

**Microbiology:** As *Abiotrophia defectiva* does not routinely grown on blood agar, many cases likely remain unidentified (and its incidence in endocarditis may be underestimated). NVS was first identified by Frenkel and Hirsch, in 1961; in 1989, Bouvet et al. showed that NVS occurs as two strains: *Streptococcus defectiva* and *Streptococcus adiacens* (confirmed by RNA sequencing in 1995). Both Vitamin B6 and cysteine are required for growth and the bacteria cannot be cultured on media without these nutrients; NVS can grow on chocolate agar and brucella agar. As discussed above, it grows more slowly than other streptococci, has a high affinity for endocardium and may be less sensitive in vivo than is evident in vitro, leading to persistent infection. As always, prompt identification and treatment of the pathogen are critical.

*Infective Endocarditis: Diagnosis, Antimicrobial Therapy and Management of Complications*, Circulation 2005; 111:e394-e434

*Blood stream and endovascular infections due to Abiotrophia defectiva and Granulicatella species*, BMC Infectious Diseases 2006; 6:9

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## FROM THE JOURNALS

William Steinmann MD

### **Asthma in Seniors: Part 1. Evidence for Underdiagnosis, Undertreatment and Increasing Morbidity and Mortality**

Stupka, E. and R. deShazo, American Journal Medicine, January 2009, Volume 122, No. 1, 6-11

This is a comprehensive survey of the clinical literature supporting the epidemiology, diagnosis and natural history of asthma in individuals over 65 years of age. In addition, expert consensus publications by the National Heart, Lung & Blood Institute and National Institute of Health were reviewed. The authors found that:

- The population of seniors with asthma is increasing rapidly in the U.S.
- These patients have a high level of morbidity and mortality with their asthma
- Seniors with asthma have often been excluded from clinical trials of asthma management due to their age or comorbid conditions
- Evidence is presented that a new approach to this chronic disease is warranted

### **Hand-carried Ultrasound performed by Hospitalists: Does it improve the Cardiac Physical Examination?**

Martin, L. David et al., American Journal of Medicine, January 2009, Volume 122, No. 1, 35-41

Observer variability of any clinical observation may be considerable and previous studies have demonstrated disagreement of cardiac auscultation findings, even among cardiologists. In this study, the hospitalist's performance with and without a hand-carried ultrasound was compared with a cardiologist's interpretation of the patient's hospital echocardiogram.

The hospitalist's assessment of right ventricular function, cardiomegaly and pericardial effusion were improved clinically and statistically by using the ultrasound; assessments of aortic stenosis, aortic regurgitation and mitral regurgitation were not improved. While the clinical benefit achieved by the immediacy of this device was not determined, the promise of its potential is highlighted in an accompanying editorial. We await further study as hospitalists are looking to expand their diagnostic capabilities.

## From the Journals (cont)

### Predictors and Implications of Q-Waves in ST-Elevation Acute Coronary Syndromes

LaBounty, Troy et al., American Journal of Medicine, February 2009, Volume 122, No. 2, 144-151

In a large cohort of 14,916 patients, LaBounty et al. evaluated the frequency, the predictors and the implications of Q waves in the current era that includes primary percutaneous coronary intervention. This multi-center observational study, from the Global Registry of Acute Coronary Events database, includes 111 study sites in 14 countries. The registry was designed to provide data in an unbiased, representative population of acute coronary syndrome patients. The authors found the following:

- Q waves are decreasing in incidence and now occur in a minority of ST-elevation acute coronary syndrome patients.
- Presenting Q waves are a major determinant of in-hospital mortality in patients with ST-elevation acute coronary syndromes and these patients might need more intensive observation and management.
- Q waves in patients with ST-elevation acute coronary syndromes do not impact post discharge six-month mortality

The study results provide additional information regarding the utility of EKG findings in the diagnosis and management of myocardial ischemia.

**HOSPITALIST CONFERENCE AND LUNCHEON**  
TOPIC: HOSPITAL ACQUIRED INFECTIONS  
MISSOURI ACP MEETING, SEPTEMBER 24-27  
TAN-TAR A RESORT, LAKE OF THE OZARKS  
DETAILS TO FOLLOW

## ID CORNER

**William Salzer MD**

### INFLUENZA

This may come a little late for flu season but it provides guidelines for the management of patients with influenza and outbreak control. If you serve on your infection control committee, it might be helpful as well.

Harper, SA et al. Seasonal Influenza in adults and children: Diagnosis, treatment, chemoprophylaxis and institutional outbreak management, Clinical Practice Guidelines of the Infectious Disease Society of America, Clin Infect Dis 2009; 48:1003-1032

<http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>