

R_x for Acute Type III**Aortic Dissection
Found Arrested by
Drug Regimen**

EDINBURGH, SCOTLAND — Depression of myocardial contractility, combined with a reduction in systolic blood pressure, is the most effective way to treat and control Type III acute aortic dissection, according to Dr. Richard J. Cleveland, chairman of surgery at Tufts University School of Medicine in Boston.

Reporting on the results of animal experiments, Dr. Cleveland recommended the use of trimethaphan to produce the necessary hypotension, noting that the effect of this drug "may be the critical factor in limiting dissection."

Implications Assessed

The implications of the study, he explained, are that once initiated, aortic dissection will progress in the face of a significant depression of myocardial contractility alone, but can be halted by a combination of depressed myocardial contractility and moderate hypotension.

In addition, Dr. Cleveland observed in his report to the recent meeting here of the International Cardio-Vascular Society, the fact that trimethaphan has been found to slow myocardial contractility to the same levels obtained with very large doses of propranolol indicates that trimethaphan may be the more effective drug for control of acute aortic dissection.

Experimental Evidence Given

In the Boston experiments, he said, 30 mongrel dogs underwent left thoracotomy and construction of a standardized intimal tear in the proximal descending aorta. They were divided into three groups — 10 untreated controls and 10 each treated with propranolol or with trimethaphan before development of the dissecting aneurysms.

When the control animals were sacrificed after an hour, nine showed a progression of aortic dissection by an average of 81.5 percent of the distance from incision to celiac axis. One animal showed no progression, and in two cases the dissection covered only 50 and 65 percent of the distance. No statistically significant change had occurred in myocardial contractility. Dr. Cleveland noted, but ascending aortic systolic pressure in these animals had decreased from a mean of 174 mmHg to 140 mm Hg during the observation period.

In the propranolol-treated group, he continued, nine animals showed aortic dissection over a mean of 65 percent of the distance to the celiac axis. In four dogs, dissection had

Continued on Page 6



Important updated dosage information: **LANOXIN® (digoxin)** The recommended dosage has now been reduced.

Lanoxin is the *original* digoxin . . . the result of a research breakthrough by Burroughs Wellcome Co. over 40 years ago. It has been setting the standards ever since.

Through the years, Lanoxin has been distinguished by a reputation for consistent effect. This is clinically significant because digoxin preparations which have the same digoxin content have differed greatly in bioavailability and consequent pharmacological effect.

As a result of recent pharmacokinetic studies, often supported by Burroughs Wellcome Co., new lower dosage recommendations have been adopted. They are summarized in our revised prescribing information which appears on the following page. We urge you to read this important updated information.

1-9Preibisz JJ, Butler VP, Linderbaum J: Digoxin tablet bioavailability: single-dose and steady-state assessment. *Ann Intern Med* 81: 469, 1974.

LANOXIN® TABLETS
0.125 mg (yellow)
0.25 mg, scored (white)
0.5 mg, scored (green)