



**Figure 1** Collagenous colitis diagnosed *in vivo* by confocal laser endomicroscopy. (A) Endomicroscopy of the surface of the mucosal layer showing crypt deformation. Four crypts with different shapes were aggregated (arrow). Note that the black dots within the crypts represent mucin in goblet cells. (B) Subepithelial collagenous bands were readily visible in the upper third of the affected mucosa (imaging depth  $\sim 150 \mu\text{m}$ ). The collagenous bands surround single crypts (arrows). (C) In deeper parts of the mucosa (imaging plane depth  $\sim 200 \mu\text{m}$ ) the collagenous bands were displayed as dark bands within the lamina propria (arrows). The inhomogeneous distribution of the bands was clearly visible at high resolution (lateral resolution less than  $1 \mu\text{m}$ ). The scale bar at the right upper corner represents  $100 \mu\text{m}$ . The blue line measures the collagenous band ( $31 \mu\text{m}$ ). (D) Normal colonic mucosa with regular distribution of crypts (arrow) without cryptal damage or tissue changes in the lamina propria. (E) Histological specimen after haematoxylin-eosin staining. The subepithelial bands were identified beneath the basement membrane (arrow). (F) van Gieson staining highlighted the collagenous bands. The inhomogeneous distribution corresponds well with the endomicroscopic image (see C).

In conclusion, endomicroscopy allows localisation and measurement of the amount of collagenous bands in the mucosal layer. Thus endomicroscopy offers the possibility of targeted biopsies, which is a new approach in collagenous colitis where randomised biopsies, preferably in the right colon, are recommended. The distribution of the collagenous bands is patchy and segmental in the colon. Confocal endomicroscopy helps to differentiate between affected and normal sites. This initial experience was proven in four additional patients. In all patients, collagenous colitis was precisely predicted and the amount of collagenous bands was measured. However, this new diagnostic possibility and its sensitivity and specificity must now be evaluated in prospective studies.

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## BOOK REVIEW

### Textbook of Paediatric Gastroenterology and Nutrition

Edited by S Gaundolini. London: Taylor and Francis, 2004, pp 804. ISBN 1-84184-315-6.

In his preface to this book, Professor Gaundolini states that his ambition in the

creation of this text is to produce a book with a global flavour; to reflect scientifically correct and updated information but also to focus on the different problems that we face in different parts of the world. In order to achieve this he has brought together an impressive array of international experts to produce the chapters. In many textbooks this results in fragmentation with a lack of any cohesion throughout the volume. This is not the case with this book, and there has obviously been a strong editorial lead. My only criticism is that on occasion the local practise takes preference and occasionally lacks balance, with the authors preferred theory taking the fore.

However, I feel on balance this does not detract from the overall effect. The book is set out to provide a problem orientated approach to the subject, reflecting the many challenges facing a paediatric gastroenterologist. It also lives up to the preface by tackling the problems both of the developing world, such as malnutrition and parasites, and the more esoteric problems, such as small intestinal transplantation. All of the chapters combine a good clinical approach with an updated scientific background to management. I was asked to review this book at the time of preparation of a series of lectures for specialist registrars in paediatric gastroenterology. I therefore gave the book a practical test drive!! It proved to be a valuable resource of essential facts to be covered.

I would strongly recommend this book to registrars training in paediatric gastroenterology. It provides a valuable guide to all of the conditions they are likely to face in a user friendly format. It would also be a good addition for any adult gastroenterology department to illustrate the problems that are to be encountered in the increasing number of patients who are being handed on to their service from paediatricians!

**N Meadows**

## CORRECTIONS

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The authors of the GI snapshot on p1278 of the September issue of *Gut* (2005;**54**:1278) would like to state the work was done at The Department of General Surgery, Royal Alexandra Hospital, Paisley, UK, not the Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary, UK.

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It has come to our attention that there is a dosage error in the print version of the ECCO Consensus on the Management of Crohn's Disease supplement to *Gut* (March 2006, Volume 55, Supplement I).

The error occurs on page i22 in section 5.4.7. The first line of this section should read: Methotrexate 25mg/week (oral, subcutaneous or intramuscular injection, unlicensed therapy for IBD) may be used in a similar fashion to thiopurines.

The online version of this article is correct. The authors apologise for this error.