Gastroenterology Elsewhere


Anemia occurs on therapy with interferon (IFN)-ribavirin (RBV) in hepatitis C virus (HCV) infection, and often leads to reduction in drug doses. This study evaluated the efficacy of epoeitin alfa (EPT) in maintaining RBV dose, correcting anemia, and improving quality of life (QOL) in subjects with chronic HCV infection on therapy.

The study had two phases: (i) 8-week, double-blind, randomized, placebo-controlled phase of EPT vs placebo; (ii) 8-week, open-label, modified cross-over phase during which eligible subjects receiving EPT and having hemoglobin (Hb) increase of ≥1 g/dL on EPT, or receiving placebo and either needing reduction in RBV dose due to anemia or with Hb <12 g/dL at end of phase (i) received EPT. Subjects on combination therapy with Hb <12 g/dL were enrolled. EPT dose (40,000 IU once a week) was increased to 60,000 IU per week if Hb did not increase by 1 g/dL after 4 weeks. RBV dose was weight-based and treatment was stopped if Hb fell to <8.5 g/dL.

The first phase included 185 subjects (EPT 93, placebo 92). Two thirds were treatment-naive and nearly 75% had genotype 1. 161 subjects continued into the second phase (79 EPT, 81 placebo).

Mean RBV dose at randomization was similar in the two groups (925 [236] and 948 [231] mg/d); it remained unchanged with EPT treatment but was reduced further after 8 weeks on placebo. More subjects maintained RBV dose on EPT than on placebo (88% vs 60%). Mean Hb increased more with EPT (2.2 [1.3] g/dL) than with placebo (0.1 [1.0]). QOL improved on EPT. EPT was associated with LDL elevation and nausea and headache.

Thus, EPT was effective in maintaining RBV dose, correcting anemia, and improving QOL.


Endoscopic ablation along with antireflux therapy has been used to remove dysplastic epithelium and to replace columnar mucosa by squamous epithelium in patients with Barrett's esophagus (BE). The authors compared photodynamic therapy (PDT) vs argon plasma coagulation (APC) for complete reversal of BE.

Forty subjects with BE of 2-5 cm were stratified according to presence (n=8) or absence (n=32) of low-grade dysplasia. At APC (n=14), two-thirds of circumference of BE was treated at the first session and the remaining 4 weeks later. For PDT, 60 mg/Kg of aminolevulinic acid (ALA) was followed either by single laser illumination with 100 J/cm² 4 h later (PDT 100; n=13) or by fractional laser illumination with 20 J/cm² at 1 h and 100 J/cm² at 4 h (PDT20+100; n=13). All subjects received omeprazole. If macroscopic BE was present at 6 weeks, further ablation was done with APC.

Mean BE area reduction was higher in the PDT20+100 (86%) and APC (93%) groups than in the PDT100 group (51%). Complete reversal was observed in 1/13 PDT100 patients, 4/12 PDT20+100 patients and 5/14 APC patients at 6 weeks. Histological BE was present in 2/8, 1/8 and 3/9 patients, respectively, at 18 mo (p=ns). No subject had dysplasia on follow-up. Subsquamous islands of BE were more frequent after APC at 6 weeks. More subjects with ALA-PDT had pain during treatment, nausea and transient elevation of liver enzymes. One subject died perhaps of arrhythmia 3 d after PDT.

Multiple sessions of APC alone or in combination with ALA-PDT can reverse BE in two-thirds of subjects.


This pilot, placebo-controlled trial assessed the role of sybiotics in changing gut flora and pH, thereby reducing NH₃ levels and improving minimal hepatic encephalopathy (MHE) in patients with cirrhosis.

97 cirrhotic subjects without overt encephalopathy were screened for MHE using psychometric and neurophysiological tests. Of 58 who had MHE (10/29 Child A, 48/68 Child B/C), three were excluded. 55 subjects received coded sachets for 30 days. Sachets for Group A had four non-urease-producing bacterial species (10⁸ colony forming units each) and 10 g of bioactive fermentable fiber, those for Group B had 10 g of fermentable fiber, and those for Group C had 10 g of wheat-based non-fermentable fiber.

After treatment with sybiotics, there was increase in non-urease-producing lactobacillus species and decrease in E. coli and staphylococcus. No change in gut flora was seen in Group C whereas supplementation with fermentable fiber alone also led to increase in bifidobacterium and reduction in E. coli. This was accompanied by increase in proportion of subjects with fecal pH <5.5 in Groups A and B but not in Group C. Mean ammonia and endotoxin levels decreased in Groups A and B. MHE reversed in 10/20 subjects each in Groups A and B, and only 2/15 in Group C. No subject progressed to overt encephalopathy. Child class improved in 8, 5 and 1 subjects in Groups A, B and C.

Thus, sybiotics helped in improving MHE in nearly 50% of cases and were well tolerated.