

influximab levels). Although infliximab remained detectable in the baby's serum after 6 months, her immune development was age-appropriate, and the infant developed normally throughout her first year.

The half-life of infliximab in adults and children who take it therapeutically is 8.0–9.5 days; however, maternal IgG can persist in the child's circulation for up to 1 year after placental transfer. Vasiliauskas and colleagues suggest that therapeutic antibody treatments should be avoided after 30 weeks' gestation, although transfer via breast-milk apparently does not occur. Patients and clinicians should be aware that the long-term implications of *in utero* exposure to infliximab remain unknown.

Original article Vasiliauskas EA *et al.* (2006) Case report: evidence for transplacental transfer of maternally administered infliximab to the newborn. *Clin Gastroenterol Hepatol* 4: 1255–1258

Antiviral therapy reduces portal hypertension in CHC-related compensated cirrhosis

Portal hypertension is a common and lethal complication of chronic hepatitis C (CHC)-related cirrhosis. Antiviral therapy has beneficial effects on liver histology in patients with CHC, but its effect on portal hypertension is unknown.

Rincon and colleagues treated 20 patients with CHC, advanced fibrosis or compensated cirrhosis, and portal hypertension (i.e. a hepatic venous pressure gradient [HVPG] >5 mmHg). Patients were treated with pegylated interferon α 2b plus ribavirin for 24 or 48 weeks, depending on HCV genotype. At the end of treatment, mean HVPG decreased, from 13.8 mmHg to 10.2 mmHg, in all but one patient. The drop in HVPG was greatest in patients who achieved a virologic or biochemical response by the end of therapy, and in those whose METAVIR necrosis and inflammation score improved by ≥ 2 points. Of 11 patients with clinically significant portal hypertension (baseline HVPG ≥ 12 mmHg), 9 achieved the current goals of pharmacologic treatment of portal hypertension: 3 showed a >20% reduction in HVPG and a further 6 achieved a final HVPG of <12 mmHg. Achievement of either therapeutic target is associated with a markedly improved prognosis.

The authors conclude that, in patients with compensated CHC and advanced fibrosis or cirrhosis, antiviral therapy markedly decreases portal pressure, even when clinically significant portal hypertension is present. They suggest that the efficacy of antiviral therapy might be related to a reduction in hepatic inflammation.

Original article Rincon D *et al.* (2006) Antiviral therapy decreases hepatic venous pressure gradient in patients with chronic hepatitis C and advanced fibrosis. *Am J Gastroenterol* 101: 2269–2274

Treatment of idiopathic fecal incontinence by peripheral transcutaneous neuromodulation

Transcutaneous electrical nerve stimulation (TENS) of the posterior tibial nerve could offer a safe, noninvasive and cost-effective treatment for idiopathic fecal incontinence, according to the findings of a preliminary study.

There are currently few available treatments for idiopathic fecal incontinence, which can be a disabling condition. One method, sacral neuromodulation, has shown efficacy in selected patients but requires surgical implantation of an indwelling electrode, with its associated risk of complications. In addition, the high cost of the device limits availability of this procedure. In this study, Queralto and colleagues treated 10 women aged 35–78 years (mean age 61.7 years) with idiopathic anal incontinence. TENS of the posterior tibial nerve was applied via a self-adhesive, surface-mounted electrode that did not require an implantable needle, for 20 min a day over a 4 week period. At the end of this period, Wexner's incontinence scores had improved—by a mean of 60%—in 8 of the 10 women ($P=0.0046$). This improvement remained stable over the 12-week follow-up period, during which time TENS use was reduced by the patient according to their degree of continence. Anorectal manometric parameters were unaffected by TENS.

The authors call for a multicenter study to validate these findings and to compare peripheral transcutaneous neuromodulation with percutaneous neuromodulation and sacral neuromodulation.

Original article Queralto M *et al.* (2006) Preliminary results of peripheral transcutaneous neuromodulation in the treatment of idiopathic fecal incontinence. *Int J Colorectal Dis* 21: 670–672