

Dear friends of clinical journal club - load the latest file down at <https://www.mdc-berlin.de/cjc>. This website also gives you access to my seminar on Wednesdays 16:00 English and 17:00 German. You need to click on *Besprechung beizutreten*. If it fails to work immediately, keep on clicking.

A 65-year-old woman with a recent history of acute necrotizing pancreatitis presented with a 5-day history of abdominal pain and fevers. Physical examination was notable for tenderness in the upper abdomen. Cross-sectional computed tomography (CT) of the abdomen is shown. What is the diagnosis? You are offered: Cystic pancreatic neoplasm, Intra-abdominal abscesses, Pancreatic pseudocyst, Solid pancreatic tumor, and Walled-off pancreatic necrosis. Four loculated lesions are shown. Next, we are informed that N Engl J Med is “on break” this week, ie. no papers or features (no kidding). N Engl J Med features “interactive cases” that I have not presented. So let us see what these are like. A 53-year-old overweight man shows up with a 3-week history of fevers, night sweats, fatigue, myalgia, dyspnea and 8-kg weight loss. He has hyperlipidemia, gout, obesity, low vitamin D levels, and is balding. He receives allopurinol, minoxidil (presumably for hair growth), and a vitamin D preparation. He has normal vital signs aside from very-low-grade fever. Examination reveals no lymphadenopathy, a systolic murmur and hepatomegaly. Since the examiner stands on his left side, no spleen is palpable. A wide-range of labs reveals elevated liver enzymes including alkaline phosphatase, high LDH, elevated sed-rate and CRP levels. Abdominal CT reveals numerous lesions in a large liver and spleen, and these are actually hypodense (lower Hounsfield), than the surrounding parenchyma. The next patient is a 34-year-old man with exercise intolerance, night sweats and bradycardia. History and the examination are not very revealing aside for a heart rate of 56/min in this sedentary person. Neck veins, filling pressure and venous pulses are not recorded (presumably not examined). His labs are fairly nondescript, aside from an elevated CRP level. An electrocardiogram reveals sinus rhythm but there is an increase in PR interval from one beat to the next until a beat is dropped. He also has right bundle branch block. The third patient is an obese 63-year-old woman how has nausea, vomiting and weight loss. Her doctors have assigned her to 16 medications for numerous reasons. One of these medicines is semaglutide. Gastroscopy reveals a somewhat hairy appearing gastric lesion. We are asked questions and must make

choices. All three patients are informative. In the Lancet, we first inspect a randomized trial of orforglipron and oral semaglutide (both orally active GLP-1 agonists) in obese adults with type-2 diabetes. Orforglipron is “no worse than” oral semaglutide (weight loss, HbA1C etc.) statistically and actually looks better than oral semaglutide qualitatively. Both drugs are pretty good. The next study is an assessment of fractional flow reserve (FFR) to judge coronary stenoses. The study was a randomized trial of FFR, compared to “eye-balling” the angiogram in coronary patients undergoing valve replacement and by-pass operations. Endpoint was a composite (like MACE). FFR assessment reduced composite events. All people on the planet are advised to “drink more” despite the water shortage. Particularly patients with urinary stones should drink more but does it help? In a randomized trial of “drink more” the patients counseled to drink more made more pee, but the stone events were no different. Persons with lung cancer who are operable undergo lobectomy, either open or video-assisted thorascopic surgery (VAT). VAT surgery greatly reduces recovery times. Investigators combined the results of four trials and show that VAT also results on less adverse events and seems to increase survival times. The Lancet review is on feed-back-regulated deep brain stimulation for Parkinsons Disease. The Lancet next presents a “grand rounds” exercise on treatment of advanced cervical carcinoma in pregnancy. Atopic dermatitis is called “neuro”-dermatitis in German but are nerves really involved in his immune-mediated skin disease? A Science Magazine studies in patients and mice show that in atopic-dermatitis mice and patients, a population of norepinephrine-producing sympathetic neurons that specifically innervate hairy skin and mediate stress-induced aggravation of skin inflammation in an eosinophil-dependent manner, could be responsible. So perhaps it is a neurodermatitis after all. In Washington Post we learn about the MAGA dream girl, Jessica Foster, marching aside Donald Trump on the tarmac next to military planes. She looks about twenty years of age, immaculate figure in a tight-fitting army uniform. Interestingly she holds the rank of E6 (Staff Seargent) and is adorned with numerous military medals. Large numbers of MAGA Republicans have swooned over Jessica. Alas, Washington Post shows that Jessica is an AI creation. Then, we learn that Vice President J.D. Vance has instructed the State Department to initiate “free speech” in Europe by undermining the EU Digital Services Act designed to protect against Internet-Porn, discriminatory utterances, and

extremism. Vance's goal is to support ultra-right, non-democratic political groups in Europe. The presentation is in English at 16:00, German at 17:00, and will take place will on Wednesday March 25, 2026.

Sincerely, Fred Luft

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