

In total, 163 patients whose IBD was in remission at the study start, but who had experienced at least one relapse in the past 2 years, were enrolled. Life events and their emotional impact on the patient were recorded monthly using the Social Readjustment Rating Scale (SRRS) for a minimum of 11 months, or until disease relapse. Disease activity index scores were also recorded monthly.

Over the course of the study, 104 patients remained in remission, 51 relapsed, and 8 were lost to follow-up. Analyses revealed that the rate of relapse was not related to the number of stressful events experienced by patients, or to the level of emotional impact attributed to these events, at least in the short term.

The authors conclude that patients should not worry that they are at an increased risk for disease exacerbation following stressful life events.

Original article Vidal A *et al.* Life events and inflammatory bowel disease relapse: a prospective study of patients enrolled in remission. *Am J Gastroenterol* 101: 775–781

Improved treatment of pediatric gastroenteritis with oral ondansetron

Despite recommendations, oral rehydration therapy is underused in children who present to the emergency department with mild-to-moderate dehydration caused by gastroenteritis. In part, such underuse results from the view held by many pediatricians that vomiting is a contraindication for oral rehydration. Freedman and colleagues have, therefore, carried out a double-blind, placebo-controlled trial to determine the efficacy and safety of a single oral dose of the antiemetic ondansetron, with the aim of improving the success of oral rehydration therapy.

In total, 215 dehydrated children, who presented to an emergency department with gastroenteritis, were randomly allocated to receive either a single dose of orally disintegrating ondansetron or placebo. Intense oral rehydration therapy was initiated 15 mins afterwards.

Children who were given ondansetron were less likely to vomit and had fewer vomiting episodes during oral rehydration therapy than those who were given placebo. Those given ondansetron also had a greater oral intake of rehydration fluid and were less likely to require

intravenous rehydration than those given placebo. No serious adverse events were experienced by any of the participants. The length of stay in the emergency department was markedly shorter for those in the ondansetron group; however, the rates of hospital admission were similar between the two groups.

The authors conclude that a single oral dose of ondansetron is safe, and is effective for use in the emergency-room setting for children with dehydration caused by gastroenteritis. They note that, by facilitating oral rehydration, ondansetron reduces the need for intravenous rehydration.

Original article Freedman SB (2006) Oral ondansetron for gastroenteritis in a pediatric emergency department. *N Engl J Med* 354: 1698–1705

Predicting response to chemoradiation in patients with esophageal cancer

Chemoradiation and esophagectomy is a standard treatment for locally advanced esophageal cancer; however, the success rate for this treatment is still low. Previous studies have shown that patients who respond well to chemoradiation alone have excellent long-term local control and survival rates. Identifying which patients are likely to respond well to chemoradiation might, therefore, reduce the number of unnecessary resections and their associated morbidity. ^{18}F -deoxyglucose-PET (^{18}F -FDG-PET) has previously been shown to be superior to CT and endoscopic ultrasound in the preoperative staging of esophageal cancer; accordingly, Levine *et al.* prospectively assessed the value of ^{18}F -FDG-PET for predicting response to chemoradiation.

Pretreatment and post-treatment ^{18}F -FDG-PET scans were available for 46 of 48 patients with locally advanced esophageal cancer, who received chemoradiation and esophagectomy with definitive pathologic staging. Analysis revealed that a pretreatment ^{18}F -deoxyglucose standardized uptake value (SUV) ≥ 15 was associated with a 'good' response to chemoradiation (i.e. a complete response, or only microscopic residual disease) in 77.8% of patients. By contrast, a pretreatment SUV < 15 was associated with a good response in only 26.4% of patients. A pretreatment SUV ≥ 10 was also associated with a good response