response rates—as assessed by HBeAg loss, suppression of serum hepatitis B virus (HBV) DNA or alanine aminotransferase levels—were similar in the monotherapy and combination therapy groups. HBV genotype was revealed as an independent predictor of response to therapy; HBeAg loss was significantly more frequent in patients infected with HBV genotype A (47%) or B (44%) than in those infected with genotypes C (28%) or D (25%).

The authors conclude that pegylated interferon α-2b is an effective and well-tolerated treatment for HBeAg-positive chronic hepatitis B, and that the addition of lamivudine does not improve response to treatment after prolonged follow-up.

Original article Janssen HLA *et al.* (2005) Pegylated interferon α-2b alone or in combination with lamivudine for HBeAg-positive chronic hepatitis B: a randomised trial. *Lancet* **365:** 123–129

Prevention of blood loss during hepatic resection

Operative blood loss is an important consideration in resection of the liver, and is usually controlled by compression of the hepatoduodenal ligament. A recent report from Israel describes 20 years of experience using an alternative approach: transportal balloon catheter occlusion of the portal triad (TBCOPT).

The TBCOPT method involves insertion of a balloon catheter into the lumen of the lobar, sectoral or segmental portal vein branch, depending on which part of the liver is to be removed. The balloon is then inflated with saline, resulting in occlusion of the portal vein branch and compression of the corresponding artery. This temporary, selective occlusion minimizes bleeding while avoiding complete anoxia of the liver.

The recent study describes 35 liver resections, mostly for liver metastases from colorectal cancer, which were carried out using TBCOPT. There was no significant bleeding from the afferent vessels in 27 cases. Sudden bleeding from the hepatic artery occurred in the remaining eight cases and was addressed by a temporary interruption of the artery following dissection of the hepatoduodenal ligament. Operative mortality and postoperative complications were reported in two and six patients, respectively, although none of these cases was directly attributable to the balloon catheter.

The authors conclude that the TBCOPT method is technically feasible, and appropriate even in cirrhotic patients with low residual liver function.

Original article Sarely (Israelashvili) M *et al.* (2005) Use of transportal balloon catheter occlusion of the portal triad in prevention of bleeding during liver resection. *J Surg Oncol* **89:** 39–42

Cost-effectiveness of stenting for malignant colonic obstruction

Patients presenting with acute malignant colonic obstruction often undergo emergency surgery, although this is associated with significant mortality and morbidity. An alternative approach is to use a colonic stent to decompress the obstruction, followed by elective surgery. Targownik *et al.* have compared these two strategies in their recent decision analysis.

The authors created a hypothetical patient with acute, complete, malignant colonic obstruction and compared the costs and outcomes of emergent surgical resection followed by diversion or primary anastomosis with those for elective resection and re-anastomosis following stent placement. Published reports were used to estimate the probability of outcomes such as surgical mortality or stent-related complications.

The colonic stent strategy was superior to emergency surgery in terms of procedure-related mortality (5% vs 11%), stoma requirement (7% vs 43%) and the number of operative procedures per patient (1.01 vs 1.32). Taking into account the fees for hospitals, surgeons and physicians and other costs such as stents and stoma care, the stenting strategy also carried a lower mean cost per patient than did emergency surgical management ($45,709 vs $49,941).

Concluding that colonic stenting and elective surgery was more effective and less expensive than emergency surgery, Targownik *et al.* recommend that stenting should be offered as the first-line therapy to appropriate patients.

Original article Targownik LE *et al.* (2004) Colonic stent vs. emergency surgery for management of acute left-sided malignant colonic obstruction: a decision analysis. *Gastrointest Endosc* **60:** 865–874