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9 Archives Journals – Science you can put into practice today.



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The screenshot displays the JAMA & ARCHIVES website interface within a Mozilla Firefox browser window. The browser's address bar shows the URL <http://pubs.ama-assn.org/>. The website header features the JAMA & ARCHIVES logo and a navigation menu with links for HOME, SUBSCRIBE, E-MAIL ALERTS, TOPIC COLLECTIONS, CME, PHYSICIAN JOBS, CONTACT US, and HELP. Below the navigation menu, there is a search bar and a dropdown menu for "Select Journal or Resource".

The main content area is divided into several sections:

- New from the Archives Journals:** This section lists recent articles from various journals, including:
 - ARCHIVES OF DERMATOLOGY:** Folliculotropic Mycosis Fungoides: An Aggressive Variant of Cutaneous T-Cell Lymphoma
 - ARCHIVES OF OTOLARYNGOLOGY-HEAD & NECK SURGERY:** Immunohistochemical Distinction of Follicular Thyroid Adenomas and Follicular Carcinomas
 - ARCHIVES OF SURGERY:** Early Laparoscopic Cholecystectomy Is the Preferred Management of Acute Cholecystitis
 - ARCHIVES OF NEUROLOGY:** Reduction of Disease Activity and Disability With High-Dose Cyclophosphamide in Patients With Aggressive Multiple Sclerosis
 - ARCHIVES OF OPHTHALMOLOGY:** Detailed Visualization of the Anterior Segment Using Fourier-Domain Optical Coherence Tomography
 - ARCHIVES OF INTERNAL MEDICINE:** Cyclooxygenase Selectivity of Nonsteroidal Anti-inflammatory Drugs and Risk of Stroke
- New in JAMA:** This section highlights the current issue, Vol. 299, No. 22, June 11, 2008. Key features include:
 - Hypericum per Attention-Defi Children and A Controlled Tri:** In a randomized, trial, Weber and co safety of *Hypericum* times daily) for the ADHD. **FREE ARTI MORE >**
 - READERS RESPON A 70-Year-Old Attack:** Read the case anc may be posted on **MORE >**
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 - AUTHOR IN THE R Combined Scr Hammograph Women at Ele:** Join Dr Berg for th June 18, 2008, fro teleconference at 1 **PM**
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- This Week in JAMA:** A summary of the current issue's content, including:
 - Original Contributions:**
 - Hypericum perforatum* (St John's Wort) for Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: A Randomized Controlled Trial **FREE**
 - Effect of Bright Light and Melatonin on Cognitive and Noncognitive Function in Elderly Residents of Group Care Facilities: A Randomized Controlled Trial
 - Clinical Implications of QRS Duration in Patients Hospitalized With Worsening Heart Failure and Reduced Left Ventricular Ejection Fraction
 - Clinician's Corner:** Perspectives on Care at the Close of Life
 - The Role of Chemotherapy at the End of Life: "When Is Enough, Enough?" **CME****
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 - JAMA Audio Commentary: Dr DeAngelis, Editor in Chief of JAMA, summarizes and comments on this week's issue. **FREE**
 - Complete Table of Contents**

The right side of the page features a red banner with the text "Keep up on the latest in JAMA" and a search bar. Below the banner, there is a navigation menu and a search bar. The bottom right corner contains a vertical advertisement for the "INTERNATIONAL CONGRESS ON PEER REVIEW AND BIOMEDICAL PUBLICATION" with the text "START YOUR RESEARCH NOW!".

