

Portal hypertensive gastric mucosa

SIR.—We read with keen interest the paper by Papazian *et al* (*Gut* 1986; 27: 1199–2030) and would like to report our experience and comments. During a three year period from March 1984 to March 1987, we have studied 118 cases of portal hypertension. These included 58 cases of cirrhosis, 32 of extra-hepatic portal obstruction and 28 of non-cirrhotic portal fibrosis. The aetiology of cirrhosis was alcohol in 30, hepatitis B in eight, Budd-Chiari syndrome in two, secondary biliary cirrhosis in two and cryptogenic in 14. In only two of these cases the gastric mucosal pattern described by the authors was seen. Both these patients had HBsAg positive cirrhosis and had accompanying duodenal ulcers. Apart from the mosaic pattern seen in these two, 28 other patients had gastric mucosal changes in the form of erosive gastritis, equally divided among the three groups of portal hypertensives. All of our patients had oesophageal and/or gastric varices.

The authors have not explained the possible causes of localisation of the mucosal changes. Were the changes more extensive in patients with a higher grade of varices? It would also be pertinent to know whether the same observer looked for the varices and the mucosal changes as it might have introduced an inherent bias in the study. In our experience the association of the mosaic pattern with duodenal ulcer would also raise the possibility of these changes being a part of the peptic ulcer disease. We plan to prospectively evaluate another hundred of such cases and take mucosal biopsies in both the subgroups – that is, those with and without associated acid peptic disease.

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book should act as a stimulus to further research into the areas covered; in some they have been successful but in others the cutting edge does not seem to have been reached.

The book is divided into four sections which are concerned with mucosal immunity and antigen handling, host dysfunction, liver disease, and gastrointestinal infection. Most topics are covered but there are some notable exceptions: *Giardia lamblia* is the only parasite considered and intestinal autoimmunity is only mentioned in passing. The sections on host defences and the immunology of liver disease are good and provide up-to-date summaries of important topics though the choice of topics in liver disease is somewhat idiosyncratic. The first and last sections, however, on mucosal immunity and gastrointestinal infection are rather more variable with chapters that are competent and comprehensive to others which are sketchy and disappointing. Perhaps more unforgivable are the chapters concerning antigen handling for which one has a distinct sense of *deja vu*. In the last section some chapters particularly that on Clostridial infections whilst being well written and referenced do not come to grips with the problems particular to infants and children and fail to discuss the commoner underlying conditions which predispose to Clostridial infection in infants.

The biggest drawback to this volume is undoubtedly its price. For his money the reader might expect considerably more than he gets, particularly in a text aimed at stimulating research, some of the referencing is sparse and controversial areas do not receive the discussion they deserve. The text, however, is clear, easy to read and well presented, but its present price is a major disadvantage which will limit its appeal and does not allow me to recommend it.

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Books

Paediatric gastroenterology: aspects of immunology and infection Edited by D Branski, G Dinari, P Rozen, and J A Walker-Smith. (Pp. 416; illustrated; £131.80.) Basel: Karger, 1986.

This volume gathers together contributions from an international group of investigators and describes recent developments in gastrointestinal immunology and infection which are particularly relevant to children. As much gastrointestinal disease in childhood results from immune disorder this book is potentially very valuable. The editors intend that the

Biopsy pathology of the oesophagus, stomach and duodenum By D W Day. (Pp. 293; illustrated; £30.) London: Chapman and Hall, 1986.

This book is another in the useful series of monographs, published by Chapman and Hall, presenting the biopsy pathology of various body organs, written by experts in the field. For gastroenterologists, this current work by David Day adds oesophagus, stomach and duodenum to the earlier volumes already available on liver and small intestine.

It is an excellent book for diagnostic pathologists and their clinical gastroenterological colleagues. It has a straightforward approach with a simple style and one is not overwhelmed by large amounts of contradictory data and figures, as occurs in many comprehensive works. For example, the variants of