

Living donor liver transplantation: left or right lobe?

Although adult-to-adult living donor liver transplantation (LDLT) initially used the left liver lobe to minimize the risk of surgery for the donor, left-lobe LDLT has been all but abandoned because of the limited graft volume available to the recipient. As a consequence, the larger right lobe is now routinely used for adult-to-adult LDLT; however, the operative mortality rate for right-lobe donors has been reported to be as high as 0.5–1.0%. Limited data are available to compare left-lobe and right-lobe LDLT, because there is scant information available on the results of left-lobe LDLTs.

Soejima and colleagues have recently compared adult-to-adult left-lobe LDLT (107 procedures) with right-lobe LDLT (50 procedures), by evaluating the 8-year experience of a single center in Japan. The overall transplant-recipient survival rates, and cumulative graft survival rates, were found to be similar for right-lobe and left-lobe LDLTs, despite the mean graft volume being markedly smaller from left-lobe donors.

For left-lobe donors, the duration of hospitalization was shorter and post-transplant liver function was better than for right-lobe donors; however, morbidity rates were comparable for the two donor types.

The authors conclude that adult-to-adult left-lobe LDLT is a feasible option and should be more widely used to minimize donor morbidity and mortality rates.

Original article Soejima Y (2006) Feasibility of left lobe living donor liver transplantation between adults: an 8-year, single-center experience of 107 cases. *Am J Transplant* 6: 1004–1011

Proton-pump inhibitors and symptom control in patients with difficult-to-control asthma

Gastroesophageal reflux disease (GERD) is thought to contribute to several pulmonary disorders, including asthma, via reflux (micro-aspiration of gastric acid to the airways and lungs) and reflex (an acid-stimulated vagal nerve reflex arc) mechanisms. Although some GERD treatments improve asthma symptoms in patients with GERD and asthma, studies on the effect of proton-pump inhibitors (PPIs) have

yielded mixed results. Wong *et al.* found that over 50% of patients with difficult-to-control asthma (who experience persistent asthma despite optimized medication) also had GERD. When given PPIs, three-quarters of these patients reported improvement in their asthma symptoms, even though asthma medications were unchanged.

This single-center, prospective study carried out in Malaysia recruited 30 patients with difficult-to-control asthma (17 also had GERD). Subjective and objective measures of esophageal and pulmonary symptoms were assessed at baseline and after 8 weeks of daily 30 mg lansoprazole, by follow-up investigators blinded to baseline data. Asthma symptoms decreased significantly only in the patients with GERD ($P=0.002$). As in previous studies, no improvement in lung function was seen in this group; however, the authors suggest that a change might be detected with either a larger sample size or longer study, as subjective might precede objective improvements in symptoms.

In studies of GERD and asthma, the authors emphasize the importance of establishing adequate acid suppression. They note that the PPI dose used for these Asian patients (who generally have small body frames) might need adjusting for different patient populations.

Original article Wong CH *et al.* (2006) Gastro-oesophageal reflux disease in 'difficult-to-control' asthma: prevalence and response to treatment with acid suppressive therapy. *Aliment Pharmacol Ther* 23: 1321–1327

BMI and the clinical course of Crohn's disease

Patients with Crohn's disease have been shown to accumulate intra-abdominal fat, which might exacerbate the disease by releasing inflammatory cytokines. The clinical course of Crohn's disease might, therefore, differ between overweight patients and those who have a normal or low BMI; this relationship has now been evaluated by Hass and colleagues.

Data from 148 patients with Crohn's disease were collected from outpatient records and telephone interviews: almost one-third were overweight (BMI ≥ 25 kg/m²) at the time of diagnosis. Interestingly, statistical analysis revealed that overweight individuals were older at the time of diagnosis compared with individuals of normal