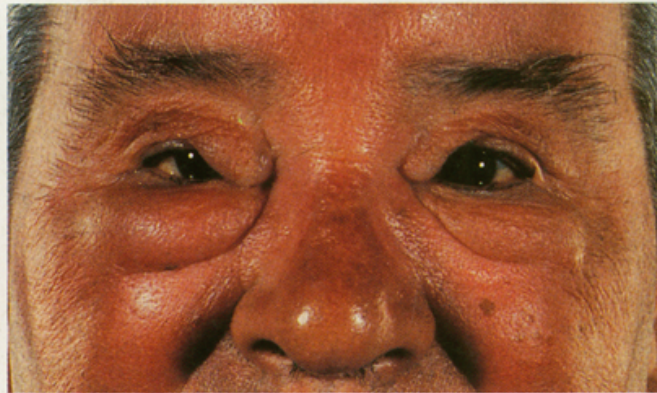


# ARCHIVES

OF

# FAMILY MEDICINE

NOVEMBER/DECEMBER 1996



See Special Selection, page 558.

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VOLUNTEER FACILITATORS ASSIST  
COMMUNITY PRACTICES WITH  
ENHANCING CANCER CONTROL

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A COST-BENEFIT ANALYSIS  
OF COLPOSCOPY FOR CERVICAL  
SQUAMOUS INTRAEPITHELIAL LESIONS  
FOUND ON PAPANICOLAOU SMEAR

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CLINICAL TRIAL OF WAX-MATRIX  
SUSTAINED-RELEASE NIACIN  
IN A RUSSIAN POPULATION WITH  
HYPERCHOLESTEROLEMIA

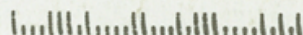
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INGESTION OF YOGURT CONTAINING  
LACTOBACILLUS ACIDOPHILUS COMPARED  
WITH PASTEURIZED YOGURT AS  
PROPHYLAXIS FOR RECURRENT CANDIDAL  
VAGINITIS AND BACTERIAL VAGINOSIS

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#### Announcement

##### **A Call for Papers for the Annual Coordinated Theme Issues of the American Medical Association Journals**

Quality of Care: We all want to do it, we all at least partially succeed, and there is always room for improvement. The *Journal of the American Medical Association* and its associated ARCHIVES journals, including the *Archives of Family Medicine*, are soliciting articles about "Quality of Care" for joint effort theme issues. Please send your best research, review articles, or editorials. While there is not a solid deadline for receipt of manuscripts, good articles on quality of care always being in demand, it would be the best for manuscripts to be received by March 1, 1997.

Marjorie A. Bowman, MD, MPA  
Editor

## ARCHIVES OF DERMATOLOGY

### Comparative Percutaneous Absorption of Lindane and Permethrin

**Background and Design:** Because of the concern for potential neurotoxic effects (central nervous system excitation, convulsions) in the treatment of scabies using 1% lindane lotion, 5% permethrin cream has been suggested as an alternative scabicide. Using the finite dose technique, in vitro percutaneous absorption of 5% permethrin cream or 1% lindane lotion was measured in human and guinea pig skin following a single application. In vivo blood and brain levels of the scabicides were measured in guinea pigs following three daily applications of 5% permethrin cream or 1% lindane lotion. Permethrin and lindane levels were quantified by gas chromatography/mass spectroscopy.

**Results:** In vitro percutaneous absorption of the two scabicides was identical in guinea pig skin; however, human skin was 20-fold more permeable to lindane than to permethrin. In vivo guinea pig blood and brain levels of lindane were fourfold greater than permethrin levels.

**Conclusion:** The risk for toxic effects, as assessed by systemic exposure during overuse conditions, is projected to be 40 to 400 times lower for 5% permethrin cream than for 1% lindane lotion.

(1996;132:901-905) Thomas J. Franz, MD, et al, University of Arkansas for Medical Sciences, Slot 576, 4301 W Markham St, Little Rock, AR 72205.

## ARCHIVES OF INTERNAL MEDICINE

### Estrogen Replacement Therapy: A Survey of Older Women's Attitudes

**Objectives:** To understand the low prevalence of estrogen use among older women. To examine the reasons for the use and nonuse of estrogen replacement therapy.

**Subjects and Methods:** Nonblack women (n=7667), aged 65 years or older, who participated in the Multi-center Study of Osteoporotic Fractures completed an estrogen questionnaire.

