

Correspondence

Collagenous colitis in Greece

SIR.—We read with great interest the studies of Kingham *et al* (*Gut* 1986; **27**: 570–77) and Palmer *et al* (*Gut* 1986; **27**: 578–80) concerning 10 cases of the so-called collagenous colitis. On July 1986 we had the opportunity to diagnose the first case of collagenous colitis in Greece.

The patient, a 54 year old woman, was first seen in July 1985, because of 18 month history of fluctuating, profuse watery diarrhoea. At its most severe the diarrhoea occurred more than 10 times daily and was associated with urgency and colicky lower abdominal pain. Neither blood nor mucus was noted in the stools. Physical examination was normal and sigmoidoscopy up to 18cm showed a hyperaemic mucosa but nothing more. Routine laboratory tests were normal and the stool cultures and search for parasitic diseases were negative. A barium enema disclosed no abnormality. The patient was given antidiarrhoeal agents and the bowel habits returned to normal. She was seen again six months later. She told us that she had experienced two or three attacks of severe diarrhoea of several day's duration, selflimited or controlled by usual antidiarrhoeal agents. A sigmoidoscopy was done again and the mucosa appeared macroscopically normal.

The patient was admitted to the hospital on July 1986 because of low back pain and arthralgias especially affecting the joints of knees and shoulders. There was no diarrhoea. Physical examination was normal; blood tests disclosed a normochromic, normocytic anaemia (Hb 11.2g%) and ESR was 36 mm/h. On x-ray examination some evidence of unilateral sacroilitis was found. Barium meal and follow through as well as barium enema disclosed no abnormality. A limited colonoscopy (flexible sigmoidoscope) was carried out; a small adenomatous polyp was removed and, though the mucosa appeared macroscopically normal, multiple biopsies were taken off and, to our surprise, marked thickening of the subepithelial collagen plate (roughly estimated greater than 25 μ) was found. This picture was compatible with that of collagenous colitis. Laboratory investigation for rheumatic or collagen vascular disease was negative, but HLA determination disclose the presence of A3 and Bw 35 antigens. The patient was given prednisolone 30 mg daily and three months later is on a maintenance dose of 5 mg daily and feels perfectly well. Blood

tests showed a Hb of 12 g% and an ESR of 15 mm/h.

We agree with Kingham *et al* that there is evidence which suggests that collagenous colitis is more common than generally believed. Indeed, one of us (AD) studied retrospectively the incidence of subepithelial collagenous deposit in rectal biopsies of 155 patients suffering from various diseases.¹ Subepithelial collagenous deposit was found in 37 cases (23.9%). A slightly thick collagen band—that is, plate width roughly estimated between 10–15 μ —was found in nine patients (5.8%) however (four with irritable bowel syndrome, two with cancer of the colon, two with ulcerative colitis and one with dolichocolon). This finding is keeping well with that of Gledhill and Cole². In another patient with cancer of the colon the plate was wider than 20 μ . It is interesting that in a separate group of 13 patients with chronic renal failure examined by the same people¹, a mild thickening of the collagenous plate was observed in six, while a collagenous band comparable with the diagnosis of collagenous colitis was found in one patient. She was a 70 year old lady with a six year history of renal failure, who was sigmoidoscoped because of fluctuating profuse watery diarrhoea of 10 months' duration. Based on this last observation we would suggest that chronic renal failure might be one of the aetiological factors of collagenous colitis.

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References

- 1 Papadimitriou-Karapanou K, Delladetsima A, Trigidou R, Pratsika-Ugurloglou K. Superficial collagenous sclerosis of the colonic mucosa. *Arch Med Soc (Greece)*, 1983; **9**: 272–5.
- 2 Gledhill A, Cole FM. Significance of basement membrane thickening in the human colon. *Gut* 1984; **25**: 1085–8.

Books

Cancer of the exocrine pancreas: from oncogenes to unrespectable tumors. Frontiers of gastrointestinal research. Vol 12. Edited by J P Delmont. (Pp. 305; illustrated; £97.70) Basel, Switzerland: Karger, 1986.

