reasons which the authors state. I do hope that their results will not reverse this trend. It has been suggested that perhaps patients in the younger age group do not respond so well to this type of management but this has not been our experience or those of others using the same type of dilator.² Csendes and colleagues state that the procedure is painful but this is not something our patients have complained of when the procedure is carried out under diazepam sedation which they do not use. The main danger of pneumatic dilatation, which the authors rightly emphasise, is perforation of the oesophagus. This complication can nearly always be managed conservatively but it must be emphasised that in this gastrointestinal procedure as in many others medicosurgical collaboration is important.

Lastly, the authors emphasise the problem of individuality of the different dilatation methods and the consequent difficulty of comparing these. This observation may be correct but I do not think it should be considered an impossible task. There are enough Units carrying out the procedure for such a project to at least be considered.

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Reply

SIR,—We are grateful to Dr Dellipiani for his interesting comments.

The inflationary pressures that we use vary from 12 to 15 pounds per square inches (250 to 300 mmHg metric) which we believe are high pressures.

We have not used diazepam sedation because the pain that is usually seen with pneumatic dilatation, could be masked. We always perform radiological control of dilatation, however, and could therefore use diazepam.

Cooperative randomised studies are needed, but it will not be an easy task.

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Mediators of vasopressin induced natriuresis in cirrhosis – possible role of atrial natriuretic factor

SIR,—Lenz *et al* (*Gut* 1989; 30: 90–6) recently reported increased natriuresis and diuresis in patients with cirrhosis and ascites after vasopressin infusion. The authors suggested suppression of sympathetic nervous system activity as an important mediator of the beneficial effects of vasopressin. Neither this nor other mechanisms discussed, however, could satisfactorily explain the observed improvement of renal function.

For further elucidation of the interesting results reported by Lenz *et al*, investigation of the atrial natriuretic factor (ANF) might be helpful. The role of this first well defined natriuretic hormone in volume retention of cirrhosis is being controversially discussed,¹ with some authors reporting a relative deficiency of ANF plasma concentrations or impairment of ANF release in patients with cirrhosis and ascites.² In rats, infusion of vasopressin has been shown to increase ANF plasma concentrations³ and ANF-induced natriuresis was found potentiated by vasopressin administration.⁴ Observations of an inhibition of vasopressin release by ANF^{5,6} lend further support to the contention that both hormonal systems are closely related. Thus, determination of ANF plasma concentrations might reveal ANF as a mediator of the vasopressin induced natriuresis in patients with cirrhosis and ascites.

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