

Dear friends of clinical journal club - load the 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 40-year-old man was referred to the otorhinolaryngology clinic with a 1-month history of a sore throat. He reported no upper respiratory symptoms, fever, rash, or genital lesions. The physical examination was notable for nonulcerated white plaques that formed a butterfly shape across the posterior oropharynx, upper uvula, and tonsils. No lymphadenopathy or skin or genital lesions were present. Testing for the human immunodeficiency virus was negative. A biopsy of the plaques showed dense lymphoplasmacytic infiltration. Which of the following tests is most likely to reveal the diagnosis? You are offered: Congo red stain of the biopsy specimen; Flow cytometry of the biopsy specimen; Grocott's methenamine silver stain of the biopsy specimen; Serum protein electrophoresis; and Treponema pallidum hemagglutination assay. Better go with the "great masquerader".

Effective treatments for patients with primary biliary cholangitis are limited largely to desoxycholic acid. Seladelpar, a peroxisome proliferator-activated receptor (PPAR)- δ agonist, has potential benefits. In a phase 3, 12-month, double-blind, placebo-controlled trial, investigators randomly assigned (in a 2:1 ratio) patients who had had an inadequate response to or who had a history of unacceptable side effects with ursodeoxycholic acid to receive oral seladelpar at a dose of 10 mg daily or placebo. The primary end point was a biochemical response, which was defined as an alkaline phosphatase level less than 1.67 times the upper limit of the normal range, with a decrease of 15% or more from baseline, and a normal total bilirubin level at month 12. Key secondary end points were normalization of the alkaline phosphatase level at month 12 and a change in the score on the pruritus numerical rating scale (range, 0 [no itch] to 10 [worst itch imaginable]) from baseline to month 6. Primary and secondary endpoints were met with acceptable side-effect profiles.

an oral, dual peroxisome proliferator-activated receptor (PPAR) α and δ agonist, may have benefit as a treatment for primary biliary cholangitis. Similar effects as in the seladelpar study were identified. Thus, PPAR agonism is a target for treating biliary cholangitis.

Cognitive symptoms after coronavirus disease 2019 (Covid-19), the disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-

2), are well-recognized. Whether objectively measurable cognitive deficits exist and how long they persist are unclear. This generally accepted notion was investigated in a huge UK cohort of Covid-19 patients. Participants with resolved persistent symptoms after Covid-19 had objectively measured cognitive function similar to that in participants with shorter-duration symptoms, although short-duration Covid-19 was still associated with small cognitive deficits after recovery. Longer-term persistence of cognitive deficits and any clinical implications remain uncertain. Retrospective data suggest that the incidence of parametrial infiltration is low in patients with early-stage low-risk cervical cancer, which raises questions regarding the need for radical hysterectomy in these patients. However, data from large, randomized trials comparing outcomes of radical and simple hysterectomy are lacking. Investigators conducted a multicenter, randomized, noninferiority trial comparing radical hysterectomy with simple hysterectomy including lymph-node assessment in patients with low-risk cervical cancer (lesions of ≤ 2 cm with limited stromal invasion). Simple hysterectomy was “as good” and caused less urinary incontinence. The N Engl J Med review is on rehabilitation after cardiac events, a strategy well accepted in Europe but less so in the US. The N Engl J Med patient is a woman with alternating abducens palsies. In the Lancet, we review a vaccine for hepatitis E. Antibodies persisted for >8 years. Intravascular imaging with ultrasound and optical coherence tomography has made great strides. We inspect a meta-analysis suggesting that intravascular imaging substantially improves coronary stent implantation. Abatacept is a circulating fusion protein that blocks CD28-CD80 costimulatory signaling in T cells. Two trials in rheumatoid arthritis patients underscore utility in persons with refractory disease. The Lancet patient has endocarditis, but blood cultures were negative, and antibiotics caused no improvement. It turns out, the patient has lung adenocarcinoma, and the endocarditis is marantic in nature. The Lancet review is on viral gastroenteritis. The N Engl J Med board examination question concerns oligomenorrhea in a young woman with a normal BMI. In Science Magazine, we learn that Gary Lewin’s lab at the MDC has discovered a novel mechanically gated ion channel, ELKIN1, conveying touch sensation. Join me again on March 6 for this and last week’s presentation.

Best regards, Fred Luft, at <https://www.mdc-berlin.de/cjc>