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JAMA Patient Page: A communication tool for doctors and patients—available in English, Spanish, and French

Smoking and the Heart

Health problems caused by smoking

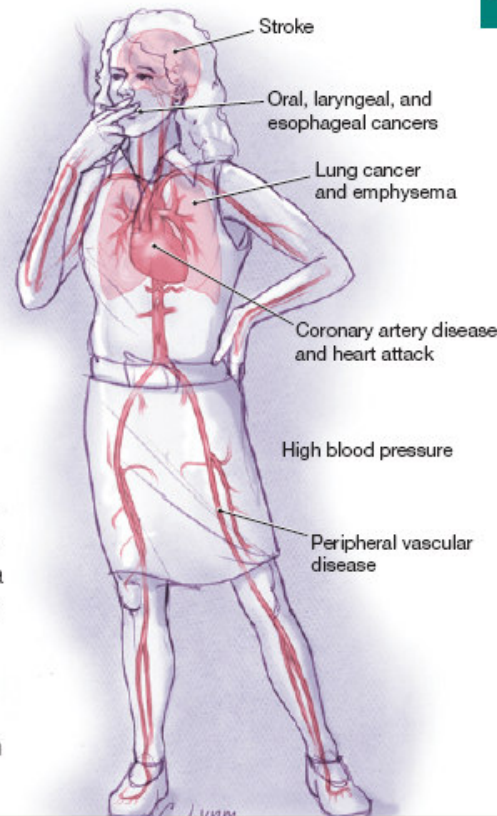
Most people know that smoking is bad for your lungs and can cause cancer. However, fewer may be aware of the effects of smoking on the heart and the **circulatory system**—the arteries and veins that carry the blood throughout the body. The May 7, 2008, issue of JAMA includes an article reporting that quitting greatly reduces the excess death rates due to smoking in women. This Patient Page is based on one published in the July 2, 2003, issue of JAMA.

SMOKING, BLOOD VESSELS, AND DEATH

Cigarette smoking is the main preventable cause of premature death in the developed world. It accounts for nearly 440000 deaths every year in the United States.

When you smoke, toxic chemicals from tobacco enter your bloodstream. Some of these chemicals send signals to your heart to beat harder and faster. Smoking also causes blood vessels to **constrict** (become more narrow), forcing blood to travel through a smaller space. Both of these effects cause high blood pressure. Smoking also lowers **high-density lipoprotein** (good cholesterol) in your body and increases the likelihood of **plaques** (fatty buildups) collecting on the inside of blood vessels, a condition called **atherosclerosis** (hardening of the arteries). Smoking also increases the risk of **thrombosis** (blood clots blocking a blood vessel). Over time, these effects increase the risk of having a **myocardial infarction** (heart attack).

Smoking can also increase the risk of having a **stroke** (sudden blockage of blood circulation in the brain). A stroke is usually caused by a blood clot getting lodged in the blood vessels supplying the brain with blood and oxygen. When this happens, brain cells begin to die. This can cause permanent brain damage or even death.



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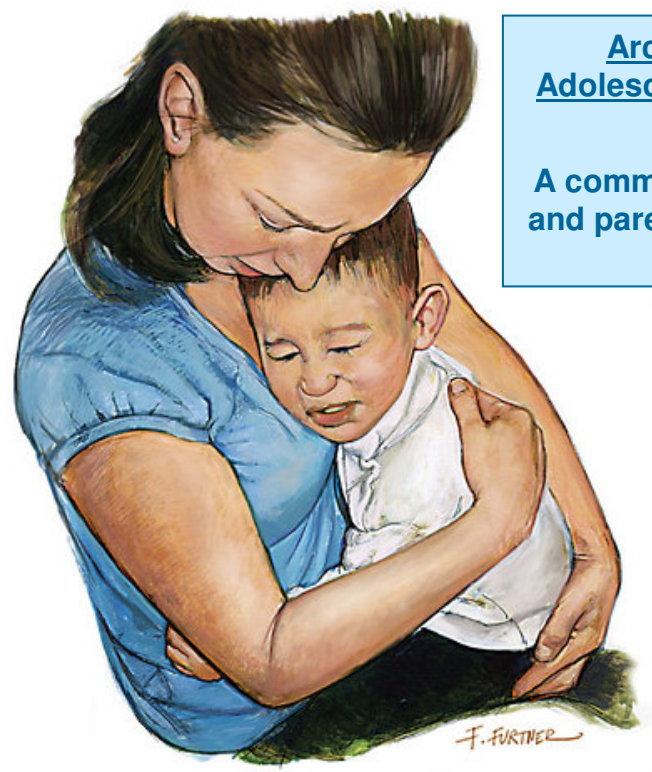
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Advice for Patients

Pertussis and the DTaP Vaccine

Pertussis, also known as whooping cough, is a very contagious respiratory tract infection caused by a bacterium called *Bordetella pertussis*. It can infect people of any age, but the infection can be very serious in infants. Complications of a pertussis infection in infants include pneumonia, seizures, brain injury, and death.



