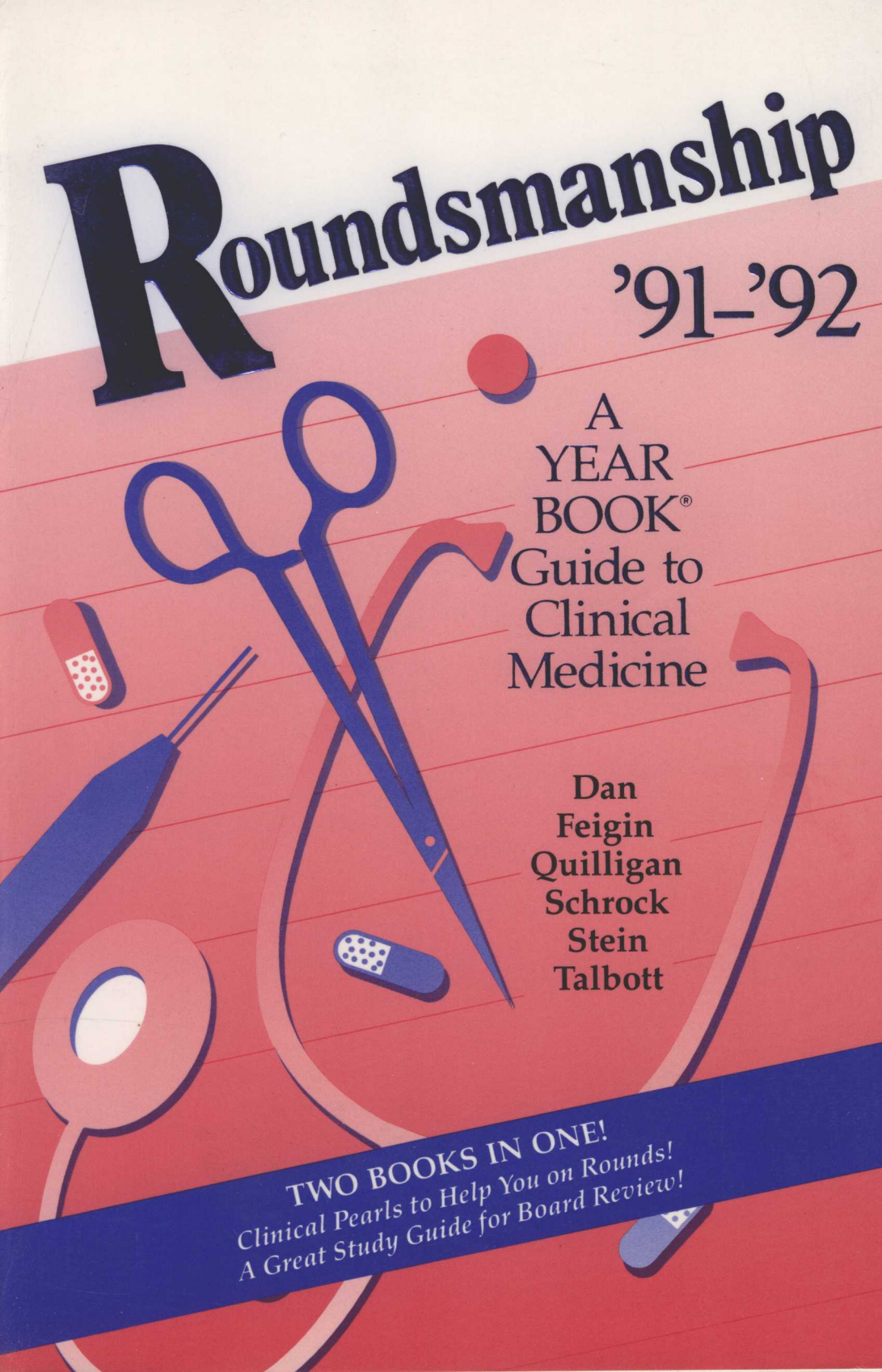


Roundsmanship

'91-'92



A
YEAR
BOOK®
Guide to
Clinical
Medicine

Dan
Feigin
Quilligan
Schrock
Stein
Talbott

TWO BOOKS IN ONE!
Clinical Pearls to Help You on Rounds!
A Great Study Guide for Board Review!

