be certain of a higher prevalence of dyspepsia or peptic ulcer in sickle cell disease patients without a knowledge of the general population prevalence.

Some guide may be given by a knowledge of the incidence of peptic ulcer in patients presenting with epigastric pain. Of 190 consecutive endoscopies carried out in Kumasi, Ghana for epigastric pain (unpublished observations), 41% were found to have peptic ulcer disease (78 duodenal ulcer, two gastric ulcer), a figure not very different from that of 31% among 51 dyspeptic patients with sickle cell disease in the series reported by Lee et al. We suspect that ethnic and social mix, together with climate and environment in Kumasi are not dissimilar to urban Jamaica, so our figures may well be comparable with those which might be obtained there.

In a further study, we carried out haemoglobin electrophoresis in 207 consecutive patients undergoing upper gastrointestinal endoscopy for upper abdominal pain or gastrointestinal haemorrhage, of which 70 had peptic ulcer disease. There was no significant difference in the prevalence of sickle cell disease between peptic ulcer patients (the only two with sickle cell disease had SC phenotype) and those with normal or other endoscopic diagnoses, nor with a group of 70 unselected university students. We did find, however, that smoking and male sex were significantly more highly represented among those with peptic ulcer and that the mean age of peptic ulcer patients was 43 years. Although this does not disprove a higher incidence of peptic ulcer in sickle cell disease, it does argue against this as a major factor in ulcer pathogenesis.

There are other possible reasons for a high incidence of duodenal ulcer in developing countries, which may include dietary factors, stress related to urbanisation and an exceptionally high prevalence of Campylobacter pylori infection, as we have reported from Ghana and others from Rwanda.

The available evidence is insufficient to determine whether peptic ulcer is more common in sickle cell disease and therefore we support the statement of Lee et al that further case control studies are required.

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References

New format of Gut – January 1990
This journal together with most of the associated journals of the British Medical Journal Publishing House have been redesigned after a series of discussion meetings during 1989.

The journal will emerge in its new A4 format in January 1990. This development will incorporate a larger typescript and the introduction of a flexible column width will greatly enhance the presentation and legibility of Tables, Figures, and illustrations.

Ed.