

Letter from the Executive Editor

Robert Zeiders, MD

Subject Review

CME

Update on Wine and Health

Abraham Kocheril, MD

.....1

CME

Hyperbaric Oxygen Therapy

Allan File, MD

.....4

CME

Irritable Bowel Syndrome Overview

Andrew Batey, MD

.....8

CME

Aortic Stenosis as a Marker for Coronary Atherosclerosis

L. Scott Cook, MD

.....17

Oncology

CME

Oral Cancers

John Brockenbrough, MD

.....20

Case Studies

CME

Life-Threatening Cerebral Sinus Thrombosis from Factor V Leiden Mutation: A Case Report and Review of Factor V Leiden

Sujatha Krishnan, MD

Naveen Manchanda, MD

.....24

CME

The Brugada Syndrome, ST-elevation of ECG

Ali A. Sovari, MD

Marilyn Prasun, RN

Abraham Kocheril, MD

.....30

A JOURNAL
OF PRACTICAL
MEDICINE

contents

FALL 2006 • VOL.49 NO. 2

csp



Executive Editor
Robert Zeiders, MD

Managing Editor
Patricia G. Stevens

Associate Editor
Annette Fudge

Reference Editor
Gerald T. DeWitt

Production Editor
Melissa Englund

Design & Production
Becky Ponder

Copyright © 2006 The Carle Foundation.

Carle Selected Papers is funded by Carle Development Foundation and in part by acknowledged contributions. All material subject to the *Carle Selected Papers*' copyright may be photocopied for the noncommercial purpose of scientific or educational advancement. *Carle Selected Papers* is produced by Carle's Advertising & Marketing Communications Department.

The ideas and opinions expressed in *Carle Selected Papers* do not necessarily reflect those of the Editors, Publisher or the institution with which the author is affiliated, unless this is clearly specified. Publication of an advertisement or other product mention in *Carle Selected Papers* should not be construed as an endorsement of the product or the manufacturer's claims. Readers are encouraged to contact the manufacturer with any questions about the features or limitations of the products mentioned. The Publisher does not assume any responsibility for any injury and/or damage to persons or property arising out of or related to any use of the material contained in this periodical. The reader is advised to check the appropriate medical literature and the product information currently provided by the manufacturer of each drug to be administered to verify the dosage, the method and duration of administration, or contraindications. It is the responsibility of the treating physician or other health care professional, relying on independent experience and knowledge of the patient, to determine drug dosages and the best treatment for the patient.



FALL 2006

Correspondence and submissions should be addressed to:
Carle Selected Papers • Carle Foundation Hospital
Hospital Education • 611 W. Park Street • Urbana, IL 61801

Electronic mail may be addressed to: CarleSelectedPapers@carle.com

letter from the executive editor

I start my tenure as Executive Editor of *Carle Selected Papers* enthused by the charge of steering the journal in a more scientific direction and pleased to be working again with many of my former colleagues. For those who have joined the Clinic since my retirement from practice I look forward to meeting you and working together on this endeavor.

Every practicing doctor, nurse and therapist observes important facts or events that s/he never saw in any textbook or journal. That new information is worth sharing. It does not need to be earthshaking, just clinically useful.

For example, when I was a resident, I lost a five-year-old boy with juvenile rheumatoid arthritis to Reye's syndrome caused by indomethacin, not aspirin. After local autopsy findings were confirmed by the Armed Forces Institute of Pathology, the manufacturer and the FDA were notified. Within months of that autopsy, all physicians in the United States received a letter from the manufacturer about the adverse event.

In another instance, when oral gold capsules became available for rheumatoid arthritis patients about twenty years ago, the manufacturer's recommended administration was 3 mg twice daily for six months. If no improvement occurred by then, dose escalation to 3 mg three times daily was recommended for an additional three months. However, simple monthly office observation for improvement led to a time-response curve which showed that more than 90% of potential responders were identified by four months and that escalation to 9 mg/day caused diarrhea in more than 80% of patients. When this information was shared with the manufacturer, the package insert was promptly changed to appropriately shorten therapeutic trials.

Another time, when drug blood level measurements showed that liquid methotrexate was absorbed as well as the tablet form, I switched many of my rheumatoid arthritis patients from methotrexate tablets to the liquid form which cost about 90% less. Patients were observed for clinical response and any new side effects for more than one year. Response was comparable to that from tablets and only mild nausea appeared in a few patients and that resolved with diluting the liquid medication in water or fruit juice. My patients saved over \$100,000 collectively at the pharmacy during their first year on liquid methotrexate. This information was presented in poster form at an American College of Rheumatology meeting.

I don't write any of this to toot my own horn. I use these as three examples of clinically important observations from my office practice that could have been published. Although appropriate actions were taken to disseminate the information, those actions did not preclude publication.

(continued on next page)

Think about it. Each of you has undergone prolonged and rigorous scientific training to get where you are in your career. Have you seen or done something new and noteworthy in your practice that should be shared with other healthcare providers to benefit more patients? If so, submit it for publication in *Carle Selected Papers*. We will be making the journal available on the Internet, so your information will have a worldwide audience.

You do not have to work for or with the Carle Foundation Hospital or Carle Clinic to be published in this journal. We encourage dialogue and we welcome material in any form: letters to the editor, clinical pearls, case reports. We invite all of our healthcare readers to submit scientific articles. I know you have information to share. I ask that you do it now.

Robert Zeiders, MD