The real conclusions of the study are rather different from those stated.

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3 Nakamura S, Kano L, Baba S. DNA content of isolated crypts of background colonic mucosa from patients with familial adenomatoous polyposis and sporadic colorectal cancer. Gut 1993; 34: 1240-4.

Coeliac disease and autoimmune thyroid disease

EDITOR,—In their article Counsell et al state that the association between coeliac disease and autoimmune thyroid disease is not astonishing given that the HLA haplotypes B8 and DR3 are found more commonly in both than in the general population (Gut 1994; 35: 844-6). Based on the results of their data obtained in patients with coeliac disease they even suggest a routine check for thyroid function at presentation and a recheck if a gluten free diet fails to repair macrocytosis or thyrotoxicosis.

Screening patients with autoimmune thyroid disease for coeliac disease, as it has been performed by Collin et al and by our group[2] also unveils a clinically possibly important association between the two diseases. We, therefore, agree also with their second suggestion that coeliac disease should be considered in patients with autoimmune thyroid disease.

It seems noteworthy to me, however, to point out that patients with Hashimoto’s thyroiditis seem to have a higher risk of developing coeliac disease than patients with Graves’ disease. Patients with coeliac disease on the other hand also seem to develop hypothyroidism (Hashimoto’s) rather than Graves’ disease. Indeed, the young woman in our series of 27 patients with Hashimoto’s disease, who was found to have oligosymptomatic coeliac disease was HLA-B8, DR 3 negative. This was not surprising, as we have shown earlier[3] that the goitrous variant of this disease is associated with the HLA-DR5 haplotype.[4]

I therefore want to suggest that there must be another (additional?) link between the two diseases. This in my view is even more plausible if you consider the reports that both, Hashimoto’s thyroiditis and coeliac disease, may eventually result in lymphoma,[5,6] whereas this has never been described in Graves’ disease patients.

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2 Weisel M, Vogelsang H, Penner E, Flores J. Coeliac disease in autoimmune thyroid disease. Thyroid 1993; 3 (suppl 1): T30.


BOOK REVIEWS

Infections of the gastrointestinal tract.


Yet another massive tome on infection, this time directed solely to the gastrointestinal tract! Ten parts, 97 chapters, 162 contributors—all but 15 from North America, and the weight is 3-8 kg.

The editors begin their preface (to a volume that they have endeavoured to make ‘comprehensive and practical’): ‘Gastrointestinal infections are a major cause of disease and death, particularly in the developing world;’ absolutely true, but surprisingly only one of the contributors (from Peru) resides there! The goal (of their labours) is, they state, to provide a comprehensive source—‘that combines the scientific basis and the art of medicine relevant to enteric infections’; while also emphasising that ‘... the clinician who understands the new technologies ... becomes their own personal slave’ they also write that ‘... there are many opportunities for simple, low-technology, low-cost approaches for dealing with this group of infections. To keep the text to reasonable length (?), diseases are grouped together’. It is also worth noting that the index is comprehensive.

I particularly enjoyed reading the chapter by Blaser et al (p 244) which describes an exceptional case of a six-year-old Guatemalan boy with Whipple’s disease. This child was diagnosed in his home town of San Pedro Sula, and was treated successfully with parenteral hydrocortisone, and ceftriaxone. He was finally discharged after 21 months, weighing 25 kg, and with no further signs of involvement.

The index is comprehensive.

But what about other books that cover this scenario? Of the American texts, Gorbach, Bartlett and Blacklow’s Infectious Diseases (1992) covers these infections well, as does the fourth edition of ‘Mandell’ (1995). Of Spanish texts, the book of Bouchier, Allan, Hodgson, and Keighley’s Gastroenterology: Clinical Science and Practice 2nd ed (1993). The advantage of Blaser et al is that it is devoted in entirety to gut infections and should, therefore, be considered for some time to come in this specific area dominated by the gastroenterologist and infectious diseases physician.

G C COOK


Books exist describing untoward reactions of the liver to various drugs. The largest and most comprehensive is by H J Zimmerman (Hepatotoxicity: The Adverse Effects of Drugs and Other Chemicals on the Liver, New York: Appleton-Century-Crofts, 1978) but it is still out of date. The book edited by Strickler (Drug-Induced Liver Injury, 2nd edition; Amsterdam: Elsevier, 1992) is justifiably in wide use. However, the drugs scene, particularly in relation to hepatotoxicity, has changed rapidly and this book from Australia, edited by Geoffrey C Farrell is both comprehensive and timely.

The first part describes underlying concepts of drug metabolism and hepatic reactions to drugs. The role of the liver in drug metabolism is contributed by Michael Murray and biochemical mechanisms by G C Farrell. Immunological mediation of drug reactions is discussed by Ian R Mackay, perhaps Australia’s most outstanding clinical immunologist. Pdelia M Hall contributes an excellent chapter on histopathology, which includes 54 figures, many of them in colour.

Various drugs are discussed under the headings of exposure factors, clinical features, hepatic histiography and course, outcome, and prevention. An up to date table covering 29 pages summarises the effects of each drug alphabetically. I could not find any omissions. Even ecstasy, a currently much discussed hepatotoxicity is annotated. This table, on floppy disc, is available free of charge on request from those who purchase the book.
Coeliac disease and autoimmune thyroid disease.

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