colonoscopies and that further studies are needed to confirm their findings.

Original article Sanaka MR *et al.* (2006) Afternoon colonoscopies have higher failure rates than morning colonoscopies. *Am J Gastroenterol* **101:** 2726–2730

A role for leukocyte scintigraphy in the diagnosis of Crohn's disease?

Leukocyte scintigraphy is a noninvasive imaging technique that quantifies inflammation. This technique can differentiate Crohn's disease from ulcerative colitis, it could potentially verify the presence of abscesses and fistulas, and has the advantage over endoscopy and radiology of being able to assess the colon and small intestine on the same occasion. Until now, however, leukocyte scintigraphy of the small bowel has not been compared with laparotomy plus intraoperative enteroscopy—the gold standard for detecting manifestations of Crohn's disease.

Almer *et al*. directly compared these techniques in 48 patients with Crohn's disease and 8 control patients with noninflammatory conditions; complete data were available for 47 of the Crohn's disease patients. Scintigraphy scans were positive in 33 of 39 patients with Crohn's disease who had small-bowel inflammation at laparotomy and/or enteroscopy, and in 3 of 8 patients without macroscopic evidence of small-bowel inflammation (2 of whom had histologic evidence of inflammation). No technique detected small-bowel inflammation in control patients. Scintigraphy also detected inflammatory lesions unidentified before laparotomy in 16 of 47 patients with Crohn's disease, showed label uptake in 25 of 35 bowel strictures, and diagnosed 4 of 8 abscesses and 9 of 15 fistulas.

The authors conclude that leukocyte scintigraphy reliably detects small-bowel inflammation in patients with Crohn's disease and can visualize some inflammatory lesions not identified by classic investigations. They advocate the use of leukocyte scintigraphy for early noninvasive diagnosis of Crohn's disease in children and frail adults.

Original article Almer S *et al.* (2007) Leukocyte scintigraphy compared to intraoperative small bowel enteroscopy and laparotomy findings in Crohn's disease. *Inflamm Bowel Dis* **13:** 164–174

Longer colonoscopic withdrawal times correlate with improved neoplasia detection

Colonoscopy is increasingly being used to screen for neoplasia; however, several population-based studies have shown inter-examiner variation in the detection of lesions, possibly attributable to the technique used for withdrawal of the colonoscope—the key phase at which neoplasia can be identified.

Researchers from the University of Illinois College of Medicine at Rockford, carried out a large community-based study to examine the relationship between time taken to withdraw the colonoscope and neoplasia detection in everyday practice. For 2,053 screening examinations carried out by 12 experienced gastroenterologists, the researchers recorded the number, size and histologic features of all neoplastic lesions detected. The times taken to insert and withdraw the colonoscope were also recorded for each procedure.

Neoplastic lesions were identified in 23.5% of the study population. The rate of lesion detection differed greatly between gastroenterologists; the mean number of lesions identified per subject screened ranged from 0.10 to 1.05. Time taken to withdraw the colonoscope also showed wide variation between examiners, ranging from 3.1 min to 16.8 min for procedures during which no polyps were removed. Overall, those gastroenterologists with mean withdrawal times of 6 min or more had significantly higher rates of detection of any neoplasia (28.3% vs 11.8%; $P<0.001$) and of advanced neoplasia (6.4% vs 2.6%; $P=0.005$) than those with mean withdrawal times of less than 6 min. Given the small size of this study the results cannot be extrapolated to wider colonoscopic practice, but the authors suggest that they might inform future screening strategies.

Original article Barclay RL *et al.* (2006) Colonoscopic withdrawal times and adenoma detection during screening colonoscopy. *N Engl J Med* **355:** 2533–2541

Study supports the use of kidneys and livers donated after cardiac death

A shortage of kidneys and livers for transplantation has driven interest in the use of organs