



Dear Colleague:

This is the final issue of 1997 for the *Cleveland Clinic Journal of Medicine* and we are gratified by the response of our readers to our efforts to improve the usefulness of the *Journal*. We hope the content of this issue is relevant to your practice.

■ Vancomycin-resistant

Staphylococcus aureus (page 527)

Vancomycin, the expensive, last-resort drug for severe, antibiotic-resistant staphylococcal infections, is finally meeting its match as new strains of resistant organisms emerge. Drs. Flores and Gordon describe the alarming rise of vancomycin-resistant *Staphylococcus aureus*.

■ Homocysteine and vascular disease (page 543)

Drs. Ballal, Jacobsen, and Robinson discuss high homocysteine levels as a risk factor for atherosclerosis and venous thrombosis. They discuss the interrelationship of the vitamins B₆, B₁₂, and folic acid with homocysteine and describe the role of vitamin therapy in treating the associated disorders.

■ Sjögren's syndrome (page 523)

There is more to Sjögren's syndrome than dryness of the eyes and mouth, as Drs. Linardaki and Moutsopoulos point out. Although the disease has many features suggestive of autoimmunity, immunosuppressive treatments yield disappointing results and may be hazardous.

■ Stress ulcer prophylaxis (page 533)

Drs. Bobek and Arroliga discuss risk factors for gastrointestinal bleeding in critically ill patients, also pointing out the hazards and benefits of prophylactic therapy. Although there is still controversy about this, the authors make specific recommendations regarding eligibility and medication for prophylaxis. A full-color illustration outlining the pathogenesis of stress-related mucosal damage accompanies this article.

■ Breast biopsy (page 550)

Biopsy of a mammographically detected nonpalpable breast lesion has been greatly simplified by the use of stereotactic imaging. Drs. Chilcote and Quinn note that the results of needle biopsy directed by this technology are equivalent to those of more invasive standard surgical approaches, and have less morbidity.

■ Internal Medicine Board Review (page 520)

In this month's IM Board Review, Drs. Daw and Isaacson discuss the diagnosis and treatment of a 52-year-old patient with an itching rash and mild liver enzyme abnormalities.

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

JOHN D. CLOUGH, MD
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