Roundsmanship '91-'92:

A YEAR BOOK® Guide to Clinical Medicine

Editor-in-Chief

Bruce B. Dan, M.D.

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STANDARD ABBREVIATIONS

The following abbreviations are used in this edition without expansion: AIDS (acquired immunodeficiency syndrome); CNS (central nervous system); CSF (cerebrospinal fluid); CT (computed tomography); ECG (electrocardiography); and HIV (human immunodeficiency virus).

... "rounds" are a brisk, exciting, intellectually challenging exercise for all involved. This book captures some of that atmosphere—you'll enjoy it.

David E. Rogers, M.D.
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The "pearls" are great . . .

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Vanderbilt University School of Medicine

... a very valuable book for house staff and others wishing to keep abreast of the entire spectrum of medicine. Even to medical sub-specialists it offers the opportunity for them to see the highlights of other areas of medicine . . .

Robert C. Young, M.D.,
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This was a brilliant idea . . .

John Bergan, M.D., F.A.C.S., Hon. F.R.C.S. (Eng)
Clinical Professor of Surgery
University of California, San Diego

... The editors and topics are well chosen and the book is delightful to read . . .

Byron J. Bailey, M.D.
Weiss Professor and Chairman
The University of Texas Medical Branch at Galveston

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Clinical Medicine



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ACKNOWLEDGMENT

Although the editors' six names appear prominently on the front and back covers of *Roundsmanship* '91-'92, all of the pages in between come from the diligent work of a much larger number of people. Credit for the book itself and thanks as well are due in major part to the following individuals who make *Roundsmanship* what it is: David Cramer, M.D., for his tireless work in the writing and editing of the abstracts; Edie Podrazik, Terri Strorigl, and Barbara Murphy for coordinating the mammoth task of literature surveillance; and Max Perez for putting it all on paper. The YEAR BOOK editorial team of Nancy Gorham, Sharon Tehan, and Carla White deserves our heartfelt appreciation, too, as the real behind-the-scenes editors, whose work, however, is quite visible and who ferret out, put together, and sometimes even create the individual pieces that make up this unified whole. And we cannot leave without recognizing once again the creative spirit of Mori Bombyx, which permeates this book, and Victor Boson, who went 'round and 'round to make this all happen.

DEDICATION

Roundsmanship '91-'92 is dedicated to the memory of Rudolph H. Kampmeier, M.D. (1898–1990), emeritus professor of Medicine at Vanderbilt University Medical Center. Dr. Kampmeier was known nationally and internationally for his astute clinical skills, superb teaching ability, and humanitarianism. He often displayed both his clinical and teaching skills in serving three times as director of Vanderbilt's Department of Medicine, and he was the nation's acknowledged expert on syphilis, teaching thousands of students and colleagues about the great masquerader. Dr. Kampmeier's literary talents were evident as author of several textbooks, including *Physical Examination in Health and Disease*, as well as being editor of the *Southern Medical Journal* for almost 20 years. He held numerous leadership posts in organized medicine, including President of the American College of Physicians, but Dr. Kampmeier clearly held teaching as his most dearly beloved pursuit. And he embodied perhaps better than anyone else Osler's dictum that he who knows syphilis knows medicine.

Bruce B. Dan, M.D.

Disease is very old and nothing about it has changed. It is we who change as we learn to recognize what formerly was imperceptible.

—Jean M. Charcot

INTRODUCTION

"I know nothing stays the same, but if you're willing to play the game, it's coming around again." . . .

Carly Simon, *Coming Around Again*

Although nothing stays the same, *Roundsmanship* has come around again. *Roundsmanship* '91-'92, the third edition in our series, is a collection of critical articles garnered from a representation of the world's 20,000 medical journals. The editors have selected the best articles published in the past year, and they have added comments as to why these are so important. Although these abstracts cannot substitute for the literature itself, they do represent the most important readings of the past year.

We've divided *Roundsmanship* '91-'92 into five sections, corresponding to the five major specialties: internal medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry. Although *Roundsmanship* was originally conceived for medical school students, it now has been embraced by residents and practicing physicians alike—not surprising, since the editors have always considered every physician to be a student of medicine. For those students in medical school, the sections provide an up-to-date guide to each of the clinical rotations. Residents and attendings can pick up the book, open it at random, and see what the medical literature has to offer.

