Correspondence

Crohn's disease in married couples
SIR.—We were interested to read of Crohn's disease occurring in two married couples (Gut 1985; 26: 1086) and would like to draw attention to a further example:

Mr DH, born 1931, caucasian, presented in late 1960 with abdominal pain. A laparotomy was done and revealed Crohn's disease of the terminal ileum. In February 1966 a right hemicolecction was carried out for a stricture of the terminal ileum and an abscess in the right iliac fossa. The gross appearances and histology were typical of Crohn's disease. Since then he has remained well apart from a mild recurrence of symptoms in 1980.

Mrs SH, born 1933, caucasian, married Mr DH in 1954. A laparotomy was done in September 1965 for pain in the right iliac fossa. Just before surgery a mass had developed in this area. The terminal ileum and caecum were involved in Crohn's disease and a right hemicolecction undertaken, after which she made a straightforward recovery. She had no further recurrence of this condition but subsequently developed a carcinoma of the breast and died in March 1985 of disseminated malignancy.

Crohn's disease in both these patients followed a remarkably benign course and neither had a discharge from a sinus or fistula unlike in the report of Rhodes et al.

This is the fifth example and according to Rhodes and coworkers the p value for five or more couples=0.019—that is, significant. There may well be further examples still to be reported. Whether all this has any bearing on the aetiology of Crohn's disease remains to be determined.

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Effect of cimetidine on enzyme actuation . . .
SIR.—We read with interest the paper of Zentler-
Munro et al reporting the effect of cimetidine on
enzyme inactivation, bile acid precipitation and lipid
solubilisation in pancreatic steatorrhoea due to
cystic fibrosis (CF). Although evidence is presented
that cimetidine prevents pH dependent inactivation
of ingested enzymes and reverses pH dependent bile
acid precipitation the authors fail to prove that
these effects may consequently be responsible for an
improvement of fat absorption in the patients.
Reading through their article one could be tempted
to administer cimetidine to CF patients hoping that
steatorrhoea decreases, fat absorption as well as
lipid soluble vitamins reabsorption improves and
consequently an improvement of the nutritional
status is achieved.

We would, however, like to draw attention to the
fact, that at least two3 4 well conducted and double
blinded and crossed over studies failed to show any
improvement in the nutritional management of
patients after long term cimetidine application. It is
a rather slender referring to the literature of
'cimetidine and cystic fibrosis' and the quoted
papers supporting the benefit of cimetidine should

Endoscopic sclerotherapy using absolute alcohol
SIR.—I read with interest the article by Sarim (Gut
1985; 26: 120) presenting their experience with
absolute alcohol as efficacious sclerosing agent.
Since January 1984 I have treated 10 children for
variceal bleeding with endoscopic sclerotherapy.
Instead of sclerosants, I used 20% sodium chloride.
The average number of injections per child was 5-3.
For individual variceal obliteration the volume of
sodium chloride was 4–6 ml. Variceal sclerotherapy
was completed with only two postinjectional ulcers
which healed with ranitidine. I suggest sodium
chloride 20% as another, widely available, cheap
and efficacious sclerosing agent for variceal sclero-
therapy in children and adults.

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Dietary treatment of Crohn's disease
SIR.—The author of the recent editorial 'Diet in the
management of Crohn's disease' (Gut 1985; 26:
985–8) assures the reader that the recent British
Textbook of Gastroenterology does not mention
dietary treatment of Crohn's disease. There are in
fact four references in the index under this heading.
Perhaps the author of the editorial was overcome by
modesty since at least two refer to his own work!

We would welcome the opportunity of expanding
the topic in the second edition of the Textbook
provided that the results of large well-controlled
studies are available from which definitive conclu-
sions can be drawn.