It is difficult to define, or divine, the purpose of this book. Some topics certainly relate to *Frontiers of gastrointestinal research* – of which this volume,

devoted to cancer of the exocrine pancreas, is number 12. Other chapters summarise the already oft reviewed 'clinical' and 'therapeutic' aspects of pancreatic cancer, although the state-of-the-art in these matters is reflected by the references, many of which relate to papers published in the 1970's and early 1980's.

Eight chapters illustrate 'Basic research'. The three devoted to experimental cancer in animals, by Longnecker, Pour, and Kyriazis are, as is to be expected, professional, excellent and up-to-date. Similarly, the chapter on carbohydrate antigens is good. On the other hand, the relationship between oncogenes and pancreatic cancer is too difficult to define in a few pages and specific relationship between oncogenes and pancreatic cancer is even more poorly defined than is the case with other alimentary cancers. The chapter on the pathology of pancreatic cancer is really wholly unsatisfactory, as it does not deal with the many recent studies which have so illuminated the pathogenesis of pancreatic cancer and even the information which is presented about diagnostic methods is incomplete.

The eight chapters of the second section of the book are devoted to aspects of 'Clinical research'. A brief summary of the general epidemiology of pancreatic cancer is followed by a study of the epidemiology in a province of France, which updates by a couple of years two previous studies from the same area (studies which are not quoted). A chapter on tumour markers is valuable, comprehensive, and critical, with references up to 1985. Similarly, the radiological and scanning techniques used for the diagnosis of pancreatic cancer are satisfactorily summarised, with an up-to-date chapter on endoscopic sonography of pancreatic cancer.

The final section of seven chapters deals with the treatment of pancreatic cancer and is depressing, as usual. Chemotherapy is usefully reviewed with emphasis on the role of epirubicin. As is mentioned, however, the chemotherapy of pancreatic cancer has had no impact on survival. There is also a brief summary of the surgery of pancreatic cancer although only 26 of the 57 quoted reports relate to papers published since 1980. Two further chapters represent a further plea for radical resection of the pancreatic cancer, with a current mortality of 12.5% and five year survival of 28% in a group of 41 French patients. A chapter on the management of the pain of preterminal pancreatic cancer does not mention nerve blocks, etc.

The book ends with a review by the editor of 'Future prospects' – a chapter which well illustrates the dictum that 'it is difficult to predict, especially the future'. For some reason which is not clear, there is repetition of some of the 'oncogene hypoth-

esis' which (understandably) seems to exert a mesmeric influence on current thinking about cancer although, as has been suggested previously, the relationship between oncogenes and human cancer is, at best, guilt by association. As for the relationship to pancreatic cancer, there is not any, yet. Many other high sounding concepts are briefly mentioned but don't help with our understanding of pancreatic cancer. There follows a list of 'future goals' (We must fight defeatism; we must support basic biological science; we must increase ultrasonographic and endoscopic expertise; we must have more epidemiological studies; and so on) – all of which are laudable; none is substantiated; and none of which have, so far, helped our understanding of the pathogenesis, permitted early diagnosis; or improved treatment of pancreatic cancer. I wonder whether it will be any different in 10 years time?

K G WORMSLEY

Peptic ulcer and its drug causations. The role of non-steroidal anti-inflammatory drugs Edited by D Clinch (Pp. 165; illustrated; £19.95) London: Croom Helm, 1986.

The title of this book is misleading because half is taken up by a discussion of general aetiology and treatment. This first half is a straightforward conventional account. Better proof reading would have helped, thus burimamide, metiamide, etintidine and ranitidine are all misspelt on the same page. The account of treatment is rather limited and the illustrations are unclear. The discussion of the significance of individual results takes no account of the possibility of type II error, and the adverse effect patterns of cimetidine and ranitidine could have been more carefully distinguished.

The remaining 80 pages contain a general critique of methodology, accounts of individual drugs and descriptions of mechanisms. Views expressed are sometimes a little surprising, such as the suggestion that clinical trials provide the best sources of toxicity data. In addition the quotation numbers of reports to the Committee on Safety of Medicines for individual agents will lead inevitably to direct comparisons which will be completely misleading.

This book will fail to satisfy the expert because it does not deal with matters in sufficient depth. The general reader will find a clear well referenced account of some problems although often reaching a final sentence suggesting the need for more work but without saying what is in view.

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