We continue to scatter Clinical Pearls throughout the book. These little bits of information tend to pop up when least expected, just as on rounds. They range from classic wisdom passed on by the oral tradition ages ago to the latest knowledge in the ever-changing world of medicine.

This book is intended for you, and we'd like to know what we can do to make it more useful. Let us know what you think about *Roundsmanship*. We'd also like for you to contribute to this book. If you have a Clinical Pearl, an original bit of medical knowledge, or a time-honored piece of medical wisdom, just mail it to us c/o Mosby-Year Book, Inc., 200 North LaSalle Street, Chicago, Illinois 60601. If it's a polished pearl we'll publish it in the next possible edition along with appropriate attribution to the sender.

Bruce B. Dan, M.D.
Editor-in-Chief

Computer Enhanced Reading

The most frequent request I receive from fellow physicians is for help in accommodating to the torrent of new and valuable scientific publications. The well-thumbed textbook simply is no longer sufficient for modern daily clinical practice. Doctors frequently ask for analytical or synthetic works that separate the "important" work from the rest, or even works that bring together ideas from many fields.

The present volume, in the sense of the reprint journal, is an attempt to do just those things. The judgment of experts acts as a kind of intellectual filter, allowing to pass through to the reader a relatively small amount of important and well-said information. This solution, however, leaves many problems. Analysis and synthesis of medical information are still beyond the capability of computer automation; hence they are extremely labor-intensive activities. Furthermore, the entire field of medicine is not subject to a brief summary. And, of course, each of us has only a limited time to devote to reading (but an amazing ability for forgetting what we have read).

These problems notwithstanding, there are some alternative, effective strategies for staying informed, strategies involving the use of computers and the National Library of Medicine (NLM). Yet, one should confess at the onset that none rivals the economy, convenience, and friendliness of a good book.

Dr. Robert G. Petersdorf, in his introduction to this work in 1989, urged students and doctors to "Center your reading on the patient. In my experience, it makes reading more meaningful and enhances retention." I could not agree more enthusiastically with his recommendation. The immediacy of a patient problem provides extra motivation for us to press on and gain a real understanding of the issue. We often find that information so gained is well remembered, not because we made any special effort to commit it to memory, but because we were highly motivated to understand the problem.

Surprisingly, the quest for patient-centered reading can be aided by the modern digital computer system and the NLM. In fact, last year American physicians (and other health professionals) used their computers and telephone lines to search NLM's MEDLARS files—containing some 13 million references and abstracts—almost 5 million times! Repeated surveys of MEDLINE users reveal that half of all searches are made on behalf of individual patients. That is, the articles were being sought and read to help elucidate a patient-care problem. The doctor was doing patient-centered reading.

What are the consequences of this kind of computer-medi-

ated reading of medical literature? The NLM, of course, has been most interested to learn if the information provided via its systems did actually help the doctor, in whatever setting the question arose. Similarly, we wondered, when a patient was involved, did applying the information actually result in improving the medical outcome? To find the answers to such questions, NLM conducted a formal "critical incident technique" study of cases in which doctors searched MEDLINE.

Briefly, the study first revealed a much broader range of purposes for doing MEDLINE searches than we had previously imagined. Second, the incidents reported by the physician users included an astounding number of occasions on which MEDLINE retrieval helped to correct treatments that were thought to be lifesaving, others in which limbs were spared surgery or surgical procedures were altered, diagnoses were modified, and many other gratifying outcomes. A frequent and not inconsequential outcome was to relieve the anxiety of doctor and patient by confirming with a literature search that "nothing had changed," i.e., that the current therapy was still the best that could be offered, or that the current diagnosis was still correct despite the symptoms having become more extreme.

Some MEDLINE users are sophisticated. They know how to use our controlled thesaurus (Medical Subject Headings) to select just the right index term. They may know how to use Grateful Med, NLM's microcomputer-based user search system, to select articles from only those journals held in their hospital library, or even to limit the retrieval to journals that they personally judge to be the most reliable. Such skillful users challenge us to continue to develop even better systems.

