GENERAL CARDIOLOGY

AF ablation: possibly a cure? ► A total of 146 patients with a mean age of 57 (SD 9) years who had chronic atrial fibrillation (AF) were randomly assigned to receive amiodarone and undergo two cardioversions during the first three months alone (the control group) or in combination with circumferential pulmonary vein ablation. Cardiac rhythm was assessed with daily telephonic transmissions for one year. The left atrial diameter and the severity of symptoms were assessed at 12 months. Among the 77 patients assigned to undergo circumferential pulmonary vein ablation, ablation was repeated because of recurrent AF in 26% of patients and atypical atrial flutter in 6%. An intention-to-treat analysis showed that 74% of patients in the ablation group and 58% of those in the control group were free of recurrent AF or flutter without antiarrhythmic drug treatment at one year ($p = 0.05$). Among the 69 patients in the control group, 53 (77%) crossed over to undergo circumferential pulmonary vein ablation for recurrent AF by one year, and only 3 (4%) were in sinus rhythm without antiarrhythmic drug treatment or ablation. There were significant decreases in the left atrial diameter (12 (11)%, $p < 0.001$) and the symptom severity score (59 (21)%, $p < 0.001$) among patients who remained in sinus rhythm after circumferential pulmonary vein ablation. These results look very encouraging, but need to be reproduced in other centres to be valid. AF ablation can be time consuming, with significant radiation doses, and depending on technique, is also associated with complications such as cardiac tamponade and pulmonary vein stenosis.

▲ Oral H, Pappone C, Chugh A, *et al.* Circumferential pulmonary-vein ablation for chronic atrial fibrillation. *N Engl J Med* 2006;**354**:934–41.

Losing a partner can be fatal ► Anecdotal evidence suggests that if an older person's spouse goes into hospital with a serious illness, the partner often becomes ill soon after. This study of over 500 000 patients followed over nine years in Medicare in the United States confirms this. Overall, 74% of husbands and 67% of wives were hospitalised at least once, and 49% of husbands and 30% of wives died. Mortality after the hospitalisation of a spouse varied according to the spouse's diagnosis. After adjustment for measured covariates, the risk of death for men was not significantly higher after a spouse's hospitalisation for colon cancer (hazard ratio (HR) 1.02, 95% CI 0.95 to 1.09) but was higher after hospitalisation for stroke (HR 1.06, 95% CI 1.03 to 1.09), congestive heart failure (HR 1.12, 95% CI 1.07 to 1.16), hip fracture (HR 1.15, 95% CI 1.11 to 1.18), psychiatric disease (HR 1.19, 95% CI 1.12 to 1.26), or dementia (HR 1.22, 95% CI 1.12 to 1.32). For women, the various risks of death after a spouse's

hospitalisation were similar. Overall, for men, the risk of death associated with a spouse's hospitalisation was 22% of that associated with a spouse's death (95% CI 17% to 27%); for women, the risk was 16% of that associated with death (95% CI 8% to 24%). Perhaps a focus on social support for the partner would help reduce the risk.

▲ Christakis NA, Allison PD. Mortality after the hospitalization of a spouse. *N Engl J Med* 2006;**354**:719–30.

Do not resuscitate orders in acutely sick patients

► Admissions from heart failure clinic and those with significant co-morbidity are the counterpoint to those admitted for aggressive treatment such as primary angioplasty. All hospitals now have "Do not resuscitate" forms that require discussion with patients and relatives. Although useful, it is often thought stressful for both the doctor and the patient or carer. This study of over 300 acute admissions assessed whether acutely unwell patients wished to participate in discussions about resuscitation. Of the total sample, 74 patients consented to take part in the study and provide full data. Of the remaining patients, 189 could not be approached for practical reasons and 111 did not wish to participate. Of the 74 patients who read the leaflet, 65 (88%) reported having little or no prior knowledge, 70 (96%) understood it, 56 (77.8%) preferred for resuscitation decisions to be discussed with them, and 55 (77.5%) did not mind discussing resuscitation within 24 hours of admission and overall showed a decline in their anxiety score. Many patients admitted through the emergency department for medical reasons cannot participate in their decision not to attempt resuscitation within 24 hours of admission. Patients who were willing to participate rated the information leaflet that was provided positively. The perspective of the doctor was not considered.

▲ Fidler H, Thompson C, Freeman A, *et al.* Do not attempt resuscitation in acute medical admissions: prospective, cross sectional study of a successive cohort. *BMJ* 2006;**332**:461–2.

Journals scanned

American Journal of Medicine; American Journal of Physiology: Heart and Circulatory Physiology; Annals of Emergency Medicine; Annals of Thoracic Surgery; Archives of Internal Medicine; BMJ; Chest; European Journal of Cardiothoracic Surgery; Lancet; JAMA; Journal of Clinical Investigation; Journal of Diabetes and its Complications; Journal of Immunology; Journal of Thoracic and Cardiovascular Surgery; Nature Medicine; New England Journal of Medicine; Pharmacoeconomics; Thorax

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IMAGES IN CARDIOLOGY

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Clenched fist appearance in endomyocardial fibrosis

A 40 year old woman, while being evaluated for breathlessness on exertion, was found to have calcific plaques with partial obliteration of the cavity at the left ventricular apex on echocardiography. Ventriculography showed a polylobulated left ventricular silhouette with linear calcific shadows at the "amputated" apex (arrow at bottom right) giving an appearance of a clenched fist with a ring on the middle finger. The short axis dimension was more than the long axis dimension due to the apical obliteration. Fibrosis of the posterior cusp resulted in an indistinct mitral valve crescent. There was only trivial mitral regurgitation. An endomyocardial biopsy confirmed the diagnosis of endomyocardial fibrosis.

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