**Results:** Of the subjects, 1335 (17.4%) were currently using oral estrogens, 2084 (27.2%) were past users, and 4248 (55.4%) had never used oral estrogen therapy. The self-reported primary reasons for current users to have initiated therapy included hysterectomy (43.5%), menopausal symptoms (39.3%), prescribed by a physician (38.7%), or prevention or treatment of osteoporosis (33.6%). Of the 2084 former estrogen users (27.2%), the main reasons for starting therapy included prescribed by a physician (44.7%), menopausal symptoms (49.2%), and hysterectomy (28.5%).

Approximately 30% of past estrogen users reported the primary reason for discontinuing therapy as "feeling that they didn't need it," whereas 16.4% reported undesirable side effects with bleeding as the most common (45.0%). The main reason women never started estrogen therapy (55.4%) was they feared that the medication was harmful (38.1%) or they felt they did not need it (29.5%).

**Conclusions:** We conclude that older women in the United States remain skeptical about long-term estrogen use despite its potential for protection against 2 major chronic diseases, osteoporosis and cardiovascular disease. Greater understanding about the barriers to estrogen replacement therapy and improved knowledge of its risks and benefits may reduce the skepticism surrounding estrogen replacement therapy among older women.

(1996;156:1293-1297) Loran M. Salamone, PhD, et al, Graduate School of Public Health, Department of Epidemiology, University of Pittsburgh, 130 DeSoto St, Pittsburgh, PA 15261.

### Prehospital Administration of Aspirin in Patients With Unstable Angina and Acute Myocardial Infarction

Both experimental and clinical studies suggest that the prehospital administration of aspirin may be beneficial in patients with unstable angina and acute myocardial infarction. Experimental studies indicate that within 1 hour of aspirin administration, serum levels peak and significant inhibition of platelet aggregation occurs. Clinical studies demonstrate that early treatment with aspirin reduces mortality and reinfarction rates in patients with unstable angina and acute myocardial infarction. However, these same studies also indicate that prolonged delays often occur before in-hospital therapy with aspirin is initiated. Since the potential benefits are great and the risks and costs are low, physicians should encourage the prehospital administration of aspirin in patients with symptoms suggestive of unstable angina or acute myocardial infarction.

(1996;156:1506-1510) Mark J. Eisenberg, MD, MPH, and Eric J. Topol, MD. Reprints: Dr Topol, Department of Cardiology, Desk F25, Cleveland Clinic Foundation, 9500 Euclid Ave, Cleveland, OH 44195.

### Side Effects Associated With Influenza Vaccination in Healthy Working Adults: A Randomized, Placebo-Controlled Trial

**Background:** Concern about side effects is a barrier to influenza vaccination. This randomized, double-blind, placebo-controlled trial assessed side effects following vaccination among healthy working adults.

**Methods:** Healthy working adults were recruited during October and November 1994 and were randomized to receive influenza vaccine or placebo injections. Local and sys-

temic symptoms during the week following the injection were evaluated through structured telephone interviews. **Results:** Of 849 subjects enrolled in the study, 425 received a placebo and 424 received influenza vaccine. Baseline characteristics were similar between the groups, and 99% of subjects completed interviews to assess side effects after the study injection. No differences were seen between the 2 groups for the systemic symptoms of fever, myalgias, fatigue, malaise, or headaches. Overall, 35.2% of placebo and 34.1% of vaccine recipients reported at least 1 of these systemic symptoms ( $P=.78$ ,  $\chi^2$ ). Vaccine recipients reported a higher rate of arm soreness at the injection site than did placebo recipients (63.8% vs 24.1%,  $P<.001$ ). Local reactions were mild in both groups and infrequently resulted in decreased use of the arm. After logistic regression, female sex (odds ratio [OR], 1.5; 95% confidence interval [CI], 1.1-2.1), age younger than 40 years (OR, 1.6; 95% CI, 1.2-2.2), and coincidental upper respiratory tract illness (OR, 4.6; 95% CI, 3.2-6.6) were independently associated with higher rates of systemic symptoms. In the multivariate model, vaccine again was not associated with systemic symptoms (OR, 0.9; 95% CI, 0.7-1.2). **Conclusions:** Influenza vaccination of healthy working adults is not associated with higher rates of systemic symptoms when compared with placebo injection. These findings should be useful to physicians and other health care providers as they counsel patients to take advantage of an important opportunity for disease prevention and health protection.

(1996;156:1546-1550) Kristin L. Nichol, MD, MPH, et al, Medical Service (111), Veterans Affairs Medical Center, One Veterans Drive, Minneapolis, MN 55417.

