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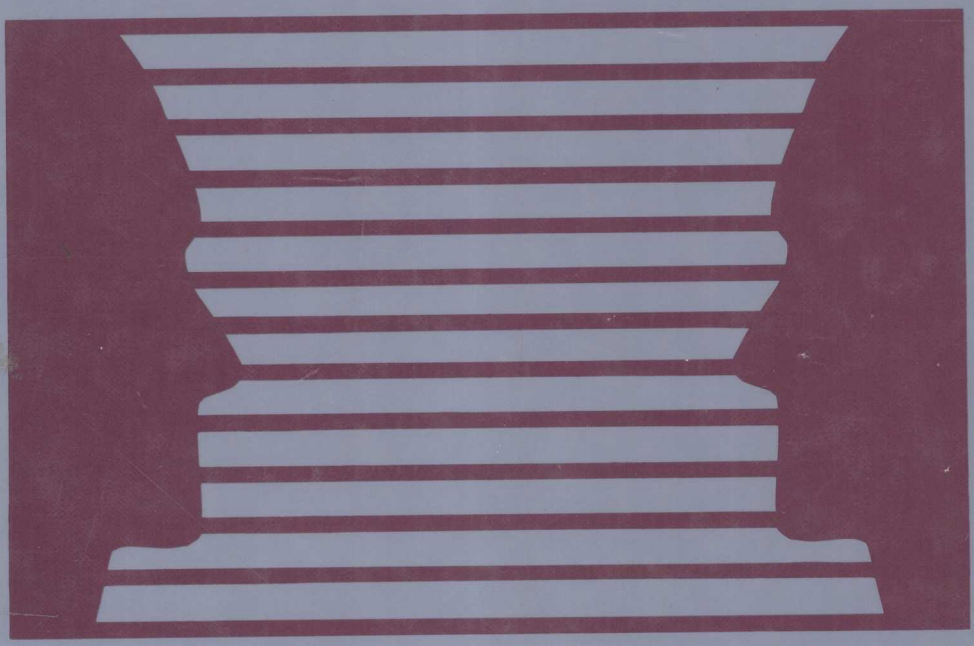

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This book is dedicated to my wife Cherna, my children Tracy, Jill, Kim, and Neil, my mother Ann, and my brother Jerry and his wife Saranne, and their daughters Andrea and Nan Marie. Their time was taken in order to develop this volume and it is to them that I am most greatly indebted.

Contributors

Michael B. Albert, M.D.

Assistant Professor of Medicine
Director of Biliary Lithotripsy
Division of Gastroenterology and Nutrition
George Washington University School of Medicine and Health Sciences
George Washington University Medical Center
Washington, D.C.

John H. Bond, M.D.

Professor of Medicine
University of Minnesota Medical School—Minneapolis
Chief, Gastroenterology Section
Minneapolis Veterans Administration Medical Center
Minneapolis, Minnesota

Harisios Boudoulas, M.D.

Professor of Medicine and Pharmacy
Division of Cardiology
Ohio State University College of Medicine
Columbus, Ohio

Vinton S. Chadwick, M.D.

Professor of Experimental Medicine
Director, Wellcome Medical Research Institute
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Donald E. Craven, M.D.

Professor of Medicine and Microbiology
Boston University School of Medicine
Division of Infectious Diseases
Boston City Hospital
Boston, Massachusetts

John K. Davidson, M.D., Ph.D.

Professor of Medicine
Emory University School of Medicine
Atlanta, Georgia

Lorraine A. Fitzpatrick, M.D.

Director, Bone Histomorphometry Unit
Endocrine Research Unit
Division of Endocrinology
The Mayo Clinic and Mayo Foundation
Rochester, Minnesota

Hans Fromm, M.D.

Professor of Medicine
Director, Division of Gastroenterology and Nutrition
George Washington University School of Medicine and Health Sciences
George Washington University Medical Center
Washington, D.C.

Mihai Gheorghiade, M.D.

Associate Professor of Clinical Medicine
University of Michigan Medical School
Ann Arbor, Michigan
Chief, Cardiac Intensive Care Unit
Henry Ford Hospital
Division of Cardiovascular Medicine
Henry Ford Heart and Vascular Institute
Detroit, Michigan

John W. Hoyt, M.D.

Chairman, Department of Critical Care Medicine
St. Francis Medical Center
Clinical Professor
Anesthesiology and Critical Care Medicine
University of Pittsburgh School of Medicine
Pittsburgh, Pennsylvania

Wishwa N. Kapoor, M.D., M.P.H.

Associate Professor of Medicine
Department of Medicine
University of Pittsburgh School of Medicine
Pittsburgh, Pennsylvania

Ronald L. Koretz, M.D.

Professor of Medicine
University of California, Los Angeles
UCLA School of Medicine
Chief, Division of Gastroenterology
Olive View Medical Center
Sylmar, California

Harold E. Lebovitz, M.D.

Professor of Medicine
Chief, Section of Endocrinology and Metabolism
State University of New York Health Science Center at Brooklyn
Brooklyn, New York

Lawrence E. Mallette, M.D., Ph.D.

Associate Professor of Medicine
Division of Endocrinology and Metabolism
Department of Internal Medicine
Baylor College of Medicine
Staff Endocrinologist
Medical Services
Veterans Administration Medical Center
Houston, Texas

Jay Marks, M.D.

