



DEDICATED TO LIFELONG LEARNING

EDITORIAL

## Every action causes a reaction: the inevitable backlash against managed care

We should be wary of getting carried away with HMO-bashing, lest we create a nightmarish system that has all the limited choices of managed care—without reducing costs.

J.D. CLOUGH Editor-in-Chief

MEDICAL GRAND ROUNDS

#### Reperfusion for acute myocardial infarction: 1997 and beyond

The optimal thrombolytic therapy will be a cocktail of several thrombolytic, antithrombotic, and antiplatelet agents, each of which attacks different pathways of clot formation.

E.J. TOPOL

## Physician-assisted suicide: the cases and issues before the Supreme Court 13

How the Court rules on physician-assisted suicide will spur further legal debate for decades.

M.J. MEEHAN

INTERPRETING KEY TRIALS

#### The Bypass Angioplasty Revascularization Investigation (BARI) trial: implications for clinical practice 17

Both PTCA and CABG have their own inherent advantages and disadvantages, which must be weighed in the treatment decision for each patient.

P.L. WHITLOW

INTERNAL MEDICINE BOARD REVIEW

### Nonresolving alveolar infiltrates in a 43-year-old woman 21

A 43-year-old woman presents with a 1-year history of intermittent nonproductive cough. What is the diagnosis and treatment?

T.R. MURPHY, E.J. SULLIVAN AND J.K. STOLLER

CANCER DIAGNOSIS AND MANAGEMENT

### When and how to use serum tumor markers in clinical practice

Clinicians have long wanted a simple test sensitive enough to detect cancer in its early stages, yet specific enough to not produce false-positive results. Unfortunately, no such ideal test exists, or is likely to.

M. MARKMAN

CONTINUED ON PAGE 5

27



37

**CONTINUED FROM PAGE 4** 

CARDIOLOGY DIALOGUES

#### Cardioversion or rate control for atrial fibrillation: balancing risks and benefits 31

In managing atrial fibrillation, should physicians try to restore and maintain sinus rhythm, or take a more conservative approach and try only to control the heart rate and prevent thromboembolism?

K.A. ELLENBOGEN AND P.J. TCHOU

CLINICAL REVIEWS

## Extraesophageal presentations of gastroesophageal reflux disease: the case for aggressive diagnosis and treatment

GERD often causes noncardiac chest pain, asthma, and ear, nose, and throat problems. Aggressive prevention of acid reflux, using either drugs or surgery, is the key to treatment.

J.E. RICHTER

#### Experiences of a sleep disorder center: 1700 patients later 4

Sleep studies reveal many patients to have specific sleep abnormalities different from what might be suspected from the clinical history.

W.B. MENDELSON

DEPARTMENTS

Memorial	52
Letters	53
CME Calendar	54
CME Credit Test	55

Test your knowledge of clinical topics in this issue





# **Upcoming Features**

- Strategies for managing congestive heart failure
- Female urinary incontinence: the primary clinician's role in diagnosis and treatment
- Using peak flow meters to assess asthma