

Selected Summaries

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For this last issue of 2004, we selected interesting articles from journals and international meeting as follows:

1. Nicholas J. Talley, and Joel E. Richter, The Editors-in-Chief of the American Journal of Gastroenterology emphasized the new rank of the impact factor of their journal. The impact factor was developed to value the worth of their quality which defined as the number of citations of articles from a journal published in the previous two years divided by the number of source items (typically original and review articles) published by that journal during those two years. The majority of journals have an impact factor below 2, indicating a low rate of recent citations. The journals with impact factors above 4 generally are regarded as having a high impact factor, while those above 10 can be considered to be exceptionally well cited. Of 47 gastroenterology journals with an impact factor, their Journal is currently in third place in terms of luminal gastroenterology and endoscopy

articles (after Gastroenterology and Gut), and in sixth place in terms of original research articles in liver disease as in Table 1. [AJG 2004, 99 (October)]

2. From AASLD Meeting 2004 , Nov. 1, Boston, the abstract of John G McHutchinson in topic of Treatment decisions in nonresponders CHC was summarized as follows:

- HALT-C study, which showed the good result of retreatment in nonresponders CHC, using PEG-IFN alpha 2a 180 microgram per week with ribavirin 1000-1200 mg/day. The favorable outcome was seen in the group of previous treatment with IFN monotherapy, genotype 2/3, low HCV-RNA viral load, non-Black population and better adherence of treatment.

- Ongoing researches aim to prevent the disease progression especially fibrosis such as COPILOT study by Afdhal N, *et al.* which use colchicine 0.6 mg two times a day compared with PEG-IFN alpha 2b 0.5 microgram per kilogram per week in nonresponders.

Table 1 Impact factor of the top 10 journals in Gastroenterology and Hepatology

Top 10 Journals in 2003*	Impact Factor
Gastroenterology	12.718
Hepatology	9.503
Seminars in Liver Disease	6.524
Gut	5.883
Journal of Hepatology	5.283
Liver Transplant	4.242
American Journal of Gastroenterology	4.172
Alimentary Pharmacological Therapy	3.529
American Journal of Physiology - Gastroenterology Liver	3.421
Gastrointestinal Endoscopy	3.328

*Out of a total of 47 journals.

The preliminary results showed the better outcome of PEG-IFN alpha 2b at 2 years end points of lower number of OLT patients, death rates, and lower complications rates including variceal bleeding and CPT score change >2 points.

3. The science and politics of propofol (American Journal of Gastroenterology 2004; Nov, 99: 2080) The role of propofol (2-6 diisopropylphenol) in the endoscopy unit is increasing use due to the ultra short acting sedative agent, which was supported by the ACG, ASGE and AGA. However, the American Society of Anesthesiologists still concern the training of gastroenterology nurses in the administration of this medicine. Propofol is lipophilic in nature and prepared in an emulsion form. It is contraindicated in patients with history of allergy to eggs, soybeans, or sulfites.

The duration from injection to the onset of hypnosis is 30-60 seconds and half life ranges from 1.3-4.1 minutes. Dose reduction is necessary in cardiac dysfunction patients and elderly. However, its pharmacokinetics is not significantly changed in moderate liver or renal dysfunction. Loading dose of 20-50 mg with the maintenance dose of 10-20 mg (additional dose) is usually given to maintain the depth of sedation. The largest case series by Walker *et al*, included 9,152 procedures using propofol, showed good outcome with 7 cases of respiratory complications and all of them occurred in patients undergoing upper endoscopy. So, it need to be discussed within the related working group of gastroenterology and anesthesia to set up the best solution for propofol using in GI endoscopy.