Table 1 Factors associated with hepatocarcinogenesis (multivariate analysis)

	RR (95% CI)	p Value
Age (years)		
≤65	1	<0.001
>65	1.964 (1.436 to 2.685)	
Sex		
F	1	0.001
M	1.675 (1.242 to 2.259)	
Average integration value of ALT (IU/l)		
0–20	1	<0.001
21–40	3.845 (1.117 to 13.298)	0.033
41–60	4.050 (1.206 to 13.597)	0.024
61–80	9.125 (2.789 to 29.857)	<0.001
≥81	18.838 (5.735 to 61.881)	<0.001
Platelets ($\times 10^4/\text{mm}^3$)		
≥12.0	1	<0.001
<12.0	3.277 (2.435 to 4.409)	
ALP (IU/l)		
≤338	1	0.003
>338	1.590 (1.167 to 2.166)	
Cholinesterase (IU/l)		
≥431	1	0.006
<431	7.856 (1.824 to 33.830)	
Albumin (g/dl)		
≥3.5	1	<0.001
<3.5	2.901 (1.973 to 4.266)	
IFN treatment		
No treatment	1	0.015
Non-SVR	0.891 (0.429 to 1.851)	0.395
SVR	0.537 (0.349 to 0.827)	0.005

ALP, alkaline phosphatase; ALT, alanine aminotransferase; F, female; IFN, interferon; M, male; SVR, sustained virologic response.

- Male sex (1.515 (1.138 to 2.018); $p = 0.004$);
- HCV genotype 2 (1.452 (1.003 to 2.102); $p = 0.048$);

Figure 1 Incidence of hepatocarcinogenesis according to the average integration value of alanine aminotransferase (ALT). Patients were classified into five groups according to the average integration value of ALT: group A, 0–20 IU/l; group B, 21–40 IU/l; group C, 41–60 IU/l; group D, 61–80 IU/l and; group E, ≥81 IU/l. With the exception of group B vs group C, group C vs group D and group D vs group E, the cumulative incidence of hepatic carcinogenesis differed significantly between the five groups ($p = 0.0020$ to <0.001).

- High average integration value of ALT (group B (4.977 (1.541 to 16.075); $p < 0.001$); group C (8.598 (2.690 to 27.486); $p < 0.001$); group D (14.989 (4.674 to 48.062); $p < 0.001$); group E (25.358 (7.940 to 80.985); $p < 0.001$), fig 1);
- High aspartate aminotransferase level >40 IU/ml (3.283 (2.272 to 4.745); $p < 0.001$), low platelet count $<12.0 \times 10^4/\text{mm}^3$ (5.214 (3.953 to 6.877); $p < 0.001$);
- Low prothrombin time level $\leq 70\%$ (2.575 (1.760 to 3.768); $p < 0.001$);
- High γ glutamyl transpeptidase level >56 IU/ml (2.615 (1.990 to 3.438); $p < 0.001$);
- High total bilirubin level >1.2 mg/dl (1.990 (1.279 to 3.098); $p = 0.002$);
- High alkaline phosphatase level >338 IU/ml (3.126 (4.604 to 74.783); $p < 0.001$);
- Low cholinesterase level <431 IU/ml (18.555 (4.604 to 79.783); $p < 0.001$);
- High total protein level ≥ 6.5 g/dl (1.775 (1.065 to 2.958); $p < 0.001$);
- Low albumin level <3.5 g/dl (4.881 (3.341 to 6.945); $p < 0.001$);
- Low total cholesterol level <130 mg/dl (11.925 (1.671 to 85.085); $p < 0.001$);
- Type of response to IFN treatment (sustained virologic response, 0.142 (0.074 to 0.273) $p < 0.001$; non-sustained virologic response, 0.403 (0.260 to 0.601); $p < 0.001$).

According to multivariate analysis, increasing age, male sex, low platelet count, high

average integration value of ALT, low cholinesterase level, low albumin and type of response to interferon treatment were significantly associated with the incidence of HCC as shown in table 1.

We showed that increased liver inflammation, as assessed by increased ALT level, is associated with increased risk for development of HCC in patients with HCV infection.^{4–6} The average integration value of ALT, even within the current normal range, was strongly associated with the cumulative incidence of hepatocarcinogenesis. Inhibition of ALT to a value as low as possible is necessary for the prevention of hepatic carcinogenesis.

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BOOK REVIEWS

Upper Gastrointestinal Surgery

Edited by Fielding JW, Hallisey MT, Lumley J. Published by Springer, Berlin, 2005, £115.50 (hardback), pp 396. ISBN 1852336072

In the rapidly developing field of upper gastrointestinal surgery, there is often a need for access to short synopses of areas of development without the need to resort on every occasion to a literature search or standard text. This concise book brings together a selection of internationally acknowledged experts to provide such a text. The areas covered provide a rapid review of topics which would be of particular interest to specialist

registrars and also, to a certain extent, for consultants in the field.

The challenges for the editors of such a series are not inconsiderable. The formula used is to present the anatomy and physiology of the oesophagus, stomach, small bowel and spleen, and then go on to summarise the main features of benign, high risk and malignant disease of those organs. The role and current status of radical surgery, chemotherapy and radiotherapy of these tumours are also summarised. In addition, there are dedicated chapters on the epidemiology of the cancer of the gastro-oesophageal junction, stromal tumours, lymphomas, endoscopy and imaging. Health Promotion Board topics have been deliberately excluded.

