

symptom index associated with major acid reflux; 38% had a positive symptom index associated with major or minor acid reflux or nonacid reflux; and 19% had no reflux symptom associations. MII pH testing with symptom index scoring led to a diagnosis that would have been unachievable with standard testing alone in 57% of this study population. This procedure, therefore, has a potential diagnostic role in patients with GERD-like symptoms but no evidence of acid reflux.

**Original article** Kline MM *et al.* (2008) The utility of intraluminal impedance testing in patients with gastroesophageal reflux disease-like symptoms but normal endoscopy and 24-hour pH testing. *Clin Gastroenterol Hepatol* 6: 880–885

### Accuracy of prognostic models for cirrhosis is improved by use 48 h after admission

Patients with cirrhosis admitted to the intensive care unit (ICU) have a notoriously poor prognosis. Most current prognostic models predict mortality on the basis of data collected during the first 24 h after admission and can perform poorly because they do not adjust for subsequent changes in illness severity or organ function. New research has found that prediction of survival in these patients is improved when prognostic models are applied 48 h after ICU admission.

Cholongitas *et al.* compared the accuracy of different prognostic models for predicting mortality in 128 patients with cirrhosis. Data were collected on and 48 h after ICU admission; all patients survived for 48 h, but 70 died within the ICU or during 6 weeks of follow-up. Three general models—Acute Physiology and Chronic Health Evaluation II, Sequential Organ Failure Assessment (SOFA), and Failing Organ Systems (FOS)—and two liver-specific models (Child–Turcotte–Pugh, and Model for End-stage Liver Disease) were assessed. The predictive ability of each model was better at 48 h than on admission. Mean scores (the mean of the admission and 48 h scores for individual patients) also had better predictive ability than admission scores. SOFA and FOS scores had the best discriminative ability; a mean SOFA score  $\geq 10$  and a mean FOS score  $\geq 1.5$  accurately predicted mortality in 91% and 98% of patients, respectively.

While validation of these findings is required, they indicate that mean SOFA and FOS scores over 48 h are valid methods of predicting mortality in acutely ill cirrhotic patients.

**Original article** Cholongitas E *et al.* (2008) Prognostic models in cirrhotics admitted to intensive care units better predict outcome when assessed at 48 h after admission. *J Gastroenterol Hepatol* 23: 1223–1227

### Inlet patch: prevalence and associated upper gastrointestinal endoscopic findings

Ectopic gastric tissue within the cervical esophagus is termed inlet patch. Its presence is often unnoticed on routine endoscopy owing to its proximal location, and little is known about its pathogenesis. A new study has identified associations between inlet patch and endoscopic features of the upper gastrointestinal tract, including esophagitis and Barrett's esophagus.

Yüksel *et al.* specifically looked for the presence of inlet patch and documented endoscopic findings of the upper gastrointestinal system in 9,437 consecutive patients  $\geq 16$  years of age who underwent upper gastrointestinal endoscopy at two hospitals in Turkey. Of the 9,437 patients, 171 (1.8%) had an inlet patch. The prevalence of inlet patch in this cohort was substantially lower than previously reported estimates.

Compared with individuals who did not have inlet patch, patients with this condition were significantly more likely to have esophagitis (5.6% vs 25.1%, respectively), histologically proven Barrett's esophagus (0.5% vs 3.5%, respectively), and achalasia cardia (10% vs 24.5%, respectively). By contrast, no association between inlet patch and the prevalence of hiatus hernia was found. Of note, *Helicobacter pylori* colonized only 10.9% of inlet patches, but such colonization was invariably associated with gastric *H. pylori*.

Taken together, the findings from this study suggest that patients with inlet patch are predisposed to conditions associated with GERD. Inlet patch is a poorly understood condition that warrants further investigation, particularly to clarify the role of acid secretion and reflux, and to determine which patients require endoscopic surveillance.

**Original article** Yüksel I *et al.* (2008) Inlet patch: associations with endoscopic findings in the upper gastrointestinal system. *Scand J Gastroenterol* 43: 910–914