

Chang SK, Hlaing WW, Yu RQ, Lee TW, Ganpathi IS, Madhavan KK. Value of alpha-foetoprotein for screening of recurrence in hepatocellular carcinoma post resection. Singapore Med 2012; 53(1):32-35.

This Singapore team analysed the use of alphafeto protein (AFP) as a screening tool for monitoring recurrence of hepatocellular carcinoma post operative resection. 72 patients were followed up post surgery for up to 7 years. Patients were regularly imaged using CT and concurrent alpha fetaprotein levels recorded.

The study found that only 65.4% of patients with recurrence on imaging had an increased alpha feta protein level. This indicates that exclusive use of alpha feta protein to detect recurrence cannot be advocated, as a significant group will not have an AFP rise even with recurrence. It was found that patients with a higher preoperative AFP level appear at a greater risk of recurrence.

However with only 34 patients in this study developing recurrence the extent to which these results can be applied to general population are limited.

Khayyat YM. Erologic markers of gluten sensitivity in a healthy population from the western region of Saudi Arabia. Saudi J Gastroenterol 2012;18:23-5.

204 people were recruited into this study to assess the prevalence of gluten sensitivity in the general population of Saudi Arabia. Patients attending for blood donation were recruited to the study and IgA Tansglutaminase Antibodies levels measured. 1% of patients were found to have raised levels.

There was no histological confirmation carried out to confirm the diagnosis.

The study appeared to recruit patients from a relatively healthy population which may have led to study bias. The lack of histological confirmation of the diagnosis also limits the interpretation of results. However, the study does appear to indicate Saudi Arabia has a lower prevalence of the disease compared to western studies. Further research may indicate which factors lead to this lower prevalence.

Ramos R, Lustosa S, Almeida C, Silva, Matos D (2011) SURGICAL TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE: total or partial fundoplication? Systematic review and meta-analysis Arq Gastroenterol 2012;4:252-260.

This meta- analysis attempted to compare clinical outcomes for patients receiving partial and total fundoplication in patient suffering from Gastro Oesophageal Reflux Disease. The study looked at 10 trials and covered over 1000 patients. Rates of complications and recurrence were compared between the two groups over at least 2 years. The study found a significantly higher rate of complications in the total fundoplication group. Complications included, dysphagia, and inability to belch.

However the study found no overall difference in treatment success between the two groups. Therefore partial fundoplication appears to be supported on the grounds of a lower rate of complications. The study appeared to be well thought out and covered a relatively large population.

Feldman DE, Chen C, Punj V, Tsukamoto H. Pluripotency factor-mediated expression of the leptin receptor (OB-R) links obesity to oncogenesis through tumor-initiating stem cells. PNAS 2012; 109(3): 829-834.

This study gave a greater insight into the connection between the hormone leptin and tumour initiating stem cells. The study highlighted that expression of the receptor for the hormone leptin is a key characteristic of Tumour initiating stem cells. The study demonstrated the pathway after receptor activation. Receptor activation led to production of transcription factors OCT4 and SOX2 which are both pluripotency associated.

Mouse models were also used. One mouse group was leptin deficient, stem cells were implanted, and growth compared to stem cell growth within the overweight leptin producing mice. The result supported the theory that tumour growth may be linked to the hormone leptin.

This study therefore provides theoretical evidence for the link between obesity and malignancy via the hormone leptin. However this study only involved mouse models and the extent to which

this can be applied to clinical medicine is currently limited.

Said Y, Hamzaoui L, El Jeri K, Debbeche R, Trabelsi S, Moussa A, Bouzaidi S, Salem M, Guermazi S, Najjar T. Prevalence and risk factors of thromboembolic complications in inflammatory bowel disease Tunis Med. 2011; 89(12): 924-28

This interesting study from Tunisia aimed to highlight the prevalence and risk factors for thrombotic events in patients with inflammatory bowel disease. The retrospective study looked at over 250 patients over a 10 year period presenting to one centre. The study found 3.4% of patients had one form of thrombotic event. The events appeared equally spread between crohn's and ulcerative colitis patients.

The most common event was deep vein thrombosis but included jugular vein thrombosis, portal thrombosis and cerebral venous thrombosis. All these events occurred in patients during active disease. Therefore theoretically better control of the disease could lead to reduced morbidity. However, robust trials are needed to gain evidence to support this view

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