References


Sigmoid motility recording

SIR—Dr Trotman and Misiewicz (Gut 1988; 29: 218–22) show an improved technique of sigmoid motility recording. The recording tips were placed by colonoscope 25, 35, 45, and 55 cm and confirmed radiographically, so that the entire sigmoid was recorded, an improvement over older studies where the tips were placed by rigid sigmoidoscope. Also, the subjects were examined 18 hours after cleansing and colonoscopy so the effects of these disturbances could be minimised. It never seemed logical to attach much credence to studies on the lower part of the freshly prepared sigmoid and extrapolate the results to the rest of the sigmoid or colon.

Laudable though these improvements may be, however, little can be concluded from the study comparing pre- and postprandial mean maximal amplitude, per cent duration of activity and motility index in diverticular disease, irritable bowel syndrome and controls. First, the subjects are unequal in numbers (6, 20, and 13), age and sex. More importantly, we are given too little information on the patients. The six diverticular disease patients were said to have ‘recent symptoms related to diverticular disease’. Does this mean they had peridiverticulitis or abscess? If not, in the light of studies which show the minority of patients with uncomplicated diverticular disease have symptoms and that these are features of the irritable bowel syndrome, how are these results to be interpreted?²

Of the 20 IBS patients, eight had constipation, four diarrhoea, seven alternating constipation and diarrhoea, and one was normal. We need to know more. Would all agree that these subjects had the irritable bowel syndrome, even the one with normal bowel habit? If so many would expect that those with diarrhoea would have a colon motility pattern distinct from those with constipation. The statement ‘correlation between the various symptoms of the IBS and the motility index were not apparent’ is not sufficient.

The correlation of symptoms to events in the gut is rarely achieved, and even then one cannot be sure whether the event is primary or secondary. Thus, studies that seek to define the physiological correlates of IBS symptoms must rigorously define the patients they are studying, stratify them for specific symptoms, and attempt to attach temporal relationships between the events and the symptoms. If we are to improve our understanding of the pathogenesis of IBS symptoms and diverticular disease, advances in technology must be accompanied by more sophisticated definition of the subjects studied.

W G THOMPSON

Digestive Disease Research Group, Division of Gastroenterology, Ottawa Civic Hospital, University of Ottawa, 1053 Carling Ave, Ottawa, Ontario, Canada, K1Y 4E9.

References


Reply

SIR—We thank Dr Thompson for his interest in our recent paper. As he rightly points out, this is the first systematic study of intraluminal pressure (IP) in the human sigmoid colon. Previously published reports claiming to show IPs measured in the sigmoid have, we believe, mostly come from recordings made only in the rectum. Our paper sets out to describe a reliable method of placing pressure sensitive catheters in the sigmoid colon and the results presented should be viewed as preliminary findings. From the numbers studied it is clearly not possible to make definitive statements about sigmoid motility in either diverticular disease or the irritable bowel syndrome. None the less, the results are particularly interesting because of the very high amplitude pressures that were found, with values many times higher than appears anywhere in the published literature pertaining to
Sigmoid motility recording.

W G Thompson

*Gut* 1988 29: 1290-1291
doi: 10.1136/gut.29.9.1290

Updated information and services can be found at:
http://gut.bmj.com/content/29/9/1290.1.citation

*Email alerting service*

These include:
Receive free email alerts when new articles cite this article.
Sign up in the box at the top right corner of the online article.

*Notes*

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/