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### **Prevalence of Hypercholesterolemia Among Siblings of Persons With Premature Coronary Heart Disease: Application of the Second Adult Treatment Panel Guidelines**

**Background:** Increased blood cholesterol, specifically high low-density lipoprotein cholesterol, increases risk for coronary heart disease (CHD). Persons with a positive family history of premature CHD also are at markedly increased risk.

**Objective:** To examine the prevalence of hypercholesterolemia based on the second report of the National Cholesterol Educational Program Adult Treatment Panel (ATP II) guidelines in the asymptomatic healthy siblings of people with premature CHD.

**Methods:** A total of 668 asymptomatic healthy siblings (354 men and 314 women) underwent screening for risk factors for CHD. Siblings were categorized into treatment categories for primary prevention defined by ATP II. The percentage who were candidates for intervention were compared with the published national estimates for those without CHD from the third National Health and Nutrition Examination Survey (NHANES III).

**Results:** Based on ATP II guidelines, 65% of the asymptomatic adult siblings required fasting lipoprotein analysis compared with 33% of adults without CHD in the national reference population. Of the siblings who met the criteria for fasting lipoprotein analysis, most (56%) were candidates for

dietary therapy, more than twice the proportion of adults from NHANES III. The percentage of the siblings who qualified for drug intervention and dietary therapy was 3 times greater than the national sample, 33% vs 11%, respectively. Assuming a 10% hypothetical reduction in low-density lipoprotein cholesterol levels as the result of dietary modification, the proportion of the sibling sample who were possible candidates for drug therapy was 20%, still 4 times that predicted for the national sample.

**Conclusions:** These results underscore the need for aggressive detection and treatment of hypercholesterolemia in this easily identifiable high-risk population of siblings of people with premature CHD.

(1996;156:1654-1660) Jerilyn K. Allen, RN, ScD, et al, The Johns Hopkins University School of Nursing, 1830 E Monument St, Baltimore, MD 21205-2100.

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### **A Large-Scale, Placebo-Controlled, Dose-Ranging Trial of Peroral Valaciclovir for Episodic Treatment of Recurrent Herpes Genitalis**

**Background:** Valaciclovir, the L-valyl ester of acyclovir, has provided a peroral acyclovir bioavailability 3 to 5 times that of acyclovir itself and is rapidly and completely converted to acyclovir by the liver. Accordingly, valaciclovir has the same antiviral activity as acyclovir, but the potential for enhanced clinical activity and/or less frequent administration because of its superior pharmacokinetics.

**Methods:** We conducted a double-blind, placebo-controlled, patient-initiated clinical trial of peroral valaciclovir, 500 or 1000 mg, or matching placebo tablets twice daily for 5 days for the acute treatment of 1 episode of recurrent herpes genitalis among 987 otherwise healthy volunteers.

**Results:** Both doses of valaciclovir were equally effective. Patients receiving the lower dose of valaciclovir experienced a median episode length of 4.0 days compared with 5.9 days for those receiving placebo treatment (hazard ratio, 1.9; 95% confidence interval [CI], 1.6-2.3). Valaciclovir therapy increased the proportion of patients in whom the development of vesicular and ulcerative lesions was prevented in comparison with placebo treatment: 31% vs 21% (relative risk, 1.5; 95% CI, 1.1-1.9). Valaciclovir therapy accelerated the resolution of pain (hazard ratio, 1.8; 95% CI, 1.5-2.1) and the time to cessation of viral shedding (hazard ratio, 2.9; 95% CI, 2.1-3.9). Adverse reactions among the valaciclovir groups were comparable with those of the placebo group.

**Conclusions:** Valaciclovir therapy provided a clinically significant benefit to patients that included shortening of the duration of lesions, the duration of pain or discomfort, and the duration of virus shedding. In addition, this study, to our knowledge, provides the first convincing demonstration that antiviral therapy can prevent lesion development. These results should prompt a reconsideration of the role that episodic treatment plays in the management of recurrent herpes genitalis.

(1996;156:1729-1735) Spotswood L. Spruance, MD, et al, Health Sciences AIDS Center, School of Medicine, Room 4B322, University of Utah, 50 N Medical Dr, Salt Lake City, UT 84132.

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## ARCHIVES OF OPHTHALMOLOGY

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### Occurrence of Cytomegalovirus Retinitis After Human Immunodeficiency Virus Immunosuppression

**Objective:** To estimate the incidence and prevalence of cytomegalovirus retinitis (CMV-R) in late-stage human immunodeficiency virus type 1 disease.

