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IN BRIEF

PANCREAS

Acute pancreatitis risk higher in current tetracycline users

A large, Swedish pharmacoepidemiological study has found that the risk of acute pancreatitis is increased 60% in current tetracycline users (that is, those to whom the drug was dispensed 0–30 days before the pancreatitis index date). Previous tetracycline use of any kind (defined as recent, past or former) was not associated with an increased odds ratio for acute pancreatitis.

Original article Ljung, R. *et al*. Increased risk of acute pancreatitis among tetracycline users in a Swedish population-based case–control study. *Gut* doi:10.1136/gutjnl-2011-300949

BARRETT ESOPHAGUS

NSAIDs not inversely associated with Barrett esophagus

Despite consistent reports of an inverse association between NSAIDs and esophageal adenocarcinoma, a large population-based case–control cohort study has found little support for an inverse association between NSAIDs and Barrett esophagus. Information on intake of aspirin and non-aspirin NSAIDs was collected over a 5-year period in patients with non-dysplastic Barrett esophagus, patients with dysplastic Barrett esophagus, 'inflammation' controls and population controls. Whether NSAIDs prevent the onset of Barrett esophagus is a question that the authors say remains open.

Original article Thrift, A. P. *et al*. The use of nonsteroidal anti-inflammatory drugs and the risk of Barrett's oesophagus. *Aliment. Pharmacol. Ther.* **34**, 1235–1244 (2011)

MOTILITY

Potential new therapy for resistant idiopathic achalasia

Injection of ethanolamine oleate into the four quadrants of the lower esophogeal sphincter has potential as a therapy for resistant idiopathic achalasia, according to the findings of Niknam *et al*. In this study, 13 patients underwent treatment (at week 0, 2 and 4) and all had a ≥50% reduction in both the achalasia symptom score and the height and volume of barium in a timed barium esophagogram. The treatment was well tolerated. Six patients experienced symptom relapse, but were effectively treated by reinjection of ethanolamine oleate.

Original article Niknam, R. *et al*. Ethanolamine oleate in resistant idiopathic achalasia: a novel therapy. *Eur. J. Gastroenterol. Hepatol*. doi:10.1097/MEG.obo13e328349647e

IBD

Mesenteric fat, bacterial translocation, C reactive protein and Crohn's disease

Peyrin-Biroulet and colleagues have identified a mechanism by which hyperplasia of mesenteric fat may contribute to the inflammatory response in patients with Crohn's disease. The researchers found that local inflammation and bacterial translocation to mesenteric fat stimulates the production of C reactive protein (which is used as a marker of disease activity) by mesenteric adipocytes.

Original article Peyrin-Biroulet, L. *et al*. Mesenteric fast as a source of C reactive protein and as a target for bacterial translocation in Crohn's disease. *Gut* doi:10.1136/gutjnl-2011-300370