GLOSSARY

SERIAL TRANSVERSE ENTEROPLASTY (STEP)

Surgery in which the bowel is cut and stapled in alternate directions, keeping all staples parallel to the plane of the intestinal blood supply; the new bowel is longer and narrower than the original with a characteristic zigzag appearance

Cholangioscopy is useful in the detection and clearance of biliary stones

Primary sclerosing cholangitis (PSC) is associated with an increased risk of cholangiocarcinoma. Awadallah *et al.* investigated whether the use of cholangioscopy, which allows direct visualization of the biliary tree, adds any advantage to conventional biopsy techniques in the detection of cholangiocarcinoma in patients with PSC. They also assessed its usefulness in the detection and removal of biliary stones.

The study included 41 consecutive patients with PSC (30 male) referred between March 2000 and November 2004 for cholangioscopic evaluation of biliary strictures or stones. Biopsies were taken of lesions visualized by cholangioscopy in 33 patients: cholangiocarcinoma was found in only 1 patient. During follow-up, two further patients were discovered to have cholangiocarcinomas that had not been detected by cholangioscopy. These two patients were examined using pre-existing percutaneous tracts, however, and this might have limited visualization of the biliary tree. Cholangioscopy detected stones in more patients than conventional cholangiography did (23 versus 16). Stone clearance was not attempted in 6/23 patients; of the remaining 17, 9 were treated with cholangioscopy-assisted methods and 8 with conventional methods. Complete clearance was achieved in 7 and 3 patients, respectively.

The authors conclude that cholangioscopy-assisted techniques might be more effective than conventional techniques in detecting biliary stones and achieving complete stone clearance; however, the small number of patients in this study with cholangiocarcinoma precludes any conclusions being drawn about its usefulness in the detection of cancer in PSC.

Katherine Sole

Original article Awadallah NS *et al.* (2006) Is there a role for cholangioscopy in patients with primary sclerosing cholangitis? *Am J Gastroenterol* **101**: 284–291

Reduced bloating and flatulence with rifaximin

Chronic symptoms of abdominal bloating and flatulence are common in patients with irritable bowel syndrome (IBS), and in the general population; however, few therapies have been

proven effective in relieving such symptoms. The antibiotic rifaximin is currently used for the prevention and treatment of traveler's diarrhea and has now been investigated in a randomized, placebo-controlled trial for its effectiveness as a treatment for gas-related symptoms.

Sharara and colleagues enrolled 124 patients in the study, which consisted of three 10-day phases—a baseline period, a treatment phase, and a post-treatment phase. During the treatment phase, 63 patients received rifaximin 400 mg twice daily and 61 received placebo; 58.7% and 54.1% of patients met Rome II criteria for IBS, respectively. Patients kept a daily symptom diary throughout the three phases. A lactulose hydrogen breath test was performed at baseline and at the end of the study to assess small-bowel bacterial overgrowth.

Rifaximin provided substantially greater symptom relief at the end of the treatment phase and in the post-treatment phase compared with placebo, and the benefit remained marked when analysis was limited to patients with IBS. The overall and bloating-specific response to rifaximin correlated closely with diminution of breath hydrogen production after oral lactulose. No adverse events were reported by patients in either group.

The authors conclude that rifaximin is a safe and effective treatment for bloating and flatulence, including in patients with IBS, and highlight the need for trials evaluating its long-term efficacy.

Katy Cherry

Original article Sharara AI *et al.* (2006) A randomized double-blind placebo-controlled trial of rifaximin in patients with abdominal bloating and flatulence. *Am J Gastroenterol* **101**: 326–333

Animal model shows promise for novel bowel-lengthening technique

A US team has developed a new surgical technique, SERIAL TRANSVERSE ENTEROPLASTY (STEP), for the treatment of children with refractory short-bowel syndrome. It has several advantages over the most common procedure currently in use: it is easy to perform, doesn't require anastomosis, can accommodate variation in bowel dilatation, and protects the mesenteric blood supply. STEP can be performed as a primary bowel-lengthening operation, or after a previous