REGULATORY T CELLS AND ROADSIDE REPAIR

Gut hopes that our readers appreciate the journal’s efforts to keep them at the cutting edge of knowledge through our Science @lerts. This month’s contribution is penned (sadly, an obsolete instrument) by one of our associate editors, Tom MacDonald, who comes from the Division of Infection, Inflammation and Repair at Southampton University (which sounds like the immunological equivalent of one of those roadside organisations which help out if your car breaks down). One look at the abstract’s wider discussion shows the task Tom has set himself. Yet he succeeds quite brilliantly in interpreting the nuances of immunoregulation of T cells. Unmissable.

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COLITIS AND CLINICS: THE PATIENT WILL SEE YOU NOW

Clinical gastroenterologists are concerned to optimise their management of patients with inflammatory bowel disease. Most of us offer patients clinic appointments at regular intervals but this month’s Clinical @lert suggests that patients could choose when they need to be seen. A staggering 92% of patients were dissatisfied with the standard system. Patients preferred follow up on demand although they perceived that as being less successful than expected. However, most patients had limited disease and very few took azathioprine. Surely it all depends on what value your clinic provides to your patients.

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ANTI-PROBIOTICS?

Loss of tolerance to commensal intestinal bacteria is very likely to be a major factor in the pathogenesis of Crohn’s disease. Therapeutic response to antibiotics is quite variable, but probiotics offer an attractive alternative to modify luminal flora. Uncontrolled series suggest they have promise, yet scepticism is appropriate until the results of clinical trials appear. Prantera and colleagues randomised post-operative patients with Crohn’s disease to receive lactobacillus or placebo. The probiotics both failed to prevent recurrence and to reduce the severity of that recurrence. Not the last word but clearly a study to cool over-exuberance within the probiotic lobby.

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A TRIO OF NON-STEROIDAL NASTINESS

While physicians ponder the risk-benefit ratio of NSAIDs, gastrointestinal researchers have no doubts about the value of these drugs—as three papers in this issue will testify. Labenz and co-workers have done a trial to show that Helicobacter pylori and use of omeprazole prevents ulcers in Helicobacter pylori positive patients starting NSAIDs. Hawkey and colleagues have a double-header. Firstly they found Helicobacter pylori positivity and being a man independently increase the likelihood of duodenal ulcer in NSAID treated patients. Secondly relapse of gastrointestinal lesions in NSAID treated patients was more likely to occur at the original injury site, probably because of local mucosal factors.

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A CLUE IN REFRACTIVE SPRUE

Refractory sprue gets really interesting once it is clear that dietary restriction fails to improve the histology. The prognosis is not good and the outlook for patients may be bleak if treatment failure indicates cryptic or over enteropathy associated T cell lymphoma. Farstad and colleagues studied seven patients with refractory sprue both morphologically and with immunohistochemistry. All had abnormal intra-epithelial lymphocytes. In three with overt lymphoma the surface lymphocytes expressed CD30 which might be a useful marker of poor prognosis.

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BECOMING TIRED OF CHRONIC LIVER DISEASE

There are few physicians who do not experience a decline in spirits on learning that their patient’s major complaint is of “tiredness”. But once a diagnosis is established, treating that particular symptom can be hard. Many patients with chronic liver disease feel fatigued. Piche et al used rather a neat questionnaire to evaluate degree of fatigue in their patients. They found that fatigue was common in patients with chronic hepatitis C infection and it correlated with high leptin levels. Let’s hope this group has the energy to continue the intriguing work.

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