

Kirchner and colleagues looked at the outcome of 21 liver-only and 15 liver–kidney transplantation procedures (in 36 patients; 32 were female), performed at a single center in 1990–2003. Clinical outcomes were measured, and two post-transplantation questionnaires to evaluate quality-of-life and social parameters were completed: a self-designed questionnaire, and the Short Form 36 (SF-36; participants' SF-36 scores were compared with those of age-matched controls from the general population).

Five patients (14%) died within 2 months of surgery; mean follow-up for the surviving patients was  $62 \pm 48$  months. Of the 23 patients who completed questionnaires, over 90% reported feeling 'better' or 'much better' after transplantation, and nearly 80% said they would choose transplantation again. Apart from their power of concentration, all symptoms improved markedly after transplantation, including interest in sex, physical fitness, and appetite. SF-36 scores did not differ significantly between patients and controls.

The authors conclude that liver or liver–kidney transplantation can improve the quality of life of patients with polycystic liver disease, and suggest that early surgery be considered for patients at a high risk of perioperative complications (i.e. those with severe cachexia or cyst infections).

**Original article** Kirchner GI *et al.* (2006) Outcome and quality of life in patients with polycystic liver disease after liver or combined liver–kidney transplantation. *Liver Transpl* 12: 1268–1277

## Elastic scattering spectroscopy can score dysplasia in Barrett's esophagus

Endoscopic surveillance of Barrett's esophagus is time-consuming, yields low detection rates, and is hampered by poor agreement between pathologists. Now, a UK team has shown that a relatively inexpensive imaging technique—elastic scattering spectroscopy (ESS)—could reduce the need for pathologists to review low-risk biopsies by 60%, without a marked loss of accuracy, and could, therefore, provide substantial savings of time and money.

Overall, the team examined 181 biopsy sites (from 81 patients), for which pathologists had agreed on the histologic diagnosis; 595 spectra were generated from these sites. 'Leave one

out' cross-validation (where all data points are used to train the algorithm, except one, which is then tested) revealed that ESS showed 92% sensitivity and 60% specificity when differentiating between low-risk (normal or low-grade dysplasia) and high-risk (cancer or high-grade dysplasia) sites, and a sensitivity and specificity of 79% when discriminating cancer or high-grade dysplasia from inflammation. Furthermore, a negative ESS result (i.e. exclusion of high-grade dysplasia or cancer) had an accuracy of over 99.5%.

The authors highlight the need to test their ESS algorithm in prospective studies. They also speculate that combining ESS with other optical, biopsy-driven approaches will be more effective than ESS alone in reducing the number of conventional biopsies required for surveillance of Barrett's esophagus, and might, eventually, obviate the need for conventional biopsies.

**Original article** Lovat LB *et al.* (2006) Elastic scattering spectroscopy accurately detects high grade dysplasia and cancer in Barrett's oesophagus. *Gut* 55: 1078–1083

## Citalopram is efficacious in relieving the symptoms of irritable bowel syndrome

The selective serotonin reuptake inhibitor citalopram is a well-tolerated treatment that can decrease the symptoms of irritable bowel syndrome (IBS), says a German team.

In this crossover study, 23 nondepressed patients with IBS were recruited from a tertiary-care setting. After 2 weeks' run-in, 11 patients were randomly allocated to receive citalopram (3 weeks at 20 mg, then 3 weeks at 40 mg), and the other 12 to receive placebo. After 3 weeks washout, patients crossed over to another 6 weeks of treatment. Questionnaires to measure IBS symptom severity, depression, and anxiety were completed several times throughout the study; patients also kept a daily symptom diary.

Compared with placebo, citalopram markedly improved symptoms (including abdominal pain, bloating, and overall well-being) after 3 and 6 weeks of treatment; these changes were not secondary to an effect on depression or anxiety. Only some abnormalities in stool pattern improved with citalopram treatment—mainly those related to subjective measures of improvement (e.g. a decrease in urgency and straining), rather than those associated