

EUS use reduces unnecessary procedures for pancreatic cancer

Previous studies indicate that endoscopic ultrasonography (EUS) and EUS-guided fine-needle aspiration (FNA) are effective for the diagnosis and staging of pancreatic cancer. In this single-center retrospective study, Lachter *et al.* compared a review of pancreatic cancer patient records from 2001–2004 with a review of records from 1997–2001 to determine whether continued use of EUS could increase the accuracy with which patients are selected for surgery with curative intent versus no surgery.

From 1997–2001, 62 patients were diagnosed with pancreatic cancer, 20 (32%) were preoperatively staged with EUS and 28 (45%) underwent surgery with curative intent: from 2001–2004, these numbers changed to 72, 34 (47%) and 17 (24%), respectively. Pancreatic cancer was detected in 32 patients who were preoperatively staged with EUS from 2001–2004, and positively identified in 14 of 18 patients who underwent EUS-guided FNA. EUS was also particularly effective for identifying resectable tumors in those patients whose clinical presentation was suggestive of pancreatic cancer, but whose transabdominal ultrasonography and/or CT scan results were negative.

The authors conclude that, in their center, increased use of EUS reduced the number of unnecessary procedures performed and they recommend that other single centers perform similar studies to assess the effects of EUS on their own clinical practice.

Original article Lachter J *et al.* (2007) The impact of endoscopic ultrasonography on the management of suspected pancreatic cancer—a comprehensive longitudinal continuous evaluation. *Pancreas* 35: 130–134

Synbiotics reduce infection rates after pylorus-preserving pancreatoduodenectomy

Enteral nutrition supplemented with synbiotics can reduce the incidence of bacterial infections and the duration of antibiotic therapy after pylorus-preserving pancreatoduodenectomy, according to the results of a new study by Rayes *et al.*

In this randomized, prospective, double-blind, single-center study, 40 patients received a synbiotic composition (four lactic acid bacteria plus four bioactive fibers) and 40 received placebo (fibers only) from preoperative day 1 until postoperative day 8. All patients received a single preoperative intravenous shot of antibiotics, and PPIs and enteral nutrition postoperatively throughout the study period. Additional antibiotics were administered as required. Risk factors for the development of infection were similar for both groups.

Compared with the placebo group, during the first 30 postoperative days, the synbiotic group required a shorter duration of antibiotic therapy ($P=0.015$) and developed fewer bacterial infections ($P=0.005$). Patients in the synbiotic group also developed less severe infections than those in the placebo group. In addition, although not statistically significant, the mean length of hospital stay and time spent in intensive care were shorter for the synbiotic group than for the placebo group. The synbiotic composition was well tolerated. Side effects caused by the enteral nutrition (e.g. diarrhea) and noninfectious complications (e.g. leakage of the pancreatic anastomosis) occurred in a similar number of patients in both groups.

This work adds to the clinical experience of using probiotics and prebiotics in surgical patients, for whom, in the case of pancreatic resection, postoperative infection rates can be high.

Original article Rayes N *et al.* (2007) Effect of enteral nutrition and synbiotics on bacterial infection rates after pylorus-preserving pancreatoduodenectomy: a randomized, double-blind trial. *Ann Surg* 246: 36–41

Mycophenolate mofetil improves renal function in liver recipients with renal failure

Calcineurin inhibitors prevent allograft rejection in liver transplant recipients; however, their use is associated with a significant risk of renal toxicity. Partial or complete withdrawal of calcineurin inhibitors can prevent further renal damage, but carries a risk of allograft rejection, which can be minimized by concomitantly treating patients with an alternative immunosuppressant agent such as mycophenolate mofetil (MMF).

In this prospective study, Créput and colleagues evaluated the improvement in