Archives of Pediatrics & Adolescent Medicine – Advice for Patients:
A communication tool for doctors and parents of young children and adolescents

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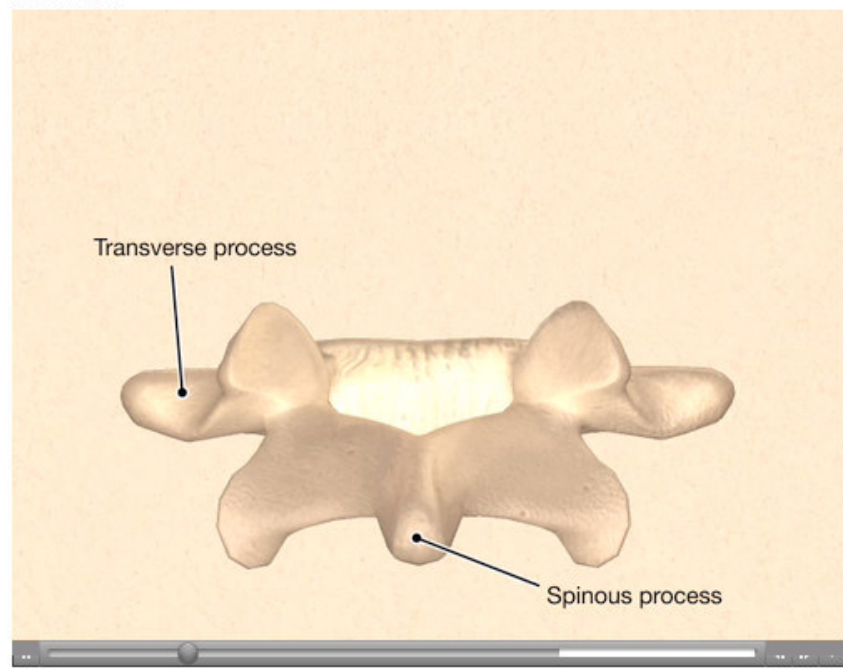
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Vol 126, No. 5, May 2008

Archives Clinical Challenge: You Make the Diagnosis

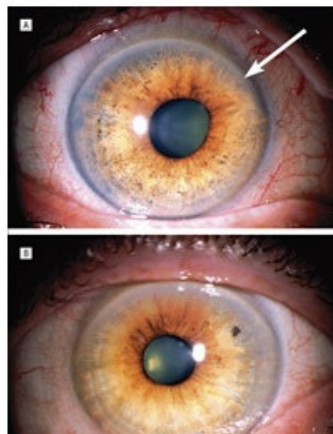
Pigment Dispersion in a 64-Year-Old White Woman

REPORT OF A CASE

A 64-year-old white woman from an outside ophthalmologist had a history of pigment dispersion glaucoma unresponsive to medical therapy in the right eye. The visual acuity in the affected eye was 20/60 OD with an intraocular pressure of 38 mm Hg and an elevated lesion beneath the peripheral iris at the 2-o'clock position. The left eye was normal. In the right eye, the peripheral iris and anterior lens capsule were covered by a fine dusting of pigment (**Figure**). There was a small amount of corectopia superonasally. On gonioscopy, the angle was narrowed superonasally and there was intense, homogeneous pigmentation of the trabecular meshwork for 360°. Her contralateral eye had a small iris nevus but was otherwise normal.

What is your diagnosis?

