Nature Reviews Gastroenterology & Hepatology **8**, 298 (2011); doi:10.1038/nrgastro.2011.66

IN BRIEF

BARRETT ESOPHAGUS

Lifetime alcohol consumption and risk of Barrett's esophagus

Thrift, A. P. *et al. Am. J. Gastroenterol.* doi:10.1038/ajg.2011.89

In this large population-based case–control study, Thrift and colleagues examined whether there was any association between the risk of Barrett esophagus and total and beverage-specific alcohol consumption. They found that the risk of Barrett esophagus was not increased by alcohol consumption and that there was a significant inverse association between beer consumption and the risk of Barrett esophagus, although the reasons for this are unclear.

TRANSPLANTATION

Stool calprotectin monitoring after small intestine transplantation

Mercer, D. F. *et al. Transplantation* doi:10.1097/TP.0b013e318215e709

Care of patients who undergo small intestine transplantation would be aided by noninvasive measures of acute rejection. Routine monitoring of stool calprotectin levels for this purpose is not supported by the findings of a study by Mercer *et al*. Although mean stool calprotectin levels were higher in patients who experienced rejection than those who did not, significant interpatient variability made it difficult to define a useful cut-off value.

ENDOSCOPY

Prospective clinical study of EUS-guided choledochoduodenostomy for malignant lower biliary tract obstruction

Hara, K. *Am. J. Gastroenterol.* doi:10.1038/ajg.2011.84

EUS-guided choledochoduodenostomy (EUS-CDS) is a safe, feasible and effective treatment for malignant obstruction of the lower biliary tract. As such, EUS-CDS offers an alternative to treatment with percutaneous transhepatic biliary drainage or endoscopic biliary drainage. In light of these findings, Hara and colleagues call for prospective randomized studies to compare these three techniques in addition to comparing the different devices used for EUS-CDS.

PEDIATRICS

Nutritional supplements and other complementary medicines for infantile colic: a systematic review

Perry, R. *et al. Pediatrics* doi:10.1542/peds.2010-2098

The findings of this systematic review suggest that the use of complementary and alternative medicines for the treatment of infantile colic is not supported by the available evidence. Encouraging results for fennel extract, mixed herbal tea and sugar solutions are tempered by trial limitations and the need for additional, independent replication.