capsules <72 h after ingestion; six of these patients agreed to VCE, which confirmed intestinal patency. Two capsules were excreted intact >100 h after ingestion. Fifteen patients excreted the RFID tag (mean 159.2 h after ingestion, range 90–240 h), and one tag was retrieved during surgery for malignant stricture. No notable complications or abdominal symptoms were reported.

The authors conclude that the patency capsule might be a useful diagnostic tool for the identification of intestinal strictures before VCE.

Original article Banerjee R *et al.* (2007) Safety and efficacy of the M2A patency capsule for diagnosis of critical intestinal patency: results of a prospective clinical trial. *J Gastroenterol Hepatol* **22:** 2060–2063

Good 5-year outcomes after argon plasma coagulation for Barrett's esophagus

Various ablative techniques, such as argon plasma coagulation (APC), have been shown to reduce the extent of Barrett's esophagus, a major risk factor for esophageal adenocarcinoma. Long-term outcomes and the effects of APC on esophageal cancer risk, however, have not been demonstrated. Bright and colleagues have reported the 5-year outcomes from a randomized trial of APC versus endoscopic surveillance in patients with Barrett's esophagus.

The study included patients with confirmed Barrett's esophagus who had previously undergone fundoplication for GERD. Patients were randomly allocated to undergo either annual endoscopic surveillance or APC ablation. Follow-up endoscopy was performed every 12 months, and only data from participants with 5 years' follow-up were included in the final analysis.

At the 5-year follow-up assessment, 14 of 20 patients in the APC group versus 5 of 20 patients in the surveillance group had ≥95% reduction in Barrett's esophagus surface area; complete microscopic regression of Barrett's esophagus was observed in 8 and 3 patients in the APC group and surveillance group, respectively. Two patients in the APC group developed esophageal strictures and two patients in the surveillance group developed high-grade esophageal dysplasia during follow-up.

The authors conclude that regression of Barrett's esophagus is more extensive in patients who undergo APC rather than a surveillance protocol. Although high-grade dysplasia was observed only in the surveillance group, studies of larger patient populations with longer than 5-year follow-up durations are required to evaluate the effect of ablative therapy on cancer risk.

Original article Bright T *et al.* (2007) Randomized trial of argon plasma coagulation versus endoscopic surveillance for Barrett esophagus after antireflux surgery: late results. *Ann Surg* **246:** 1016–1020

A new treatment approach for minimal histological residuals of gastric MALT lymphoma

Helicobacter pylori eradication is an effective treatment for stage I gastric MALT (mucosa-associated lymphoid tissue) lymphoma. Initial evidence suggests that patients with persistent minimal histological residual disease after successful *H. pylori* eradication have a favorable prognosis and might not require oncologic treatment, which is the usual course of action. Fischbach and colleagues, therefore, conducted a retrospective case series to report the outcome of a watch and wait strategy for such patients.

Patients ($n = 108$; 62 male) with stage I gastric MALT lymphoma were recruited from a larger European study series. In these patients, *H. pylori* was successfully eradicated and minimal histological residual disease was confirmed by normalization of endoscopic findings and the histological detection of lymphoma infiltrates 12 months after *H. pylori* eradication. Further treatment was postponed, but patients received regular endoscopy and biopsy follow-up for a median 42.2 months (range 2–144 months).

Nearly all patients had a favorable outcome. Thirty-five patients (32%) entered into late (>12 months after *H. pylori* eradication) complete remission, whereas 67 (62%) had unchanged minimal histological residuals. Progressive disease only occurred in six patients, one of whom developed high-grade lymphoma.

The authors suggest that a watch and wait strategy is safe and valid for patients with minimal histological residuals of gastric MALT lymphoma after successful *H. pylori* eradication.