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Oesophagography and AIDS

SIR,—In a leading article on gastrointestinal tract involvement by AIDS Gazzard contends that oesophagography has such a poor sensitivity and specificity for diagnosing opportunistic – that is, fungal and viral – oesophagitis that it is an unsatisfactory technique for investigating oesophageal symptoms in HIV-positive patients.[1] Recent evidence, however, suggests that double contrast oesophagography is in fact a valuable diagnostic test in these patients. In two separate studies double contrast oesophagography had a sensitivity of approximately 90% in diagnosing *Candida* oesophagitis.[2,3] The major advantage of this technique over conventional single contrast barium studies is its ability to show mucosal plaques that cannot easily be seen with single contrast techniques. As a result, only mild cases of *Candida* oesophagitis are likely to be missed on double contrast examinations. Patients with AIDS often have a more fulminant form of candidiasis in which the oesophagus has an easily recognisable 'shaggy' appearance on oesophagography due to multiple plaques, pseudomembranes, and ulcers.[4] In contrast, herpes oesophagitis is typically seen on double contrast radiographs by discrete, superficial ulcers without evidence of plaques.[5] Recently, cytomegalovirus (CMV) has also been recognised as a cause of viral oesophagitis in HIV-positive patients. Unlike herpes, CMV may be shown radiographically as large, relatively flat ulcers one or more centimetres in size.[4,6] Because herpetic ulcers rarely become this large, the presence of a giant ulcer should be highly suggestive of CMV oesophagitis in patients with AIDS.

A recent study of HIV-positive patients confirmed that these various types of opportunistic oesophagitis can usually be differentiated by their characteristic features on double contrast oesophagrams, eliminating the need for endoscopic intervention in many cases.[4] We therefore believe that double contrast oesophagography is a valuable technique for investigating AIDS patients with oesophageal symptoms. Nevertheless, endoscopy may be required for a more definitive diagnosis if the radiographic findings are equivocal or if the patient fails to respond to appropriate treatment with antifungal or antiviral agents.

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Reply

SIR,—Thank you for giving me the opportunity to reply to the helpful letter of Levine and Herlinger discussing the merits of radiology *v* endoscopy in HIV antibody positive patients. Double contrast barium swallow in expert hands undoubtedly produces fine mucosal detail of the oesophagus, but at the expense of some false positives (5 out of 34) in the study quoted by Levine and Herlinger.[1]

Any assessment of sensitivity only applies to a particular population. Thus in one of the references that they have cited[1] only patients with oesophageal candidiasis were studied and in the other[2] only two of 18 cases had an alternative opportunistic infection (herpes). Had a wider spectrum of patients been chosen the sensitivity for radiology might well have been considerably reduced.

The preference for endoscopy in the diagnosis of HIV-related oesophageal symptoms is pragmatic. The sensitivity is likely to be higher than that for radiology in most hospitals and the capacity to biopsy dubious lesions is a major advantage. The major theoretical disadvantage is the transmission of HIV to staff or other patients – this has not been described.

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1 Levine MS, Macones AJ, Laufer I. Candida esophagitis: accuracy of radiographic diagnosis. *Radiology* 1985; **154**: 581–7.
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BOOK REVIEWS

Hepatology for the clinician. A problem-orientated approach. By S Beker. (Pp 369; illustrated; $96.) New York: Alan R Liss, 1989.

Hepatology for the Clinician, edited by Dr Beker, uses the problem oriented approach and is designed to be read by clinicians caring for patients with liver disease. Its 13 chapters come from authors in the United States, Venezuela, and Japan.

The first thing to be said about this book is that it was a pleasure to read. Its size and the length of the chapters mean that a topic can be read in a short space of time. Most chapters give an insight into how the individual authors tackle a clinical problem rather than give an exhaustive review of the literature on the subject.

Most of the common problems in hepatology are covered with chapters devoted to jaundice, gastrointestinal haemorrhage, ascites, hepatic encephalopathy, acute hepatitis, and chronic liver disease. There are excellent chapters on pregnancy and the liver and on space-occupying lesions of the liver. In a book of this kind some chapters inevitably tend to become a little imbalanced. This is particularly evident in the chapter on ascites where the subject of spontaneous bacterial peritonitis is allocated twice as much space as the discussion of ascites and the hepatorenal syndrome combined. The chapter on the febrile patient and the liver is disappointing as it consists mainly of a listing of infectious disorders involving the liver with descriptions of each. A more problem oriented approach here with perhaps discussion of the management of the patient with established liver disease presenting with pyrexia would, in my view, enhance this book.

Despite these criticisms this is an enjoyable book to read. It gives straightforwrd advice about the approach to and management of problems in patients with liver disease. I think it succeeds in its aim of providing practical guidelines for patient management. It is not a substitute for, nor is it intended to be a substitute for, the more comprehensive textbooks in hepatology. I think that it will be read with enjoyment by gastroenterologists, internists, and fellows in training.

