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Fibre and enteral nutrition

SIR,—We read with great interest Dr Silk's review,¹ but we were surprised at the omission of any detail on the effects of enteral nutrition on cholesterol metabolism. In our own experimental studies,² rats fed for 10 weeks with Vivonex develop severe fatty infiltration of the liver, similar to Kwashiorkor, with initial deposition of fat in the periportal regions with progressive involvement around the central vein with significant quantitative increases in total liver lipid and cholesterol. No such changes were detectable in the livers of animals fed for 10 weeks with Vivonex which was supplemented with 5% wheat bran. The accumulation of lipids and cholesterol in the livers of rats fed Vivonex has been reported by others.^{3,4} We concluded that dietary bran thus appears to play a role in maintaining normal lipid metabolism and suggest that caution be exercised in those patients on longterm enteral feeding with careful monitoring of blood lipids.

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References

- 1 Silk DBA. Fibre and enteral nutrition. *Gut* 1989; **30**: 246–64.
- 2 Jayaraj AP, Barton T, Lewin MR, Clark CG. Kwashiorkor-like liver changes induced by an elemental diet can be prevented with dietary wheat bran. [Abstract] *Gut* 1985; **26**: A522–3.
- 3 Nelson LM, Williamson I, Russell RI. Elemental diet composition: effect on bile acid metabolism and hepatic lipids. [Abstract] *Gut* 1981; **22**: A429–30.
- 4 Park RHR, Duncan A, Mitchell G, East W, Russell RI. Comparison of modular elemental and polymeric liquid diets on growth, nitrogen (N) balance, N wastage, faecal residue and hepatic lipids in rats. [Abstract] *Gut* 1985; **26**: A1112.

Reply

SIR,—I would like to thank Drs Lewin and Jayaraj for their helpful comments about my Progress Report Fibre and enteral nutrition. They are correct in that I did omit details about the fact that it is well known that feeding rats with Vivonex results in severe fatty

infiltration of the liver. My literature search failed to reveal results of their experiment showing that the supplementation of Vivonex with 5% wheat bran prevents these changes from developing. I apologise for this. The reason is that their data are as far as I am aware are only published in Abstract form (*Gut* 1985; **26**: A522–3).

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Books

Gastroenterologic endoscopy. Edited by M V Sivak Jr. (Pp. 1168; illustrated; £95.) Philadelphia: Saunders, 1987.

This is the most impressive textbook yet on gastrointestinal endoscopy. It is certainly the longest at 1168 pages and the heaviest, tipping the scales at 3.28 kg. It is also pricey, costing £95. Is it the best? I think so.

It is written in the style of the classic Saunders American textbook of medicine with 48 chapters contributed by 75 contributors. The chapters are written in academic fashion and are well laced with references, some chapters having more than 150. In an effort to keep pace with advances since the chapters were written, the editor has added the occasional footnote with additional recent key references.

The account of fiberoptic instrument technology was made transparently clear by the quality of the line drawn diagrams. The chapters teaching how to do it; upper GI endoscopy, choledochofibrescopy, colonoscopy, flexible sigmoidoscopy and laparoscopy are very clear. A special methods section ranged from a chapter showing the beauty of the arcane specialty of chromoscopy, through peroral cholangioscopy and pancreatoscopy (a master and sub-endoscope system somehow sounds less attractive than a mother and baby endoscope) to endoscopic ultrasonography, videoendoscopy, gastrostomy to high magnification endoscopy. It is backed by good didactic chapters on the extraordinary range of pathology now to be viewed at endoscopy throughout the bowel. The oesophageal chapters were excellent as were surprising chapters on postoperative endoscopy, emergency laparoscopy and the differential diagnosis of inflammatory and infectious colitis. The