

IN BRIEF

REGENERATIVE MEDICINE**Successful *in vivo* oesophageal regeneration in a human**

Dua and colleagues aimed to regenerate the oesophagus and restore swallowing function in a 24-year-old patient with a full-thickness, long-segment defect using tissue engineering techniques. A fully covered, self-expanding metal stent was used as a scaffold, which was covered in extracellular matrix and sprayed with autologous platelet-rich plasma adhesive gel. 4 years after removal of the stent, full-thickness regeneration of the oesophagus was observed.

ORIGINAL ARTICLE Dua, K. S. *et al.* In-vivo oesophageal regeneration in a human being by use of a non-biological scaffold and extracellular matrix. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(15\)01036-3](http://dx.doi.org/10.1016/S0140-6736(15)01036-3) (2016)

IBD**Safety and efficacy of switching to biosimilars in IBD**

CT-P13, a biosimilar of infliximab, has just entered the European market, but clinical data are scarce so far. In a recent study, 83 patients with IBD were switched from infliximab to CT-P13 to investigate the safety, efficacy, pharmacokinetic profile and immunogenicity of CT-P13. Median change in disease activity was zero and median levels of C-reactive protein and faecal calprotectin did not change during follow-up. In addition, no serious adverse events were observed. Thus, switching to CT-P13 does not have a negative effect on short-term clinical outcomes.

ORIGINAL ARTICLE Smits, L. J. *et al.* Clinical outcomes following a switch from Remicade® to the biosimilar CT-P13 in inflammatory bowel disease patients: a prospective observational cohort study. *J. Crohns Colitis* <http://dx.doi.org/10.1093/ecco-jcc/jjw087> (2016)

INFECTION**Targeting asymptomatic carriers of *Clostridium difficile* infection**

Clostridium difficile infection (CDI) is a major health-care concern, and current preventive measures do not target asymptomatic patients. In a Canadian acute care facility, patients were screened for CDI on admission, and extra precautions were taken for carriers (such as isolation). The investigators estimated that 62.4% of expected cases had been prevented by this intervention, and suggest that this strategy could be an important control measure.

ORIGINAL ARTICLE Longtin, Y. *et al.* Effect of detecting and isolating *Clostridium difficile* carriers at hospital admission on the incidence of *C. difficile* infections: a quasi-experimental controlled study. *JAMA Intern. Med.* <http://dx.doi.org/10.1001/jamainternmed.2016.0177> (2016)

LIVER TRANSPLANTATION**Liver transplantation between an HIV-infected donor and HIV-infected recipient**

Many countries do not allow transplantation between donors and recipients who are HIV positive; however, in Switzerland, the first documented case of liver transplantation between a donor and recipient with HIV infection has been reported. Both donor and recipient harboured multidrug resistant strains, thus the recipient's medication was altered to cover for the donor's resistance genotypes. 5 months after surgery, HIV viraemia remains undetectable.

ORIGINAL ARTICLE Calmy, A. *et al.* HIV-positive-to-HIV-positive liver transplantation. *Am. J. Transplant.* <http://dx.doi.org/10.1111/ajt.13824> (2016)