

intima-media thickness (CIMT), a technique that can identify early-stage atherosclerosis, to show an association between IBD and increased atherosclerosis risk. They also demonstrated independent correlations between CIMT, age, and increased levels of plasma homocysteine, a variant of the amino acid cysteine present in excess in patients with IBD.

A series of 52 patients with IBD, <45 years old and without cardiovascular disease or atherosclerosis risk factors, as well as 20 healthy controls with no history of inflammatory disease, underwent carotid ultrasonography and assessment of plasma homocysteine levels. A detailed clinical history was also collected, including use of medications.

Compared with controls, patients with IBD had significantly increased CIMT (mean 0.63 mm versus 0.53 mm, $P=0.008$) and plasma homocysteine levels (mean 9.4 μM versus 7.1 μM , $P=0.003$). No atherosclerotic lesions >2 mm were identified in either group. Interestingly, the difference in CIMT between IBD patients not taking the anti-tumor-necrosis-factor monoclonal antibody infliximab and controls was significant (mean 0.65 mm versus 0.53 mm, $P=0.003$), whereas there was no significant difference in CIMT between IBD patients taking the drug and controls, suggesting that infliximab might be protective against atherosclerosis in this setting.

Rebecca Doherty

Original article Papa A *et al.* (2005) Increased carotid intima-media thickness in patients with inflammatory bowel disease. *Aliment Pharmacol Ther* 22: 839–846

Laparoscopic ileal-pouch-anal anastomosis is safe and effective

Ileal-pouch-anal anastomosis (IPAA) is the most commonly performed surgery for ulcerative colitis and familial adenomatous polyposis. Although originally performed as open surgery, a laparoscopic approach has demonstrated short-term benefits such as shorter hospitalization, reduced narcotic use and diminished postoperative pain. Few studies have examined how the longer-term outcomes of laparoscopic IPAA compare with those of open IPAA. In this prospective, single-center study, Larson *et al.* found that a laparoscopic approach does not compromise

intermediate-term function or quality of life when compared with open surgery.

A questionnaire was used to collect functional and quality-of-life data from 33 patients who had undergone laparoscopic IPAA surgery >1 year previously. Each of these patients was matched for age, sex, BMI, diagnosis, and year of operation (± 2 years) with a patient who had undergone open IPAA surgery. Median time of follow-up for both groups was 13 months. Functional outcome and quality-of-life measures did not differ between the two groups 1 year after surgery.

Although the quality-of-life questionnaire used in this study has been used by the authors in their practice for >20 years, it should be noted that it has not been formally validated. Future studies should use a validated assessment tool, and look at longer-term outcomes, to confirm that the laparoscopic approach is equivalent to traditional, open IPAA surgery.

Katherine Sole

Original article Larson DW *et al.* (2005) Laparoscopic-assisted vs. open ileal pouch-anal anastomosis: functional outcome in a case-matched series. *Dis Colon Rectum* 48: 1845–1850

Outcomes of living, adult, right-lobe liver donors

Since its inception in 1998, the use of living-donor liver transplantation (LDLT) has rapidly increased. This technique, however, raises ethical issues regarding the impact of the procedure on the donor's quality of life and necessitates ongoing study of donor characteristics and morbidity. Two centers have analyzed their experience of using living, adult, right-lobe liver donors.

Shah and colleagues reported on 101 consecutive donors and found an overall complication rate of 37%, with most events occurring within 30 days of the procedure. Beyond 30 days, 12% of donors were readmitted for complications, but no long-term complications became apparent during follow-up and all have returned to full activities. Interestingly, since the start of the LDLT program at these authors' center, there has been a significant decrease in the associated morbidity rate.

Verbesey and co-workers enrolled 47 donors, who self-reported on the effects of the procedure on their quality of life before the procedure and at five time points over the

following year. They found a similar overall complication rate to Shah *et al.* of 34%, and physical complaints were only significant at 1 week and 1 month following surgery. At the 1-year follow-up point, 46 of the 47 donors said they would donate again if given the chance and all who wished to had returned to work.

In conclusion, right-lobe liver donation, following careful selection and care of patients, can be achieved with low mortality rates and is generally viewed as a positive experience by donors.

Katy Cherry

Original articles Shah SA *et al.* (2005) Analysis and outcomes of right lobe hepatectomy in 101 consecutive living donors. *Am J Transplant* 5: 2764–2769

Verbesey JE *et al.* (2005) Living donor adult liver transplantation: a longitudinal study of the donor's quality of life. *Am J Transplant* 5: 2770–2777

Budesonide in the treatment of autoimmune hepatitis

Standard treatment for autoimmune hepatitis is >2 years' combination therapy with azathioprine and prednisolone. This is effective in inducing remission, but long-term prednisolone use is associated with side effects. Small studies of treatment with budesonide have indicated that it might have similar efficacy to, but fewer side effects than, conventional steroids. In this open, uncontrolled, multicenter phase IIa trial, Wiegand *et al.* showed that oral budesonide can effectively and safely induce remission in treatment naive patients with autoimmune hepatitis.

In all, 12 patients received a 3 mg capsule of budesonide three times daily for 3 months. Seven patients (58%) achieved complete remission, defined as a drop in levels of aspartate aminotransferase and alanine aminotransferase to $\leq 2\times$ the upper limit of normal. Three patients (25%) had a partial response to treatment. Therapy was well tolerated in 10 cases. Three serious adverse events were observed, including one case of steroid-induced type 2 diabetes mellitus.

The goal of therapy for autoimmune hepatitis is cure or long-term control of symptoms via immunosuppression. Further studies are, therefore, needed to assess the long-term efficacy and tolerability of budesonide, and to

compare budesonide therapy for autoimmune hepatitis directly with standard treatment. A larger, controlled, randomized, international study is ongoing, and is expected to address these issues.

Katherine Sole

Original article Wiegand J *et al.* (2005) Budesonide in previously untreated autoimmune hepatitis. *Liver Int* 25: 927–934

Hospitalization rates increase after gastric-bypass surgery

Patients who undergo Roux-en-Y gastric-bypass surgery (RYGB) are more than twice as likely to be hospitalized in the year after their surgery as in the year preceding it, and post-surgical hospitalization is more likely to be for procedure-related complications, a team from California has found.

Between 1995 and 2004, 60,077 California residents underwent RYGB for obesity. Rates of hospitalization for the year preceding and the year following RYGB were 7.9% and 19.3%, respectively ($P < 0.001$). Three-year follow-up data were available for 24,678 patients, 8.4% of whom were hospitalized in the year preceding RYGB, most commonly for obesity-related complications or elective surgeries. In the first, second and third years after RYGB, rates of hospitalization were 20.2%, 18.4% and 14.9%, respectively; in those patients with 5 years of follow-up, hospitalization rates were still raised 5 years after RYGB (13.3%)

Notably, post-RYGB hospitalization in the year following surgery was most commonly for procedure-related complications, but by the third year post-RYGB, most admissions were for elective surgeries, some of which might have been delayed purposefully until the patients had achieved weight-loss targets. Multivariate analysis showed that patients with a higher comorbidity index and those who had previously been hospitalized were more likely to be readmitted within a year of RYGB ($P < 0.001$ for both).

Weaknesses of the study include its retrospective nature and incomplete data on the use of open versus laparoscopic procedures, which did not permit direct comparison of hospitalization rates following these techniques. The likelihood of post-RYGB hospitalization should, however,