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 74-year-old man presented to the emergency department with a 3-day history of a painful laceration on his right leg that he had sustained while jumping into waters off the Gulf Coast of Florida. Two days after the injury to his leg, skin changes had appeared on his right arm. Physical examination is shown of the right lower leg and right forearm. He had no known history of chronic liver disease or an immunocompromising condition. Which of the following is the most likely diagnosis? You are offered: Aeromonas cellulitis, Clostridium perfringens gas gangrene, Pseudomonas aeruginosa cellulitis, *Mycobacterium marinum* skin and soft tissue infection, and *Vibrio vulnificus* skin and soft-tissue infection. The image shows hemorrhagic bullae on upper and lower extremities. The disease also occurs in Europe along the Baltic Sea. Could a deficiency of factor XI (hemophilia C) protect from stroke? Patients with non-cardioembolic ischemic stroke or transient ischemic attack (TIA) are at risk for recurrent stroke. Low factor XI levels are associated with a reduced risk of ischemic stroke. Asundexian inhibits activated factor XI. Whether the addition of asundexian to antiplatelet therapy would be superior to antiplatelet therapy alone for the secondary prevention of ischemic stroke is unclear. Investigators randomly assigned patients within 72 hours after the onset of a non-cardioembolic ischemic stroke or high-risk TIA to receive asundexian (50 mg once daily) or placebo, in addition to planned dual or single antiplatelet therapy. Patients had at least one of the following: a non-lacunar infarct on imaging, a history of atherosclerosis, or evidence of atherosclerotic plaque at any location on cerebrovascular imaging. The primary efficacy outcome was ischemic stroke. The composite of death from cardiovascular causes, myocardial infarction, or stroke was a key secondary outcome. The primary safety outcome was major bleeding. The absolute stroke reduction was significant, albeit at about 2%. Safety was not an issue. Kawasaki Disease is a febrile childhood exanthem of unknown cause. Children in Asia are most-commonly affected. The disease results in middle-sized arteritis that affects the coronaries. The effect of adjunctive glucocorticoids in the primary treatment of Kawasaki disease in unselected

patients remains unknown. In a randomized, controlled trial in China, investigators assigned participants with newly diagnosed Kawasaki disease to receive prednisolone plus standard treatment or standard treatment alone. The primary outcome was the occurrence of coronary-artery lesions at 1 month after illness onset. Prednisone did not improve outcomes in children with Kawasaki disease. We learned recently that blocking plasma cells with a CD38-directed antibody helped patients with immune thrombocytopenia (ITP). Could an attack on B cells help as well? Lanalumab, a monoclonal antibody targeting B cells (anti BAFF also called BLYS), is being assessed as a short-course second-line therapy in ITP. In a phase 3, randomized, double-blind trial, investigators assigned adults with primary ITP and an insufficient response or a relapse after first-line glucocorticoid therapy to receive ianalumab at a dose of 9 mg or 3 mg per kilogram of body weight or placebo once monthly for 4 months. Eltrombopag, an oral thrombopoietin-receptor agonist, was administered once daily in each group according to local prescribing information. The primary end point was freedom from treatment failure. The key secondary end point was a stable response at 6 months. Lanalumab helped these ITP patients. There is uncertainty whether the use of selective decontamination of the digestive tract (SDD) as a preventive antimicrobial strategy reduces mortality in adult patients receiving mechanical ventilation in the intensive care unit (ICU). Following the publication of new data from a contemporary randomized clinical trial, an updated systematic review and meta-analysis was conducted to determine whether the use of SDD reduced hospital mortality compared to standard care. The NEJM report reveals a relative-risk reduction of about 10% with a high degree of certainty. Thrombosis is a recognized complication of sex hormone therapy, which includes hormone replacement for deficiencies, contraceptive therapy, treatment of heavy menstrual bleeding, gender-affirming hormone therapy, suppression of ovulation, oncologic hormone therapy, and assisted reproduction. N Engl J Med reviews the topic. The N Engl J Med mystery patient falls asleep during the daytime but does not have sleep apnea. A nocturnal electroencephalogram helps make the diagnosis. In the Lancet, we first encounter relacorilant, a selective glucocorticoid receptor antagonist that is being introduced in cancer chemotherapy. A phase-3 randomized trial suggests that relacorilant can improve progression-free survival in patients with ovarian carcinoma. Checkpoint inhibition (pembrolizumab etc.)

has been disappointing in ovarian carcinoma treatment. But perhaps the accompanying chemotherapy has been less than ideal. Lancet reports that combining pembrolizumab with weekly paclitaxel improves progression-free survival in patients with ovarian carcinoma. The management of severely displaced distal radius fractures in children is uncertain. The Lancet reports a randomized trial of casting versus operative treatment. Conservative management was not non-inferior but could provide an alternative in many patients without loss of DALYs and QALYs. The Lancet review is on primary sclerosing cholangitis. The Lancet then presents a case report on a young tennis player with a pulmonary embolism related to an osteochondroma. Hepatocyte Nuclear Factor 1-Beta (HNF1B) is a transcription factor responsible for hepatic, pancreatic and renal development and is also associated with diabetes (MODY5). In Science Magazine we discover that HNF1B plays a far more important long-term renal regulatory role. In any chronic kidney disease (CKD), HNF1B is downregulated, thereby contributing to the relentless course of CKD. Interventions are possible. In Washington Post, we learn that Robert F. Kennedy Jr. is instructing the FDA to allow the marketing and distribution of “peptides”. I had to google what this is all about and discovered the “Wolverine Peptide” promoted by RFK Jr that has near-magical properties. The presentation is in English at 16:00, German at 17:00, and will take place will on Wednesday April 22, 2026.

Sincerely, Fred Luft

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