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Reply
sir.—We thank Dr Guslandi for his comments about
an impairment of the gastric mucus — bicarbonate
barrier as a pathogenic factor in erosive gastritis. They 1
and Nesland and Berstad 2 found that acid
secretion was within the normal range of healthy
controls in patients with erosive gastritis of the
antrum. We found that erosive gastritis was asso-
ciated significantly more frequently with large acid
secreting areas. We previously found a significant
correlation between the extent of acid secreting areas
and MAO. In fact, we found that gastric acid output
in patients with erosive gastritis was high, and the
same as in duodenal ulcer patients. Moreover, Sata 3
also reported acid hypersecretion in patients with
erosive gastritis. Although I agree that pirenzepine
has acid inhibiting activity and strengthening activity
of the mucosal protective factors, it seems to me that
acid hypersecretion has a more important role in
pathogenesis of this disease.

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chronic antral erosions. Hepato-Gastroenterol 1986; 33:
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Gastric cytoprotection by colloidal bismuth subcitrate
(De-Nol) and sucralfate. Role of endogenous
prostaglandins
sir.—We read with interest the studies of Konturek
SJ et al (Gut 1987; 28: 201–5). There are however
some important issues we would like to raise.

We continue to emphasise that the macroscopic
assessment of gastric mucosal injury without any
histological corroboration is both misleading and
incorrect. 1 The importance of histology has been
reported in the gastric mucosal injury by aspirin 2
and ethanol. 3 In the latter study, the theory that
prostaglandins achieved complete cytoprotection of
the gastric mucosa against injury by absolute ethanol
was proved incorrect when microscopic studies of
the cytoprotected uninjured gastric mucosa 1 revealed
extensive surface mucosal injury. Do De-Nol and
sucralfate prevent gastric surface cell injury? With-
out histology this important question is unanswered.

Another possible explanation of the data is that
De-Nol and sucralfate induce a thick layer of mucus
on the surface of the gastric mucosa — with the result
that oral aspirin or ethanol does not reach the gastric
mucosa. The measurement of serum salicylate and
ethanol concentrations would solve this dilemma.

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London.

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Future requirements for colonoscopy in Britain
sir.—This report by the Endoscopy Section Com-
mittee of the British Society of Gastroenterology is
indeed timely (Gut. 1987; 28: 772–5). The diagnostic,
therapeutic and surveillance indications for colonos-
copy are clearly defined and we would not dispute but
that the estimated requirements of about 160 colonos-
copies per 100 000 population per year is a con-
servative one. Irrespective of the indication for
colonoscopy, implicit in carrying out this procedure is
the need to do biopsy; indeed most colonoscopic
Gastric cytoprotection by colloidal bismuth subcitrate (De-Nol) and sucralfate. Role of endogenous prostaglandins

P H Rowe, P R Taylor and R C Mason

Gut 1987 28: 1322
doi: 10.1136/gut.28.10.1322-a

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