

## CLINICAL CAPSULES

### Gargling and Respiratory Infections

Water gargling may be effective for preventing upper respiratory tract infections, reported Kazunari Satomura, M.D., of Kyoto (Japan) University, and colleagues.

In a randomized, controlled trial involving 387 healthy volunteers aged 18-65 years, a URTI occurred in 41% of control subjects, 30% of subjects randomized to gargle with water, and 37% of subjects randomized to gargle with diluted povidone-iodine during a 60-day period.

The difference in URTI incidence between the control and water-gargling

groups was significant, the investigators reported (*Am. J. Prev. Med.* 2005;29:302-7).

Furthermore, when water garglers developed a URTI, bronchial symptoms were attenuated; the mean peak score in bronchial symptoms was 1.40 in the control group, 0.97 in the water-gargling group, and 1.41 in the povidone-iodine garglers.

Garglers were asked to use 20 mL of water or diluted povidone-iodine for about 15 seconds three times consecutively, and to repeat at least three times daily. Subjects were followed for at least 60 days.

Water gargling is a virtually cost-free

modality that could “appreciably benefit people both physically and economically around the world,” the authors concluded.

### HPV in Women Over 50

Women aged 51 years are at least as likely as younger women to become infected with human papillomavirus, a study suggests; the findings indicate that cervical screening should not be discontinued after age 50.

To compare rates of HPV acquisition in older and younger women, paired archived cervical smears taken an average of 3 years apart from 656 women were tested. Of these, 567 were negative for HPV at base-

line, Matthew J. Grainge, M.D., of the University of Nottingham, United Kingdom, and his colleagues reported.

Of 333 women aged 51 years at the time of a baseline smear that was HPV negative, 21% had a positive smear 3 years later, compared with 15% of 66 women aged 21 years, 14% of 85 women aged 31, and 13% of 83 women aged 41 at the time of a negative baseline smear. The differences were not statistically significant, the investigators noted (*Emerg. Infect. Dis.* 2005;11:1680-5).

Research is needed on the effects of HPV acquisition during middle age.

### BV and Cytomegalovirus

Bacterial vaginosis appears to facilitate local cytomegalovirus replication as well as infection with multiple CMV strains, Shannon A. Ross, M.D., of the University of Alabama at Birmingham, and her colleagues found.

Conversely, the presence of CMV infection may facilitate BV, the investigators noted. An analysis of vaginal wash specimens from 52 women who presented to a sexually transmitted disease clinic showed that CMV shedding was significantly more common in women with BV (52% of 21 women), compared with those without BV (19% of 31 women). Multiple CMV strains were found in 91% of women with CMV shedding and BV vs. 83% of those with CMV shedding and no BV (*J. Infect. Dis.* 2005;192:1727-30).

Additional study of the correlations between BV and CMV is needed, and could provide insight regarding the effects of BV treatment on CMV replication and local inflammatory response, they concluded.

### Dalbavancin vs. Linezolid

The investigational antibacterial dalbavancin appears safe and effective for treating patients with complicated skin and skin structure infections.

In a phase III trial, 854 patients with such infections were randomized to receive intravenous dalbavancin or linezolid given intravenously/orally or intravenously, Luis E. Jauregui, M.D., of St. Vincent Mercy Medical Center, Toledo, Ohio, and his colleagues reported.

The patients had infections that required significant surgical intervention or that were known or suspected to involve methicillin-resistant *Staphylococcus aureus*. Among evaluable patients, 89% in the dalbavancin arm and 91% in the linezolid arm had achieved clinical success about 14 days after treatment ended. The rate of MRSA eradication was 91% in the dalbavancin arm and 89% in the linezolid arm.

Adverse events were generally mild or moderate, occurring in 56% of patients in the dalbavancin arm and 61% of patients in the linezolid arm. Events considered probably or possibly associated with treatment occurred more often in the linezolid group (*Clin. Infect. Dis.* 2005;41:1407-15).

Dalbavancin could be an alternative to vancomycin and linezolid for complicated skin and skin structure infections caused by gram-positive pathogens, and since it can be administered in outpatient settings, it might be a reasonable option for empirical treatment of such infections suspected to be caused by MRSA, the investigators said.

—Sharon Worcester



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