Clinical Capsules

Predicting Crohn's Disease

Anti-*Saccharomyces cerevisiae* antibodies may be a marker in predicting future development of Crohn's disease but do not appear to be a marker of genetic susceptibility for the disease, according to two studies.

In 38 serum samples taken from 32 soldiers before they were diagnosed with Crohn's disease, Eran Israeli, M.D., of Hebrew University, Jerusalem, and colleagues reported that 10 tested positive for anti-*S. cerevisiae* antibodies (ASCA) vs. none of 95 control patients. The proportion of patients testing positive increased from 15% more than 60 months before diagnosis, to 37% within 36 months before diagnosis, to 55% after diagnosis. ASCA were present before and after diagnosis in 6 of the 11 patients who had samples after diagnosis. The geometric mean concentrations of ASCA also increased significantly as the time of diagnosis approached. The investigators suggested that it is too early to recommend monitoring of asymptomatic patients who are incidentally discovered to be ASCA positive (Gut 2005;54:1232-6).

A separate study of 98 mono- and dizygotic twin pairs conducted by Jonas Halfvarson, M.D., of Örebro University Hospital (Sweden) and his associates found that ASCA were found in only 1 of 20 healthy twin siblings in monozygotic twin pairs that were discordant for Crohn's disease, compared with 7 of 27 healthy twin siblings in discordant dizygotic pairs. Titers of ASCA were not similar within discordant mono- or dizygotic twin pairs with Crohn's disease, and no independent factors were associated with ASCA titers and zygosity in a multivariate analysis. The findings suggest that "ASCA in healthy family members is a marker of shared environment," the researchers said (Gut 2005;54:1237-43).

Lymphoma Risk in Treatment of IBD

Treatment of patients with inflammatory bowel disease with the immunomodulators azathioprine or 6-mercaptopurine is associated with about a fourfold increased risk of lymphoma, reported A. Kandiel of the Cleveland Clinic and colleagues.

In a metaanalysis of six studies, 11 cases of lymphoma occurred in 3,891 patients with inflammatory bowel disease, compared with an expected number of 2.63 cases based on rates reported by the Surveillance, Epidemiology, and End Results cancer registry; 9 of the cases were non-Hodgkin's lymphoma. By assuming a relative risk of lymphoma of 4, the number of patients needed to be treated with azathioprine or 6-mercaptopurine to cause one additional lymphoma per year ranged from 4,357 persons aged 20-29 years to 355 persons aged 70-79 years. "A conservative interpretation of our data is that IBD patients who receive immunomodulator medications are at higher risk of lymphoma than the general population, and that this increased risk could be due to the medication, disease activity, or both," the investigators wrote (Gut 2005;54:1121-5).

Women Prefer Female Endoscopists

Nearly half of women prefer a female endoscopist for colorectal cancer screening, reported Stacy B. Menees, M.D., and her associates at the University of Michigan, Ann Arbor.

A questionnaire filled out by 202 of 212 women while waiting for their primary care physician (PCP) showed that 43% preferred a woman endoscopist; 69% of these women had a female PCP. Among women with a female preference, 87% were willing to wait more than 30 extra days for a woman and 14% would be willing to pay more for a woman. Overall, 5% of the respondents would refuse to undergo a colonoscopy unless guaranteed a woman. In a multivariate logistic regression analysis, having a female PCP and being currently employed were independent predictors of preferring a female endoscopist. Having previously undergone a colonoscopy was associated with a 61% lower likelihood of preferring a woman (Gastrointest. Endosc. 2005;62:219-23).

Comparisons of Hemorrhoid Removal

Removal of symptomatic third- and fourth-degree hemorrhoids by either hemorroidopexy with the Proximate PPH stapler or hemorrhoidectomy with Liga-Sure bipolar diathermy achieves similar levels of postoperative pain, operative ease, and time until return to normal activities, according to a double-blind randomized study.

Matthias Kraemer, M.D., of the St. Barbara Clinic in Hamm-Heessen, Germany, and his colleagues reported results from a total of 50 patients randomized equally to either therapy. Neither technique had any differences in the duration of operation, immediate complications, or the surgeon's immediate postoperative assessment of the result and ease of the procedure. At weeks 3 and 6 of follow-up, patients did not have any difference in pain scores, satisfaction, level of personal activity, rate of hospitalization, or the time to and mode of their first defecation (Dis. Colon Rectum 2005;48:1517-22).

—Jeff Evans