News in brief...

■ **A single bolus injection of IV somatostatin may be useful in preventing pancreatitis** in patients undergoing endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic sphincterotomy, say researchers in Spain. They explain that pancreatitis commonly develops after ERCP. 160 patients undergoing ERCP, with or without endoscopic sphincterotomy, were evaluated in this study. All patients received sedation and prophylactic antibacterials and were then randomised to receive a single IV bolus of somatostatin 4 μg/kg (on identification of the papilla and before introduction of the catheter), or placebo. The incidence of pancreatitis that required a prolonged stay in hospital was significantly lower among somatostatin, compared with placebo, recipients (2 *vs* 8 patients, respectively). However, there were no significant between-group differences in the levels of serum lipase or amylase elevation after ERCP.

Bordas JM, et al. Effects of bolus somatostatin in preventing pancreatitis after endoscopic pancreatography: results of a randomized study. Gastrointestinal Endoscopy 47: 230-234, Mar 1998 800659327

■ **Foscarnet and ganciclovir have similar efficacy** for induction therapy of AIDS-related CMV oesophagitis, say researchers in Italy. This multicentre study involved 23 evaluable patients with AIDS and endoscopically confirmed cytomegalovirus (CMV)-associated oesophagitis. They were randomised to receive twice-daily IV ganciclovir 5 mg/kg (n = 11) or foscarnet 90 mg/kg for 21 days (during which didanosine and zidovudine were discontinued) and blood samples were obtained at baseline and at the end of treatment. Signs and symptoms of CMV infection were recorded at weekly intervals and endoscopy was repeated 3 days after the end of treatment. At that time, endoscopic improvements were seen in 73 and 70% of foscarnet and ganciclovir recipients, respectively. 82 and 80% of patients in the respective groups had complete or 'good' relief of oesophageal symptoms. 11/13 patients who had CMV-positive blood at baseline seroconverted after treatment (6 foscarnet and 5 ganciclovir recipients).

Parente F, et al. Treatment of cytomegalovirus esophagitis in patients with acquired immune deficiency syndrome: a randomized controlled study of foscarnet *versus* ganciclovir. American Journal of Gastroenterology 93: 317-322, Mar 1998 800659266

■ **Three years of growth hormone 0.2 IU/kg/day achieves target heights in prepubertal short children** born small-for-gestational age, say researchers from the Nordic Multicentre trial. In this open-label study, 48 such children (2–8 years of age) received either no treatment (n = 12) or recombinant human growth hormone ['Genotropin'] 0.1 IU/kg/day (16) or 0.2 IU/kg/day (20), for 24 months.* None of the untreated children demonstrated growth acceleration during the 2-year follow-up, while in both treatment groups attained height had increased and there was a decrease in the difference between individual height standard deviation scores (SDS) and mid-parental height SDS. The dose of growth hormone, followed by chronological age at the start of treatment and family corrected individual height deficit were the major determinants of growth, note the researchers.

** The study was partially supported by Pharmacia & Upjohn.*

Boguszewski M, et al. Growth hormone treatment of short children born small-for-gestational age: the Nordic Multicentre Trial. Acta Paediatrica 87: 257-263, Mar 1998 800659428

■ **Administering sertraline during the luteal phase of the menstrual cycle** may be a *'viable treatment'* for premenstrual dysphoric disorder, report researchers from the US. In this crossover study, women with premenstrual dysphoric disorder* received sertraline 50 mg/day, or placebo, from day 15 of their cycle to the first day of menses for 2 cycles. After 1 washout cycle, the women received the alternative agent for another 2 cycles. During the luteal phases of the treatment periods, COPE scores were significantly higher with placebo, compared with sertraline, administration. The researchers comment that their study is the first to assess the effect of treatment with a serotonin selective reuptake inhibitor during the luteal phase of the menstrual cycle.

** The women were initially assessed for 2 menstrual cycles and those with an overall Calendar of Premenstrual Experiences (COPE) score that was 30% greater during the last 7 days of the cycle compared with the first 7 days of the cycle were included in the study.*

Young SA, et al. Treatment of premenstrual dysphoric disorder with sertraline during the luteal phase: a randomized, double-blind, placebo-controlled crossover trial. Journal of Clinical Psychiatry 59: 76-80, Feb 1998 800659720