

clinically-active collagenous colitis. The first of these included four patients who received bismuth subsalicylate and showed clinical and histological improvement compared with the five control patients who received placebo ($P=0.003$). In the second study, five of eight patients who received prednisolone improved clinically compared with none of the three patients in the placebo group ($P=0.064$). The remaining three trials, which included 94 patients altogether, compared budesonide with placebo; these studies consistently showed statistically significant clinical and histological improvement in patients receiving active treatment.

In conclusion, the authors propose that budesonide is an appropriate therapy for collagenous colitis, at least until evidence is available to support the use of other agents. They note that an 8-week course of bismuth subsalicylate is also a reasonable strategy, although a larger study of this drug is needed to confirm its efficacy. Current evidence does not support the use of prednisolone in this setting. Standardized criteria for clinical and histologic remission in collagenous colitis should be established and used in future randomized trials; these criteria should also be used when studying long-term response to treatment and for studies of maintenance of remission.

Original article Chande N *et al.* Interventions for treating collagenous colitis: a Cochrane Inflammatory Bowel Disease Group systematic review of randomized trials. *Am J Gastroenterol* **99**: 2459–2465

Prophylactic drainage in gastrointestinal surgery

EBM

Prophylactic drainage is widely used in gastrointestinal surgery, despite evidence that this might be harmful in some instances. Using data published over a period of almost 40 years, Petrowsky and colleagues have carried out a systematic review and meta-analyses to establish the evidence-based value of this practice.

The authors searched for studies comparing prophylactic drainage with no drainage, in all areas of gastrointestinal surgery except for abdominal surgery for trauma. The quality of evidence from each study was then graded according to the system suggested by the

Oxford Centre for Evidence-based Medicine. There were 17 randomized, controlled trials covering hepato-pancreatico-biliary surgery and 13 for surgery of the lower gastrointestinal tract, although no relevant studies on the upper gastrointestinal tract were identified.

The analysis provided strong evidence that prophylactic drainage is of no benefit in many types of gastrointestinal surgery, including hepatic, colonic or rectal resection with primary anastomosis. Furthermore, drainage was associated with an increased rate of complications in the case of appendectomy or hepatic resection in patients with chronic liver disease. Low-level evidence was found supporting the use of drains in esophageal resection and total gastrectomy; randomized studies are needed in this area. The authors note that the first such trial, published after their study was completed, showed that prophylactic drainage is not beneficial in patients undergoing gastrectomy with extended lymph node dissection.

Original article Petrowsky H *et al.* (2004) Evidence-based value of prophylactic drainage in gastrointestinal surgery: a systematic review and meta-analyses. *Ann Surg* **240**: 1074–1085

A comparison of colon imaging methods

A new study published in *The Lancet* continues the debate about the relative merits of air contrast barium enema (ACBE), computed tomographic colonography (CTC or virtual colonoscopy) and colonoscopy in the detection of colon polyps and cancers.

A total of 614 patients at high risk for colonic neoplasia were assessed using all three imaging methods. ACBE was carried out 7–14 days before CTC and colonoscopy, which were performed on the same day. Following colonoscopy, corresponding ACBE and CTC results were revealed for each part of the colon while the colonoscope was being withdrawn; any discrepancies between the results were then addressed by re-examination of the particular segment of the colon, thus allowing a consensus view of the colon to be formed.

At 98%, the sensitivity of colonoscopy for the detection of large (at least 10mm) lesions was significantly higher than that of ACBE (48%) or CTC (59%). A similar pattern was observed when