

Previous Immunosuppression in Rheumatoid Arthritis Patients and Reactivation of Hepatitis B

In a prospective, nonrandomized, noncontrolled study, Tamori and colleagues sought to elucidate the prevalence of hepatitis B virus (HBV) reactivation in patients with rheumatoid arthritis (RA) who had undergone immunosuppression for over 1 year. The study, which was published in the January 18th early online publication of the *Journal of Gastroenterology*, also assessed guidelines for establishing HBV reactivation in RA patients. The study included RA patients with antibodies against hepatitis B core antigen (anti-HBc) who had begun antirheumatic drug therapy; patients who were taking anti-tumor necrosis factor- α (anti-TNF- α) agents were also included. A total of 50 patients were enrolled. Real-time polymerase chain reaction was utilized to measure HBV DNA levels every 2–3 months. Patients with HBV DNA levels above 2.1 log/mL were given entecavir (Baraclude, Bristol-Myers Squibb). After a 23-month mean observation period (range, 12–32 months), 2 of 5 patients with HBV surface antigen (HBsAg) and 1 of 45 patients without HBsAg experienced HBV reactivation. There was a significant reduction in antibodies against HBsAg among patients treated with anti-TNF- α . HBV-associated flares were prevented with entecavir, which was also shown to inhibit HBV amplification. For RA patients whose HBV infection had been resolved, there was a low incidence of HBV reactivation.

Preoperative Infliximab After Restorative Proctocolectomy and Ileal Pouch-Anal Anastomosis

Gainsbury and associates conducted a study in a single-surgeon cohort that was published in the January 19th early online publication of the *Journal of Gastrointestinal Surgery*. The researchers sought to determine the relationship between preoperative use of infliximab (IFX; Remicade, Centocor) for refractory ulcerative colitis (UC) and short-term surgical complications following restorative proctocolectomy and ileal pouch-anal anastomosis (IPAA). The study included patients with UC who had undergone IPAA between September 2005 and May 2009. The investigators retrospectively identified 29 patients who had received IFX treatment within 12 weeks of surgery and 52 control patients. Short-term postoperative outcomes occurring within 30 days of loop ileostomy closure were compared between the 2 groups. Preoperative use of cyclosporine, azathioprine, and high-dose steroids was similar among patients, as were

rates of emergency surgery, hand-sewn anastomosis, and comorbidities. There was a greater likelihood that IFX patients had received steroids, 6-mercaptopurine (6-MP), or methotrexate; had a laparoscopic hand-assisted IPAA; or had failed medical treatment. Both groups had similar overall postoperative and infectious complications. Multivariate regression analysis did not reveal any independent predictors for postoperative complications.

Helicobacter pylori Infection and Economic Status on Growth-related Molecules in Children

As reported in the January 17th early online publication of *Helicobacter*, Ozen and coworkers conducted a study of 4 primary and secondary schools in Istanbul, Turkey to evaluate the effect of *Helicobacter pylori* infection on circulating levels of growth-related molecules (GRMs) in healthy children. Anthropometric indices of their parents and the effect of their economic status (ES) were considered. The effect of *H. pylori* on growth-related parameters (weight-for-age standard deviation score [SDS], height-for-age SDS, body mass index [BMI] SDS, triceps skinfold thickness [TSF], and waist-to-hip ratio) and on GRMs (leptin, ghrelin, and insulin-like growth factor-1 [IGF-1]) was analyzed, controlling for the following factors: age, gender, family income, household crowding, breastfeeding, maternal and paternal BMI SDS, and midparental height SDS. A total of 473 children (275 female, 198 male) ranging from 6 to 15 years of age (mean, 10.3 \pm 0.1 years) were evaluated; 161 (34%) were found to have *H. pylori* infection. A significantly higher prevalence of *H. pylori* was detected in children who were in lower ES groups, living in crowded households, and of older age. No significant associations were found between *H. pylori* infection and growth parameters, although a strong interaction between *H. pylori* infection status and ES was present in complex models for height-for-age SDS and weight-for-age SDS. Among *H. pylori*-positive but not *H. pylori*-negative subjects, children in mid-income families were taller and heavier than those in low-income families. Ghrelin levels were associated with *H. pylori* infection in all models. No parameters were significantly associated with leptin levels in boys, although leptin levels were associated with household crowding in girls. IGF-1 levels were significantly associated with age and maternal BMI for boys and age and household crowding for girls. The study suggests that significant growth impairment due to *H. pylori* may occur only in susceptible children, likely facilitated by unfavorable socioeconomic conditions and potentially through mechanisms involving growth-related molecules.