GLOSSARY

SIMPLE CLINICAL COLITIS ACTIVITY INDEX (SCCAI)
A scoring system used to assess disease activity in patients with ulcerative colitis

in the esophagus. According to a study by Barker *et al*., however, complications can result when this technique is used in the small bowel and colon, despite previous anecdotal case reports of success.

In this study, multiple-band ligator devices were applied to the fresh excised bowel specimens obtained from two patients with colon cancer. The target varices were drawn into the ligation chamber with 200 mmHg suction pressure. Photodocumentation from inside and outside the bowel revealed peritoneal entrapment and large, 1 cm holes in the ileum, as well as external dimpling corresponding with the bands on the right colon. There were no obvious anatomical changes on the left colon. Histologic sectioning revealed evidence of entrapment by the band ligator of the muscularis propria and serosal fat in the small intestine and right colon, and of the submucosa in the left colon.

These findings suggest that endoscopic ligation might be safe when used for variceal bleeding in the left colon, but that there is a high risk of adverse effects when applied to areas of the anatomically thinner small intestine and right colon. Since band ligation might potentially be a useful tool for a variety of other applications, including control of post-polypectomy bleeding stalks, further studies to assess safety in a range of locations *in vivo* are recommended.

Rachael Williams

Original article Barker KB *et al.* (2005) Safety of band ligator use in the small bowel and the colon. *Gastrointestinal Endoscopy* **62:** 224–227

Association of C-reactive protein with other measures of clinical activity in inflammatory bowel disease

A retrospective study at the Mayo Clinic has examined the relationship between serum C-reactive protein (CRP) concentrations and other measures of disease activity in patients with inflammatory bowel disease (IBD).

Patients with Crohn's disease (CD; $n = 104$) or ulcerative or indeterminate colitis (UC/IC; $n = 43$) who had undergone a CRP test, colonoscopy and either a small-bowel follow-through or CT enterography, all performed within a 14-day period, were identified. Medical test results were analyzed, including laboratory biomarkers of inflammation, small-bowel radiographic imaging, colonoscopy and biopsy pathology. Clinical activity was defined using adapted American College of Gastroenterology practice guidelines.

In CD patients, an increased concentration of CRP, defined as >0.8 mg/dl, was significantly associated with moderate–severe clinical activity, and showed a significant correlation with clinical disease activity in UC/IC patients. Elevated levels of CRP showed a significant correlation with several biomarkers of inflammation (anemia, hypoalbuminemia and elevated erythrocyte sedimentation rate), and with active disease at colonoscopy, in all IBD types. Abnormal small-bowel radiographic imaging was not significantly associated with increased CRP levels, but the authors state that this might be because of the different sensitivities of the methods used.

The authors conclude that the CRP concentration in IBD patients correlates with a number of factors, including other inflammatory biomarkers and clinical disease activity, but that larger studies are needed to explore further the use of CRP levels in predicting IBD disease activity.

Rebecca Ireland

Original article Solem CA *et al.* (2005) Correlation of C-reactive protein with clinical, endoscopic, histologic, and radiographic activity in inflammatory bowel disease. *Inflamm Bowel Dis* **11:** 707–712

RDP58: a promising oral therapy for ulcerative colitis

RDP58 is a protease-resistant decapeptide with anti-inflammatory properties that has been shown to reduce diarrhea and prevent bloody stool recurrence in murine and non-human primate models of colitis. Travis *et al.* investigated the safety and efficacy of RDP58 in patients with mild to moderate ulcerative colitis (SCCAI score 4–9) in two parallel, double-blind randomized studies.

Patients in study 1 received placebo ($n = 13$) or 100 mg RDP58 ($n = 21$) for 28 days. Patients in study 2 received placebo ($n = 30$), 200 mg RDP58 ($n = 31$), or 300 mg RDP58 ($n = 32$) for 28 days. All patients were observed for 56 days from study initiation, to assess post-dosing safety. Treatment success, defined as an SCCAI score of ≤3 on day 28, was the primary efficacy