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ARTICLES

Low-Molecular-Weight Heparin versus Compression Stockings for Thromboprophylaxis after Knee Arthroscopy. A Randomized Trial 73

G. Camporese, E. Bernardi, P. Prandoni, F. Noventa, F. Verlato, P. Simioni, K. Ntita, G. Salmistraro, C. Frangos, F. Rossi, R. Cordova, F. Franz, P. Zucchetta, D. Kontothanassis, and G.M. Andreozzi, for the KANT (Knee Arthroscopy Nadroparin Thromboprophylaxis) Study Group

In this trial, 1761 adults who had knee arthroscopy were randomly assigned to receive 7 or 14 days of low-molecular-weight heparin (LMWH) or to wear a full-length graduated compression stocking on the operated leg for 1 week. Fewer than 1% of the patients in any group had significant postsurgical bleeding complications. Fewer patients in the 7-day LMWH group experienced a composite outcome of deep venous thrombosis, pulmonary embolism, or death.

Summary for Patients 1-40

Empirical Fluconazole versus Placebo for Intensive Care Unit Patients. A Randomized Trial 83

M.G. Schuster, J.E. Edwards Jr., J.D. Sobel, R.O. Darouiche, A.W. Karchmer, S. Hadley, G. Slotman, H. Panzer, P. Biswas, and J.H. Rex

This multicenter trial tested the effect of empirical antifungal treatment in febrile intensive care unit patients. Investigators randomly assigned 270 patients with fever despite taking broad-spectrum antibiotics to either fluconazole, 800 mg/d, or placebo for 2 weeks. About 40% of patients in each group achieved all 4 components of successful treatment: resolution of fever, no invasive fungal infection, no stopping therapy because of toxicity, and no need for a nonstudy systemic antifungal medication. Compared with placebo, empirical antifungal fluconazole therapy had no effect in high-risk intensive care unit patients.

Prehypertension during Young Adulthood and Coronary Calcium Later in Life 91

M.J. Pletcher, K. Bibbins-Domingo, C.E. Lewis, G.S. Wei, S. Sidney, J.J. Carr, E. Vittinghoff, C.E. McCulloch, and S.B. Hulley

In their prospective cohort study, Pletcher and colleagues found that prehypertension before age 35 years, especially systolic prehypertension, showed a graded association with coronary calcium later in life. This association remained strong after adjustment for differences in blood pressure

elevation after age 35 years and other coronary risk factors and participant characteristics.

Summary for Patients 1-47

IMPROVING PATIENT CARE

Comparing Patient-Reported Hospital Adverse Events with Medical Record Review: Do Patients Know Something That Hospitals Do Not? 100

J.S. Weissman, E.C. Schneider, S.N. Weingart, A.M. Epstein, J. David-Kasdan, S. Feibelmann, C.L. Annas, N. Ridley, L. Kirle, and C. Gatsonis

Little is known about whether patient interviews can reveal adverse events not detected by medical record review. Weissman and colleagues compared adverse event rates from postdischarge patient interviews with those from medical records. Among 998 study patients, 23% had at least 1 adverse event detected by interview, compared with 11% by record review. Record review identified 11 serious and preventable events. Interviews identified 21 serious and preventable events that were not documented in the medical record. Hospitals should consider adding questions about adverse events to postdischarge interviews.

REVIEWS

Meta-analysis: Combination Endoscopic and Drug Therapy to Prevent Variceal Rebleeding in Cirrhosis 109

R. Gonzalez, J. Zamora, J. Gomez-Camarero, L.M. Molinero, R. Bañares, and A. Albillos

Gonzalez and coworkers performed a meta-analysis of 23 trials that compared the combination of endoscopic and β -blocker therapy with either therapy alone for preventing recurrent esophageal bleeding. Combination therapy was more effective. Most trials, however, studied variceal sclerotherapy, which has largely been superseded by variceal banding as the standard of care. To prevent variceal bleeding, combined endoscopic and oral β -blocker therapy seems to be more effective than either approach alone.

Initial Drug Resistance and Tuberculosis Treatment Outcomes: Systematic Review and Meta-analysis 123

W. Lew, M. Pai, O. Oxlade, D. Martin, and D. Menzies

Optimizing tuberculosis treatment outcomes is increasingly difficult as drug-resistant tuberculosis becomes more common. Lew and colleagues reviewed 22 trials and 7 cohort studies that involved 14 333 new tuberculosis cases.

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Poor outcomes were associated with drug-resistant organisms at the outset of therapy and with treatment that did not reflect drug-susceptibility testing. Failure or relapse rates were 35% to 40% for patients who received rifampin for 2 months and 20% for patients who received rifampin for 6 months. Settings that do not do susceptibility testing before tuberculosis treatment can expect poor outcomes.

HISTORY OF MEDICINE

The First Use of Penicillin in the United States 135

C.M. Grossman

The first dose of penicillin given in the United States was administered at Yale–New Haven Hospital on 12 March 1942 to a patient dying of septicemia. As a young Yale house officer, I found myself involved in what few of us then realized was a very profound sequence of events.

EDITORIALS

Thromboprophylaxis in Knee Arthroscopy Patients: Revisiting Values and Preferences 137

R.D. Hull

In this issue, Camporese and colleagues report the findings of a large randomized trial of LMWH prophylaxis in adults undergoing knee arthroscopy. The study adds substantive information on the efficacy and safety of LMWH prophylaxis for this indication, and the findings support using LMWH to prevent venous thromboembolism in knee arthroscopy patients undergoing meniscectomy.

The Answer Is In: Fluconazole Prophylaxis Is Not Beneficial for Intensive Care Unit Patients without Neutropenia 140

T. Fekete

In this issue, Schuster and colleagues show that empirical antifungal fluconazole therapy has no effect in high-risk intensive care unit patients with persistent fever despite taking conventional antibiotics. The time for empirical prophylactic studies of fluconazole in intensive care unit patients is over, and the authors encourage us to move on to other ways of improving patient outcomes.

ON BEING A DOCTOR

The Content of Their Character 142

V.S. Sloan

Deep down, all of us have prejudices, and physicians are not immune. Almost 45 years after Dr. Martin Luther King Jr. wished that his children—and ours—would be judged by the content of their character rather than by the color of their skin, we still have a long way to go.

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G.N. Braman

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