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Internal medicine forms the heart of medical science. It deals with the diagnosis, prevention, and treatment of adult disease. The Archives of General Internal Medicine is a journal dedicated to publishing breakthrough research in the field. The current issue of the Archives of General Internal Medicine covers articles dealing with diverse topics such as novel manifestations of chickenpox, novel strategies of MRSA treatment, abnormal skin growths such as cholesteatoma, and the importance of oral agents in diabetes treatment.

Chickenpox (varicella) is a benign illness that is caused by the varicella zoster virus. The incidence in of varicella in young adults is estimated at 90/100,000 population, and then it steadily falls with age. This disease affects only humans and the virus is primarily spread via the respiratory tract. Complications include encephalitis, pneumonitis, and rare neurological sequelae such as optic neuritis and transverse myelitis. A few case reports of the development of deep vein thrombosis and other thromboembolic sequelae following varicella infection in children have been reported. However, such conditions have been rarely observed in response to varicella infection in adults. Mohanty [1] has presented a rare case of deep vein thrombosis development in response to varicella infection.

Infection with Methicillin-Resistant *Staphylococcus aureus* (MRSA) increases the duration of hospitalization, healthcare costs, and results in increased mortality. Vancomycin 1 was considered to be the standard therapy for MRSA. However, it was found that vancomycin 1 treatment was associated with adverse effects such as a progressive increase in the Minimum Inhibitory Concentrations (MIC) of MRSA and toxicity. The evolution of Pseudomembranous enterocolitis, in conjunction with the spread of MRSA has resulted in the re-emergence of bacteria that are resistant to less-toxic agents. In this review, Gallagher et al. [2] have discussed the strategies available for the management of MRSA.

Yamatodani et al. [3] performed a retrospective analysis of the clinical trademarks of secondary acquired cholesteatoma. The results revealed that a significant correlation exists between

gender and secondary acquired cholesteatoma (18% men, 82% women). Furthermore, individuals with secondary acquired cholesteatoma were significantly older (average, 56 years) as compared to those with other acquired cholesteatomas (average, 42 years). Finally, there was a lower likelihood of improvement in older secondary acquired cholesteatoma patients following surgery.

Conflicting recommendations are available regarding the hemoglobin A1c (A1c) values for the initiation of insulin in individuals who have been newly diagnosed with diabetes. This is further complicated in low-income settings where the population is very worried about the adverse reactions of insulin therapy. Vaughan et al. [4] compared the clinical outcomes of insulin with those of Oral Agents (OAs) in low-income regions of the United States. The results revealed that the OA group exhibited a greater decrease in the adjusted average of A1c from the baseline. For every single-unit increase in baseline A1c values, the odds of insulin therapy initiation increased by 47.5%. Given the beneficial clinical outcomes of OAs even in the backdrop of markedly elevated A1c levels, OAs might serve as a promising initial therapy for newly diagnosed type 2 diabetes in low-income areas.

### References

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