

Original article Gómez-Domínguez E *et al.* (2006) A pilot study of atorvastatin treatment in dyslipidemic non-alcoholic fatty liver patients. *Aliment Pharmacol Ther* 23: 1643–1647

Antifungal prophylaxis lowers risk of death after liver transplantation

Fungal infections following liver transplantation have been associated with extremely high mortality rates, so a group of Italian researchers conducted a meta-analysis of six randomized clinical trials (with a total of 698 patients), in order to assess the efficacy of antifungal prophylaxis before liver transplantation.

They found that fungal infections were significantly less frequent in patients who received prophylactic treatment than in control patients (relative risk reduction 69.2%). The risk of mortality due to fungal infection was also lower in patients who received prophylactic treatment (relative risk reduction 71.6%). Overall mortality rates and the need for empiric treatment of fungal infection were unaffected. Side effects were more common in patients who received prophylactic treatment, but rates of treatment discontinuation did not differ between the two groups.

The beneficial effect of antifungal prophylaxis was found to be mainly the result of a reduction in the incidence of *Candida albicans* infection and *C. albicans*-attributable mortality. It is notable, however, that patients who received prophylactic treatment experienced a higher proportion of non-*albicans* *Candida* infections (mainly *C. glabrata*) than did control patients. The authors recommend that this increased incidence of triazole-resistant *Candida* strains should be addressed in future studies.

Original article Cruciani M *et al.* (2006) Antifungal prophylaxis in liver transplant patients: a systematic review and meta-analysis. *Liver Transpl* 12: 850–858

Oat inclusion in the diet of children with celiac disease

Whether oats should be consumed by children with celiac disease who are on a gluten-free diet (GFD) is controversial. Several studies in adults with celiac disease and dermatitis herpetiformis have shown that most can tolerate uncontaminated oats, even in the long-term.

There have been few studies of oat tolerance in the pediatric population, however, particularly in the long-term.

Holm and colleagues' 2-year, controlled trial investigated the safety of including oats in the diet of 32 children with celiac disease. Newly diagnosed patients ($n=9$) were put on an oat-containing GFD, and patients in remission ($n=23$) were randomly assigned to receive either an oat-containing GFD or gluten challenge.

All children who underwent gluten challenge relapsed within 1 year, and were given an oat-containing GFD for the remainder of the study. Encouragingly, all of the newly diagnosed patients and the relapsed patients recovered, and maintained complete remission from the disease whilst consuming a GFD containing oats (a median of 43 g oats per day). In addition, no deterioration (assessed by intestinal histology or serology) was observed in patients in remission who were allocated to an oat-containing GFD on entry to the study. After the 2-year-controlled trial, patients were allowed to eat oats freely, and were followed for up to 7 years, during which none relapsed.

The authors conclude that most children with celiac disease can tolerate oats, and highlight the need for commercial production of oat products that are free from wheat and barley contamination, as oats add diversity to a GFD.

Original article Holm K *et al.* (2006) Oats in the treatment of childhood coeliac disease: a 2-year controlled trial and a long-term clinical follow-up study. *Aliment Pharmacol Ther* 23: 1463–1472

A novel explanation for the role of dietary fiber in colorectal cancer

A high intake of dietary fiber is associated with a substantially reduced risk of colorectal cancer, but the mechanisms behind this association are far from clear. Nguyen *et al.* hypothesized that the beneficial effects of dietary fiber might be mediated by butyrate, one of the principal short-chain fatty acids produced by microbial fermentation of fiber in the gut. Butyrate is known to have anticancer effects *in vitro* that resemble the tumor-suppressive effects of transforming growth factor β (TGF- β).

Nguyen and colleagues' *in vitro* study examined the effects of butyrate in a non-neoplastic