Correspondence

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Epidemiological study of asymptomatic inflammatory bowel disease

sir,—Dr Mayberry and colleagues (Gut 1989; 30: 481-3) used prevalence rates in the above article in a rather misleading way. For instance, comparisons in their Table 4 do not state which age groups the prevalence rates refer to in the various studies which they have compared. The use of age specific rates would have overcome this difficulty.

SIR.—The paper by Mayberry et al is interesting and also a timely reminder of what significant pathology may exist undetected in our communities.

It would be interesting to know how the Nottingham group decided to manage these asymptomatic patients and how well their patients complied with any treatments suggested.

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Reply

sir,—We would like to thank both correspondents for their comments. The use of 'age specific rates' for the previously published data reported in Table 4 would have been inappropriate as they refer to the prevalence of inflammatory bowel disease in whole populations. Unfortunately, as discussed in the article published, age specific prevalence rates for populations aged 50-74 are unavailable.

Both patients with Crohn's disease underwent surgical resection. This would not be our routine practise in asymptomatic patients but there was concern that the abnormalities detected on radiological examination could have been tumours. All patients with ulcerative colitis were treated with sulphasalazine and are now regularly followed in an inflammatory bowel disease clinic.

J F Mayberry and K C Ballantyne
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Comparison of forceful dilatation and oesophagomyotomy in achalasia

sir.—The paper in the March issue (Gut 1989; 30: 299-304) by Csendes and colleagues is of great interest. Pneumatic dilatation for the management of achalasia in their hands did not perform as well as surgical management though as they admit their results using the pneumatic method are not as good as those of others. We have now followed up a much larger group of patients than they refer to with the results remaining as good. Their disappointing results may be related to the much lower inflation pressures which they use.

My impression is that many physicians/gastroenterologists are managing achalasia non-surgically. I consider this a welcome development for the very