ACC is largely a silent disease unless hormone secretion leads to an early diagnosis; 70% of cases have metastasized at the time of diagnosis and common sites include liver, lung, bone and peritoneum. Adult disease tends to be more aggressive and has a poorer prognosis than ACC in children. Treatment includes surgical resection and adjuvant therapy (mitotane and possible radiation). Prognosis is often poor and is related to the completeness of surgical resection and the presence of distant metastases. Several small patient series, published in recent years, suggest an improvement in survival over time.

**References:**
Luton, JP et al., Clinical features of adrenocortical carcinoma, prognostic factors and the effect of mitotane therapy, NEJM 1990, 322 (17): 1195-1201


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**FROM THE JOURNALS**

Robert Folzenlogen MD

*Efficacy of Esomeprazole for the Treatment of Poorly Controlled Asthma*
Mastornade, JG et al., Am Lung Assoc Asthma Clinical Research Centers
NEJM, Vol 360, No 15, 1487-1499, April 9, 2009

Conclusion: despite a high prevalence of GERD in asthma patients, PPI use does not improve control

*Update in COPD 2008*
Maclay, JD et al., Am J Resp Crit Care Med, Vol 179, No. 7, 533-541, April, 2009

Review of pathophysiology, genetics, systemic features, imaging and treatment of COPD

*The Role of D-Dimer Testing in Patients with Suspected Venous Thromboembolism*
Prisco, D and E. Grifoni, Seminars Thrombosis Hemostasis, Vol 35, No. 1, 50-59, Feb 2009

An overview of the rationale, utility and limitations of d-dimer testing

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**ID CORNER**

William Salzer MD

**INTRAABDOMINAL INFECTIONS**

Attached are the evidence-based guidelines for the antibiotic treatment of intraabdominal infections from the IDSA.


[http://www.journals.uchicago.edu/doi/pdf/10.1086/378702](http://www.journals.uchicago.edu/doi/pdf/10.1086/378702)