Quiz Cases: Users can test their knowledge



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Vol. 60 No. 8, August 2003

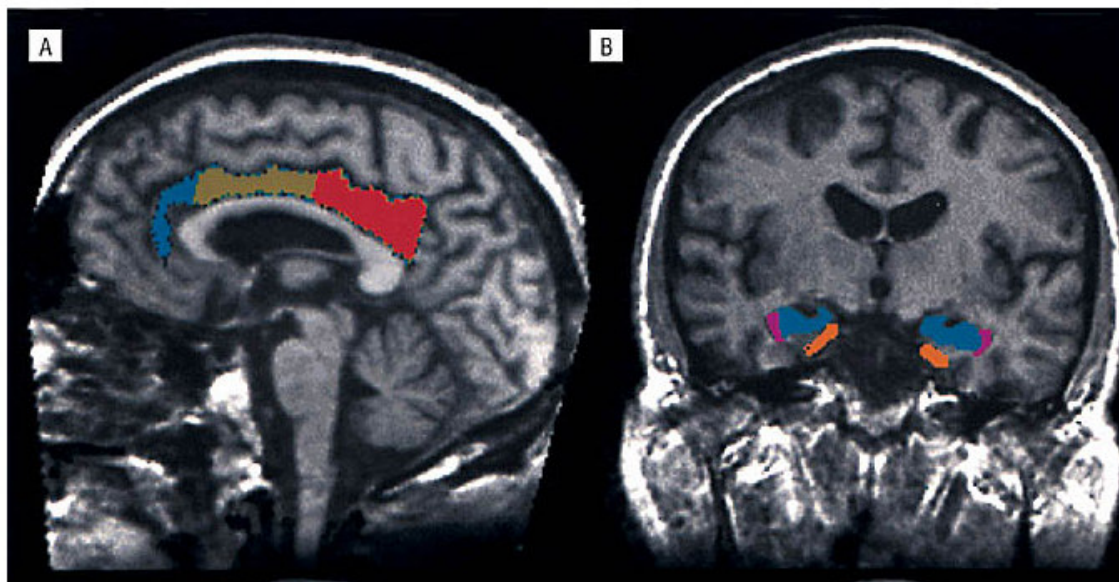
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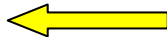
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Table 2. Fistula Thrombosis



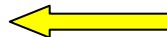
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Fistula Suitability for Dialysis

Fistula suitability was assessed in 758 randomized patients (86.4%) and in 95.8% of those who initiated dialysis soon enough to have suitability assessed (Figure). Of the fistulas assessed for suitability, the percentage with suitability failure did not differ between the clopidogrel group and the placebo group (61.8% vs 59.5%; relative risk, 1.05; 95% CI, 0.94-1.17; $P = .40$) (Table 3). The estimated relative risk of 1.05 was unchanged in the sensitivity analyses that incorporated imputation for the missing suitability outcomes. Similarly, there was no difference between groups in the percentage with suitability failure when fistulas that were treated with a percutaneous or surgical intervention because of poor maturation were classified as suitability failures (67.5% vs 65.4%; relative risk, 1.04; 95% CI, 0.94-1.15; $P = .42$).

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Table 3. Fistula Suitability Failure



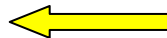
In both treatment groups, most of the fistula suitability failure outcomes were due to lack of use of the fistula during the ascertainment period, either because the fistula had already been abandoned or because the treating physician thought that it had not yet matured adequately (Table 3). Because of the possibility that our criteria for fistula suitability were too stringent, as a sensitivity analysis we removed the dialysis machine blood flow criteria from the definition of suitability and classified fistulas as suitable solely on the basis of use during 8 dialysis sessions during the suitability ascertainment period. Using this modified definition, the overall fistula suitability failure rate was 49.9% and there was no difference between treatment groups (47.8% in the clopidogrel group vs 52.1% in the placebo group; relative risk, 0.92; 95% CI, 0.81-1.07; $P = .30$).

Adverse Events

Adverse events were similar in the 2 treatment groups (Table 4). In particular, neither the frequency nor the severity of bleeding events was greater among participants treated with clopidogrel than among those who received placebo.

