LETTERS TO THE EDITOR

Serological diagnosis of *Helicobacter pylori*

EDITOR,—We read with interest the article by Taha *et al* about their experience with four different serological tests for the detection of *Helicobacter pylori* (*Gut* 1993; 34: 461–5.) This is indeed one of the few studies to compare the clinical value and efficacy of various commercially available serological tests. We were, however, quite surprised about the general outcome of this survey. None of the investigated tests had acceptable sensitivity and specificity to be comparable with other, more invasive, techniques. The authors, therefore, concluded that these serological tests are not reliable enough to be proposed as a standard diagnostic tool for the detection of *H. pylori*.

We evaluated the Biolab Malakit ELISA test in a large population of children (n=95) who had upper gastrointestinal endoscopy because of chronic abdominal complaints. Compared with histology or culture, or both the sensitivity and specificity of the Malakit test were both 96%.

Furthermore, it has been shown that certain serological methods have a much lower sensitivity and specificity in certain ethnic populations¹ or in children. While the second is certainly the case for the Pyloriset test² the same observations could not be made with the Biolab Malakit ELISA in our study.

In contrast with Taha *et al* we therefore concluded that the suitability of this test is comparable with that of the invasive or more expensive (for example, ¹³C-urea breath test) techniques, or both.

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- 1 Goossens H, Glupczynski Y, Burette A, Van den Borre C, Butzler JP. Evaluation of a commercially available second generation immunoglobulin G enzyme immunoassay for detection of *Helicobacter pylori* infection. *J Clin Microbiol* 1992; 30: 176–80.
- 2 Westblom TU, Madan E, Gudipati S, Midkiff BR, Czinn SJ. Diagnosis of *Helicobacter pylori* infection in adult and paediatric patients by using Pyloriset, a rapid latex agglutination test. *J Clin Microbiol* 1992; 30: 96–8.

Reply

EDITOR,—We thank Drs Blecker and Vandenplas for their comments. As discussed in our paper, however, the efficacy of the serological tests might be influenced by several factors such as age, atrophic gastritis, non-steroidal anti-inflammatory drugs, repeated courses of antibiotics over the years, etc. The children included in Drs Blecker and Vandenplas study, unlike our middle aged patients, are less likely to have been influenced by such factors. We therefore agree that Biolab Malakit is probably as reliable in the paediatric population as other biopsy related tests.

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Interleukin-6 in the early assessment of acute pancreatitis

EDITOR,—It was with great interest that I read the paper by Heath *et al* (*Gut* 1993; 34: 41–5). The authors found that serum concentrations of interleukin-6 rose earlier than C-reactive protein in patients with acute pancreatitis, and it had a better predictive value than C-reactive protein in the early assessment of severity in this disease.

Although the idea of stratifying patients with various disease activity levels on the basis of a single serum factor is very attractive, interleukin-6 is not more accurate in discriminating between severe and mild disease in acute pancreatitis when compared with the multiple factor scoring systems, APACHE II and multiple organ system failure (MOSF) score.^{1–3} Ideally, a severity stratification system would contain the minimum number of variables, thereby facilitating clinical use. On the other hand, this scoring system could adequately describe the (patho-)physiological state of the patient, as insight into physiological abnormalities or improvements (for example, as a consequence of a given treatment) is essential for the management of acute disease and medical decision making. Although the APACHE II and MOSF score contain organ related variables and may be better than interleukin-6 in reflecting disease activity in acute pancreatitis,¹ they are complex and include multiple criteria.

In their study, Heath *et al* used a bioassay to determine the concentrations of interleukin-6. This assay has some drawbacks including a long turnaround time, it is comparatively expensive, and at present it is not usually available for routine clinical use. The use of the newly developed commercial immunoassay, however, would overcome the problem of long turnaround time. Furthermore, as the usefulness of interleukin-6 as an early means of severity prediction has been increasingly shown in other diseases,⁴ the adoption of interleukin-6 as a diagnostic tool will be facilitated. Experience with immunoassays is, however, warranted before interleukin-6 can be recommended for clinical use.

Acute pancreatitis is a disease with a wide range of activity. Early assessment of severity and monitoring the progression or deterioration of the disease is therefore of paramount importance in the management of patients. Interleukin-6 as a single prognostic factor has been shown to be a sensitive early non-specific indicator of the acute phase response. Although interleukin-6 does not give insight into changes of disease activity during disease course, it may be used in combination with the APACHE II or the MOSF score in the prediction and monitoring of acute pancreatitis.

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- 1 Larvin M, McMahon MJ. APACHE II score for assessment and monitoring of acute pancreatitis. *Lancet* 1989; ii: 201–4.
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- 3 Tran DD, Cuesta MA. Evaluation of severity in patients with acute pancreatitis. *Am J Gastroenterol* 1992; 87: 602–8.
- 4 Oka Y, Murata A, Nishijima J, Yasuda T, Hiraoka N, Ohmachi Y, *et al*. Circulating interleukin-6 as a useful marker for predicting postoperative complications. *Cytokine* 1992; 2: 298–304.

BOOK REVIEWS

Atlas of Surgical Operations. By R M Zollinger Jr, R M Zollinger. (Pp 484; illustrated; £76.50.) New York: McGraw-Hill Inc, 1993. 7th ed.

Many physicians would be content to have their name eponymously applied to a major syndrome but Robert M Zollinger senior, recently deceased and sadly missed, has achieved much more than that. He was a great communicator and educator. He was much more than an astute clinician and careful observer, had a sharp perceptive wit, and could be guaranteed to enliven any meeting at which he appeared. Robert M Zollinger Jr has continued the family tradition; resembling his father in much more than looks and presence. There have been family teams in medicine before but few as memorable. The *Atlas of Surgical Operations* is a piece of living history.

I first acquired a copy of the 5th edition some 15 years ago and have treasured it ever since. The latest edition does not suggest that surgery has progressed much in the last 15 years yet nothing could be further from the truth. As this edition was completed and the final pages put to bed what great changes there were in surgery, such changes as the senior Zollinger could hardly be expected to believe. It is difficult for authors of surgical text who choose their time of publication just before some important technological breakthrough turns surgical practice upon his head. Perhaps the most sweeping changes in general surgery in recent years have come about as a result of the laparoscopic revolution and the change from long hospital stay to ambulatory surgery. A short chapter on cholecystectomy is the only reference to laparoscopy and seems almost to be an after thought. A short well written and perceptive mini-chapter on ambulatory surgery is the only reference to this momentous change in surgical direction.

At a time when everything in surgery is open to question and when no dogma is sacrosanct, it is dangerous to presume to write a surgical atlas encompassing the whole of what is still regarded as general surgery. This edition ranges from abdominal aneurysm resection to Zenker's diverticulectomy; touching on the way, dilatation and curettage of the cervix and uterus, hand incisions, hepatic trisegmentectomy, radical mastectomy and such operative tours de force as are eponymised by names such as Peustow, Whipple, Rodney Smith, and Wertheim.

We have learned much in recent years about surgical education and we have an embarrassment of choice in surgical texts. In this reviewer's opinion this book is a contribution to surgical history rather than to science or education. One edition of this book deserves a place in any surgeon's library but it is not necessary to buy a new edition if you have a former one. It is certainly not the best book to read for postgraduate specialist education or to find out how to do an operation that you have not performed for some time.

This is a superb record of surgical history. It is elegantly illustrated by fussy line drawings that delight the eye almost as much as the fine drawing in an etching by William Blake.

J ALEXANDER-WILLIAMS