

## Detectable Fecal Hemoglobin Associated With Higher Rates of All-Cause Mortality

Patients with detectable fecal hemoglobin have an increased risk of death from a variety of causes, not just colorectal cancer, according to results of a study published online on July 16, 2018 ahead of print publication in *Gut*.

Dr Gillian Libby and colleagues evaluated data from 134,192 men and women from the United Kingdom who underwent a guaiac fecal occult blood test (gFOBT) between March 29, 2000 and March 29, 2016. Mortality data obtained from the National Records of Scotland database were compared to both the positive and negative results of the gFOBT.

Compared with patients with a negative gFOBT result, patients with a positive gFOBT result (n=2714) were found to be at higher risk of dying from colorectal cancer (hazard ratio [HR], 7.79; 95% CI, 6.13-9.89;  $P<.001$ ) as well as from causes not related to colorectal cancer (HR, 1.58; 95% CI, 1.45-1.73;  $P<.001$ ) after adjusting for factors such as age, sex, and medications that increase the risk for gastrointestinal bleeding. Additionally, fecal hemoglobin detectable by gFOBT was significantly associated with increased mortality related to digestive diseases (excluding colorectal cancer; HR, 3.36), blood and endocrine disease (HR, 2.06), neuropsychological disease (HR, 1.66), respiratory disease (HR, 1.96), and circulatory disease (HR, 1.28).

## Weekly Ciprofloxacin Comparable to Daily Norfloxacin for the Prevention of Spontaneous Bacterial Peritonitis

Once-weekly ciprofloxacin is as effective as once-daily norfloxacin for the prevention of spontaneous bacterial peritonitis (SBP) in cirrhotic patients with ascites, according to study results published online on June 27, 2018 ahead of print publication in *The American Journal of Gastroenterology*. Norfloxacin 400 mg per day is the current standard regimen for this patient population.

For the investigator-initiated, open-label, randomized, controlled trial, Dr Hyung Joon Yim and colleagues enrolled 124 patients with liver cirrhosis and ascites across 7 tertiary hospitals in South Korea. Inclusion criteria included ascitic protein levels no greater than 1.5 g/dL or a history of SBP, and an ascitic polymorphonucleated cell count less than 250/mm<sup>3</sup>. Patients were randomly assigned to take 400 mg of norfloxacin once daily (n=62)

or 750 mg of ciprofloxacin once weekly (n=62). Patients were followed up for 12 months. The primary endpoint was the prevention of SBP.

Seven patients in the norfloxacin group and 5 in the ciprofloxacin group were lost to follow-up. At 1 year, SBP developed in 4 of 55 patients (7.3%) and in 3 of 57 patients (5.3%) taking norfloxacin and ciprofloxacin, respectively ( $P=.712$ ). The 2 groups were similar in terms of transplant-free survival rates at 1 year (72.7% vs 73.7%, respectively;  $P=.970$ ). No significant differences were noted in the incidence of hepatic encephalopathy, hepatorenal syndrome, infectious complication, and variceal bleeding. Deaths were related to a decline in underlying liver function.

## Pediatric Gastroesophageal Reflux Clinical Practice Guideline Receives Updates

Children with typical symptoms of gastroesophageal reflux disease (GERD) should be treated with acid-suppression therapy for 4 to 8 weeks, whereas infants should first undergo dietary modifications, according to updates to the Pediatric Gastroesophageal Reflux Clinical Practice Guideline. Appropriate dietary modifications include formula thickened with cereal, hypoallergenic formula, or both.

The guideline, developed by the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition, was summarized by Dr Leo A. Heitlinger and published online on June 28, 2018 ahead of print publication in *JAMA Otolaryngology–Head and Neck Surgery*. The updates recommend the avoidance of acid suppression in infants and children with extraesophageal symptoms (eg, asthma, cough, wheezing), especially in the absence of typical GERD symptoms. Additionally, currently available extraesophageal biomarkers, scintigraphy, and salivary pepsin are not advised for diagnosing GERD in infants and children; expert opinion supports manometry only if an underlying motility disorder is suspected. Proton pump inhibitors can be used to treat erosive esophagitis in infants, but positional therapy should not be used to treat GERD.

The guideline suggests that clinicians should use less aggressive means to provide relief when possible, and that early referrals should be made to specialists when desired outcomes are not achieved in a timely fashion.