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Table 4. Adverse Events^a



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[A 50-Year-Old Man With Chronic Low Back Pain](#)

How would you manage this patient featured in Clinical Crossroads? Read the case and submit your response online; it may be posted with the article. Responses should be received by April 30, 2008.

The discussion by Dr Rathmell will be published on May 7, 2008.

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A new issue of JAMA is available online:

16 April 2008; Vol. 299, No. 15

The below Table of Contents is available online at: <http://jama.ama-assn.org/content/vol299/issue15/index.dtl>

This Week in JAMA

This Week in JAMA

JAMA. 2008; 299:1745. [FULL TEXT](#) | [PDF](#)

Original Contributions

Efficacy and Safety of Pyridoxal 5'-Phosphate (MC-1) in High-Risk Patients Undergoing Coronary Artery Bypass Graft Surgery: The MEND-CABG II Randomized Clinical Trial

MEND-CABG II Investigators*

JAMA. 2008; 299:1777-1787. [ABSTRACT](#) | [FULL TEXT](#) | [PDF](#)





















Comparison of Angioplasty With Infusion of Tirofiban or Abciximab and With Implantation of Sirolimus-Eluting or Uncoated Stents for Acute Myocardial Infarction: The MIII TISTRATEGY Randomized Trial

RSS Feeds: Keep your users up-to-date on current articles

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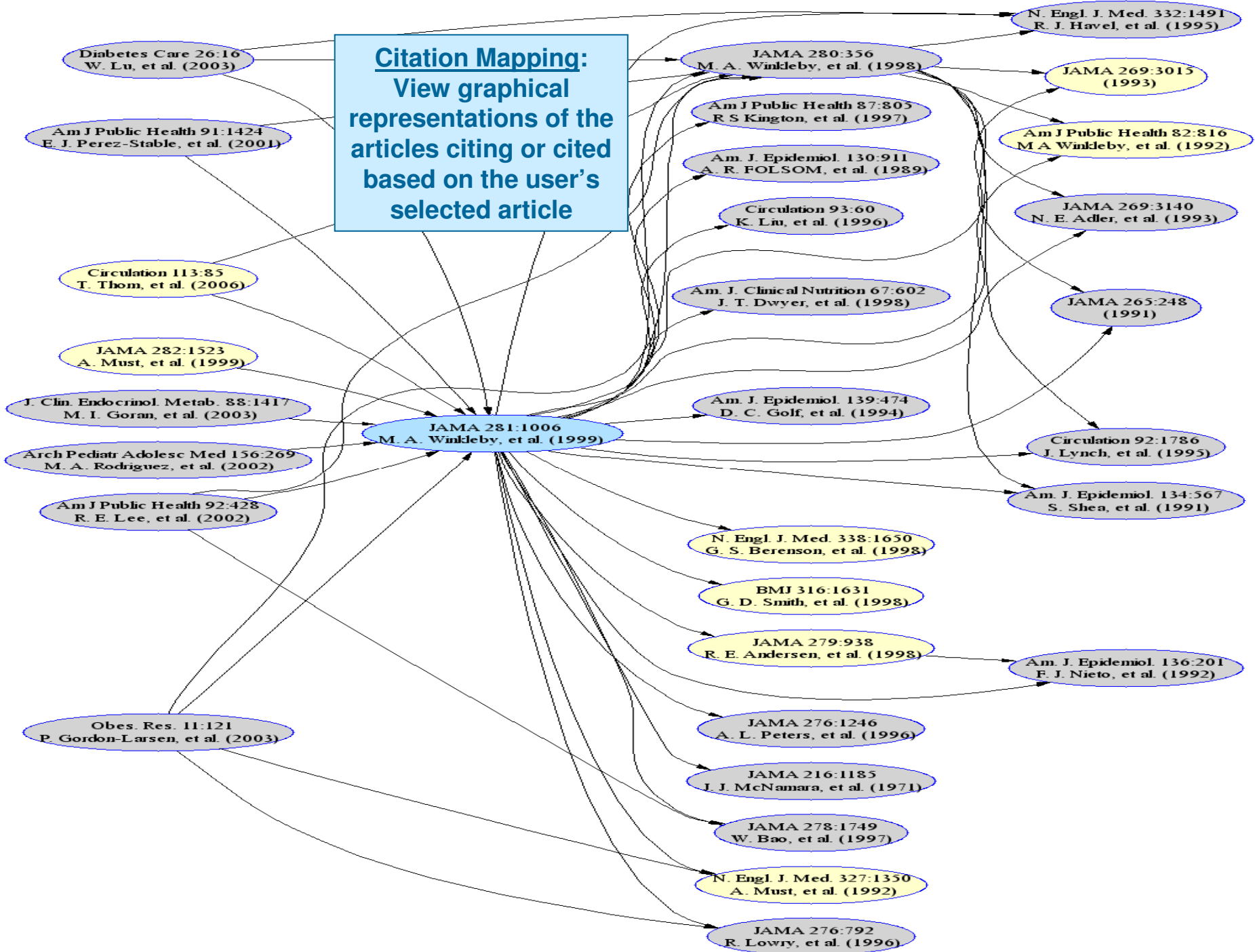
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ARTICLES

