# Selected Summary



***Sombat Treeprasertsuk, M.D.***

## 1. The art of the consultation . Lloyd F. Mayer, Associate Editor of Gastroenterology (Gastroenterology ; February 2005;128 )

The author emphasized the trend of subspecialization in gastroenterologists and hepatologists who focus solely on celiac disease, pancreatic disorders, ulcer diseases, inflammatory bowel diseases, inflammatory liver diseases, or gastrointestinal malignancies. This reflected the medicine change in the United States. The growth of the sciences knowledge, providing new information of disease pathogenesis and bring the new therapy of therapy.

The author referred to the lecture of Dr Henry Janowitz, the Chief of Gastroenterology at the Mount Sinai Hospital in New York City which give to all fellows on the art of the consultation. These lectures provided many valuable clinical and functional pearls especially 3 key points 1) always provide new information that is relevant to the patient's care or problem, 2) offer something that is possible to achieve (in Dr Janowitz's words, "Medicine, like politics, is the art of the possible"), and 3) always leave having provided a firm opinion. The author also mentioned that a subspecialist (or supersubspecialist), should be more aware of the old tricks as well as the newest tricks and latest data (often before publication because we attend small specialty meetings and conferences). The subspecialist might provide new factual information but it can't be accessed. The firm opinion was also important and it need more experience in clinical practice. The more commonly used words of evidence-based medicine, might be balanced with the clinical experience because there was no clinical trial ever completely reflects what is happening in an individualized patient. All of these specialists' evidence-based medicine and their clinical experience should be processed in an analytic plan of treatment for the patient's well being. At the end of this article, the author emphasized that the suggestion of approach is the art of the specialist which they need to consider, synthesize, and "always render an opinion". The specialist will always survive if they follows these Janowitz pearls. In Thailand, the trend of clinical practice also swings to the trend of subspecialization which we need to reconsider and discuss for the better clinical practice .

## 2. Monotherapy with pegylated interferon alfa-2b is more affective than combination therapy with the antiviral agent lamivudine for people with chronic hepatitis B infection. (Lancet 2005;365:123-129)

Results of an international , multi-center study done by researchers from Erasmus University Medical Center, (Rotterdam, Netherlands) included 307 HBeAg-positive patients with chronic hepatitis B. They were assigned to either combination therapy (100 g/week pegylated interferon alfa-2b and 100 mg/day lamivudine) or monotherapy (100 g/week pegylated interferon alfa-2b and placebo) for 52 weeks. During weeks 32-52, the pegylated interferon dose was 50 g/week in both treatment groups. The patients were followed up for 26 weeks after stop of treatment.

The study showed 36% of 136 patients assigned monotherapy and 35% of 130 assigned to combination regimen had lost HBeAg at the end of follow-up ($p = 0.91$). More of the combination-therapy than of the monotherapy group had cleared HBeAg at the end of treatment (44% vs 29%; $p = 0.01$), but relapsed during follow-up. The results also showed the importance of hepatitis B virus genotype which used as a predictor of response rate (HBeAg loss) to pegylated interferon alfa-2b treatment ($p = 0.01$) : genotype A, (47%); genotype B, (44%); genotype C, (28%); and genotype D, (25%). So, we suggest to follow the new informa-

*Bangkok Hospital, Bangkok 10320, Thailand*

tion and longterm results of follow up of this study.

### 3. Probiotics: An ideal anti-inflammatory treatment for IBS? (Gastroenterology; March 2005; 128 )

Irritable bowel syndrome (IBS) and probiotics are the common issues to discuss with both the patients and in the research groups. The patients appear to like the idea, and such products are widely consumed. While, the recent research such as a double-blind, randomized, placebo-controlled study in 60 unselected patients with IBS found that flatulence and bloating were the symptom to specifically respond. However, a detailed follow-up study and the issue of underpowered and type II error still be the problems.

The common used probiotics: such as Lactobacillus salivarius and Bifidobacterium infantis which taken each morning for 2 months had shown the favorable properties, including the ability to inhibit colonic inflammation. Patients satisfying, symptom scores for abdominal pain, bloating, and "bowel movement difficulty, quality of life were used for the outcome of treatment. Blood samples before and after treatment for measurement of unstimulated peripheral blood mononuclear cell (PBMC) production of the regulatory cytokines IL-10 and IL-12 during 72 hours of culture are also used for the evaluation of the treatment-result. It is still questionable that the there are missing pieces to this puzzle related to IBS. and probiotics. The researchers need to consider and exclude those patients with extreme psychologic disturbance, whose symptoms would be expected to be less well linked to this treatment choices. Other objective measures such as stool consistency may be included in IBS-diarrhea predominant .

For the GAT member , The American College of Gastroenterology is making plans for an Annual Meeting this year in Honolulu, Hawaii on October 28 - November 2 and inform for the excellent paper and poster presentations which is now accepting abstract submissions only through on-line program at http://www.call4abstracts.com/acg/. The deadline of Wednesday, June 15 at 12:00 noon Eastern Time will be strictly enforced.