LETTER TO
THE EDITOR

Long term maintenance therapy with
sucralfate

Sirs,—Dr Ott (Gut 1991; 32: 723) states that
there is no evidence that long term main-
tenance treatment with sucralfate results in
unwanted side effects. He does not mention
what studies have been carried out and what
side effects have been sought and excluded.
Certainly, eight to 10 weeks of treatment is not
‘long term’.

Dr Ott also mentions that the drug has been
approved for maintenance treatment by the
Food and Drug Administration (FDA). Under
the circumstances, it may be worth quoting
from the FDA assessment of sucralfate (H
Gallo-Torres, Feb 1989). It is stated that some
subjects absorb significant amounts of alu-
minium even from 1 g sucralfate, while in four
week studies, some individuals excreted
extremely high doses of aluminium in the
urine, for the entire period or beyond. The
report concludes that observations on bone
aluminium after long term dosing with sucral-
fatc are required. In studies of six or 12 months’
duration, urinary excretion and pools of alu-
inium in the body were not measured. The
report mentions that sucralfate may bind
phosphate in the alimentary tract so that careful
evaluation of this interaction is recommended.
The report mentions potentially toxic effects
of aluminium on the nervous system and recom-
mends carefully controlled measurement of
cognitive function every year in patients older
than 65 years. The report also recommends
animal studies to evaluate the effect of
aluminium on fetal organs, etc.

To summarise, long term administration of
compounds from which aluminium can be
absorbed represent a potentially toxicological
hazard, if the aluminium is absorbed and
retained in the body. It would be reassuring to
know that phase IV studies have been carried
out, as suggested, or are in progress, because
sucralfate is a valuable drug but soothing words
are no substitute for facts.

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BOOK
REVIEW

Interventional radiology of the gallbladder.
By J G McNulty. (Pp 65; illustrated; DM 220.)

The gall bladder has been the focus of consider-
able attention by radiologists interested in
therapeutic procedures for the last five years.
This is the first book to describe these pro-
cedures in detail. It is a practical book aimed at
the interventional radiologist and rightly
emphasises that percutaneous gall bladder
procedures should be performed only by
experienced radiologists with the support of
endoscopists and biliary surgeons.

The basic techniques, management, and
complications of percutaneous gall bladder
puncture under ultrasound control, percut-
aneous cholecystostomy, methy1xylyl ether
dissolution, and percutaneous chole-
cystolithotomy are clearly described and apart
from minor variations in techniques I have
little disagreement with McNulty’s methods.
However, a few new techniques have devel-
oped in the past year, in response to the
development of laparoscopic cholecystectomy
and the realisation that the only viable per-
cutaneous radiological procedures are those
which can be performed under local anaes-
thesia such as the rotary lithotripter and an
increasing use of flexible mini endoscopes in
the gall bladder and biliary tract. I would like
to have seen some mention of these together with
the various types of percutaneous sheath that
can be used for repeated endoscopic access.
A significant disappointment of the book is
its lack of clinical context. Many radiologists
and surgeons would now support the view that
percutaneous cholecystostomy is the immedi-
ate treatment of choice for empyema and for
acute cholecystitis. The author has chosen not
to go into these issues and has not referenced
or discussed the clinical effectiveness of this
simple and elegant technique. Similarly, the
role of percutaneous cholecystography in
the selection and management of patients with
complicated gall bladder disease is not
exposed in clinical terms.

This is a book which will be useful for
radiologists, but I doubt that it will stir much
interest among gastroenterologists and gastro-
intestinal surgeons.

W R LEES

Sir Francis Avery Jones BSG Research
Award 1991

Applications are invited by the Education
Committee of the British Society of Gastro-
enterology, who will recommend to Council
the recipient of the 1992 award. Applications
should include:

(1) A manuscript (2 A4 pages only) de-
scribing the work conducted.

(2) A bibliography of relevant personal
publications.

(3) An outline of the proposed content of
the lecture, including title.

(4) A written statement confirming that all
or a substantial part of the work has been
personally conducted in the United Kingdom
or Eire.

The award consists of a medal and a £100
prize. Entrants must be 40 years of age or less
on 31 December 1992 but need not be a
member of the BSG. The recipient will be
required to deliver a 40 minute lecture at the
Spring Meeting of the Society in 1992. Applica-
tions (15 copies) should be made to:
The Honorary Secretary, BSG, 3 St Andrew’s
Place, Regent’s Park, London NW1 4LB by
1 December 1991.

American Association for the Study of Liver
Diseases

The 42nd Annual Meeting will be held in
Chicago, Illinois, on 4-5 November 1991,
preceded by a postgraduate course on 2-3
November. Further information: Registration
Manager, Slack Inc, 6900 Grove Road,
Thorofare, NJ 08086-9447, USA. Tel: 609–
848 1000.

Gastrointestinal hormones

The 9th International Symposium on Gastro-
intestinal Hormones will be held from 1-5
September 1992. Further information from
Professor T L Peeters, Gut Hormone Lab,
Gasthuisberg ON, B-3000 Leuven, Belgium.

Colorectal Disease in 1992

A meeting sponsored by the Cleveland Clinic
Foundation will be held in Fort Lauderdale,
information: The Cleveland Clinic Educational
Foundation, Department of Continuing
Education, 9500 Euclid Avenue, Room
TT-31, Cleveland, OH 44195-3541, USA.
Tel: 216-444 5966; fax: 216-445 9406.

Therapeutic endoscopy

The Chinese Society of Digestive Endoscopy
and the Hong Kong Society of Digestive
Endoscopy will hold the Second International
Workshop and Symposium on Therapeutic
Endoscopy and Gastroenterology on 22-25
April 1992. Further information: Dr J Leung,
Department of Medicine, Prince of Wales
Hospital, Shatin, NT, Hong Kong. Tel: 852–
63653125/8; fax: 852-6350075.

British Society of Gastroenterology Annual Meeting

The 1991 Annual Meeting of the British Society
of Gastroenterology was held at the Institute
of Education of the University of
London on 25-27 September under the
presidency of Professor Sir Robert Shields. A
total of 324 research communications were
given, the majority as posters. Numerous
symposia and lectures served both specialists
and generalists. The Sir Arthur Hurst Lecture
on the genetics and biology of colorectal cancer
was given by Sir Walter Bodmer, and in the
New Perspectives Lecture Professor Michael
Peckham described ‘A research base for the
Health Service’. When Council selected London
as the venue for this meeting they could not
ever have foreseen that the capital city
would be in the grip of a severe economic
crash, but despite the crumbling streets
and vacant office blocks there was the usual
programme of social events. Given the interest
of members of the society in convoluted
tubing, it was appropriate that the BSG recep-
tion was held at Lloyds of London, being the
only building in the city which proudly wears
its innards on the outside.