#### Research

# Video Laryngoscopy for Orotracheal Intubation

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In the intensive care unit (ICU), orotracheal intubation may be hazardous when the patient is acutely unstable and requires prompt intervention. In a randomized clinical trial of 371 adults requiring intubation while being treated at 7 ICUs, Lascarrou and colleagues found that video laryngoscopy, as compared with direct laryngoscopy, did not improve first-pass protracheal intubation rates and was associated with higher rates of severe lifethreatening complications. In an Editorial, O'Gara and colleagues explain how video laryngoscopy may allow visualization of the larynx without facilitating tracheal intubation. In a related article on research ethics, London discusses the concept of equipoise in selecting research designs to address this and other unresolved clinical questions.

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#### **Tracheal Intubation During Cardiac Arrest**

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It is unclear whether tracheal intubation during adult in-hospital cardiac arrest is associated with survival to hospital discharge. In an observational cohort study by Andersen and colleagues of 108 079 adult patients who had an in-hospital cardiac arrest, the rates of survival, return of spontaneous circulation, and good functional outcome were lower among patients who were intubated compared with those not intubated. In an Editorial, Angus discusses the risks and benefits of intubation during cardiopulmonary resuscitation and the challenges of conducting research in emergent settings when the precise timing of medical decisions is not known.

Editorial 477

# Sickle Cell Trait and Hemoglobin A<sub>1c</sub>

Hemoglobin A<sub>te</sub> (HbA<sub>te</sub>) reflects past glucose concentrations, but this relationship may differ for individuals with sickle cell trait (SCT). In a retrospective cohort study using data collected from 7938 participants in 2 community-based cohorts, Lacy and colleagues found that participants with SCT had lower levels of HbA<sub>1</sub>, at any given concentration of fasting or 2-hour glucose measures than did participants without SCT. In an Editorial, Bleyer and Aloi discuss the clinical importance of these findings.

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#### **Clinical Review & Education**

# **Pituitary Adenomas**

Pituitary adenomas may hypersecrete hormones or cause mass effects. Molitch reviews the clinical presentation and management of pituitary adenomas and stresses the importance of early detection of these tumors to facilitate effective treatment.

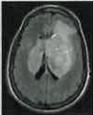
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# **Ethics and Science in Human Research**

The principle of equipoise states that when there is uncertainty or conflicting expert opinion about the relative merits of diagnostic, prevention, or treatment options, allocating interventions to individuals in a manner that allows the generation of new knowledge (eg. randomization) is ethically permissible. London discusses the concept of equipoise in selecting research designs to address unanswered clinical questions, such as the comparison of video and direct laryngoscopy for orotracheal intubation in this issue of *JAMA*.

Related Article 483

# A 24-Year-Old Man With a Left Frontal Brain Mass



This JAMA Clinical Challenge article by Carey and colleagues describes a healthy 24-year-old man who presented with 1 week of headache, gait imbalance, and coordination difficulties. Neurologic examination was significant for hyperreflexia in all extremities, bilateral shoulder weakness, and right-sided pronator drift. Computed tomography im-

aging of the chest, abdomen, and pelvis and spinal magnetic resonance imaging were unremarkable, but fluid-attenuated inversion recovery magnetic resonance imaging of the brain confirmed the presence of an aggressive mass lesion extending through the corpus callosum. What would you do next?

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# **Editor's Audio Summary**

Howard Bauchner, MD, summarizes and comments on this week's issue.

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