catheter pH monitoring, and might prove useful in future studies.

Carol Lovegrove

Original article Pandolfino JE *et al.* (2005) Bravo capsule placement in the gastric cardia: a novel method for analysis of proximal stomach acid environment. *Am J Gastroenterol* 100: 1721–1727

Obesity is linked with increased risk of gastroesophageal reflux disease

Obesity is associated with a range of disorders that might cause gastroesophageal reflux disease (GERD), such as increased abdominal pressure, impaired gastric emptying, and increased esophageal acid exposure (from transient sphincter relaxation). The theory that obesity might be a cause of GERD and other acid-related disorders of the esophagus was examined in a systematic review and meta-analysis of the published literature.

Hampel *et al.* identified 370 potential studies published between 1966 and 2004, of which nine fitted their selection criteria. Most studies found significant associations between BMI and erosive esophagitis and esophageal adenocarcinoma. There was a trend towards a dose–response relationship, with an increase in the pooled adjusted odds ratio for GERD symptoms of 1.43 for BMI of 25–30 kg/m² and 1.94 for BMI of >30 kg/m². The pooled adjusted odds ratio for esophageal adenocarcinoma was similarly dose-dependent (1.52 for BMI of 25–30 kg/m² and 2.78 for BMI of >30 kg/m²).

This review suggests that obesity and being overweight are risk factors for GERD symptoms, erosive esophagitis and esophageal adenocarcinoma, with the risk of these disorders progressively increasing with increasing BMI. The mechanisms by which obesity causes acid-related esophageal disease and the potential effects of weight loss remain to be investigated. The authors conclude, however, that it might be prudent to counsel all overweight patients presenting with GERD-related disease that weight loss could help improve their symptoms.

Carol Lovegrove

Original article Hampel H *et al.* (2005) Meta-analysis: obesity and the risk for gastroesophageal reflux disease and its complications. *Ann Intern Med* 143: 199–211

Surgery is recommended for all types of pancreatic intraductal papillary mucinous tumors

Of the three clinically distinct subtypes of intraductal papillary mucinous tumor (IPMT), those affecting only duct branches have been reported to have a better prognosis and to be less invasive than main-duct tumors. Aggressive surgical management has largely been confined to tumors with main-duct involvement, while close monitoring is recommended for branch-duct-only tumors. A recent study suggests, however, that monitoring branch-duct IPMTs without surgical intervention is a risky strategy.

Lee and colleagues observed that a number of branch-duct IPMT cases went on to have a poor prognosis in the clinical setting, despite the allegedly benign nature of the tumor. They therefore examined clinical features and evaluated prognosis based on tumor type, in a long-term follow-up study of 27 cases of main-duct IPMT and 35 cases of branch-duct IPMT. No significant differences in cumulative survival were seen between main-duct and branch-duct IPMTs (25% versus 17%, respectively; $P=0.93$). Although lower than the rate seen in main-duct IPMTs (44.4%), a considerable number of branch-duct IPMT tissue specimens (28.5%) showed carcinoma. Recurrence was seen in 18% of main-duct and 7% of branch-duct IPMTs ($P=0.35$).

In this study, long-term follow-up results for branch-duct IPMTs are similar to those seen with main-duct IPMTs. On the basis of these findings, the authors conclude that it is not safe to simply monitor branch-duct IPMTs, and that surgery, whenever possible, is the ‘gold standard’ treatment for all types of IPMT.

Carol Lovegrove

Original article Lee S-Y *et al.* (2005) Long-term follow up results of intraductal papillary mucinous tumors of pancreas. *J Gastroenterol Hepatol* 20: 1379–1384

Most hospital deaths from gastrointestinal events occur in the elderly: the role of NSAIDs

Peptic ulcer and related complications are declining in the general population, although studies suggest that hospital admissions for these conditions are increasing among the