The data showed seasonal variation. Patients born in June were approximately one-third less likely to develop Crohn's disease (odds ratio 0.636, 95% CI 0.447–0.906), but no other month showed a significantly different risk compared with controls. Separate analyses of familial and sporadic Crohn's disease subsets showed that the birth month effect and seasonal trends occurred mainly in familial cases.

In summary, a significantly reduced risk of developing Crohn's disease was observed in people born in the month of June. Annually recurring environmental factors during pregnancy or early in life might be associated with Crohn's disease occurrence. The authors state that further investigations are necessary to identify these factors, which probably differ between regions.

Rebecca Ireland

Original article Joossens M *et al.* (2005) Crohn's disease and month of birth. *Inflamm Bowel Dis* **11:** 597–599

A pilot study of endoscopic Doppler OCT in the gastrointestinal tract

Optical coherence tomography (OCT) is an emerging endoscopic imaging technique that can visualize mucosal and submucosal microstructure. Functional OCT has also been developed with the addition of Doppler measurements, which could enable the detection and monitoring of changes in microvasculature and the assessment of vascular disease progression. Yang *et al*. performed a pilot trial in 22 patients undergoing routine esophagogastroduodenoscopy or flexible sigmoidoscopy, to evaluate the clinical feasibility of endoscopic Doppler (ED)OCT in normal and diseased conditions of the gastrointestinal tract.

The study found that the subsurface microstructure and microcirculation EDOCT images varied in vessel diameter, distribution, density and blood flow, for the different pathological gastrointestinal tissues and normal tissues.

There were no medical complications during the procedures and EDOCT was compatible with clinical endoscopic equipment. EDOCT imaging extended the endoscopy session by 10–20 min. In the Doppler mode, the apparatus achieved a velocity resolution that was 10-fold to 100-fold higher than Doppler endoscopic ultrasound. Limitations of EDOCT included 'Doppler shadows' below the vessels, lack of pressure sensors in the apparatus, and no standard comparable images for *in vivo* microcirculation visualization.

The authors conclude that EDOCT imaging is feasible in the gastrointestinal tract during endoscopy; however, the results of the trial are preliminary and further rigorous trials are required to determine whether EDOCT can be used to distinguish between healthy and diseased tissues, and between different pathologies.

Rachel Murphy

Original article Yang VXD *et al.* (2005) Endoscopic Doppler optical coherence tomography in the human GI tract: initial experience. *Gastrointest Endosc* **61:** 879–890

Clip-assisted method for nasoenteric feeding

Providing adequate nutrition is a critically important aspect of managing patients with acute and chronic illnesses. Parenteral nutrition, nasogastric feeding and post-pyloric feeding can be used to provide nutrition, but these methods have variable success rates. Wu and colleagues developed a method for nasoenteric feeding in which the feeding tube is fixed into the distal duodenum or proximal jejunum with a metallic clip, allowing withdrawal of the endoscope without retrograde migration of the tube.

Consecutive patients with gastroparesis ($n = 13$) or esophageogastric wounds ($n = 8$) underwent the clip-assisted endoscopic method of nasoenteric tube insertion. Outcomes compared between groups included complication rate, percentage of recommended energy intake provided and rate of feeding success (defined as energy intake >60% of recommended intake).

The feeding tube was placed successfully in all patients, and no complications due to the method occurred. Feeding success rates were similar in the gastroparesis group (85%) and the gastroesophageal wound group (75%), and mean percentage of energy intake was 79% in both groups. No significant differences between groups were found in other evaluated parameters.

The authors conclude that the clip-assisted endoscopic method for nasoenteric feeding is