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1. [Arch Surg.](#) 2009 Dec;144(12):1127-32.

### **[Endolaparoscopic approach vs conventional open surgery in the treatment of obstructing left-sided colon cancer: a randomized controlled trial.](#)**

[Cheung HY](#), [Chung CC](#), [Tsang WW](#), [Wong JC](#), [Yau KK](#), [Li MK](#).

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Comment in: [Arch Surg.](#) 2009 Dec;144(12):1132.

**OBJECTIVE:** To compare self-expanding metal stents with emergency open surgery in the treatment of obstructing left-sided colon cancer. **DESIGN:** A randomized controlled trial. **SETTING:** An acute care hospital. **PATIENTS:** Adult patients with an obstructing tumor between the splenic flexure and rectosigmoid junction. **MAIN OUTCOME MEASURES:** Successful 1-stage operation, cumulative operative time, blood loss, hospital stay, pain score, and postoperative complications. **RESULTS:** Forty-eight patients were analyzed. Twenty-four underwent endoluminal stenting followed by laparoscopic resection and 24 underwent emergency open surgery. The 2 groups were matched for age, sex, body mass index, and disease staging. Patients in the endolaparoscopic group had significantly less cumulative blood loss and lower pain, incidence of anastomotic leak, and wound infection. Significantly more patients in the endolaparoscopic group had a successful 1-stage operation performed (16 vs 9,  $P = .04$ ). None of the patients in the endolaparoscopic group had a permanent stoma compared with 6 patients in the emergency open surgery group ( $P = .03$ ). **CONCLUSIONS:** Self-expanding metal stents serve as a safe and effective bridge to subsequent laparoscopic surgery in patients with obstructing left-sided colon cancer. This endolaparoscopic approach makes a 1-stage operation more feasible, is associated with reduced incidence of stoma creation, and allows patients with malignant large-bowel obstruction to enjoy the full benefit of minimally invasive surgery. Trial Registration clinicaltrials.gov Identifier: NCT00654212.

PMID: 20026830 [PubMed - indexed for MEDLINE]

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- [ClinicalTrials.gov/NCT00654212](http://ClinicalTrials.gov/NCT00654212)

2. [Nippon Rinsho](#). 2009 Dec;67(12):2284-90.

**[\[Diagnosis of H. pylori infection in children\]](#)**

[Article in Japanese]

[Nakayama Y](#), [Hidaka N](#), [Kato S](#), [Horiuch A](#), [Koike K](#).

Department of Pediatrics, Shinshu University School of Medicine.

There are two types of diagnostic tests used to detect H. pylori infection: non-invasive and invasive in children. Non-invasive tests include the urea breath test, stool antigen tests, and blood or urine serologic assays which detect the presence or absence of infection. The urea breath test and stool antigen test have adequate sensitivity and specificity in children and recommended to detect active H. pylori infection before and after eradication therapy. Invasive tests include the performance of upper gastrointestinal endoscopy with gastric biopsy. The histopathology can determine both presence or absence of infection and the extent and severity of mucosal injury (i.e., disease). Culture of gastric tissue has 100% specificity and the antimicrobial susceptibility test is available. Non-invasive tests are developed for use in children, the use of upper gastrointestinal endoscopy with gastric biopsy remains the diagnostic strategy of choice in symptomatic children.

PMID: 19999113 [PubMed - indexed for MEDLINE]

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3. [Am J Med](#). 2009 Dec;122(12):e1.

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[Kupec JT](#), [Goebel SU](#).

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