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Ballooning the aortic valve

Symptomatic aortic stenosis has a poor prognosis: if associated with angina, syncope, or heart failure the patient's life expectancy is less than four years. Aortic valve replacement has a low operative risk and leads to lengthening of life as well as an improvement in its quality. Some patients, however, may be unsuitable for operation—they may be too old or so unwell that the surgical risk is unacceptable. In such cases balloon dilatation of the aortic valve can improve symptoms in the short term; it can buy time for the very ill to be rendered fit for operation.

On p 1007 Sprigings *et al* report a detailed follow up of patients treated by balloon dilatation of the aortic valve. Improvement of symptoms was not maintained, and after a year restenosis seemed inevitable. The procedure should, therefore, be seen as an effective form of palliative treatment but not an alternative to operation when the patient is suitable. Dilating the aortic valve may rescue very ill patients and allow operation later, but it should not be presented as an alternative treatment in any other circumstances.

Serum luteinising hormone concentrations and early miscarriage

Recent thinking about the cause of spontaneous abortion has been dominated by immunology. On p 1024 Homburg *et al* suggest that in many cases the underlying cause is endocrine, especially in those occurring in the earliest weeks of pregnancy. They report a high rate of early abortion in patients with the polycystic ovary syndrome who had conceived after treatment with pulsatile luteinising hormone releasing hormone. The miscarriages were most common in patients with high serum activities of luteinising hormone during the follicular phase of the cycle in which the conception occurred. As polycystic ovaries are now recognised to be common the explanation offered may account for a substantial fraction of all spontaneous miscarriages. Moreover, simple endocrine treatment of suitable patients may prevent this highly adverse outcome of the treatment of infertility.

Muscle strength and fatiguability in effort syndrome

Weakness and tiredness, often out of all proportion to any preceding exercise, are frequently complained of by patients in whom no abnormalities can be found. On page 1014 Stokes *et al* report their study of patients who, despite having no evidence of neuromuscular disease, were incapacitated by fatigue. On electrical stimulation these patients' skeletal muscles behaved normally, neither weaker nor more fatigable than those of other people. Maximal heart rate at exhaustion and the force of voluntary muscular contraction, were, however, reduced. Because of this discrepancy, the authors conclude, any increased perception of effort

experienced by these patients must be due to central rather than peripheral problems. Poor motivation may be one explanation for this, although not the only one, and the authors suggest ways of helping this difficult group of patients.

Peptic ulcers and NSAIDs

Can H₂ receptor antagonists protect the stomach from irritant drugs? Each year in Britain several hundred deaths are attributed to gastrointestinal haemorrhage or perforation caused by non-steroidal anti-inflammatory drugs. Peptic ulceration and troublesome dyspeptic symptoms occur even more frequently, yet there have been few controlled endoscopic studies of the type and frequency of gastric and duodenal damage and its prophylaxis.

On p 1017 Ehsanullah *et al* report a prospective study of prophylactic inhibition of gastric acid secretion using an H₂ antagonist, ranitidine, in patients taking a variety of non-steroidal anti-inflammatory drugs. No fewer than 10% of patients developed some form of peptic ulceration in the first eight weeks of treatment. Ranitidine gave some protection and seemed most effective in patients with a history of peptic ulcer.

A place to die

Like anyone else, road users may be the victims of sudden death, mainly from coronary artery disease. Doctors and the public seem concerned that these events might become more common and more dangerous to others as a result of the increasing numbers of vehicles on the roads and the increasing age of the population. On p 1021 M S Christian reports a prospective study showing that there is little evidence for this concern. Drivers in particular appear to have a short warning period of impending death and most seem able to direct their vehicles towards or near a place of safety. The findings show that death or serious injury to another road user is a rare consequence of a natural sudden death of a road user.

Surgery in patients who have had a myocardial infarction

Surgeons are often wary of operating on patients who have had a recent myocardial infarction, but is this caution soundly based or founded on anecdote? Dirksen and Kjølner (p 1011) have taken advantage of the Danish national register of inpatients to do a retrospective case note study of the effect of a previous infarct on the outcome of two conditions that necessitate urgent surgery: appendicitis and pinning of a fractured femur. Congestive heart failure before the operation was found to be the only significant adverse factor, particularly in the first few months after infarction, but by itself a recent infarct was not a serious risk factor. So all the surgeon needs to know before he decides whether to operate is whether the patient has heart failure or not.