**Design:** Cohort study.

**Setting:** The Multicenter AIDS Cohort Study, an ongoing 10-year study of human immunodeficiency virus type 1-infected homosexual men with semiannual visits and CD4<sup>+</sup> cell testing.

**Study Participants:** Three hundred sixty-seven human immunodeficiency virus type 1-infected men from the Multicenter AIDS Cohort Study who were receiving zidovudine and *Pneumocystis carinii* prophylaxis and who had CD4<sup>+</sup> cell counts fall below  $0.10 \times 10^9/L$  ( $100/\mu L$ ).

**Main Outcome Measures:** Kaplan-Meier-type estimates for various longitudinal quantifications of incidence and prevalence of CMV-R were obtained.

**Results:** Among these 367 individuals, cytomegalovirus disease developed in 103, of whom 73 (71%) had ocular complications. At 4 years after the first CD4 cell count ( $<0.10 \times 10^9/L$ ), the probability for these subjects to have (1) remained living without CMV-R was 11%, (2) died without experiencing CMV-R was 66%, (3) experienced CMV-R and be living was 6%, and (4) experienced CMV-R and died was 18%. During these 4 years, there was a 25% chance for the development of CMV-R and, on average, 0.211 person-years of CMV-R morbidity. Among those subjects in whom CMV-R developed, about 19% did have CMV-R before a CD4<sup>+</sup> cell count of less than  $0.05 \times 10^9/L$  ( $<50/\mu L$ ) was observed, and 81% had CMV-R after the CD4<sup>+</sup> cell count reached this threshold.

**Conclusion:** These estimates may be relevant to current clinical practice and help in allocating resources and planning for treatment and prophylaxis against cytomegalovirus disease.

(1996;114:821-827) Donald R. Hoover, PhD, et al, Department of Epidemiology, Hampton House, Room 784, 624 N Broadway, Baltimore, MD 21205.

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## ARCHIVES OF OTOLARYNGOLOGY-HEAD & NECK SURGERY

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### Fluticasone Propionate Is Associated With Severe Infection After Endoscopic Polypectomy

**Objective:** To test whether the use of fluticasone dipropionate nasal spray after endoscopic ethmoidectomy for multiple polyps is associated with a high incidence of infection.

**Design:** Randomized control study comparing the incidence of infection with the use of beclomethasone dipropionate or fluticasone propionate nasal spray after functional endoscopic sphenoidectomy. Patients were followed up for 6 to 12 months.

**Patients and Methods:** Sixty patients with recurrent bilateral nasal polyps underwent functional endoscopic sphenoidectomy and were then randomly allocated into 2 groups of 30 patients each. One group received beclomethasone dipropionate spray ( $100 \mu g$  in each nostril every 12 hours), and the other group received fluticasone propionate spray ( $100 \mu g/d$  in each nostril).

**Results:** In the fluticasone propionate group, 6 patients (20%) developed acute gram-positive pansinusitis requiring hospitalization and discontinuation of treatment.

**Conclusion:** The use of fluticasone dipropionate aqueous nasal spray for the postoperative control of recurrent nasal polyps seems to be associated with a high incidence of acute pansinusitis.

(1996;122:729-731) Badr E. Mostafa, MD, 8 El Magd St, Roxy-Heliopolis, 11341 Cairo, Egypt (fax: 20-2-274-1840).

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## Selected Risk Factors in Pediatric Adenotonsillectomy

**Objective:** To evaluate the ability of a set of cost-effective criteria to identify before surgery the pediatric patients in whom perioperative respiratory compromise is most likely to develop after adenotonsillectomy.

**Setting:** A children's hospital medical center.

**Design:** Prospective study using preoperative parental questionnaires and perioperative respiratory status documentation.

**Patients:** All patients scheduled at the outpatient clinic were eligible.

**Main Outcome Measure:** The development of respiratory compromise as defined by at least 1 of the following occurring more than 2 hours after surgery: an oxygen desaturation level of less than 90%, an obstructive breathing pattern, or respiratory distress requiring intervention.

**Results:** The risk of respiratory compromise was significantly increased in patients who were younger than 3 years ( $P < .001$ ) and in those who had neuromuscular disorders ( $P < .05$ ), chromosomal abnormalities ( $P < .005$ ), difficulty in breathing during sleep ( $P < .005$ ), restless sleep ( $P < .01$ ), loud snoring with apnea ( $P < .05$ ), or an upper respiratory tract infection within 4 weeks of surgery ( $P = .005$ ). Respiratory compromise did not develop in any patients who did not snore ( $P < .05$ ).

