

Endoscopic diagnosis of a bleeding ileal carcinoid tumour

SIR,—In your February 1984 issue, Rees and Banciewicz¹ report of a case of an ileal polyp that was detected preoperatively by colonoscopy and confirmed by preoperative endoscopy. Histology subsequently showed this to be a primary carcinoid tumour of the ileum. Hamilton *et al*² reported a case of an ileal carcinoid tumour diagnosed at laparotomy in the correspondence section of the September issue. Both reports discuss the difficulty of diagnosing primary small intestinal carcinoid tumours prior to laparotomy.

We believe that the diagnosis of primary carcinoid tumours of the ileum can be made reliably by the barium infusion examination (small bowel enema, enterocolysis) of the small intestine (Sellink technique).³ We have recently reported the results in 11 patients⁴ and have subsequently detected multiple ileal carcinoid tumours in a twelfth patient. Ten of the patients presented with the carcinoid syndrome and the remaining two with non-specific small (2–3 cm) intramural lesions. One case had had a barium meal and follow-through examination carried out elsewhere and the intraluminal lesion had not been detected. We are not aware of any case in whom we have missed a primary ileal carcinoid tumour since we adopted the infusion examination.

The distention of the intestine obtained with the barium infusion allows detailed views of the ileum to be obtained. Although gastrointestinal bleeding was not a prominent feature in our cases we think it is likely that the infusion examination would have shown the carcinoid tumours in the two cases mentioned above.

M A JEFFREE, S J BARTER,
A P HEMINGWAY, AND D J NOLAN

*Departments of Radiology,
John Radcliffe Hospital, Oxford
and Royal Postgraduate Medical School,
Hammersmith Hospital, London*

References

- 1 Rees WDW, Banciewicz J. Endoscopic diagnosis of a bleeding ileal carcinoid tumour. *Gut* 1984; **25**: 211–2.
- 2 Hamilton MS, Cranston D, Lloyd-Williams K. Gastrointestinal carcinoid tumours. [Letter] *Gut* 1984; **25**: 1016.
- 3 Sellink JL, Miller RE. *Radiology of the small bowel: technique and atlas*. The Hague: Martinus Nijhoff, 1982.
- 4 Jeffree MA, Barter SJ, Hemingway AP, Nolan DJ. Primary carcinoid tumours of the ileum: the radiological appearances. *Clin Radiol* 1984; **35**: 451–5.

Books

Neonatal gastroenterology: contemporary issues Edited by M S Tanner and R J Stocks. (Pp. 228; illustrated; £25.) Newcastle-upon-Tyne: Intercept Ltd, 1984.

Many years ago, *Reader's Digest* defined an infant as an alimentary tract with a loud noise at one end and no sense of responsibility at the other, thus highlighting the extent to which infant feeding and its sequelae dominate the layman's view of paediatrics. If paediatric gastroenterology is to be seen as a discipline distinct from that of adults, then within that discipline the neonates form the most evidently special group of patients. This book, subtitled *Contemporary Issues* brings into focus recent advances in our understanding of the gut of the newborn. Most but not all the chapters are based on papers presented at a symposium in Leicester in 1983, and are produced by a distinguished group of authors from both sides of the Atlantic. It is a good blend of basic science and clinical practice. Thus, there are chapters dealing with normal development of the intestine (Milla) and exocrine pancreas (Lebenthal and Heitlinger), congenital enzyme disorders of the small intestine (Schmitz an outstanding contribution by a Frenchman writing beautiful English), intestinal permeability in the newborn (Udall and Walker), intestinal adaptation (Hughes), and the relationships of hormones, nutrition and the gut (Lucas). Knowledge of normal and abnormal development has resulted in rational therapeutic approaches to problems as diverse as the feeding of preterm infants (Stocks and Davies), the management of Hirschsprung's disease and other neuronal disorders of the hind gut (Howard and Garrett, another outstanding chapter), neonatal cholestatic jaundice (Johnson), prevention of perinatal hepatitis B transmission (Flower and Tanner), neonation necrotising enterocolitis (Rom) and early screening for cystic fibrosis (Kuzemko, Heely and Richmond). The editors themselves have added a philosophical commentary of adaptation to extra-uterine life to complete the volume.

I have two minor, perhaps carping criticisms. First, there are too many spelling errors (the price of a short publication interval). Secondly, the discussion following some of the chapters is reproduced verbatim and should have been ruthlessly edited. It was sometimes irritating to read comments from named but otherwise unidentified contributors. This point relates to a criticism which has been recently expressed about the formal publishing as books of collections of papers