

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  $\geq 95\%$  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.

They call for further studies, with longer follow up, to confirm their findings.

**Original article** Fischbach W *et al.* (2007) Most patients with minimal histological residuals of gastric MALT lymphoma after successful eradication of *Helicobacter pylori* can be managed safely by a watch and wait strategy: experience from a large international series. *Gut* 56: 1685–1687

## Use of PPI therapy is associated with an increased risk of bacterial gastroenteritis

People in the general population commonly use PPIs and H<sub>2</sub>-receptor antagonists (H<sub>2</sub>RAs) to suppress gastric acid secretion. Gastric acid is, however, a normal defence mechanism against gastrointestinal infections, and suppression of its secretion could be expected to increase the risk of bacterial gastroenteritis. While there is some evidence that the use of such agents makes infection by *Clostridium difficile* more likely, data on the risk of other infections are scarce.

García Rodríguez *et al.* carried out a large case-control study to assess whether people taking acid suppressants were at increased risk of bacterial gastroenteritis. The researchers identified 6,141 patients aged 20–74 years who had suffered an episode of acute bacterial gastroenteritis and investigated their use of acid suppressants. Findings were compared with those for a closely matched control group who had not reported bacterial gastroenteritis.

Statistical analysis revealed that current use of PPIs (omeprazole and lansoprazole) definitely increased the risk of bacterial gastroenteritis but that current use of H<sub>2</sub>RAs (cimetidine and ranitidine) had no effect. The risk of bacterial gastroenteritis with PPI use was related to dose, but not treatment indication. *Campylobacter* and *Salmonella* species were largely responsible for the gastroenteritis episodes; clostridium gastroenteritis cases were rare, occurring in only 31 participants.

The authors conclude that gastric acid suppression induced by PPIs, but not by H<sub>2</sub>RAs, is associated with an increased risk of salmonella and campylobacter enteric infections. They suggest that this is consistent with the role of gastric acid as a defense mechanism.

**Original article** García Rodríguez LA *et al.* (2007) Use of acid-suppressing drugs and the risk of bacterial gastroenteritis. *Clin Gastroenterol Hepatol* 5: 1418–1423

## LSTC is a feasible alternative to open cholecystectomy

During the past 20 years, laparoscopic cholecystectomy has largely replaced open cholecystectomy as the standard treatment for symptomatic gallstones. In either technique, the surgeon must safely dissect the structures in Calot's triangle, but this dissection is difficult if inflammation or other complications are present. Traditionally, patients presenting with such complications have been given an open cholecystectomy as a matter of course, but several studies have suggested that laparoscopic subtotal cholecystectomy (LSTC) is better.

In a prospective study of 889 cholecystectomies carried out at a UK general hospital between 2003 and 2005, Sinha *et al.* assessed the use of LSTC without cystic duct dissection or ligation, which avoids all dissection in Calot's triangle. The authors compared the safety of LSTC with standard laparoscopic cholecystectomy and investigated the effect on conversion rates to open surgery.

Of the 889 laparoscopic cholecystectomies, 28 were LSTCs without cystic duct ligation. Surgery lasted 90 min on average, and patients were in hospital for a mean of 3 days. Two patients had short-term bile leaks, which resolved spontaneously, and three required later extraction of bile duct stones and stent insertion for persistent bile leaks. All five bile leaks had been expected from intraoperative observations and were readily managed.

The use of LSTC successfully reduced conversion rates to open surgery from 5.0% in the period 1997–2002 to only 0.3% in 2005. The authors conclude that, in patients with complications that make dissection of Calot's triangle problematic, LSTC without cystic duct ligation is a feasible alternative to open cholecystectomy.

**Original article** Sinha I *et al.* (2007) Laparoscopic subtotal cholecystectomy without cystic duct ligation. *Br J Surg* 94: 1527–1529

## The diagnostic value of CT colonography after a positive fecal occult blood test

The advantages of detecting colon cancer at an early stage have led to the establishment of national fecal occult blood test (FOBT) screening programs in the UK and Australia. Patients with