**Conclusions:** A complete history that includes symptoms suggestive of sleep apnea will assist in the preoperative identification of pediatric patients most at risk for perioperative respiratory compromise after undergoing adenotonsillectomy. Such patients might benefit from overnight observation in a hospital setting. However, when snoring is absent, outpatient surgery is appropriate, as the risk of respiratory compromise is minimal.

(1996;122:811-814) Mark E. Gerber, MD, et al, Department of Pediatric Otolaryngology and Maxillofacial Surgery, Children's Hospital Medical Center, 3333 Burnet Ave, Cincinnati, OH 45229-3039.

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## ARCHIVES OF PATHOLOGY & LABORATORY MEDICINE

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### **Cervical Biopsy-Cytology Correlation: A College of American Pathologists Q-Probes Study of 22 439 Correlations in 348 Laboratories**

**Objective:** To study the diagnostic correlation between cervical cytology specimens and corresponding surgical biopsies.

**Design and Setting:** College of American Pathologists Q-Probes laboratory quality improvement study in 348 laboratories.

**Main Outcome Measures:** Sensitivity, specificity, and positive predictive value of cervicovaginal cytology diagnosis.

**Results:** Statistical analysis of 22 439 paired cervicovaginal cytology-cervical biopsy specimens reveals a sensitivity of 89.4%, specificity of 64.8%, and predictive value of a positive cytology of 88.9%. The majority of discrepancies were attributed to cytology or biopsy sampling errors. Routinely providing the patient's recent cervical cytology report to the surgical pathologist at the time the biopsy was examined resulted in improved sensitivity. Correlations for cytology specimens obtained at the time of biopsy revealed lower sensitivity and higher specificity than for those obtained at a time prior to the biopsy.

**Conclusions:** We have defined current statistical expectations for cervical cytology-biopsy correlation, reasons for noncorrelation, and have provided recommendations for quality improvement.

(1996;120:523-531) Bruce A. Jones, MD, and David A. Novis, MD. Reprints: Dr Jones, St John Hospital and Medical Center, Department of Pathology, 22101 Moross Rd, Detroit, MI 48236.

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## ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE

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### **Effect of a State Law on Reported Bicycle Helmet Ownership and Use**

**Objective:** To evaluate the effect of a state law on reported bicycle helmet ownership and use.

**Design:** Multistage cluster random-digit-dialing telephone survey.

**Setting:** Georgia, June through November 1993.

**Participants:** Adults who reported the behavior of bicyclists 4 through 15 years old.

**Intervention:** State law mandating helmet use after July 1, 1993, for all bicyclists aged younger than 16 years.

**Main Outcome Measures:** Bicycle helmet ownership and use.

**Results:** Reported helmet ownership increased from 39% before the law took effect to 57% afterward (+46%,  $P=.06$ ). Reported use increased from 33% before to 52% afterward (+58%,  $P<.05$ ). About 7% of riders changed from "never-wearing" to "always-wearing" behavior. After the law took effect, in those households in which the law was known, 69% of riders owned and 64% used a helmet. By comparison, in those households in which the law was not known, only 30% owned and 25% used a helmet ( $P<.01$ ). Reported ownership and use were 93% concordant, inversely related to rider age, and directly related to household income. Multivariable analysis indicated that race was an effect modifier of reported helmet ownership and use. In black riders, knowledge of the law appeared to be highly associated with both reported helmet ownership and use but was not significant in white riders. In white riders, though, age and income were significantly associated with reported helmet ownership and use.

**Conclusions:** This law appeared important in increasing reported helmet ownership and use, particularly in black riders. Since knowledge of the law was associated with increased ownership and use, additional publicity about the law might further increase helmet use. Because most riders who owned helmets used them, giveaway programs targeting areas of low ownership may also increase use.

(1996;150:707-712) Richard A. Schieber, MD, MPH, et al, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Hwy NE, Mailstop K-63, Atlanta, GA 30341.

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### **Extremely Low-Birth-Weight Children and Their Peers: A Comparison of School-Age Outcomes**

**Objective:** To document 7-year developmental and educational outcomes in a cohort of predominantly white, middle-class, extremely low-birth-weight (ELBW, <1000 g) children to address the incidence of increased developmental disability and the need for special educational services.

**Design:** Observational study.

**Patients:** Fifty-four ELBW children and 58 comparison children, who were matched for race, gender, and socioeconomic status (30 with low birth weights [1500-2500 g] and 28 with birth weights >2500 g). The ELBW cohort was drawn from 104 presurfactant survivors born between 1984 and 1986 and cared for in a single hospital.

