

GLOSSARY

ROME II CRITERIA

Criteria for diagnosing irritable bowel syndrome, based on occurrence of abdominal pain or discomfort for at least 12 weeks out of the preceding 12 months

CLASICC

Conventional versus laparoscopic-assisted surgery in colorectal cancer; a multicenter, randomized, controlled trial conducted by the Medical Research Council

Functional gastrointestinal disorders following salmonella gastroenteritis outbreak

Studies have suggested that acute gastroenteritis (AGE) might predispose individuals to functional gastrointestinal disorders, particularly irritable bowel syndrome (IBS). The relationship between dyspepsia and AGE, however, has not been widely examined, and thus Mearin and colleagues carried out a prospective study of IBS and dyspepsia in a cohort of adults who contracted *Salmonella enteritis* AGE.

Self-administered questionnaires were posted to 1,878 individuals; 1,208 replied, of whom 467 had been affected by *S. enteritis* AGE and 561 had not. Follow-up questionnaires regarding symptoms of IBS and dyspepsia were then dispatched at 3, 6 and 12 months, and a diagnosis was made according to the ROME II CRITERIA.

The results showed that the prevalence of IBS and dyspepsia before AGE was similar in patients and controls. At all follow-up points of the study there were significant increases in both dyspepsia and IBS prevalence in exposed individuals compared with controls, with relative risks at the 1-year follow-up point of 5.2 and 7.8 for dyspepsia and IBS, respectively. In addition, a significant overlap was found between the prevalence of IBS and dyspepsia.

The authors conclude that their study, in a large cohort of subjects and matched controls, demonstrates that *S. enteritis* AGE predisposes individuals to dyspepsia as well as to IBS.

Katy Cherry

Original article Mearin F *et al.* (2005) Dyspepsia and irritable bowel syndrome after a Salmonella gastroenteritis outbreak: one-year follow-up cohort study. *Gastroenterology* 129: 98–104

Laparoscopic bowel resection: comparable efficacy to that of open surgery in patients with colon cancer

Initial results of the CLASICC trial have recently been presented in the *Lancet* by Guillou and co-workers. This study aimed to compare the short-term outcomes of laparoscopic resection with those of conventional open surgery in patients with colorectal cancer and to make predictions for long-term implications of the laparoscopic-assisted procedure. Patients with

cancer of the colon or rectum were recruited from 27 UK centers between July 1996 and July 2002 and were randomized 2:1 to undergo either open or laparoscopic bowel surgery.

Of 794 randomized patients, 737 underwent surgery; 253 in the laparoscopy group and 484 in the open surgery group. Crossover from laparoscopy to open surgery occurred in 143 patients. There was no significant difference between the two groups in the proportion of Duke's C2 tumors, in-hospital mortality, number of positive circumferential resection margins, complications during and after surgery, transfusion requirements, or quality of life. Rectal cancer and conversion to the laparoscopic procedure were associated with an increased frequency of intraoperative complications, and conversion during surgery resulted in a slightly higher death rate, although neither of these trends were significant.

The authors conclude that, in the short-term, laparoscopic resection and conventional surgery are comparably effective in patients with colon cancer, and they do not predict that long-term outcomes will differ significantly. However, they recommend that the decision to routinely adopt laparoscopic-assisted surgery for patients with rectal cancer should not be taken until further data are available: 3-year cancer-related mortality and disease-free survival are currently being analyzed.

Alexandra King

Original article Guillou PJ *et al.* (2005) Short-term endpoints of conventional versus laparoscopic-assisted surgery in patients with colorectal cancer (MRC CLASICC trial): multicentre, randomized controlled trial. *Lancet* 365: 1718–1726

Benefits of vaccinating children for hepatitis A

Children play a major role in the transmission of hepatitis A, as they are often asymptomatic or have unrecognized infection. The results of two new studies evaluating the impact of vaccinating children against this disease support the implementation of vaccination programs. Both studies show a marked reduction in the incidence rates of hepatitis A among children as well as in other age groups in the general population, suggesting herd protection.

In 1999, 11 US states at high risk for hepatitis A were identified as appropriate for routine vaccination of children. A further six states were