the appreciable differences seen in the results.

The studies of Lauritzen et al., with faecal dialisates reflect only the intraluminal concentrations but provide no information about the intramucosal situation with them. The information that results from both types of studies, however, can be complementary.

Finally, we totally agree that the very low mucosal concentrations of 5-ASA after Saag Riedel’s thyroiditis and retroperitoneal fibrosis, and sclerosing cholangitis: diseases with one pathogenesis?

EDITOR.—We have read the case report on multifocal fibrosis by Laitt et al (Gut 1992; 33: 1430–2) and agree that the combination of Riedel’s thyroiditis with retroperitoneal fibrosis as well as sclerosing cholangitis is very rare. We have recently collected from world-wide studies 14 reports on the 14 patients with both Riedel’s thyroiditis and retroperitoneal fibrosis and suggested a common pathogenetic mechanism.

In their article Laitt et al state that ‘Bartholomew noted an association of Riedel’s thyroiditis, sclerosing cholangitis and retroperitoneal fibrosis in the same patient.’ This is not correct. In the article by Bartholomew et al not one but two patients were described; one with sclerosing cholangitis and retroperitoneal fibrosis and the other with Riedel’s thyroiditis and sclerosing cholangitis. This last patient, by the way, is the same patient as described by Woolner et al (reference 7 in the article by Laitt).

The patient described by Laitt et al is therefore not the third, but the second reported in published works with this triad of organ involvement. The only other patient was described twice, not only by Gleeson et al (reference 2 in the article by Laitt) but once again with a longer follow up in an article by Katsikas from the same hospital in 1976.

WINK A DE BOER
Department of Internal Medicine, Sint Joseph Ziekenhuis, Postbus 7777, 5500 MB Veldhoven, The Netherlands


Riedel’s thyroiditis,retroperitoneal fibrosis, and sclerosing cholangitis: diseases with one pathogenesis?

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Department of Internal Medicine, Sint Joseph Ziekenhuis, Postbus 7777, 5500 MB Veldhoven, The Netherlands


Reply

E Elias and R Laitt

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