**Setting:** Suburban, university-based tertiary referral center.

**Main Outcome Measures:** Teachers' reports of classroom placement and special education services and tests of cognitive, motor, language, and visual-motor integration abilities were studied.

**Results:** Twenty-seven (50%) of 54 ELBW children were in regular classrooms with no special services compared



with 21 (70%) of 30 in the low-birth-weight group and 27 (93%) of 28 in the full-term group, indicating a significant trend toward increasing need for special services with decreasing birth weight across the 3 groups ( $P < .001$ ). The ELBW group scored significantly lower than the comparison groups on all tests, although generally within the average range. Seventy-nine percent of ELBW children had average cognitive scores, but they averaged 14 to 17 points lower than the 2 comparison groups. Twenty percent of the ELBW children had significant disabilities including cerebral palsy, mental retardation, autism, and low intelligence with severe learning problems.

**Conclusions:** Even with optimal socioeconomic environments, 20% of ELBW children are significantly disabled, and 1 of every 2 ELBW children requires special educational services. Objective testing pinpointed weakness on all measures compared with matched peer groups.

(1996;150:790-794) Carey L. Halsey, MEd, et al, Department of Pediatrics, Loyola University Medical Center, 2160 S First Ave, Maywood, IL 60153.

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### Risk Factors for the Infant Prone Sleep Position

**Objective:** To identify parental characteristics associated with infants being placed to sleep in the prone position.

**Study Design:** Cross-sectional survey.

**Patients:** Randomly selected King County, Washington, infants born on the same days as King County infants who died of sudden infant death syndrome between November 1992 and October 1994.

**Methods:** Parents of study infants responded to a telephone interview about sleep position in their infants. Parents were asked how they usually put their infants to bed during the previous 2 weeks, and if they were aware of any recent advice on sleep position in young infants. Demographic data were also collected during the telephone interview. Logistic regression was used to identify infant and parental characteristics associated with the prone sleep position.

**Results:** Parents of 178 infants were interviewed; 28.1% responded that their infants usually slept prone, 66.9% slept nonprone, and 5% had no usual sleep position. Parents who were unaware of sleep position advice were more likely to place their infants prone than those who were aware of this advice (odds ratio, 3.5; 95% confidence interval, 1.5-7.8). Among parents who were aware of sleep position advice, mothers younger than 20 years were more than 10 times as likely to place their infants prone than were older mothers (odds ratio, 10.7; 95% confidence interval, 1.1-107.0). For those who were unaware of sleep position advice, single mothers were more likely to place their infants prone (odds ratio, 14.0; 95% confidence interval, 1.5-133.2). Single mothers and parents of low-birth-weight infants were more likely to be unaware of recent medical advice regarding optimal sleep position for infants.

**Conclusions:** The results of this study may provide direction to future efforts to encourage nonprone sleeping. Knowledge of the risk is associated with decreased use of prone sleep position. Single mothers should be targeted for intensive educational efforts regarding the hazards of prone sleeping. Among teenage mothers, awareness of the association between prone sleeping and sudden infant death syndrome may not be adequate to change behavior; educational interventions that are more focused for this age group may be needed.

(1996;150:834-837) James A. Taylor, MD, and Robert L. Davis, MD, MPH. Reprints: Dr Taylor, Department of Pediatrics, Box 356320, University of Washington, Seattle, WA 98195.

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### Genital Findings in Adolescent Girls Referred for Suspected Sexual Abuse

**Background:** Sexual abuse is a common problem affecting adolescent girls, but the frequency of medical findings in this population has not been specifically described.

**Objective:** To describe the frequency of specific genital findings in a group of pubertal girls who had experienced probable or definite sexual abuse.

**Design:** Patient series, medical chart and photograph review.

**Setting:** Specialty referral clinic for abused children.

**Patients and Selection:** Referred sample of female patients, examined between January 1, 1987, and June 30, 1994, with Tanner genital stages 3, 4, or 5, who reported a history of penile-vaginal penetration, had colposcopic photographs taken, and were determined, by means of a previously described classification system, to have experienced probable or definite abuse.

**Interventions:** None.

**Main Results:** The study included 204 girls, aged 9 to 17 years (mean, 13 years); race or ethnicity was Mexican American in 57%, white in 34%, and other in 9%. Abnormal genital findings were documented in 32% of patients overall but were more common when the girls had reported bleeding at the time of the assault (50% vs 26%;  $P = .004$ ,  $\chi^2$  analysis), or when the examination occurred within 72 hours of the last episode of abuse (69% vs 26%;  $P < .001$ ,  $\chi^2$  analysis). Transections of the hymen were unusual (8%), but notches in the hymen were more common (25%).

