94.1%, respectively, and positive and negative predictive values were 95% and 82.5%, respectively, regardless of age and sex.

In the second part of the study, the necroinflammatory grade determined by the Medex test was compared with the grade determined at biopsy in 60 hepatitis C patients. The Medex grading matched the pathologic score in 78% of cases ($P<0.001$).

The promising findings of this pilot study warrant further investigation in larger cohorts. The authors believe that this novel noninvasive modality could potentially have an important role in the diagnosis of liver disorders, and be incorporated into existing diagnostic algorithims.

Original article Lurie Y *et al.* (2007) Medex test, a novel modality for liver disease diagnosis: a pilot study. *J Clin Gastroenterol* **41:** 700–705

Surgical management of diffuse esophageal spasm

Researchers from France have shown that extended myotomy with anterior fundoplication achieved excellent medium-term functional results in a series of patients with severe diffuse esophageal spasm (DES).

There is controversy surrounding the appropriate treatment of DES. Patients who do not respond to endoscopic treatment are sometimes offered surgical management, but few studies have evaluated the efficacy of this approach. In this prospective study, Leconte and colleagues assessed functional outcomes in 20 patients suffering from severe DES who underwent surgery.

The surgical procedure involved extended, modified Heller myotomy with muscular crural closure and anterior fundoplication via a laparotomy. The myotomy extended 12–16 cm above the cardia, and 2 cm below the esophagogastric junction. Outcomes were assessed using dysphagia, chest pain and overall clinical scores.

After a median follow-up of 50 months (range 6–84 months), the results showed that all clinical outcomes were significantly improved compared with preoperative scores ($P<0.01$). Excellent or satisfactory results were observed for overall clinical score, dysphagia score and chest pain score in 16, 18, and 20 patients, respectively. Two patients were found to have gastroesophageal reflux postoperatively.

The authors comment that, although their results are encouraging, it is possible that they were biased by certain features of the study design, such as the use of scoring systems based on symptom frequency rather than intensity. Further studies in larger patient populations and with longer follow-up are required to confirm the promising findings reported in this study.

Original article Leconte M *et al.* (2007) Functional results after extended myotomy for diffuse oesophageal spasm. *Br J Surg* **94:** 1113–1118

Comparison of two endoscopic techniques for colonic polyp evaluation

Chromoendoscopy is used to rapidly evaluate colonic polyps, and, combined with the Kudo pit pattern classification, helps to reduce unnecessary histopathological studies on low-risk lesions. Narrow band imaging (NBI) is a new optical technique in which polyps can be viewed at increased magnification during endoscopy. East and colleagues compared pit pattern scores, vascular pattern and intensity, and the clarity of images obtained by chromoendoscopy and NBI.

This pilot study included patients who underwent routine colonoscopy; in all, 33 polyps (≤6 mm) from 20 patients were examined. Digital images, obtained by an experienced endoscopist using both magnification chromoendoscopy and NBI, were evaluated by one Japanese-trained and one European-trained endoscopist.

Polyps were resected and analyzed by histopathology; sensitivity, specificity and accuracy for identifying neoplasia were comparable for both observers. Intraobserver agreement between pit pattern grading based on chromoendoscopic and NBI images was poor for the European observer (different scores in 20 of 33 polyps) and fair for the Japanese endoscopist (different scores in 12 of 33 polyps); in both cases, intraobserver agreement was significantly worse than previously published values for pit pattern assessment by Japanese-trained endoscopists using chromoendoscopy. NBI showed significantly better pit pattern clarity (European observer only; no difference according to Japanese-trained observer) and vessel network clarity (both observers) than chromoendoscopy.