Ring Melanoma

W. A. MANSCHOT, MD

Arch Ophthalmol. 1964;71(5):625-632.

References

Article references have been provided for searching and linking. Additional reference information may be available in the article PDF.

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152 THE BRITISH JOURNAL OF OPHTHALMOLOGY

If we are prepared to accept this view it would seem reasonable to treat any case of accessible intra-ocular sarcoma by the foregoing means where the growth has not as yet seriously spoiled the eye, and in the rare cases where the growth occurs in an only eye or in an eye which is the only useful eye it would seem the proper treatment to adopt. It is, however, clearly impossible to make any dogmatic statement at this stage and further experience must be awaited.

The fact that dissemination may already have taken place before the seed was inserted makes it additionally difficult to form a sound judgment. I have known a patient die of dissemination twelve years after the removal of an eye for melanotic sarcoma, and without any local recurrence, and in such a case it seems necessary to suppose that dissemination occurred twelve years before causing death but had remained latent. (*Roy. Lond. Ophthal. Hosp. Reps.*, 1914, XIX, Part III, 421.)

With regard to technique it may be stated that it is not difficult to insert, and afterwards to remove, a radon seed from the substance of some cases at least of intra-ocular melanotic sarcoma without causing intra-ocular haemorrhage or any other complication, and I have since shown in other cases that this can be done even though the tumour is so far back as to be close to the optic disc

BJO

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Total for all journals		HighWire Press			1,472	1,515	1,428	1,816	813	906	751	806	1,312	1,739	2,014	863	15,435	8,603	6,832
JAMA	American Medical Association	HighWire Press	0098-7484	1538-3598	1,472	1,515	1,428	1,816	813	906	751	806	1,312	1,739	2,014	863	15,435	8,603	6,832

Journal Report 3 (R2) Number of Successful Item Requests and Turnaways by Month, Journal, and Page-Type

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JAMA	American Medical Association	HighWire Press	0098-7484	1538-3598	Table of Contents	479	374	550	305	257	353	247	276	338	546	268	210	4,203
JAMA	American Medical Association	HighWire Press	0098-7484	1538-3598	Abstracts	539	533	441	766	247	267	227	237	489	531	502	235	5,014
JAMA	American Medical Association	HighWire Press	0098-7484	1538-3598	Full-text PDF Requests	768	647	571	808	423	457	419	396	564	624	774	381	6,832
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Prolonged Hyperamylasemia in Diabetic Ketoacidosis

Eric vanSonnenberg, MD, C. S. Pitchumoni, MD, FRCP(C)

SOMOGYI'S pioneer report on blood diastase, associating diabetic ketoacidosis (DKA) with low serum amylase, has been modified by subsequent studies to the extent that the converse is now commonly accepted to be true. Several reports have repeatedly demonstrated^{1,2}—and others subsequently analyzed³—the importance of an *elevated* serum amylase level and its relation to the pancreas in DKA. We report a case with many similarities to the aforementioned, but unique in its prolonged hyperamylasemia with minimal to no abdominal findings in a patient with DKA and coma, lactic acidosis, hypothermia, and hypotension.

