

patients with cirrhosis and elevated plasma norepinephrine levels.

Original article Lenaerts A *et al.* (2006) Effects of clonidine on diuretic response in ascitic patients with cirrhosis and activation of sympathetic nervous system. *Hepatology* **44**: 844–849

Low-cost, local food supplement improves efficacy of treatment for malnourishment

A new study has highlighted the importance of using locally available ingredients to develop nutritious foods that prevent and treat malnutrition. Current WHO guidelines recommend that severely malnourished children initially receive F75 milk (of moderate energy and protein content), followed by F100 milk (once they can tolerate its increased energy and protein levels). Over 90% of Africans carry a polymorphism that causes lactose intolerance, however, and malnourished children often respond poorly to milk-based feeding alone. An imported supplemental food (a spread) is available, but is expensive, unavailable outside hospitals, and unacceptable to patients because of local food preferences.

Greco *et al.* retrospectively reviewed medical records of three cohorts of 100 children aged 6 months to 6 years, randomly selected from those treated for malnourishment in October–December of successive years. The 2001 cohort received milk-based feeding according to WHO guidelines only, whereas the 2002 and 2003 cohorts additionally received two daily 150g servings of a local food-supplement porridge, consisting of carbohydrate (maize, corn or millet flour), protein (powdered fish, chicken, beef or beans), and fat (peanut butter and vegetable oil). The porridge was acceptable to both children and their mothers, and mothers participated in making it before their children were discharged.

Children who received the porridge did better than those given only milk-based feeding: their edema disappeared more rapidly, and they put on more weight daily. Crucially, the treatment-failure rate (deaths and withdrawals from treatment) declined by >50% after the porridge was introduced.

Original article Greco L *et al.* (2006) Effect of a low-cost food on the recovery and death rate of malnourished children. *J Pediatr Gastroenterol Nutr* **43**: 512–517

High consumption of 'gluten-free' foods can result in nontrivial gluten exposure

Celiac disease is treated effectively by a strict, gluten-free diet. 'Gluten-free' products made from naturally gluten-free cereals can, however, contain traces of gluten if contamination has occurred during grain harvesting and processing or if they contain gluten-extracted ingredients. The safe daily limit for gluten intake in patients with celiac disease is estimated at <30mg. Guidelines recommend that foods made only from naturally gluten-free ingredients should contain <20ppm gluten, but whether the proposed 200ppm limit for foods that contain gluten-extracted ingredients is safe is unclear.

Gibert and colleagues assessed gluten-free food consumption with a 10-day diet diary, completed by 1,359, 273, 226 and 56 patients with celiac disease in Italy, Spain, Norway and Germany, respectively. Regional consumption patterns differed; Spanish patients consumed the least gluten-free food. In all countries, bread was the most frequently consumed item, and patients in Norway and Germany consumed about twice as much as those in Italy and Spain. Pasta was rarely consumed in Norway but popular in Italy, Spain and Germany.

These patients' maximal daily exposure to gluten was 8.0–20.1mg if the 20ppm threshold was used, and 80–210mg if the 200ppm threshold was used. Gibert *et al.* recommend use of the 20ppm limit for naturally gluten-free products and for frequently consumed foods. A provisional 100ppm limit could be adopted for foods that contain or consist of gluten-extracted ingredients; this limit should, however, be revised as new data become available.

Original article Gibert A *et al.* (2006) Consumption of gluten-free products: should the threshold value for trace amounts of gluten be at 10, 100 or 200 ppm? *Eur J Gastroenterol Hepatol* **18**: 1187–1195

Surgery for desmoid tumors associated with FAP: 10-year experience

The treatment of desmoid tumors in patients with familial adenomatous polyposis (FAP) is controversial. Surgery has been recommended for abdominal-wall tumors, but has previously