

'Optical Biopsy' Safe and Effective for Endoscopy

BY ROBERT FINN
San Francisco Bureau

SAN DIEGO — Two studies presented at the annual Digestive Disease Week indicate that confocal laser endoscopy increases diagnostic yield and is both accurate and safe.

The studies suggest that one day it may be possible to skip a step in the diagnosis and treatment of Barrett's esophagus, Dr. Kerry B. Dunbar said in a news confer-



'One of the great promises of confocal microscopy is that we instantly get a diagnosis.'

DR. DUNBAR

ence. Dr. Dunbar was the senior author of the randomized study and a coauthor of the retrospective study.

In confocal laser endoscopy (CLE), an endoscope is equipped with a microscope that magnifies living cells close to the surface of the GI tract 1,000 times. When used in conjunction with intravenous contrast agents such as fluorescein, acriflavine, and cresyl violet, the microscope allows endoscopists to visualize the abnormal cell growth characteristic of cancerous lesions.

In one study, investigators retrospectively combined the results of 2,102 CLE examinations on 1,771 patients at three academic medical centers. They found the "optical biopsy" technique to be 91% accurate, compared with standard biopsy. Moreover, the technique changed the ini-

Continued from previous page

appearing well before histologic damage.

Dr. Mäki and his colleagues at Tampere and the University of Helsinki identified 23 patients out of 145 consecutive cases who had only intraepithelial lymphocytosis with or without crypt hyperplasia. These 23 patients were randomized either to a gluten-free diet or a normal diet. A year later, clinical, serologic, and histologic exams were repeated. Villous architecture had deteriorated, and symptoms and antibody titers were unchanged in the normal diet group.

Symptoms, antiglutin antibodies, and mucosal inflammation were all significantly reduced in those who restricted gluten, Dr. Mäki said.

Dr. Mäki urged more studies before changing diagnostic criteria, but recommended considering celiac disease in all symptomatic patients and a trial of dietary restriction.

Dr. Green said that until a serum-based diagnostic test was available, intestinal biopsies were likely to remain the diagnostic standard.

Fewer than 5% of Americans with celiac disease have been diagnosed, Dr. Green estimated. "We're all looking for an easier way [than biopsy] to diagnose this disorder." ■

tial diagnosis in 32% of the upper GI examinations and 22% of examinations of the lower GI tract.

The other study was a prospective, controlled, crossover trial in which 36 patients underwent both CLE and standard endoscopy (in random order and separated by 2-6 weeks) to identify areas of dysplasia in Barrett's esophagus. The two techniques uncovered about the same number of sites with high-grade dysplasia, but CLE required 60% fewer mucosal biopsies to do so.

Furthermore, 9 of 15 patients (60%) at high risk of high-grade dysplasia and 14 of 21 patients (67%) undergoing surveillance endoscopy following a Barrett's diagnosis required no mucosal biopsies at all during their CLE procedures, because the investigators detected no suspicious sites.

"One of the great promises of confocal microscopy is that we instantly get a diagnosis: 'Aha, here's the area of dysplasia. I'm going to do a mucosal resection now.' And the patient only gets one sedated

procedure," said Dr. Dunbar of Johns Hopkins University, Baltimore.

Dr. Dunbar said she had no relevant conflicts of interest, but disclosed that one of the investigators in the retrospective study received unrestricted research funding from Pentax, which manufactures a CLE system. The randomized study was funded by the National Institutes of Health and by a research award from the American Society of Gastrointestinal Endoscopy. ■

For acute, painful musculoskeletal conditions...

Prompt, Effective Relief With Minimal Sedation^{1,2}

Prescribe SKELAXIN® TID/QID to help ensure an effective course of therapy

- Fast-acting with rapid improvement in mobility¹
- Onset of action occurs within 1 hour with peak plasma levels reached in as early as 2 hours¹
- Minimal sedation with low incidence of side effects and drowsiness^{1,2}
- Well-established safety and efficacy profile^{1,2}



Give your patients prompt, effective relief with minimal sedation^{1,2}

Prescribe

Skelaxin® 800_{mg}
(metaxalone) Tablets

To learn more about patient education materials and savings offers, please log on to www.kingondemand.com or call 1-866-RXSPASM (1-866-797-7276).

SKELAXIN® (metaxalone) is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomforts associated with acute, painful musculoskeletal conditions. The mode of action of this drug has not been clearly identified, but may be related to its sedative properties. Metaxalone does not directly relax tense skeletal muscles in man.

Important Safety Information

Taking SKELAXIN® with food may enhance general CNS depression. Elderly patients may be especially susceptible to this CNS effect. The most frequent reactions to metaxalone include nausea, vomiting, gastrointestinal upset, drowsiness, dizziness, headache, and nervousness or "irritability."

Please see full Prescribing Information on adjacent page.

References: 1. Gross L. Metaxalone: a review of clinical experience. *J Neurol Orthop Med Surg*. 1998;18(1):76-79. 2. Dent RW Jr, Ervin DK. A study of metaxalone (Skelaxin) vs. placebo in acute musculoskeletal disorders: a cooperative study. *Curr Ther Res Clin Exp*. 1975;18(3):433-440.