Liver transplantation 'a valid option' for HIV-infected patients with hepatocellular carcinoma

Liver transplantation for hepatocellular carcinoma is feasible for HIV-infected patients, with no differences in post-transplant survival or hepatocellular carcinoma recurrence rates compared with liver transplantation for hepatocellular carcinoma in HIV-uninfected patients (Di Benedetto et al, 2013).

The study, led by Dr. Fabrizio Di Benedetto, Associate Professor of Surgery, University of Modena and Reggio Emilia, Modena, Italy, represents the largest multicentre study of liver transplant for hepatocellular carcinoma in HIV-infected patients to date.

Researchers evaluated post-transplant outcomes in 30 HIV-positive patients and 125 HIV-uninfected patients who underwent liver transplantation for hepatocellular carcinoma at three transplantation centres in northern Italy between 2004 and 2009.

Two patients in the HIV-positive cohort (6.7%) and 18 uninfected patients (14.4%) experienced a recurrence of hepatocellular carcinoma during the follow-up period of approximately 32 months (P=0.15). Overall survival was similar for HIV-infected and -uninfected patients at 1 year (77% *vs* 86.4%) and 3 years (65% *vs* 70%), respectively, after liver transplantation (P=0.32).

'The key message of this study is that liver transplantation is a valid option for hepatocellular carcinoma treatment in HIV-infected patients,' said the authors. 'We suggest that HIV-infected patients must be offered the same liver transplant options for hepatocellular carcinoma treatment currently provided to HIV-uninfected subjects.'

Di Benedetto F, Tarantino G, Ercolani G et al (2013) Multicenter Italian experience in liver transplantation for hepatocellular carcinoma in HIV-infected patients. *The Oncologist* **18**(5): 592–9

Infants born to vaccinated mothers may lose initial measles immunity sooner than others

A Dutch study suggests that infants born to mothers who received the measles-mumps-rubella (MMR) vaccine lose their initial immunity to measles – acquired from their mothers – sooner than infants born to mothers who were naturally infected with measles (Waaijenborg et al, 2013).

The findings support earlier measles vaccination of infants where risk of exposure to measles is high, and infants who will be travelling to areas where measles is still endemic.

In the Netherlands, measles vaccination of young children was introduced in 1976 and the combined MMR vaccine was introduced in 1987. However, a portion of the Dutch population refuses vaccination based on religious beliefs, and endemic measles, mumps, and rubella outbreaks still occur in the country.

Dr Sandra Waaijenborg and colleagues from the National Institute of Public Health and the Environment in the Netherlands studied the duration of protection against measles, mumps, and rubella by comparing antibody levels in infants in the general Dutch population with those of infants in orthodox protestant communities, where more mothers refuse vaccination, in 2006–7.

The investigators studied blood samples from randomly selected Dutch infants and women of childbearing age and measured the concentration of antibodies against viruses, comparing them against a level that is considered protective against infection. They then compared antibody levels of the general population with those of the orthodox protestant community, where vaccination rates are low and outbreaks of measles, mumps, and rubella have been reported recently.

The duration of protection by passive immunity was shorter for infants born to mothers who received MMR vaccine than for infants born to mothers from a low vaccine coverage population. Duration of protection from measles was almost 2 months shorter for infants in the general public than for infants in the orthodox protestant communities.

Waaijenborg S, Hahné SJM, Mollema L et al (2013) Waning of maternal antibodies against measles, mumps, rubella, and varicella in communities with contrasting vaccination coverage. *J Infect Dis* 8 May (Epub before print)

Bigger birthweight babies at greater risk of autism

Babies whose growth is at either extreme in the womb are at greater risk of developing autism, according to new research published in the American Journal of Psychiatry. It is the first clear link between babies who grow to above average size at birth and risk of autism spectrum disorder.

Targeted therapy for irritable bowel syndrome with constipation

Linaclotide (Constella) is available for the symptomatic treatment of moderate to severe irritable bowel syndrome with constipation in adults. Linaclotide is a first in class guanylate cyclase-C agonist that treats abdominal pain or discomfort, bloating and constipation. It has a dual mechanism of action and acts locally in the gastrointestinal tract.

Voriconazole powder and solvent for solution for infusion

Voriconazole (Vfend) solution is now available as an all-in one boxed kit for accurate reconstitution of the drug. A vial adapter and pre-filled solvent bag with a specific connector allows sterile, without the use of needles withdrawal of the reconstituted drug.