Most of our physician users, however, are not so computer-sophisticated. Yet, they often benefit from intelligent use of present-day information resources—even when those resources are not optimal. One physician, for example, recently wrote to me to report his successful use of MEDLINE to fetch up an article that helped in establishing drug treatment for a patient with a rare meningitis. Even though the doctor could not do the search himself because the CD-ROMs were in use, the medical librarian retrieved pertinent references from MEDLINE. The hospital library did not actually have the journal with the critical article, but the article was quickly sent by facsimile from a Regional Medical Library. In spite of these hindrances, the physician wrote: "I was able to use the information to help care for this baby who will survive this catastrophic

illness . . . The volume and the rapid availability of information via electronic media is astounding"

What do such tales mean to the reader of this book? I believe this volume should be used to improve one's understanding of medical processes, not as a source of facts on which to base treatment. In other words, as you read this book, don't take notes and don't memorize. Take away improved understanding. When you need up-to-date facts and the latest advice, search the literature via a computer system like Grateful Med. Read the key articles in the light of your patient's problem. Then you can count on having greatly increased the chances that you've learned something useful for life.

Donald A. B. Lindberg, M.D.
Director, National Library of Medicine
Bethesda, Maryland

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1

Internal Medicine

Introduction

Another year has come and gone, and the mass of information in internal medicine has once again expanded tremendously. At the forefront is the AIDS epidemic, which has changed the entire practice of medicine. But as you'll see by the papers that have been selected, a lot of other interesting things have happened as well.

In the general topics section, we have discussed a number of interesting aspects relating to such matters as attitudes toward the diagnosis and treatment of alcoholism, outcomes of cardioresuscitation in the elderly, my continuing battles with people who want to exercise, and the critical issue of drug compliance.

Nephrology, my own field, has recently developed many interesting aspects. To my amazement, some people seem to believe that renal biopsies aren't helpful. We have chosen articles that address this issue. A clever new approach to the treatment of renal osteodystrophy is discussed, and there are a number of interesting approaches related to the therapy of hypertension.

In the hematology/oncology section we continue the outstanding results with erythropoietin and discuss some of the complications of anticoagulants.

Gastroenterology is doing just fine. We report on a very important study in a randomized multicenter trial indicating that steroid therapy can be efficacious in patients with severe alcoholic hepatitis, and also point out that interferon can be useful in patients with chronic hepatitis. Wilson's disease and hemochromatosis are discussed and, to keep the hollow organ people happy, we also include a number of abstracts related to gastrointestinal bleeding, irritable bowel syndrome, Crohn's disease, and other topics.

And then there is cardiology. This is really a confusing area. We will continue to present annually various clinical trials, New York stock exchange market quotes, and other related issues. This year we again point out the problems of cocaine, the proarrhythmic effect of some of the antiarrhythmic agents, the virtues of endomyocardial biopsy, and other points of interest.

In pulmonary diseases we continue the progressively im-

proving story of lung transplants, present interesting work on eosinophilic pneumonia, various therapeutic maneuvers for chronic lung disease, and other new and interesting issues.

In rheumatology we present at least one of the papers on the new entity the "eosinophilia-myalgia syndrome." Papers are also reviewed that discuss anticytoplasmic autoantibodies and the continuing story of the antiphospholipid syndrome.

The AIDS section (alias the Infectious Diseases section) continues to present an incredible amount of new information in this area. We also have space for reviewing how one treats urinary tract infections and entities such as Lyme disease.

The endocrinology and metabolism section emphasizes a number of aspects of metabolic bone disease, the continuing saga over whether one should or should not worry about cholesterol, and papers on the delineation of the pathogenesis of diabetic nephropathy.

We end with a major clinical trial showing the efficacy of an antiplatelet drug in thromboembolic stroke and a couple of papers studying that most intriguing and mysterious substance, amyloid. I hope you like this potpourri.

Jay H. Stein, M.D.

General Topics

How Do House Officers Spend Their Nights? A Time Study of Internal Medicine House Staff on Call

Lurie N, Rank B, Parenti C, et al
N Engl J Med 320:1673-1677, 1989

1-1

Like a "time-motion" efficiency study, this study was designed to show how internal medicine house officers spend their on-call time. Experience at a university, a veteran's hospital, and a county hospital indicated that the staff spent relatively little time in direct patient contact but considerable time charting. They often were interrupted both while working and when trying to sleep. Sleep time averaged 2-4 hours, but sleep tended to be interrupted after 40-80 minutes. One would hope that data such as these will lead to a better working environment for house staff, more physician satisfaction, and improved patient care.