

Polyps resected with Endo Cut[®] are of superior diagnostic quality

An adequate histologic evaluation of resected colorectal polyps is essential for deciding on the optimal postpolypectomy therapy or surveillance method; it is, therefore, important that the resected tissue is of sufficient quality for evaluation. The diagnostic quality of resected polyps might be affected by the specific electro-surgical resection technique used for polypectomy, although there are limited data comparing the diagnostic quality of specimens yielded by polypectomy using different electro-surgical devices.

Fry *et al.* have compared the diagnostic quality of polyps resected with a conventional electro-surgical generator (ESG) that used a blended electrical current ($n=78$), with those removed using Endo Cut[®] (ERBE Inc., Marietta, GA USA), an ESG with a microprocessor that allows automatic control of cutting and coagulation modes ($n=70$).

The total area of cautery and the degree of cautery damage (based on the cell and tissue response) was reduced for polyps resected using Endo Cut[®], and polyp margins could be more easily evaluated with this device than with the conventional ESG. Overall, polyps resected using Endo Cut[®] were of markedly superior quality for histologic evaluation. The architecture of the resected tissue was similar in polyps resected by either technique.

The authors conclude that Endo Cut[®] allows for improved histologic interpretation of polyp specimens; they highlight the need for prospective, randomized trials to compare the various types of electro-surgical techniques used for polypectomy.

Original article Fry LC *et al.* (2006) Diagnostic quality of polyps resected by snare polypectomy: does the type of electro-surgical current used matter? *Am J Gastroenterol* **101**: 2123–2127

Bowel management for patients with spinal cord injury

Injury to the spinal cord can cause neurogenic colorectal dysfunction, which is characterized by symptoms of constipation, fecal incontinence, or both. Studies have shown that transanal irrigation can improve bowel function in some patients with spinal cord injury;

however, randomized, controlled trials that directly compare different bowel management options in such patients are lacking.

Christensen *et al.* have now reported the results of a large, multicenter trial that compared transanal irrigation with conservative bowel management (defined as 'best supportive bowel care without using irrigation') in 87 patients with spinal cord injury and neurogenic bowel dysfunction. Patients were randomly assigned to undergo either transanal irrigation (42 patients) or to receive conservative bowel management (45 patients) for 10 weeks.

Overall, transanal irrigation yielded more favorable results; the severity of incontinence and constipation symptoms markedly improved, and dependence on assistance was greatly reduced in patients who underwent transanal irrigation compared with those managed conservatively. In addition, there tended to be a greater improvement in quality-of-life measures—and, interestingly—fewer urinary-tract infections, in patients who underwent transanal irrigation, compared with the conservatively managed patients. Transanal irrigation was safe and reduced the time spent by patients on bowel management.

The authors conclude that transanal irrigation has marked benefits for patients with spinal cord injury and neurogenic bowel dysfunction, but they highlight the need for long-term follow-up data to confirm these findings.

Original article Christensen P *et al.* (2006) A randomized, controlled trial of transanal irrigation versus conservative bowel management in spinal cord-injured patients. *Gastroenterology* **131**: 738–747

Novel tumor-suppressor genes identified in colon cancer

Researchers in the US have identified seven genes that are epigenetically silenced in colon cancer. Their data strongly suggest that inactivation of these genes promotes carcinogenesis; however, more studies are now required to evaluate these genes as potential biomarkers for the detection and/or prognosis of colon cancer, and to identify the mechanisms underlying their involvement in carcinogenesis.

Mori *et al.* undertook a genome-wide microarray analysis of 27 primary colon cancers, 7 noncancerous colon specimens, and 2 colon-cancer cell lines, with and without DNA