The simple layout and clear presentation make it easy to read and offer a quick source of reference. The text will ensure a safe level of basic knowledge for the specialist trainee, but it is beyond the scope of such a book to provide the deeper knowledge required by the specialist in the field. Inevitably, there is some overlap in the content of the different chapters and one must perhaps question the need for basic anatomy and physiology, bearing in mind the specialist audience for which it is intended. However, some areas often not covered by other texts, including sections on the spleen, diaphragm and epidemiology, offer useful sources of information.

The illustrations, in particular of the radiology, are clear, but unfortunately cost constraints have limited the usefulness of endoscopic views, and illustrations of operative specimens in black and white are disappointing.

Furthermore, some spelling inconsistencies, in particular oesophagus ("oesophagus" and "esophagus") should also have been harmonised, but inevitably reflects the international contributors.

N Theodorou

Challenges in Inflammatory Bowel Disease, 2nd Edition

Edited by D P Jewell, N J Mortensen, A H Steinhart, J H Pemberton, B F Warren. Published by Blackwell, Oxford, 2006, \$129.95 (hardback), pp 400. ISBN 13:978-1-4051-2234-4

There are many challenges facing a gastroenterologist managing patients with inflammatory bowel disease (IBD), not least keeping up with the pace of research into the genetic and immunological basis of the disease and into novel therapeutic paradigms, which must be weighed against tried and tested treatments. There are many texts that cover all aspects of the aetiology, epidemiology and management of

IBD. Those interested in IBD will often find these lengthy books cumbersome to read and be rewarded with few nuggets of interest for their effort. *Challenges in inflammatory bowel disease* is unique in that it is not designed to be comprehensive in scope; instead it contains a series of in-depth reviews of specific subjects, which the editors feel are of particular relevance.

It has now been 5 years since the first edition of this excellent text, and as before, it is divided into sections on aetiology, diagnosis/assessment and management, with a final section on special situations such as growth retardation, osteoporosis and IBD in pregnancy. Given the pace of research over the past 5 years there can be no doubt of the need for an updated version, and it is certainly thought-provoking to browse the index and identify the areas where progress has been made as well as those in which we face the same challenges as we did 5 years ago.

An obvious advance has been the identification of Crohn's disease susceptibility genes and their function. This has highlighted the importance of the interaction between the intestinal microbiota and the innate immune system in the initiation and regulation of mucosal inflammation. This theme runs through chapters on the genetics of IBD, the role of pattern recognition receptors in microbial sensing and the potential therapeutic benefit of manipulating the intestinal microbiota. The use of infliximab in Crohn's disease is carefully reviewed with an excellent question and answer section covering areas of controversy. Some chapters are relatively speculative, such as the role of the appendix in ulcerative colitis. Others are more didactic, including the clear reviews of the management of refractory distal colitis and surgery in both ulcerative colitis and Crohn's disease.

Certain aspects of the book have changed little, such as the impressive range of international experts who have contributed, and the careful balance between scientific mechanisms and clear evidence-based discussions on managing complex disease. Each chapter is designed to be read in isolation and represents a comprehensive review of the subject with extensive references. They cannot be read in 5 minutes, but at the end of each, the reader will have a clear understanding of the area covered based on the most recent evidence available.

In summary, this book will appeal to all those with an interest in IBD and a desire to explore the latest evidence driving both scientific research and clinical practice. Its strength is that it is limited to areas of controversy and change, and as such will undoubtedly run to many more editions.

James Lindsay

Clinical Dilemmas in Inflammatory Bowel Disease

Edited by P M Irving, D S Rampton, Fergus Shanahan. Published by Blackwell Publishing, Oxford, 2006, \$59.95, pp 248. ISBN 978-1-4051-3377-7

Ulcerative colitis and Crohn's disease never cease to fascinate those of us whose professional life is continually challenged by their heterogeneity, their complex aetiology and pathogenesis, and the management issues that frequently stretch clinical skills to the limit. For all of us, but especially perhaps for those in training, the rapid developments in genetics, mucosal immunology, new diagnostic techniques, new treatments, new surgical outcomes and improved outcomes are all tremendously exciting. Thus, weekly clinical meetings to discuss the problems of individual patients, especially in a multidisciplinary context, are always stimulating. This volume is based on such meetings held at St Bartholomew's and the Royal London Hospitals. It contains 64 short chapters contributed partly by those who would have taken part in these meetings and also by many national and international clinicians of repute. Inevitably, when so many topics are covered, the quality varies from chapter to chapter. Some are too brief, provide little new information or new insights, and are rather superficial. Others discuss important issues very well; I particularly enjoyed the chapter on managing inflammatory bowel disease in the context of hepatitis B and C, and the pithy and informed reviews on probiotics, heparin and the role of stress, which will be of value to all doctors (and surgeons) managing these diseases. I am sorry that surgical dilemmas are largely ignored (but there is a good account of pouch surgery for colitis not yet classified—the new term for indeterminate colitis). This omission perhaps detracts from the overall value of the book. Both diseases still require joint medical-surgical care for optimal outcome and it is vital that each appreciates the clinical advances, challenges and dilemmas of the other discipline.

That said, this volume will provide a useful synopsis and introduction to the literature for many of the problems that are encountered on a daily basis whether in the clinic or on the ward. For junior staff, electronic access to provide immediate access to information would be of great value.

D P Jewell