

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 H₂-receptor antagonists (H₂RAs) 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 H₂RAs (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 H₂RAs, 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