1.36; $p = 0.18$). The rates of readmission for heart failure and of in-hospital complications did not differ between the two groups.

▲ Owan TE, Hodge DO, Herges RM, *et al.* Trends in prevalence and outcome of heart failure with preserved ejection fraction. *N Engl J Med* 2006;**355**:251–9.

▲ Bhatia RS, Tu JV, Lee DS, *et al.* Outcome of heart failure with preserved ejection fraction in a population-based study. *N Engl J Med* 2006;**355**:260–9.

GENERAL CARDIOLOGY

Statins work for secondary prevention of stroke ► Statins reduce the incidence of strokes among patients at increased risk for cardiovascular disease; whether they reduce the risk of stroke after a recent stroke or transient ischaemic attack (TIA) was questioned in this randomised trial of 4731 patients who had had a stroke or TIA within 1–6 months before study entry, had low density lipoprotein (LDL) cholesterol concentrations of 100–190 mg/dl (2.6–4.9 mmol/l), and without known coronary heart disease. Blinded treatment with 80 mg of atorvastatin per day or placebo was given. The primary end point was a first non-fatal or fatal stroke. The mean LDL cholesterol concentration during the trial was 73 mg/dl (1.9 mmol/l) among patients receiving atorvastatin and 129 mg/dl (3.3 mmol/l) among patients receiving placebo. During a median follow-up of 4.9 years, 265 patients (11.2%) receiving atorvastatin and 311 patients (13.1%) receiving placebo had a fatal or non-fatal stroke (five year absolute reduction in risk, 2.2%; adjusted HR 0.84, 95% CI 0.71 to 0.99; $p = 0.03$; unadjusted $p = 0.05$). The atorvastatin group had 218 ischaemic strokes and 55 haemorrhagic

strokes, whereas the placebo group had 274 ischaemic strokes and 33 haemorrhagic strokes. The five year absolute reduction in the risk of major cardiovascular events was 3.5% (HR 0.80, 95% CI 0.69 to 0.92; $p = 0.002$). The overall mortality rate was similar, with 216 deaths in the atorvastatin group and 211 deaths in the placebo group ($p = 0.98$), as were the rates of serious adverse events. Elevated liver enzyme values were more common in patients taking atorvastatin. In patients with recent stroke or TIA and without known coronary heart disease, 80 mg of atorvastatin per day reduced the overall incidence of strokes and of cardiovascular events, despite a small increase in the incidence of haemorrhagic stroke.

▲ The Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) Investigators. High-dose atorvastatin after stroke or transient ischemic attack. *N Engl J Med* 2006;**355**:549–59.

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

Reviewers

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IMAGES IN CARDIOLOGY

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Hepatic hydatid cyst rupturing into pericardial cavity

A 59-year-old woman was admitted with a diagnosis of heart failure. Physical examination disclosed a prominent jugular distension, painful hepatomegaly and peripheral oedema. Chest x ray showed cardiomegaly with no signs of venocapillary pulmonary hypertension. Transthoracic echocardiogram demonstrated the presence of a large global pericardial effusion, and from a subxiphoid view a multivesicular hepatic cyst (12 × 8 cm) adherent to the pericardium was detected. Her laboratory values were only significant for an eosinophilia. Thoraco-abdominal computed tomographic (CT) scan showed a multiloculated hepatic cyst affecting segments II–III (panel A) and communicating with the pericardium (panel B). Cardiothoracic surgery was considered, and after two weeks of albendazole treatment (400 mg twice daily), the patient underwent successful resection of the cyst. At operation, a pericardial hole connecting the multilocular hepatic cyst with the pericardial space was found. Surgical treatment consisted of a partial cystopericystectomy and evacuation of the pericardial effusion containing the daughter cysts (panels C and D). Pathological analysis of the resected specimen was positive for scolices of *Echinococcus granulosus*. The postoperative period was uneventful. Albendazole treatment was completed over a total of eight weeks. After two years of follow-up, the patient showed neither clinical nor radiological signs of relapse.

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