

NBI could not distinguish normal mucosa from mild gastritis. Three of four patients with *H. pylori* gastritis had irregular mucosa with decreased vascular density (attributed to inflammation, edema, or decreased cellularity with gland loss). Four of five patients with intestinal metaplasia had evidence of a ridged and/or villous mucosal pattern.

The authors call for large, controlled trials that will further evaluate the accuracy of NBI endoscopy in the diagnosis of non-neoplastic gastric pathology.

**Original article** Bansal A *et al.* (2008) Correlation between narrow band imaging and nonneoplastic gastric pathology: a pilot feasibility trial. *Gastrointest Endosc* 67: 210–216

### MRI assessment of colitis is feasible in patients with IBD

MRI is an important tool for diagnosis and monitoring of small-bowel involvement in patients with IBD, but endoscopy is preferred to MRI for colonic assessment because visualization and biopsy can both be done endoscopically. In patients with known IBD, however, MRI can detect extraintestinal manifestations, as well as evaluating the location, extent and severity of disease. Dinter and colleagues, therefore, retrospectively assessed the correlation between endoscopy, histology and MRI findings in a cohort of 60 patients (mean age 36 years, 35 women) with confirmed Crohn's disease.

All patients underwent colonoscopy and biopsy, followed by MRI 2–14 days later. MRI was conducted without bowel preparation or rectal filling; instead, patients followed a low-fiber diet for 2 days before the procedure, then ingested 1.5l of a 2.5% mannitol solution to distend the bowel. The terminal ileum; neo-terminal ileum and ileocolonic anastomosis (in 21 patients with prior surgery); cecum; ascending, transverse and descending colon; sigmoid colon; and rectum were evaluated. There was significant concordance between MRI and endoscopy findings in the terminal ileum, ileocolonic anastomosis, ascending, transverse and descending colon ( $P < 0.01$ ). Additionally, MRI detected enlarged ( $>2$  cm) lymph nodes near inflamed bowel segments in seven patients, fistula in six patients, and inflammatory pelvic tumors in four patients.

Dinter and colleagues recommend mannitol as a luminal contrast medium for bowel

MRI because it is poorly absorbed, tasteless, well tolerated by patients, safe, effective and inexpensive. They call for prospective studies to confirm their results.

**Original article** Dinter DJ *et al.* (2008) Endoscopy and magnetic resonance imaging in patients with Crohn's disease: a retrospective single-centre comparative study. *Scand J Gastroenterol* 43: 207–216

### Factors associated with suboptimal weight loss after gastric bypass surgery

The majority of severely obese individuals who undergo Roux-en-Y gastric bypass (RYGB) surgery achieve their target weight loss; however, some do not and the reasons for these failures have not been comprehensively studied. Melton *et al.*, therefore, conducted a retrospective, single-center study in the US to identify factors (including demographics, comorbidities and insurance status) associated with poor weight loss after RYGB.

Data for 495 morbidly obese patients (mean age 42 years) who underwent RYGB performed by a single surgeon between 1999 and 2004 were analyzed. Preoperatively, patients' mean excess body weight was 92 kg. Obesity-related comorbidities were common, and 30% of the cohort had diabetes. Suboptimal weight loss (SWL) was defined as failure to lose  $\geq 40\%$  excess body weight by 12 months after RYGB.

At 12 months, participants had on average lost 60% of their excess weight, but SWL had occurred in 55 patients (11%). On adjusted multivariate analysis, increased BMI, male sex and diabetes were associated with SWL, but insurance type was not. In the whole cohort, diabetes resolved by 1 year after RYGB in 78% of affected individuals, and similar rates of diabetes resolution were observed in patients with successful weight loss and with SWL, respectively. By contrast, hypertension resolved in significantly more patients with successful weight-loss than with SWL.

These findings could aid patient selection for increased perioperative dietary supervision and counseling and, possibly, for surgical procedures that result in a greater degree of malabsorption.

**Original article** Melton GB *et al.* (2008) Suboptimal weight loss after gastric bypass surgery: correlation of demographics, comorbidities, and insurance status with outcomes. *J Gastrointest Surg* 12: 250–255