Editor's Note: A recent case report in the *Ears, Nose and Throat Journal* describes a patient with unilateral epistaxis caused by a blood-sucking leech. While I do not always follow the ENT or parasitology literature, I was inspired to do so by this week's WriteClick post, which features the intersection between neurology and endocrinology, cardiology, and nutrition. The current paradigm of medical education often means that the acquisition of new knowledge outside of our own specialties ends with the third year of medical school. But this increasing compartmentalization of medicine is convenient, not physiologic. Examples of crossover therapies, such as thrombomodulin discussed below, abound. Botulinum toxin migrated from ophthalmology. Amantadine was first developed as a prophylaxis against Asian influenza. Topiramate is now used routinely in weight loss clinics. Each of us needs to find a way to keep in touch with all of medicine—not just our own bit.

Megan Alcauskas, MD

ASSOCIATION OF ALZHEIMER DISEASE PATHOLOGY WITH ABNORMAL LIPID METABOLISM: THE HISAYAMA STUDY

Gerson T. Lesser, Bronx, NY: Matsuzaki et al.¹ noted associations of total serum cholesterol (TC) and low-density lipoprotein (LDL) with frequency of neuritic plaques (NP) but not with neurofibrillary tangles (NFT). In a WriteClick submission, Mascitelli et al.² note that these results are “inconsistent with other studies.” Relatively few lipid-Alzheimer disease (AD) investigations are similarly neuropathologically based. Among these, Matsuzaki et al. and Mascitelli et al. may not be aware of the publications of Kuo et al.³ and of our group.^{4,5} Both of our findings supported the Hisayama findings¹ and presented evidence contrary to the comments of Mascitelli et al.² In 2001, we found that nursing home residents with AD pathology (Consortium to Establish a Registry for Alzheimer's Disease [CERAD]) had significantly higher TC and LDL than residents with dementia with other-than-AD pathology. This was later confirmed in a larger nursing home cohort,

additionally showing that increasing certainty of AD (CERAD-based)⁴ and increasing counts of NP⁵ were each significantly associated with higher levels of TC and LDL. We further confirmed the finding of Matsuzaki et al.¹ of no significant lipid–NFT correlations.⁵ Our data also conflict with the suggestion by Mascitelli et al.² that the results of Matsuzaki et al. might be confounded by statin use; only 6% of our subjects had used statins and, when adjusted for statin use, the lipid–NP relationships were unchanged.⁵

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THROMBOMODULIN AND THE BRAIN: PAST, PRESENT, AND FUTURE

Daniel A. Lawrence, Enming J. Su, Ann Arbor, MI; Karl-Uwe Petersen, Aachen, Germany: The recent Editorial by Dr. Fisher¹ discussed the findings of Giwa et al.² and emphasized that, currently, the anticoagulant thrombomodulin (TM) “is not commonly discussed within neurologic circles,” but that it may have significant advantages over other anticoagulants in the setting of ischemic stroke. We could not agree more with Dr. Fisher's assessment and would like to point out 2 recent studies demonstrating the efficacy and safety of recombinant soluble TM in 2 independent animal models of ischemic stroke.^{3,4} These studies were performed by different laboratories and carried out in different species, with 2 very different model paradigms. Su et al.³ (see also

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