LETTERS TO THE EDITOR

Endoscopic injection therapy

EDITOR,—It is now very clear that endoscopic injection therapy has become established as an effective treatment for peptic ulcer haemorrhage. As Rutgeerts et al state (Gut 1993; 34: 348-50). The success rate of this therapy is significant and the agents used are effective. However, the optimal agents are still unclear but we suggest that the combination of adrenaline-polidocanol is effective in achieving haemostasis.

In this study, the patients received the adrenaline-polidocanol combination and achieved haemostasis in a state of shock compared with the sham endoscopy and ethanol treated groups. This well might account for the fact that patients who rebled in the sham group were subsequently effectively treated with adrenaline-polidocanol. The results are encouraging but the finding that patients who rebled in the sham group were subsequently effectively treated with adrenaline-polidocanol combination. This is surprising if this form of injection therapy was indeed ineffective. While we dispute the conclusions of this paper, we do agree that further studies at different injection regimens are necessary but we would like to emphasise that studies should include adequate numbers of matched patients.

R. PALMER
Gastro-intestinal Unit, Western General Hospital, Edinburgh EH4 2XU

Reply to both letters

EDITOR,—The comments of Choudari and Palmer concerning our recent paper are interesting. In the design of a trial the calculation of the sample size is extremely important. In this paper the number of patients was based on two assumptions: (1) an average 50% reblooding rate of non-bleeding vessels reported in published works; (2) the inclusion of a control group, which decreases the number of patients needed in a study comparing two treatment methods. Based on statistical prediction 25 patients in each treatment group seemed sufficient. From a statistical point of view significance achieved with low patient numbers carries more power than when large patient groups are necessary to show an effect. Also, to our surprise, the efficacy of adrenaline-polidocanol injection in this study was lower than in other trials.

There were indeed more patients with severe bleeding in the adrenaline-polidocanol group. The difference was not significant, but this might explain the lower efficacy. We do believe that adrenaline-polidocanol is effective but it is not shown by this study. The data are as they are and we feel that it is important that they are reported as such. It might be interesting to perform meta analysis on all the results reported on adrenaline-polidocanol therapy of non-bleeding vessels in gastroduodenal ulcers.

P. RUTGEERTS

Department of Surgery, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL


In the preface, the three editors of this new book on hepatobiliary diseases review recent developments in molecular biology which have had a significant impact on biomedical knowledge. As a result new concepts in cell biology have emerged . . . The reader therefore starts the book thinking that there will be a real attempt to integrate new scientific knowledge with its ability to lead into new areas of mechanisms and the clinical syndrome development. Our knowledge of liver disease is expanding at an extraordinary rate with the application of molecular biological techniques to the viral hepatides for instance, and there is also the other area of exciting progress in relation to genetic basis and gene product identification. Sadly this is not so and what we have is yet another textbook on liver disease.

According to the editors' hopes, it will be of use to students, postgraduates, gastroenterologists, and hepatologists in training, representing a wide range of requirements to cover. Some chapters on liver function tests do give a straightforward clinical account of the subject suitable for undergraduate students and those early in their postgraduate career, but in other areas, for instance immunology of the liver, the emphasis is much more on the findings of recent research studies.

Paediatric metabolic diseases comprises a book in itself, whereas liver transplantation is very brief and is largely an account of the author's personal experience of the Edinburgh programme. The chapter on laparoscopy similarly represents the experience of one particular centre. The authors are drawn from many centres around the world and there was a chance in this volume to give an overall world perspective of liver disease, but again I was unconvinced of its success here. The book can only be described as uneven, and there is some duplication — nodular regenerative hyperplasia, for instance, is considered in some detail in the chapter on cirulatory aspects as well as in that of liver tumours. It would seem also that the respective authors have not read each others' contributions.

The overall presentation by Springer-Verlag is heavy and uninspiring and this reviewer has to admit to a disappointment with this volume. Nevertheless, the hepatologist or gastroenterologist in training will find that many of the
Reply to both letters

P Rutgeerts

Gut 1993 34: 1150
doi: 10.1136/gut.34.8.1150-b

Updated information and services can be found at:
http://gut.bmj.com/content/34/8/1150.3.citation

These include:

Email alerting service
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/