

Research

Empirical Antifungal Therapy in ICU-Acquired Sepsis 1555

Empirical antifungal therapy is often used in the treatment of intensive care unit (ICU)-acquired sepsis—despite a lack of evidence that the practice improves outcomes. In a multicenter placebo-controlled randomized clinical trial involving 260 critically ill adults with unresolved sepsis (despite treatment with broad-spectrum antibiotics), *Candida* colonization at multiple sites, and multiple organ failure, Timsit and colleagues found that 14 days' treatment with micafungin did not increase fungal infection-free survival at day 28. In an Editorial, Siddharthan and colleagues discuss empirical vs targeted treatment of invasive fungal infections.

📖 Editorial 1549

📖 CME jamanetworkcme.com

Preventing Postextubation Respiratory Failure and Reintubation 1565

Among patients receiving mechanical ventilation who are ready for extubation, noninvasive mechanical ventilation and high-flow conditioned oxygen therapy are 2 methods to increase oxygenation after extubation. In a randomized clinical trial involving 604 critically ill, mechanically ventilated patients who were scheduled for extubation but were at high risk of extubation failure, Hernández and colleagues found that high-flow conditioned oxygen therapy delivered through nasal prongs was not inferior to noninvasive mechanical ventilation for preventing postextubation respiratory failure and reintubation.

📖 CME jamanetworkcme.com

Long-term Outcomes of Incisional Hernia Repair 1575

Prosthetic mesh is frequently used to reinforce the repair of abdominal wall incisional hernias. In a registry-based nationwide cohort study that included 3242 Danish patients who underwent incisional hernia repair from 2007 through 2010, Kokotovic and colleagues assessed long-term risks of hernia recurrence and mesh-related complications. Among the authors' findings was that compared with nonmesh hernia repair, mesh repair—either open or laparoscopic—was associated with a lower risk of reoperation for recurrence in the subsequent 5 years. However, during long-term follow-up, the benefits attributable to mesh were offset in part by mesh-related complications. In an Editorial, Itani discusses new findings in ventral incisional hernia repair.

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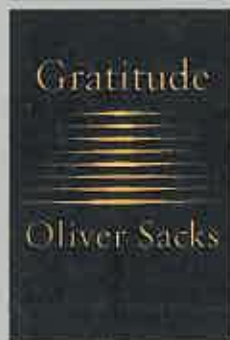
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133 YEARS
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Research (continued)

Conservative Oxygenation Protocol and ICU Mortality **1583**

In a single-center open-label randomized clinical trial that enrolled 480 critically ill patients, Girardis and colleagues assessed the effect of a conservative vs conventional oxygen therapy protocol on patient outcomes. The authors report that compared with conventional therapy that resulted in higher oxygen saturation values, a conservative oxygenation strategy that aimed to maintain arterial oxygen saturation within physiological limits resulted in a lower risk of all-cause mortality during the ICU stay. In an Editorial, Ferguson discusses oxygen treatment goals in the ICU.

E Editorial **1553**

Clinical Review & Education

Management of Unprovoked First Seizure in Adults **1590**

An estimated 150 000 US adults experience an unprovoked first seizure each year. Whether to initiate immediate antiepileptic drug treatment is controversial. This JAMA Clinical Guidelines Synopsis article by Tao and Davis summarizes a 2015 guideline from the American Academy of Neurology and the American Epilepsy Society on the management of an unprovoked first seizure in adults. The guideline recommendations support treatment decisions based on an individualized assessment of the risk of recurrence, potential adverse effects of antiepileptic drug therapy, and patient preferences regarding treatment. Immediate treatment does not alter the long-term prognosis for seizure remission.

TSH in the Evaluation of Subclinical Hypothyroidism **1592**

This JAMA Diagnostic Test Interpretation article by Papaleontiou and Cappola presents the case of a woman with a 6-month history of hair thinning, itchy scalp, and cold sensitivity. The patient had hyperlipidemia for which she took fish oil and red yeast rice extract. Her body mass index was 31. On examination, the thyroid gland was normal size and consistency without palpable nodules. The thyroid-stimulating hormone (TSH) level was 4.88 mIU/L (reference range, 0.4-4.5 mIU/L). How do you interpret these test results?



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Edward Livingston, MD, summarizes and comments on this week's issue.

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