

LETTER TO THE EDITOR

Long term maintenance therapy with sucralfate

SIR,—Dr Ott (*Gut* 1991; 32: 723) states that there is no evidence that long term maintenance 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 aluminium 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 sucralfate are required. In studies of six or 12 months' duration, urinary excretion and pools of aluminium 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 recommends 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.)
Berlin: Springer-Verlag: 1990.

The gall bladder has been the focus of considerable 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, percutaneous cholecystostomy, methylterbutyl ether dissolution, and percutaneous cholecystolithotomy are clearly described and apart from minor variations in techniques I have little disagreement with McNulty's methods. However, a few new techniques have developed in the past year, in response to the development of laparoscopic cholecystectomy and the realisation that the only viable percutaneous radiological procedures are those which can be performed under local anaesthesia such as the rotary lithotrite 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 immediate 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 expounded 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 gastrointestinal surgeons.

W R LEES

NOTES

Sir Francis Avery Jones BSG Research Award 1991

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

- (1) A manuscript (2 A4 pages only) describing 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. Applications (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 Gastrointestinal 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, Florida, on 20-22 February 1992. Further information: The Cleveland Clinic Educational Foundation, Department of Continuing Education, 9500 Euclid Avenue, Room TT-31, Cleveland, OH 44195-5241, USA. Tel: 216-444 5696; 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 have foreseen that the capital city would be in the grip of a severe economic recession, 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 reception was held at Lloyds of London, being the only building in the city which proudly wears its innards on the outside.