic sketches on the evolution of medicine.

On Being a Doctor

Short essays on the human experience of being a doctor. Maximum text length, 2500 words.

Editorials

Opinions on current topics and commentary on papers published elsewhere in the issue. Text length, no more than 1200 words; no more than 20 references; no tables or figures. Most editorials are solicited by the Editors.

Letters

Opinions on papers published in *Annals* and on other current topics and short reports of clinical interest. Letters should include no more than 400 words of text, three authors, and five references. They should be typed with double-spacing. Letters commenting on an *Annals* article will be considered if they are received within six weeks of the time the article was published. Only some of the letters received can be published. Published letters are edited and may be shortened; tables and figures are included only selectively. Authors will be notified only if their letter is accepted. Unpublished letters cannot be returned.

Corrections

Corrections of articles published in *Annals* or in books published by the American College of Physicians.

Ad Libitum

Prose and poetry. Prose limit, 900 words; poetry, 80 lines. Prose pieces should convey insight rather than opinion.

Medical Notices

Announcements of educational events and free services. Notices must be received no later than 10 weeks before the date of the event.

Abstracts

Abstracts that appear at the beginning of articles in the issue as well as the abstracts for brief reports, editorials, and other material are printed on 3 x 5 forms with keywords (Medical Subject Headings) at the side of the forms for use in index files.

MANUSCRIPT FORMAT AND STYLE

Manuscripts must be prepared in accordance with "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (1). The Uniform Requirements and specific *Annals* requirements are summarized below.

Submit an original copy and two duplicates, **typed double spaced (including references, legends, and footnotes)** on one side of the paper. Figures must be submitted in triplicate; all copies must be glossy prints.

Include a cover letter indicating the category of article (*see* CONTENT above) the manuscript represents and the name, address, and phone number of the person who will be responsible for correspondence regarding the manuscript. Also, confirm that the contents have not been published elsewhere and that the paper is not being submitted elsewhere and acknowledge any potential conflict of interest.

On the title page include title; subtitle (if any); first name, middle initial, and last name of each author, with highest academic degrees; name of institution(s) to which the work should be attributed; disclaimers (if any); name and address of author to whom requests for reprints should be addressed; acknowledgments of financial support; and number of words in the manuscript, exclusive of references, tables, figures, and figure legends. Include current mailing addresses of authors for use in a footnote at the end of the text.

Copyright

Submitted manuscripts must be accompanied by completed and signed forms for transfer of authors' copyright. The form is published in each issue; it may be reproduced xerographically, and copies are available from the Editors. Submitted forms will be returned with manuscripts not accepted for publication.

* A longer version of *Information for Authors* appears in the 1 January and 1 July issues; individual printed copies are available from the Editorial Office, *Annals of Internal Medicine*, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572.

Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.