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THE 'CIMETIDINE EFFECT': NOT SO
SIR.—In a recent editorial I discussed the possi-
bility of the 'cimetidine effect' on the absorption
of fat soluble vitamins in cystic fibrosis patients
(Gut 1984; 29: 1107). Since then a report from
Glasgow has appeared in which the authors failed to
prove an effect of cimetidine on the absorption of
fat soluble vitamins in patients with cystic fibrosis
(Gut 1984; 29: 1366). However, the study only
involved five patients and the difference in mean
absorption of retinol and carotene between the
treatment and control periods was not statistically
significant.

I have now reanalysed my data using an exact test
and show that there is in fact a highly significant
difference (p=0.001) between the control and the
treatment period for the absorption of retinol
and carotene.

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Correspondence

be interpreted with caution as all have been
designed as open and non-randomised trials, giving
evidence of rather small and partially insignificant
decreases of fat excretion in the stools.

Furthermore we would also draw attention to our
observation, that cimetidine might have a de-
trimental effect on lung function in cystic fibrosis
patients. Because we observed a significant in-
crease of airway resistance caused by cimetidine
therapy we would state, that H₂ blocking therapy in
cystic fibrosis patients should be used with great
cautions.

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Books

Alternatives to conventional ileostomy Edited by
Roger R Dozois. (Pp. 454; illustrated; £47.50).
This is a book for the specialist; I almost said the
obsessionalist. Surgeons always become excited by
something new, particularly if the idea provokes
controversy and experts can be persuaded to argue
about it fiercely in public. The current new idea is
ileostomy alternatives.

Let me construct a hypothetical scenario to
illustrate the point. Imagine that there is an inter-
national surgical meeting this year or next with parallel
sessions where different surgical subjects are being
discussed. One session is devoted to the manage-
ment of inguinal hernia, varicose veins or haemor-
rhoids, perhaps the commonest conditions treated
by general surgeons today. In another room the
subject is the economics of sophisticated investiga-
tion and complex surgery in elderly patients, a
subject that is probably economically and politically
the most important one facing the general surgeon.
In the third room there is a discussion about the rival
merits of the different techniques of creating ileal
pouches for ileo-anal anastomosis after a colectomy,
a rare operation of which very few general surgeons
ought to have a first hand experience. There is no
need to tell you which of these three halls is crowded
with eager registrants.

Nevertheless someone had to compile and edit
such a book as this; the subject is so ‘hot’ and
experts are falling over themselves to rush into
print. The world of surgical literature is richer
because Roger Dozois, with the help of his col-
leagues at the Mayo Clinic undertook the prepara-
tion of this tour de force on ileostomy alternatives.
For the obsessionalist this is a compellingly readable
book. All manner of experts and enthusiasts have
painful and honestly recorded their experience in
surprisingly large numbers of patients, treated by
different forms of ileal pouches. There is a side by
side account of the vast experience with the contin-
ent ileostomy ‘Kock’ pouch from Gottenberg,
Minneapolis and New York. With the mature and
helpful comments by Gelernt, Fazio, Schrock, and
Cohen these must surely represent the last word on
this subject. Perhaps there should now be a 10 year
moratorium on further reports!

A most entertaining diversion is provided by the
small section on continent ileostomy without reser-
voir reported by Bokey from Australia. The title
and the first page of this chapter do not suggest that
the data to be presented are based on dog work,
however, one begins to become a little suspicious on
glancing at the operative photographs and are
totally convinced when the radiographic contrast
studies provide unequivocal evidence of a canine
pelvis! Towards the end of the chapter under the
heading ‘human experience’ is the disarming state-
ment ‘the experience to date has been very limited –
the procedure has been performed in one patient’.
They do not come more limited than that. Unfortu-
nately the patient did not do well and had to have
the valve removed. Therefore this book can claim to
contain the largest and the smallest series of con-
tinent ileostomies.

Most of the research and interest is now centred
around pelvic pouches with ileo-anal anastomosis
and, in most centres, patients given an informed,
albeit sometimes biased choice, almost invariably

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