P A McCORMICK

Radiology of the small intestine. By P Bret, C Cuche, and G Schmutz. (Pp 400; 550 figs; DM398.) Paris: Springer-Verlag, 1989.

This is a welcome translation of one of France's leading gastrointestinal radiologist's work on the small bowel. One of the first impressions of this book is of the outstanding quality of the radiographs. As Igor Laufer mentions in his preface, it is a beautiful work and a pleasure to look through. The book also has a very practical emphasis. Each section finishes with a short paragraph on 'practical conclusions' and the text is full of helpful points on technique, interpretation, and differential diagnosis that reflect the immense experience of the authors. Ultrasound, computed tomography, and arteriography are discussed, though most of the book concentrates on barium studies. It was refreshing not to find a total insistence on the small bowel enema as the only method for examination. I agree with its recommendation for use in obstruction and was particularly pleased to see the insistence on routine compression during examination with 'each loop separated from the neighbouring one by the Holzknecht device.' This is a useful compression device unfortunately not in common use in the United Kingdom. The index is slightly limited with one page references only to main topics, but, as this is not a reference tome but a book to read through and learn the practical aspects of small bowel radiology, I do not consider this a real disadvantage. I liked this book. There is competition in the field, but this is a particularly good account of the everyday problems encountered when examining the small bowel.

C I BARTRAM

The development of American gastroenterology. By J B Kirsner. (Pp 480; illustrated; $71.) New York: Raven Press, 1990.

Digestive Disease Week is the annual magnet that lures increasing numbers of gastroenterologists from all over the world to the United States; it is now the undisputed 'unofficial world congress.' The reason for this is meticulously displayed in this considerable work of scholarship; the Americans' contribution to gastroenterology is a rich scientific and clinical heritage which lends a lustre to their meetings. Joe Kirsner is, at 81, some 12 years

younger than the American Gastroenterology Association, but his intellectual and literary skills remain undimmed. He has drawn on nearly 1500 references to create a vivid history of the specialty from colonial times onwards. In the mid-19th century, the astonishing and epic work of William Beaumont was the obvious stimulus for the creative explosion that followed in the late 19th and early 20th century, spearheaded by such pioneers as Cannon, Ivy, Carlson, and Alvarez. Thereafter, there was a lull until the emergence of new pioneers such as Ingelfinger, Davenport, Code, Grossman, and, of course, Kirsner himself. Recent decades have seen strong efforts by the leaders to fight for the funding and the future of the discipline, and in the appendices, Kirsner has included the proceedings of the sequence of meetings on 'Digestive Disease as a National Problem.' The author displays a nice blend of detachment and enthusiasm, giving credit where credit is due as in his account of the emergence of fibreoptic endoscopy; the only perceptible bias is occasional and understandable Chicagocentricity. His narrative style is never dull, and occasionally a dry wit shines through; of the presurgical management of acute appendicitis, he remarks: 'When physics of various sorts failed to produce results or made matters worse, quicksilver was given as a last resort, which it usually was just that.' From the vantage point of his seniority, he must reflect that we are constantly rediscovering the wheel, but it is probably underpinned by an optimistic belief that it gets rounder each time.

Who should read this book? Obviously anyone interested in the history of the subject, for the greater part of it is here. In particular, it should be read by gastroenterologists in other countries (including the United Kingdom) who have assumed positions of leadership. They will find that Americans take their work very seriously indeed, and have created a wealth of interlocking organisations that exist not only for the social purpose of regular meetings but also to strengthen education at all levels, to set standards of clinical care, and, not least, to nurture the scientific base of clinical research. One cannot but admire the energy that united the profession across a continent; in the age of the plane and the fax it is easy to forget that for most of the period covered by this book, travel and communication was by no means rapid. Digestive Disease Week did not happen by accident; it is the natural outcome of hard work, of which there is no better exponent or apologist than the author.

DAVID WINGATE

Gastrointestinal cancer: radiation therapy. Edited by Ralph R Dobelbower, Jr. (Pp 310; illustrated; DM220.) Heidelberg: Springer-Verlag. 1990.

This book on gastrointestinal cancer has the somewhat misleading subtitle of 'radiation therapy.' It is misleading because the various chapters are all extremely comprehensive. They usually cover aspects of anatomy, natural history, epidemiology, diagnostic workup, and staging, together with balanced reviews of surgical, chemotherapeutic, and combined modality treatments as well as radiotherapy. It therefore presents a very broad and indeed, unusually for a multiauthor review book, a surprisingly up to date account of gastrointestinal cancer.

