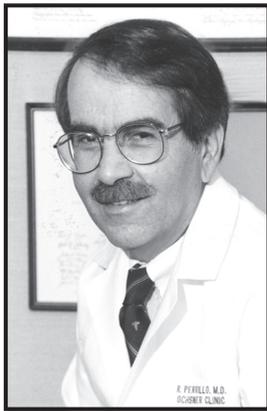


# From The Editor's Desk



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Welcome to the Autumn 2002 issue of The Ochsner Journal. Recently, many of us were on hand for the graduation ceremonies for the class of 2002. Dr. Quinlan, Chief Executive Officer of Ochsner Clinic Foundation, delivered a personal and inspiring message to our young physicians that is summarized in this issue. While primarily directed to the graduating class, the principles put forth hold true for anyone working in a profession that involves a high degree of social interaction and orientation to service. Dr. Quinlan's emphasis on mutual cooperation, being accessible, maintaining a sense of humility, and surrounding yourself with individuals who maintain a positive attitude reflects what he considers to be the essential elements for effective teambuilding and success. I believe Dr. Quinlan's address provides excellent words to work (and live) by.

As all of you know, these are troubling times for the health care industry, and changes in the structure of reimbursements have put a strain on the resources necessary to maintain an academic identity at many centers. Dr. Ed Frohlich is one Ochsner's strongest weapons against this shift in emphasis because he continues to play a pivotal role in maintaining our academic credo and spirit and has been committed to this over the past 25 years. I think that you will find his overview of Ochsner's hypertension research program inspiring, and the summary of events and breakthroughs that have taken place over the years makes it possible to understand how this research program became internationally recognized. One of the important messages I believe you can take from his article is that laboratory research need not necessarily be viewed as an end unto itself, but instead as a way of tackling clinical problems and bringing scientific advances to the bedside.

Randomized controlled clinical trials have become the standard by which new drugs and devices become licensed. The rigidity of these types of studies, however, from the standpoint of inclusion criteria, the precision of endpoints, and the generally high rates of compliance do not necessarily reflect the reality of how safe and effective they will prove to be in the world of day-to-day practice. Often, the best insights in these areas come to light after the products are released into the marketplace. The article by Jeffrey Trotter, President of the Ovation Research Group, points out that while controlled clinical trials are beyond the reach of many busy practitioners, participation in national registries that track new drugs and devices need not be. Mr. Trotter forecasts that patient registries will become increasingly important in the future due to expanded electronic access.

As a physician who spends considerable time tending to the care of patients with chronic hepatitis C, I have become impressed with the number of relatively young individuals who have developed hepatocellular carcinoma after several decades of infection. Even with a declining incidence of new cases of acute hepatitis C, it has been forecast that there will be a greater than 500% increase in the

number of cases coming to transplantation for hepatitis C and a 70% increase in the number of cases of hepatitis C-related liver cancer during the next 5 to 8 years (1). In this issue, Dr. George Loss of the Multi-Organ Transplant Center describes the Ochsner experience with primary hepatic malignancy over the past 4 years. Not surprisingly, hepatitis C accounted for the vast majority of cases (24 of 36). Dr. Loss's article proves to be encouraging, however, in that nearly 40% of cancers were discovered only at the time of surgery (which is associated with a better prognosis) and overall survival for the entire group of liver cancer patients did not differ from that observed in patients transplanted for other indications. Remarkably, none of the patients has thus far shown evidence for recurrent cancer!

Dr. Douglas Moodie, Chairman of the Department of Pediatrics at Ochsner Clinic Foundation, provides an excellent overview of adult congenital heart disease in this issue. For those of you who may not know, Dr. Moodie joined the Ochsner team in February of this year after having served as head of the Pediatric Cardiology Section of the Cleveland Clinic. Dr. Moodie affirms that patients with congenital heart disease are often underdiagnosed early in life and present as adults when they may prove to be more difficult to manage. On a more optimistic note, however, he points out that almost all forms of congenital heart disease can be treated with surgery or catheterization interventional techniques.

It may come as a surprise to many that pneumonia remains the sixth most common cause of death in the United States. Dr. Joseph Dalovisio, Head of Ochsner's Section on Infectious Diseases, provides a comprehensive and up-to-date summary of the diagnosis, etiology, and management of community-acquired pneumonia. His article provides the latest guidelines from the Infectious Diseases Society of America and the American Thoracic Society and should serve as a handy reference for those physicians who are confronted with this common yet potentially lethal condition.

We are living in an electronic age and, as any home computer buff knows, digital images can be sent many thousands of miles away with the click of a button. Now, this same capability is within reach of the gastroenterologist who can use a small video capsule to directly visualize lesions in the gastrointestinal tract that may not have been apparent by other diagnostic testing. Ochsner Clinic Foundation became the first center in the New Orleans area to have this technology in the Spring of this year. Dr. Jim Smith, of the Section on Gastroenterology describes the Ochsner experience with the video capsule in the first 19 patients. This remarkable technology has been able to uncover bleeding lesions that were not observed with regular endoscopy and, therefore, complements our abilities to provide state-of-the art care.

As Drs. Hugh Durham and George Pankey of the Section on Infectious Diseases point out, the development of vaccines has influenced human survival over the past 200 years. The authors

provide a summary of the current indications for pediatric and adult vaccination. While an ideal strategy prefers vaccination to treatment, the practical limitations of this in terms of cost and supply make targeted recommendations for vaccination important to understand. Rounding off the Journal is a brief review on alcohol and liver disease by Drs. Prakash and Nelson; a biographical portrait of Dr. Curtis Tyrone, the youngest of the five founders of the Ochsner Clinic; and summaries and commentaries on a broad range of articles published in the recent pediatric and adult medicine literature.

I hope you enjoy this issue and welcome any comments that you may have. 🌸

1. Davis GL. Hepatology. 1998;28(4 pt 2):390a.