

patients, five had intrathoracic leaks—requiring thoracotomy and lung decortication with drainage in one case—and two had cervical leaks requiring surgical exploration. Benign anastomotic strictures were recorded in 24 patients (11.1%); a multivariate analysis showed that these were predicted by use of the distal stomach versus the whole stomach as the conduit, and by a cervical versus an intrathoracic anastomosis. The rate of anastomotic recurrence was 3.7%. There were two deaths during the study period, neither of which was related to the anastomosis procedure.

Law and colleagues conclude that the hand-sewn method is safe and effective for esophageal anastomosis, and that strictures are more likely to develop following cervical anastomosis and when the distal stomach is used for esophageal substitution.

**Original article** Law S *et al.* (2005) A single-layer, continuous, hand-sewn method for esophageal anastomosis: prospective evaluation in 218 patients. *Arch Surg* **140**: 33–39

## Rapid stool test kit for *H. pylori* detection

A range of noninvasive tests promise to replace endoscopy in the diagnosis of *H. pylori* infection. Some of these are based on the detection of *H. pylori* antigens in stool samples, and one such test has recently been evaluated in a pilot study by Trevisani *et al.*

The ImmunoCard STAT kit (Meridian Bioscience Inc., Cincinnati, OH) is an immunochromatographic assay designed to detect *H. pylori* in four drops of diluted stool sample. This test kit was compared with a laboratory-based method, namely the Hp StAR kit (Amplified IDEIA Hp StAR, DakoCytomation Ltd, Ely, UK), in 105 patients undergoing endoscopic assessment for *H. pylori* status.

Results from brush cytology, histologic examination of biopsy material and the rapid urease test were together used as the gold-standard method for determining *H. pylori* status. Two or three positive results indicated positive status, three negative results indicated negative status, and one positive result indicated 'indeterminate' status. Comparison of the ImmunoCard STAT results with the gold-standard results showed a sensitivity and specificity of 85% and 93%, respectively. The

corresponding values for the laboratory-based Hp StAR kit were similar, at 88% and 100%.

Trevisani and colleagues conclude, therefore, that the ImmunoCard STAT kit "seems a reliable method for detecting *H. pylori* in untreated patients". This method might replace the more time-consuming laboratory-based tests.

**Original article** Trevisani L *et al.* (2005) Evaluation of a new rapid immunoassay for the detection of *Helicobacter pylori* in faeces: a prospective pilot study. *Aliment Pharmacol Ther* **21**: 485–489

## Primary biliary cirrhosis: effect of ursodeoxycholic acid treatment

Ursodeoxycholic acid (UDCA) is the only drug approved for treating primary biliary cirrhosis, but recent meta-analyses have cast doubt on its long-term benefits. Corpechot and colleagues have examined this in their recent prospective study.

The team used a multistate Markov model to allow the analysis of incomplete disease history data in 262 patients with primary biliary cirrhosis, all of whom received UDCA daily for a mean period of 8 years. Observed and predicted data on histologic stage progression, death, and orthotopic liver transplantation were similar, indicating that the model was valid.

When given in the early histologic stages of the disease, UDCA therapy appeared to improve survival; predicted 10-year and 20-year survival rates for patients in the first two stages of the disease were similar to those of an age-matched and sex-matched control population. Furthermore, survival was markedly better than predicted by the updated Mayo model. Patients in the third stage of the disease, however, were at significantly increased risk of death or orthotopic liver transplantation compared with the control population.

The study highlights the important impact of UDCA therapy when given early in the course of primary biliary cirrhosis, and emphasizes the need for new therapies for those in the advanced stages of the disease.

**Original article** Corpechot C *et al.* (2005) The effect of ursodeoxycholic acid therapy on the natural course of primary biliary cirrhosis. *Gastroenterology* **128**: 297–303