Clinical Capsules

Colorectal Screening Goals Unmet

A new retrospective analysis of National Health Interview Survey data underscores the need for physicians to order colorectal cancer screening: Only 17.2% of 12,477 men and women aged 50 and older had undergone a fecal occult blood test in the year before the survey.

The analysis, by Steven S. Coughlin, Ph.D., and Trevor Thompson of the Centers for Disease Control and Prevention, also found that only 33.9% of those surveyed had been evaluated for colorectal cancer during the previous 10 years with either sigmoidoscopy or colonoscopy, the most common screening procedures after the fecal occult blood test (Health Promot. Pract. 2005;6:369-78).

Among survey respondents who had gone to a doctor in the past year but had not had the occult blood test, about 95% reported that their doctor had not recommended one in the past year. African Americans, Hispanics, and American Indians/Alaska Natives were reportedly less likely to have had a recommendation for endoscopy, compared with whites. Of those who did not have a fecal occult blood test in the previous year, 22.9% attributed the oversight primarily to the fact that no doctor ordered the procedure. Similarly, 21.6% of respondents who had not had a sigmoidoscopy or colonoscopy in the past 10 years said it was because their physicians had not ordered the procedures.

FDA Posts Notice on Recall of Enteryx

The Food and Drug Administration's Center for Devices and Radiological Health has posted a new Preliminary Public Health Notification (PPHN), "Recall of Boston Scientific Enteryx Procedure Kits and Enteryx Injector Single Packs for Treatment of Gastroesophageal Reflux Disease (GERD)," on its Web site.

The PPHN informs health care practitioners about the recall and advises them to immediately stop using Enteryx and return unused products to the manufacturer. Specifically, the PPHN advises: "The serious adverse events involve unrecognized transmural injections of Enteryx into structures surrounding the esophagus. Transmural injections can potentially result in death or serious injury. Signs and symptoms of transmural injection can potentially include chest pain, flulike symptoms, pneumonia, atelectasis, reactive pneumonitis, mediastinitis, pneumomediastinum, reactive pleuritis, pleural effusion, pericardial effusion, syncopal episodes, and flank pain."

The full text of the notification is available at www.fda.gov/cdrh/safety/101405-Enteryx.html. The accompanying information for patients, entitled "Advice for Patients with Enteryx for Gastroesophageal Reflux Disease," is available at www.fda.gov/cdrh/medicaldevicesafety/atp/101405-Enteryx.html.

Capsule Endoscopy in GI Bleeding

Wireless video capsule endoscopy in patients with obscure GI bleeding not diagnosed with a conventional work-up provided information that improved health outcomes, a literature review determined.

Kathleen M. Ziegler, Pharm.D., and her colleagues at the Blue Cross Blue Shield Association, Chicago, found that capsule endoscopy identified small-bowel lesions usually beyond the reach of push enteroscopy in 25%-50% of patients; surgical resection of the lesions was either performed or ruled out according to the findings. Capsule imagery provided additional diagnostic findings in 25% of patients, compared with small-bowel barium radiographic studies (JACR 2005;2:818-20).

In one of the studies reviewed—a comparison of capsule endoscopy with small-bowel follow-through—capsule endoscopy yielded diagnostic results in 9 of 20 patients (45%), versus 4 of 20 patients (20%) for small-bowel follow-through (Gastroenterology 2002;123:999-1005).

Liver Enzymes in HIV-HCV Coinfection

Hepatitis C virus coinfection in patients with HIV leads to more episodes of liver enzyme elevation and increases the number of days antiretroviral therapy must be withdrawn due to elevated liver enzymes, a retrospective study at a Spanish hospital has shown.

Julian Olalla Sierra, M.D., of the Hospital Costa del Sol, Marbella, Spain, and colleagues followed 145 patients who had visited the HIV infection unit of a Madrid hospital. All were on highly active antiretroviral treatment (HAART) and developed liver enzyme elevation (LEE) grade 3 or 4 (Eur. J. Intern. Med. 2005;16:405-7).

The researchers compared patients with and without HCV coinfection; they concluded that HCV leads not only to a greater number of episodes of LEE, but also to a greater number of days (58 vs. 5) that the patient must be off HAART. A total of 38 patients with coinfection had 104 episodes of LEE grade 3, compared with only 7 episodes in 3 patients without coinfection.

—Randall Frey