



### HRT and risk of cholecystectomy

Among menopausal women taking hormone replacement therapy (HRT), the risk of cholecystectomy was increased among those using oral estrogen therapy, especially oral regimens without a progestogen. This is the finding of a prospective cohort study that assessed the use of different regimens of HRT among more than 70 000 menopausal women. Complicated gallstone disease should be added to the list of potential adverse events to be considered when balancing the benefits and risks associated with HRT, say the authors. **See Research, page 555**

Trials reporting on adverse effects of hormone replacement therapy have made clinicians and postmenopausal women cautious about using it. Liu comments on recent findings from 2 large cohort studies, one of which appears in *CMAJ*. She suggests that transdermal formulations of menopausal hormone therapy offer a safer option for avoiding gallstone disease requiring cholecystectomy. **See Commentary, page 549**

### Contraband tobacco: Harder to quit?

People who reported usually smoking contraband cigarettes were less likely to report quitting smoking in the subsequent 6-month period. McCreedy and colleagues used information from a random telephone survey of 4504 adults in Ontario and recontacted these people every 6 months for 3 years to describe the effect of branded and contraband cigarettes and other factors associated with quitting smoking. The authors suggest that the availability of low-cost contraband cigarettes may be attenuating public health efforts. **See Research, page E287**

### New test for people with chest pain

Among patients with cardiac chest pain, the mean level of pregnancy-associated plasma protein A at presentation was higher among those who had a subsequent stent thrombosis, myocardial (re)infarction, ischemic stroke or cardiovascular-related death than among those who did not. After baseline investigations, von Haehling and colleagues followed 2568 patients who presented with cardiac chest pain for 90 days to

assess major cardiovascular outcomes. Further studies are required to validate the use of this test in routine clinical practice, say the authors. **See Research, page E295**

### Contraception in women over 40

Effective contraception is still required in women over 40 years of age who wish to avoid pregnancy. Allen and colleagues stress that no contraception methods are contraindicated based on age alone. For women who should avoid estrogen-containing contraceptives, however, there are effective nonhormonal and progestin-only methods. **See Review, page 565**

### Diabetic foot ulcer

A 60-year-old man with poorly controlled type 2 diabetes presents with a purulent ulcer on the sole of his left foot. Is the ulcer infected? Does the patient have associated osteomyelitis? Which investigations and treatment are indicated? Craig and colleagues address these and other questions in the care of this patient. **See Practice, page 579**

### Cardiac complications of influenza

Jeyanathan and colleagues present 3 patients with cardiac complications of influenza infection. The relation between cardiac disease and influenza is complex, but associated cardiac complications tend to be short-lived and reversible. The roles of influenza vaccination and antiviral agents on the prevention of cardiac complications related to influenza infection are unclear. **See Practice, page 581**

### Infantile hemangiomas

Whereas most infantile hemangiomas require only observation and will resolve by the time the child is 10 years of age, some hemangiomas can be potentially limb- or life-threatening because of their location. Others may be associated with underlying congenital anomalies. Infants with problematic hemangiomas should be referred urgently to an expert for assessment and treatment. **See Practice, page 586**