

Prognostic Factors and Antibiotics in *Vibrio vulnificus* Septicemia

When hemorrhagic bullous necrotic cutaneous lesion (HBNCL) and dropped blood pressure develop, approximately 50% of patients with *Vibrio vulnificus* septicemia died within 48 hours. In a retrospective study of *V vulnificus* bacteremia in patients admitted to medical centers in Taiwan between 1995 and 2003, the authors conclude that septic shock is a determinant of fatality in *V vulnificus* bacteremic patients without HBNCL, and their data suggest that combination of a third-generation cephalosporin and tetracycline or its analogue may be a better choice in antimicrobial treatment for *V vulnificus* bacteremic patients with HBNCL.

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High-Sensitivity C-Reactive Protein, Lipoprotein-Associated Phospholipase A₂, and Outcome After Ischemic Stroke

E lkind et al determined levels of high-sensitivity C-reactive protein (hs-CRP) and lipoprotein-associated phospholipase A₂ (Lp-PLA₂) in 467 patients with incident stroke from a population-based study. Level of hs-CRP, but not Lp-PLA₂ level, was associated with stroke severity. After adjusting for demographic and medical risk factors, Lp-PLA₂ level, but not hs-CRP level, was associated with risk of recurrent stroke. Compared with the lowest quartile of Lp-PLA₂ level, those in the highest had an increased risk of recurrent stroke (adjusted hazard ratio, 2.08). Those in the highest quartile of hs-CRP level had approximately double the mortality of those in the lowest quartile. Level of Lp-PLA₂ may be a stronger predictor of recurrent stroke risk than hs-CRP level, while hs-CRP level appears to be associated with mortality after stroke.

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Association of Persistent Right Ventricular Dysfunction at Hospital Discharge After Acute Pulmonary Embolism With Recurrent Thromboembolic Events

G rifoni et al analyzed the outcome of 301 consecutive patients with pulmonary embolism (PE) according to echocardiographic evidence of right ventricular dysfunction (RVD) on hospital admission and at discharge. The persistence of RVD at discharge was found in 20% of patients with a first episode of PE. During a mean ± SD of 3.1 ± 2.7 years, patients with RVD persistence showed increased risk of recurrent venous thromboembolism (VTE) (9.2% patient-years) compared with those without RVD (3.1% patient-years) or RVD regression (1.1% patient-years) (P = .001). At multivariate analysis, adjusted by anticoagulant treatment duration, RVD persistence was an independent predictor of recurrent VTE (hazard ratio, 3.79; P < .001). The authors conclude that RVD persistence is common at hospital discharge after the first episode of PE and that the persistence of RVD at discharge is associated with an increased risk of recurrent VTE and death related to PE.

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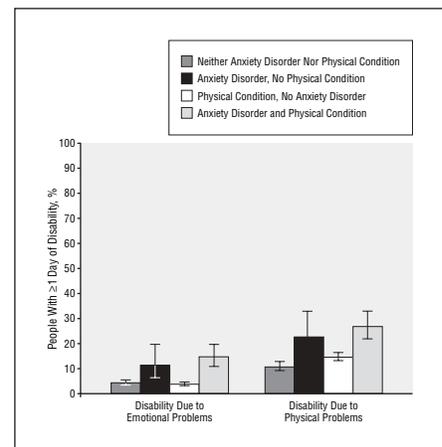
Usefulness of the External Jugular Vein Examination in Detecting Abnormal Central Venous Pressure in Critically Ill Patients

T o determine the usefulness of the external jugular vein (EJV) examination in detecting abnormal central venous pressure (CVP) values, Vinayak et al performed a prospective blinded evaluation comparing it with CVP measured using an indwelling catheter in critically ill patients with central venous catheters. Blinded EJV examinations were performed by clinicians at 3 experience levels to estimate CVP (categorized as low [≤5 cm H₂O] or high [≥10 cm H₂O]). The usefulness of the EJV examination in discriminating low vs high CVP was measured using receiver operating characteristic curve analysis. A total of 118 observations were recorded among 35 patients. The EJV was easier to visualize than the internal jugular vein, and the reliability for determining low and high CVP was excellent. The authors conclude that the EJV examination correlates well with catheter-measured CVP and is a reliable means of identifying low and high CVP values.

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Disability and Poor Quality of Life Associated With Comorbid Anxiety Disorders and Physical Conditions

S areen et al used an epidemiological survey to demonstrate a unique association (ie, after adjusting for mood and substance use disorders) between anxiety and several physical conditions. Compared with the presence of physical conditions alone, comorbidity of anxiety disorders with physical conditions was associated with poor quality of life and disability. Screening and treatment of anxiety disorders among the physically ill is warranted.



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