**Conclusions:** Normal or nonspecific results of genital examinations are commonly found in adolescents who have been sexually abused, unless the abuse was very recent. Further studies are needed to document the healing of genital injuries in victims of acute assault and the frequency of hymenal findings in nonabused, non-sexually active adolescents.

(1996;150:850-857) Joyce A. Adams, MD, and Sandra Knudson, PNP. Corresponding author: Dr Adams, Division of Adolescent Medicine, University of California, San Diego, 200 W Arbor Dr, San Diego, CA 92103-8449.

**DIAGNOSIS:** Rosacea lymphedema.

### CLINICAL COURSE

The patient was treated with a reducing course of prednisolone (starting with 30 mg/d orally) and metronidazole (400 mg/d orally) over a 4-month period. Marked reduction in facial swelling was achieved together with some improvement in the erythema. Thereafter, his condition was controlled by metronidazole (200 mg/d).

### DISCUSSION

Rosacea is a chronic idiopathic dermatosis typically affecting the convexities of the face in middle-aged and older, fair-skinned individuals. It is characterized by a constant vascular component (erythema and telangiectasia) with or without an episodic inflammatory, acneiform component (papules, pustules, and mild edema). Although the disease remains idiopathic, the balance of evidence favors a primary degenerative dermal connective tissue process resulting in unsupported leaky blood vessels.<sup>1</sup> The role of climatic factors is controversial. Iatrogenic rosacea may result from prolonged application of fluorinated topical steroids on the face.

The main recognized sequelae of rosacea are rhinophyma, ocular involvement, and rosacea lymphedema. Their presence indicates a more chronic course.<sup>2</sup> In contrast to the first two complications, rosacea lymphedema is rare. It presents as an insidiously progressing nonpitting swelling having a symmetrical or, less commonly, an asymmetrical distribution. The central forehead, upper cheeks, and periocular areas are the sites most commonly involved. The degree of accompanying erythema and telangiectasia is variable.

Resistance to drug treatment is well known in rosacea lymphedema. Antibiotics used for rosacea do not tend to influence its course. Isotretinoin may be useful.<sup>3</sup>

Plastic surgery also has its place, particularly in severe cases.<sup>4</sup> Reports on use of systemic steroids are lacking, but it appears from our case report that they may be of benefit.

Identical facial lymphedema may also complicate acne vulgaris. It has been postulated that long-standing dermal inflammation from acne can produce limited cellulitis, lymphatic damage, and, subsequently, progressive edema of the face analogous to the lymphedema that develops after recurrent cellulitis due to chronic venous insufficiency of the legs. The same mechanism may well apply to rosacea lymphedema. The possible additional role of repeated blunt trauma in the pathogenesis of facial lymphedema has been pointed out in two case reports of post-acne vulgaris lymphedema.<sup>5,6</sup>

Important differential diagnoses of facial edema include angioedema, erysipelas, systemic lupus erythematosus, myxedema, superior vena cava obstruction, and contact allergy.

*Selected from Arch Dermatol. 1995;131:1069-1074. Off-Center Fold.*

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### Clinical Pearl

If the glomerular filtration rate was 25 to 55 mL/min, there was no evidence that protein restriction helped in the treatment of renal failure. If the glomerular filtration rate was 13 to 25, protein restriction (0.6 mg protein/kg/d) slowed the rate of renal function. For those patients with proteinuria over 1 g/d, particularly those with over 3 g/d, there was slower loss of renal function with lower blood pressures: a mean of 92 mm Hg (125/72 mm Hg) was better than a mean of 107 (140/90 mm Hg). (*N Engl J Med*. 1994;330:877-884.)

### Practice Commentaries

**I** have worked in the cancer registry field, and this led me to want to have an impact on public attitudes toward the early detection and prevention of cancer. Being a CACP volunteer gave me a unique opportunity to be a facilitator for cancer prevention and early detection services in medical practices.

The CACP training program prepared the volunteers in all aspects of the programs. We learned about and helped implement methods to evaluate current prevention and detection practices and could provide practices with whatever help they needed. In today's cultural environment, we found it necessary to arrange for some bilingual material. I found the available materials—prevention/detection pamphlets, flow sheets, chart identifiers, quit-smoking labels, postcard reminders, and prevention reminder notes—impressive.

Overall, the experience was quite gratifying and I would recommend it to others.