Report of a Case

A 54-year-old nonalcoholic woman, a known diabetic for three years who was taking chlorpropamide and phenformin

mm Hg, 16; and pH, 6.90. The white blood cell count was 10,900/cu mm, with 81 polymorphonuclear leukocytes, eight stabs, ten lymphocytes, and one monocyte. The hemoglobin level was 13.2 gm/100 ml, with a hematocrit reading of 41%. Serum amylase value was 1,300 Caraway units, and serum lactate level was 81.7 mg/100 ml, with a pyruvate level of 3 mg/100 ml. Urinalysis showed 8 to 12 white blood cells per high power field, 4+ glucose, and moderate ketones. Electrocardiogram showed sinus tachycardia. Chest roentgenogram showed evidence of fibrotic changes in both upper lung fields, with no areas of infiltration. An abdominal roentgenogram film showed nonspecific bowel distention.

The patient was initially treated with adequate amounts of fluid, insulin, bicarbonate, and a hyperthermic blanket. Cerebrospinal fluid contained a protein level of 82 mg/100 ml but was otherwise normal. Blood, urine, and cerebrospinal fluid cultures were negative; no acid-fast organisms were demonstrated

cause of the hyperamylasemia included upper gastrointestinal x-ray series and cholecystogram, which were normal. Results of ultrasonography of the abdomen were normal. Serum triglyceride values were 76 mg/100 ml; and cholesterol level, 121 mg/100 ml. Serum protein electrophoresis showed a normal pattern. Antinuclear antibody and lupus erythematosus preparations were negative.

The patient was discharged on the 14th day, with a serum amylase level of 440 Caraway units.

Comment

The presence of hyperamylasemia in a patient with DKA raises three questions: (1) Is the pancreatitis caused by diabetes mellitus? (2) Is the diabetes mellitus, as well as the ketoacidosis, a consequence of acute and chronic pancreatitis? Or finally, (3) is the amylase elevation in DKA unrelated to pancreatitis? The answer to

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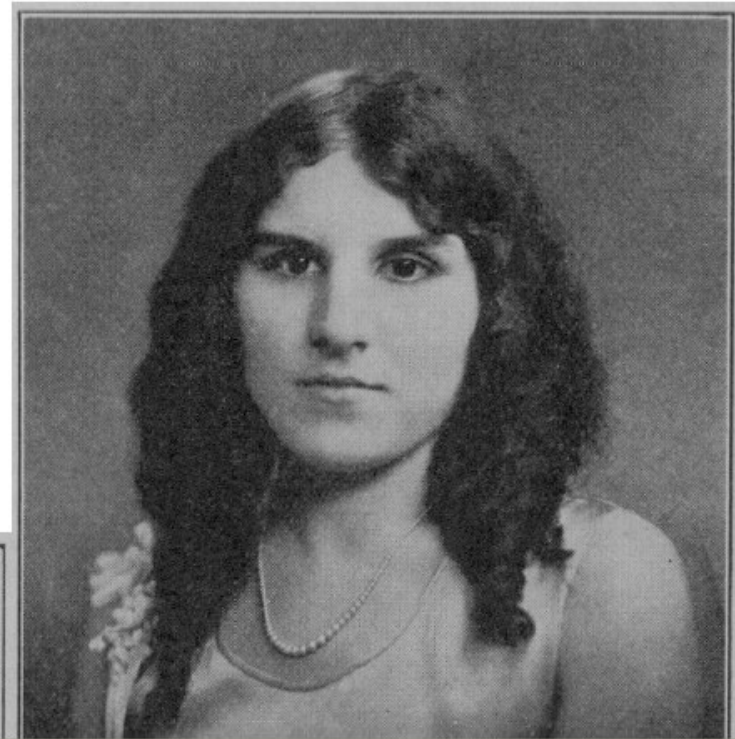


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