



Dear Colleague:

This month's stroll through the byways of medicine has its usual twists and turns, but in the end, I think it advances our ability to manage the problems we all see every day. Algorithms, guidelines, new treatments, and other odds and ends are all a part of the mix. I hope that you enjoy it.

■ Antileukotrienes and asthma (page 519)

An exciting new strategy for treating asthma has emerged with the recent approval of three new antileukotriene drugs. Dr. Kavuru and colleagues discuss the current evidence supporting this approach and compare leukotriene antagonists with inhaled corticosteroids for treating asthma. An illustration shows how antileukotriene drugs treat asthma.

■ High-dose vs low-dose ACE inhibitors for heart failure (page 539)

Dr. Hobbs reviews the results of the recently completed ATLAS study of 3,164 patients with heart failure treated with high-dose vs low-dose lisinopril. This study showed that high doses work better than low doses, especially in reducing the need for recurrent hospitalization, confirming once again the importance of including ACE inhibitors in heart failure.

■ Epilepsy (page 527)

The most important element in successful management of seizure disorders is making the correct diagnosis, yet there are many pitfalls on the path. Drs. Arunkumar and Morris review the latest medical and surgical treatment options.

■ IM Board Review (page 515)

In this month's IM Board Review, Drs. Jaffer and Calabrese discuss the evaluation and management of a 44-year-old woman with a long history of migraine, who recently developed severe back and abdominal pain.

■ Idiopathic thrombocytopenic purpura (page 510)

The American Society of Hematology has developed interim guidelines for the diagnosis and treatment of idiopathic thrombocytopenic purpura, as there are few randomized trials of treatment options.

Dr. Lichtin reviews the current thinking, including the role of corticosteroids, IV immunoglobulin, and splenectomy, as well as newer forms of therapy, such as thrombopoietin, anti-CD40 ligand, and anti-D.

■ Daytime sleepiness (page 543)

Dr. Benbadis points out that we don't do a good enough job of detecting and managing abnormal sleepiness. This can be a dangerous condition, causing accidents, and in the case of sleep apnea—hypertension, stroke, myocardial infarction, and death. Office-based evaluation can identify patients who require further testing and intervention.

■ Vasculitis look-alikes (page 550)

Syphilis and AIDS have both been cited as notorious disease mimics, but they have nothing on the various forms of vasculitis.

Dr. Sack discusses differentiation of vasculitis from other vascular conditions, use of the laboratory, and pitfalls of diagnosis.

As always, we are interested in what you think of the *Journal*, and your ideas for future topics.

JOHN D. CLOUGH, MD
Editor-in-Chief
ccjm@cesmtp.ccf.org