Dorothy Przybyla  
Volunteer  
Manchester, NH

**T**he ACS's CACP project has given The Manchester Community Health Center, in New Hampshire, some very good ideas that have been incorporated into their newly updated health maintenance flow sheets. This program does have a lot to offer all practices, and has been a wonderful learning tool from which to gather information.

Chris Roy  
Manchester Community Health Center  
Manchester, NH

### Clinical Pearls

In Israel, children (mean age, 9 years) with recurrent abdominal pain underwent endoscopy. About half had antral biopsy results positive for *Helicobacter pylori*, which was then treated. About one fifth required retreatment. Within 8 months, all of these patients were asymptomatic. (*Am J Gastroenterol.* 1995;90:906-909.)

In the transport of patients with uncomplicated seizures to the emergency department, the low rate of spinal injuries (none in 1656 cases) suggests that spinal precautions are not necessary. This would lower the cost of transport. (*Am J Emerg Med.* 1995;13:512-513.)

Calcium channel blockers are associated with gingival hypertrophy. The incidence rate was 38% in those patients receiving nifedipine, 21% in those receiving diltiazem, and 19% in those receiving verapamil. (*Ann Intern Med.* 1994;120:663-664.)

Who finds cervical laser treatment most painful? Answer: Anxious women with no children. At risk of more pain with cervical laser treatment were nulliparous women, those with a history of dysmenorrhea, and those who had acute preoperative anxiety. (*Gynecol Oncol.* 1994;52:44-49.)

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### Clinical Pearl

Of those alcoholics surviving the liver transplant postoperative period, 75% survived for 1 year and 63% for 5 years. In more recent operations, the survival rate was 86% at 1 year. Thirty-one percent admitted they had had 1 or more alcoholic drinks, and half of these claimed to have drunk alcohol only once. (*Transplant*. 1994;58:560-565.)

lion volts) and the average heart rate at orgasm (115-120 beats per minute). Would you ever guess that the average person has a symptom about every 6 days?

The single major criticism of this book is its redundancy. Many topics appear more than once. For example, diarrhea is discussed in 4 different sections of the textbook and circumcision techniques are presented in 2 different chapters. Similarly, many tables and charts are unnecessarily duplicated. Figures describing the Jones criteria for the diagnosis of rheumatic fever, causes of dementia, the adverse effects and dosing of antidepressant medications, and Papanicolaou smear classification systems all appear twice, while normal values of hemoglobin and hematocrit by age are found 3 times. Tighter editing and greater use of cross-referencing could reduce repetition.

Minor editing and typographical errors distract the reader. Examples include the misspelling of words like Inderal and methicillin. The recommended dose of aspirin in coronary artery disease is incor-

rectly listed as 325 g/d on page 780. The reference on page 1418 to Table 48-12 should actually be to Table 48-11. It is unfortunate that a reproduction of a medication record (Figure 61-14 on page 1632) lists erythromycin and Seldane (terfenadine) prescribed together on the same day. Although the potentially serious cardiac effects associated with the simultaneous use of these 2 drugs may not have been known in 1989, it is a poor choice of an example in 1995. It is also curious that a textbook of this size that is able to devote a paragraph to items like Churg-Strauss syndrome and hantavirus finds no space available for a discussion of Rocky Mountain spotted fever.

Chapter authors are occasionally paternalistic (or proponents of managed care), as when advising readers that since magnetic resonance imaging is costly, a neurological consultation should be considered to ensure that it is necessary. Some information is suspect or at least debatable, as evidenced by statements such as the one that elderly patients in nursing homes with

asymptomatic bacteriuria may benefit from treatment, and that a relative contraindication to thrombolytic therapy for acute myocardial infarction is age greater than 75 years.

Rakel's *Textbook of Family Practice* is a useful reference that would be most valuable to family practice residents and physicians preparing for board certification and recertification. Subspecialists wishing to retrain for careers in primary care would also benefit from a cover-to-cover reading of this book. Surprisingly, my own survey of nonacademic family physicians practicing in Illinois revealed that only 47% of them owned any textbook of family medicine. Furthermore, the references most frequently used in their everyday practice of family medicine were the *Physicians' Desk Reference* and *Conn's Current Therapy*. For physicians interested in obtaining a family medicine textbook, the fifth edition of *Textbook of Family Practice* is a reasonable choice.

Tony Miksanek, MD  
Benton, Ill

#### Announcement

##### Free Patient Record Forms Available

Patient record forms are available free of charge to ARCHIVES readers by calling or writing FORMEDIC, 12D Worlds Fair Dr, Somerset, NJ 08873-9863, telephone (908) 469-7031.