

Assessment of Surgical Therapy for Primary Hepatic Lymphoma

The December 21st issue of the *World Journal of Gastroenterology* featured results from a retrospective analysis that evaluated the benefits and limitations of surgical treatment for primary hepatic lymphoma (PHL) and survival rates following postoperative chemotherapy. Dr. Xin-Wei Yang and colleagues studied diagnostic, therapeutic, and prognostic data of surgically treated PHL patients over the past 8 years. All 9 patients in the study were mistakenly thought to have alpha-fetoprotein-negative hepatic cancer prior to pathologic diagnosis. There was a mean delay of 26.8 days (range: 14–47 days) between initial symptom presentation and final diagnosis, and 33.3% of patients also had hepatitis B virus infection. The majority of lesions detected were confined to a solitary hepatic mass. A left hepatectomy was performed in 5 cases, including a left lateral segmentectomy in 3 cases. There were 3 cases of right hepatectomy as well as 1 combined procedure. Eight days after surgery, 1 patient died secondary to hepatic insufficiency. The cumulative survival rates after hepatic surgery were as follows: 85.7% at 6 months, 71.4% at 1 year, and 47.6% at 2 years. In 1 patient who received routine postoperative chemotherapy monthly for 2 years and then standard follow-up, survival exceeded 5 years after surgery with no signs of disease recurrence. Postoperative chemotherapy was a strong prognostic factor that influenced survival, according to a univariate analysis ($P=.006$). The investigators concluded that PHL is often misdiagnosed and potentially associated with chronic hepatitis B infection and that early surgery combined with postoperative chemotherapy in strictly selected patients can yield a good response.

Incidence of Esophageal Adenocarcinoma Among Specific Reflux Patient Populations

As reported in the December 7th early online publication of *The American Journal of Gastroenterology*, researchers sought to estimate the incidence of esophageal adenocarcinoma (EAC) in specific populations with gastroesophageal reflux disease (GERD). Dr. Joel H. Rubenstein and colleagues created a Markov computer model based upon

published and publicly available data in order to estimate the age- and sex-specific incidences of EAC in American white, non-Hispanic patients with GERD symptoms. Men under 50 years of age who had GERD were shown to have a low incidence of EAC, with an incidence rate of 1.0 per 100,000 at 35 years of age; their colorectal cancer incidence was 6.7-fold greater. The EAC incidence in older men exhibiting weekly GERD symptoms was substantial, with an incidence rate of 60.8 per 100,000 at 70 years of age. However, their colorectal cancer incidence was at least 3 times greater. Women with GERD exhibited extremely low incidence rates of EAC, similar to that of breast cancer rates in men. The researchers concluded that screening for EAC should not be performed in men under 50 years of age or in women, regardless of the frequency of GERD symptoms, due to very low cancer incidences. White males over 60 years of age who had weekly GERD symptoms may be advised to receive screening, provided that it is effective, accurate, safe, and inexpensive.

Potential Celiac Disease Patients and the Rationale for a Gluten-free Diet

The debate over which patients with celiac disease (CD) symptoms should adhere to a gluten-free diet continues, as data from a new study of 141 adults were released in the December 17th early online publication of the *Journal of Proteome Research*. Dr. Patrizia Bernini and associates addressed potential CD patients, defined as those who have never had a jejunal biopsy consistent with clear CD but who possessed immunologic abnormalities similar to CD patients. Utilizing magnetic resonance metabolic profiling, the researchers analyzed biochemical markers in the blood and urine of 61 patients with CD, 29 patients with potential CD, and 51 healthy individuals. Of the potential CD patients, 24 were classified as CD and 5 as control subjects. The metabonomic signature of patients with overt CD was largely shared with that of potential CD patients. The differing metabolites between control and CD subjects also differed between control and potential CD patients. The researchers concluded that the development of small intestinal villous atrophy may be preceded by metabolic alterations, which provides further reasoning for the early implementation of a gluten-free diet in patients with potential CD.

Administration of Erythromycin Before Endoscopy for Patients With Variceal Bleeding

A prospective, randomized, double-blind, placebo-controlled trial evaluated the effect of the motilin agonist erythromycin on endoscopic visibility and outcomes in patients with variceal bleeding. Results of this study, which was conducted by Dr. Ibrahim H. Altraif and associates, were reported in the December 8th early online publication of *Gastrointestinal Endoscopy*. The study population consisted of liver cirrhotics who had presented with hematemesis during the previous 12 hours. Intravenous administration of 125 mg erythromycin (53 patients) or placebo (49 patients) occurred 30 minutes prior to endoscopy. Variceal bleeding occurred in 47 patients in the erythromycin group and 43 patients in the placebo group. Gastric cleansing was measured on a scale from 1 to 16, where a score of at least 15 signified a clear esophagus and stomach. Scores of 15 or 16 were more common in the erythromycin group than in the placebo group (48.9% vs 23.3%; $P < .01$). There was also a significant reduction in mean endoscopy duration in the erythromycin group compared to the placebo group (19 min vs 26 min; $P < .005$), and patients receiving erythromycin experienced shorter hospital stays compared to those receiving placebo (3.4 days vs 5.1 days; $P < .002$). The mean number of units of transfused blood and the need for repeat endoscopy did not differ significantly between the groups. No drug-related adverse events were reported. The study's sample size was too small to measure survival benefit and the need for repeat endoscopy. Nevertheless,

the investigators concluded, "With an excellent safety profile and low cost, intravenous erythromycin may be considered to clear the stomach before endoscopy in patients with variceal bleeding."

In Brief

In a 6-month, prospective, industry-supported, double-blind, randomized, active-controlled, multicenter, phase IIb trial of oral budesonide involving 203 noncirrhotic patients with autoimmune hepatitis, researchers found that budesonide plus azathioprine was superior to prednisone plus azathioprine for inducing and maintaining remission with fewer steroid-specific adverse effects. (*Gastroenterology*. 2010;139:1198-1206.)

Researchers of a collective review encompassing 63 studies with more than 8,000 participants (including infants and children in 56 of the trials) found that use of probiotic organisms along with rehydration therapy was safe and effective for reducing disease duration and stool frequency in patients with acute infectious diarrhea. However, a conclusive regimen or treatment guidelines for probiotic use was difficult to establish due to large variability among the studies, particularly in terms of probiotic dosages; thus, the researchers called for additional research in this area. (*Cochrane Database Syst Rev*. 2010;11:CD003048.)