observed between the groups. The authors speculate that FGID symptoms might result from food intolerance or sensitivity, rather than dietary excess.

Katy Cherry

Original article Saito YA *et al.* (2005) Diet and functional gastrointestinal disorders: a population-based case–control study. *Am J Gastroenterol* **100:** 2743–2748

Oral nicotine therapy for the treatment of inflammatory bowel disease

Some patients with ulcerative colitis have been shown to benefit from transdermal nicotine treatment; however, this approach is associated with adverse events leading to discontinuation of treatment. Fewer adverse events have been recorded with nicotine enemas, but these only reach the left side of the colon.

Nicolon, a new oral formulation, capable of slow, sustained release of nicotine in the colon, has been investigated in an open-label observational study by Ingram and colleagues. In all, 31 patients were included in the study; 26 with ulcerative colitis (11 with active disease and 12 in remission) and 5 with Crohn's colitis (2 with active disease and 3 in remission). Patients were asked to take one 3 mg Nicolon capsule daily for the first 3 days of the study, after which they were asked to gradually increase their dose to the maximum that they could tolerate. Follow-up was carried out on an outpatient basis for up to 12 months.

The maximum daily dose of nicotine tolerated varied greatly, from none ($n = 2$) to at least 18 mg/day ($n = 5$). Nicotine-related adverse events occurred in 24 participants; none were serious, but seven participants discontinued therapy as a result. Six patients with active disease went into remission during the course of the study and three asymptomatic patients developed active disease.

Despite the variation in tolerance of Nicolon in patients with inflammatory bowel disease, the authors conclude that it is potentially a safe treatment, and highlight the need for controlled trials.

Katy Cherry

Original article Ingram JR *et al.* (2005) Preliminary observations of oral nicotine therapy for inflammatory bowel disease: an open-label Phase I–II study of tolerance. *Inflamm Bowel Dis* **11:** 1092–1096

Successful use of cryoablation in the treatment of Barrett's esophagus

The only ablative modality currently approved by the FDA for treatment of Barrett's esophagus is photodynamic therapy, which is associated with adverse events such as chest pain and dysphagia. A safe, effective modality with minimal side effects is desirable. In this pilot study, Johnston *et al.* describe the use of a novel cryoablative device, using liquid nitrogen dispensed at a low pressure (13.7896–27.5792 kPa) through the accessory channel of an upper endoscope.

Of the 11 enrolled male patients (mean age 59 years) with Barrett's esophagus, 9 completed the treatment protocol, receiving an average of 3.6 treatments each (range 1–6). The other two withdrew for reasons not directly related to treatment. All patients received 40 mg rabeprazole three times daily during the treatment period. Cryoablation was applied to 4 cm segments, hemicircumferentially from the most proximal margin, for 20 s, the treated area permitted to thaw, and application repeated immediately. All patients underwent monthly follow-up endoscopy. Mean follow-up was 12 months (range 6–20 months).

Reversal of Barrett's esophagus was seen in all nine patients. Complete histological eradication of Barrett's esophagus was seen in seven patients at the 6-month follow-up; the other two patients had fragments of specialized intestinal metaplasia. No significant adverse events were reported.

Cryoablation is safe, easy to administer, and effective in the treatment of Barrett's esophagus. Although this was a small, uncontrolled, pilot study, the authors believe their success rate is cause for further investigation of the technique.

Katherine Sole

Original article Johnston MH *et al.* (2005) Cryoablation of Barrett's esophagus: a pilot study. *Gastrointest Endosc* **62:** 842–848

Echo-enhanced ultrasound as a diagnostic tool for acute pancreatitis

Spiral CT is the standard imaging modality for the diagnosis of acute pancreatitis, but it is costly and the iodinated contrast medium required is

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