Associate Professor of Medicine
UCLA School of Medicine
Associate Director
Division of Gastroenterology
Cedars-Sinai Medical Center
Los Angeles, California

Barry M. Massie, M.D.

Professor of Medicine
University of California, San Francisco, School of Medicine
Director, Coronary Care Unit and Hypertension Clinic
San Francisco Veterans Administration Medical Center
San Francisco, California

Dennis E. Niewoehner, M.D.

Chief, Pulmonary Section
Veterans Administration Medical Center
Professor of Medicine
University of Minnesota Medical School
Minneapolis, Minnesota

Joel F. Panish, M.D.

Clinical Professor of Medicine (Gastrointestinal)
UCLA School of Medicine
Associate Director
Gastrointestinal Endoscopy Unit
Cedars—Sinai Medical Center
Los Angeles, California

David A. Peura, M.D.
Colonel, United States Army
Chief, Gastroenterology Service
Walter Reed Army Medical Center
Washington, D.C.

R. Balfour Sartor, M.D.
Associate Professor of Medicine
Division of Digestive Diseases and Nutrition
University of North Carolina School of Medicine
Chapel Hill, North Carolina

Irwin Ziment, M.D.
Chief of Medicine
Olive View Medical Center
Sylmar, California
Professor of Medicine
UCLA School of Medicine
Los Angeles, California

Preface

Controversial issues remain at the center of progress in medicine. This volume devotes a chapter to each of ten controversies. The associate editors and I have chosen authors who are experts in their fields and have instructed them to argue the very best case possible for the position to which they have been assigned. They have been told to do so in spite of their personal beliefs or preferences. In most instances, authors were selected because they have publicly advocated the position assigned. This is not uniformly true. In some instances, as is sometimes the case with oral debates, authors have been asked to present views opposite to those which they espouse.

At the end of each chapter editorial comments are provided in an effort to briefly summarize the critical material within the debate and to provide an evaluation of the strengths and weaknesses of the arguments. These comments also should be taken as opinion. Nevertheless, we have tried to bring together differing opinions and guide the reader through each issue. Most readers will disagree with some of the opinions in this volume. It is our hope that this disagreement will stimulate thought and insight and that knowledge of both sides of a controversy will expand basic knowledge of the diseases discussed.

I wish to thank my associate editors who worked closely with me in the development of this volume. They are: H. Verdain Barnes, M.D., Thomas P. Duffy, M.D., Richard P. Lewis, M.D., and Richard H. Winterbauer, M.D. I am greatly indebted to Mrs. Susan Dashe who meticulously and diligently worked to put together this volume. All of us involved with the production of this volume hope that the reader finds it stimulating, interesting, and educational.

Gary Gitnick, M.D.

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DEBATES IN MEDICINE

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Should Patients With Cardiovascular Disease and Unexplained Syncope Undergo Invasive Electrophysiologic Study?

Chapter Editor: Richard P. Lewis, M.D.

Affirmative: Harisios Boudoulas, M.D.
Professor of Medicine and Pharmacy, Division of Cardiology, Ohio State University College of Medicine, Columbus, Ohio

Negative: Wishwa N. Kapoor, M.D., M.P.H.
Associate Professor of Medicine, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

Editor's Introduction

Syncope is one of the most difficult of symptoms to evaluate and treat. The alarmingly high 1-year mortality of cardiac syncope adds a strong element of anxiety to the syncope work-up. The fact that routine evaluation is not diagnostic in up to 50% of cases further frustrates the clinician. Fortunately, over the past decade, substantial advances in our understanding of syncope have occurred. Both Dr. Boudoulas and Dr. Kapoor have made major contributions to this new knowledge, albeit from quite different vantage points.

Richard P. Lewis, M.D.

Affirmative

Harisios Boudoulas, M.D.

Syncope, by definition, is a sudden and transient loss or depression in the state of consciousness. As a presenting complaint, syncope connotes a diversity of disorders ranging from a benign episode to catastrophic sudden death. On the basis of recent studies, patients with syncope can be classified into three broad categories[1]: syncope unassociated with heart disease, syncope associated with heart disease, and syncope of undetermined cause. The 1-year mortality risk for patients with syncope associated with cardiac disease varies from 19% to 33%, while that for patients with syncope unassociated with cardiac disease varies from 0% to 12%. In patients with syncope of undetermined cause, 1-year mortality clusters at about 6%.[1–3] Clearly, the highest mortality risk among patients with syncope occurs among those with associated cardiac disease. Because the prognosis with cardiac syncope is poor, and because therapy, in certain cases, may control symptoms and improve survival, thorough evaluation is necessary. In this debate, the diagnostic evaluation of patients with cardiac disease and unexplained syncope, with emphasis on electrophysiologic studies, is presented briefly.

Diagnostic Evaluation of Syncope

As an initial approach to diagnosis, it is essential to attempt to distinguish the underlying cause of syncope in terms of three basic categories listed earlier. This differentiation is accomplished in a majority of patients in whom a diagnosis can be established through careful attention to the history and physical examination[1] (Fig 1). Clinical studies augment the history and physical examination in detecting the presence of cardiac disease and assessing its severity. An echocardiographic Doppler study, therefore, should be considered in most patients, even if noncardiac syncope is suspected.

Diagnostic Evaluation of Syncope Associated With Cardiac Disease

Either severe obstruction to cardiac output or disturbances of cardiac rhythm can produce syncope of cardiac origin. Obstructive lesions and arrhythmias frequently coexist; indeed, one abnormality may accentuate the