this approach should help to rule out diagnoses of malignant biliary obstruction, thereby avoiding unnecessary surgery in patients with obstructive jaundice.

This small, retrospective study included only three patients, all of whom had obstructive jaundice and suspected autoimmune pancreatitis. In each case, the investigators obtained three or four biopsy specimens from the pancreatic tail and body region using a 19-gauge trucut biopsy needle (Quick-Core®, Wilson-Cook Medical Inc, Winston-Salem, NC) in conjuction with an echoendoscope. Two of the patients also underwent EUS-guided fine-needle aspiration. The EUS TCB specimens were examined by a dedicated gastrointestinal pathologist who was blinded to the clinical data and EUS-guided fine-needle aspiration results.

In two of the three patients, EUS TCB allowed histologic confirmation of autoimmune pancreatitis and so pancreaticoduodenectomy was avoided. The third patient showed nonspecific changes of chronic pancreatitis and was also managed with medical therapy alone. At routine follow-up 24–72 h after biopsy, no complications of EUS TCB were reported other than one case of mild, transient abdominal pain.

Levy *et al.* conclude that this procedure appears to be safe and, in combination with clinical and serologic findings, can be used establish the presence of autoimmune pancreatitis.

**Original article** Levy MJ *et al.* (2005) EUS-guided trucut biopsy in establishing autoimmune pancreatitis as the cause of obstructive jaundice. *Gastointest Endosc* **61:** 467–472

## HCV transmission among injection drug users

A recent study published in *Clinical Infectious Diseases* draws attention to the high incidence of HCV infection among injection drug users, and indicates that liver-function testing alone cannot reliably exclude a positive diagnosis.

Cox and co-workers prospectively evaluated 179 HCV antibody-negative injection drug users aged 15–30 years, of whom 62 (35%) seroconverted during follow-up. This corresponded to an overall incidence of 27.2 HCV seroconversions per 100 person years. The majority of those with sufficient follow-up remained viremic, although one-fifth cleared viremia.

Twenty individuals who seroconverted were included in a more detailed analysis of the characteristics of acute-phase HCV infection. The results showed that viremia was the earliest marker of infection, preceding detection of HCV-specific antibodies by a mean of 36 days. HCV RNA could be detected in serum samples before the elevation of alanine aminotransferase and total bilirubin levels in 45% and 77% of cases, respectively, and none of the patients developed jaundice or other symptoms that prompted them to seek medical attention. In those who cleared viremia, long-term clearance was evident 94–620 days after the initial viremia was detected.

Cox *et al.* note that the incidence of HCV infection found here was alarming, especially given the efforts to reduce high-risk behavior among study participants. They emphasize the need to carry out nucleic acid screening on donated blood and to carry out long-term follow-up of those infected with HCV.

**Original article** Cox AL *et al.* (2005) Prospective evaluation of community-acquired acute-phase hepatitis C virus infection. *Clin Infect Dis* **40:** 951–958

## Cannabinoid 1 receptor blockade to treat obesity and cardiovascular risk factors

The discovery of the endocannabinoid system, thought to be involved in the regulation of food intake and adipogenesis, has encouraged research into its potential role in the fight against obesity. Indeed, pharmacologic blockade of the cannabinoid 1 receptor leads to weight loss and improvement of metabolic abnormalities in obese mice. A study published in *The Lancet* now suggests that this approach might also prove useful in humans.

The Rimonabant In Obesity (RIO)-Europe study—which also included patients from the US—was designed to study the safety and efficacy of the selective cannabinoid 1 blocker rimonabant. In a double-blind design, overweight or obese patients were randomized to daily treatment with 5 mg rimonabant ($n = 603$), 20 mg rimonabant ($n = 599$) or placebo ($n = 305$), in combination with a hypocaloric diet.

After 1 year of treatment, an intention-to-treat analysis showed that patients receiving either dose of rimonabant achieved significantly