The editors must have given clear guidelines to their authors as all the chapters simply conform to the same pattern, making both reading and random reference easy. Each chapter has an extensive and useful bibliography (referenced to 1987) and the illustrations are pertinent and clear. There is some idiosyncratic indexing, as, for example, a whole page for the rare biliary cancers as opposed to half a page for rectal cancer.

Introductory chapters in tumorigenesis, pathology, and radiology set a useful stage for the subsequent individual reviews of cancer in the oesophagus, stomach, pancreas, biliary tract, colon, rectum, and anus. The book concludes with chapters on medical management (chemotherapy) and the follow up of treated patients.

It is difficult to maintain an equally high standard in all chapters but none was found wanting by this reviewer. It then would be invidious to highlight any one. However, it is impressive that, for example, in the chapter on chemotherapy the current excitement about various new techniques in colorectal cancer – adjuvant intra-arterial hepatic infusion, use of folinic acid as a modulation of 5-fluorouracil, and adjuvant levamisole with 5-fluorouracil all are mentioned – anticipating the more definitive data more recently available.

This is an impressive book both for reading and for reference. It is a pleasure to recommend it with complete enthusiasm.

NORMAN M BLEEHAN

Imaging of the liver, pancreas and spleen. Edited by R A Wilkins and H B Nunnerley. (Pp 557; illustrated; £110.) Oxford: Royal College of Radiographers and Blackwell Scientific Publications, 1990.

Major advances have taken place in recent years in the radiological investigation of the solid organs of the digestive system. Angiography, radionucleide imaging, and ultrasound are techniques that have been available for some time, but have now become refined and are now widely available. Computed tomography, direct methods of cholangiography and pancreatography, and magnetic resonance imaging are more recent developments that are in fairly widespread clinical practice. All these techniques now play a major part in the diagnosis and management of disorders of the liver, bile ducts, pancreas, and spleen, and this book is a timely addition to the literature on imaging of the digestive system.

Imaging of the Liver, Pancreas and Spleen is edited by Robert Wilkins and Heather Nunnerley, and has contributions from 31 leading experts in the field. The authors have succeeded in producing a comprehensive, well referenced text with a large number of excellent illustrations. Normal anatomy, the methods of investigation, and disorders that involve the liver, biliary system, pancreas, and spleen are dealt with. Some overlap is inevitable in a book with so many contributors, but the editors have done an excellent job. It occurs in the description of techniques such as percutaneous transhepatic cholangiography and endoscopic retrograde cholangiopancreatography (ERCP).

As I read through the chapter on obstructive jaundice, I was surprised to see a statement that ERCP can be performed on an outpatient basis. In the section on the gall bladder, it is incorrectly stated that sodium ipodate is given in a dose of six 3 g capsules, instead of six 500 mg capsules. The calcified or porcelain gall bladder, although an uncommon condition, deserves more attention than one or two sentences. As computed tomography plays a major part in the detection and diagnosis of carcinoma of the pancreas, I think that its role in pancreatic cancer receives less attention than it should.

These are only minor criticisms of an excellent book that should prove to be a useful source of reference for radiologists and clinicians involved in the management of patients with suspected or known disorders of the solid organs of the digestive system.

D NOLAN

Progress in liver diseases. Vol IX. Edited by H Popper and F Schaffner. (Pp 750; illustrated; $110.) Philadelphia: W B Saunders, 1990.

In 1961 Hans Popper and Fenton Schaffner, working at the Mount Sinai Hospital in New York, later to be the Mount Sinai School of Medicine of the City University of New York, inaugurated the 'Progress in Liver Disease' series of monographs. They were the editors and their friends the contributors. The volumes rapidly became the most original and innovative books on liver disease in the world. No serious hepatologist could afford to be without them. Over the years eight volumes have appeared and now the ninth, which fully maintains the high standards of its predecessors. Sadly, it is published without the personal supervision of the senior editor, Hans Popper, who was the father of modern hepatology and who died in 1988. In this volume Dr Popper's memory is perpetuated by Fenton Schaffner, his loyal co-editor, and by 75 contributors. In such a feast of hepatology it is difficult to select particular topics. They include a full discussion of hepatitis C and E viruses and of liver transplantation. Basic topics such as liver gene expression, eicosanoids, hepatic calcium metabolism, and bilirubin glucuronidation are included.

The presentation is excellent. The illustrations are prolific and clear. The price is reasonable given the breadth of material included and the size of the book. This ninth *Progress in Liver Diseases* will become a collector's item, referred to well into the 21st century, when other monographs of liver disease are long forgotten.

SHEILA SHERLOCK

NOTES

Course for radiologists

The Leeds Gastroenterology Course for Radiologists, 1–5 July 1991, will be held at St James's University Hospital, Leeds, England. Information: Miss Pat Kentley, Level 7, Worsley Medical Building, University of Leeds, Leeds LS2 9JT, England. Tel 0532 431751.

6th World Congress in Ultrasound

The 6th World Congress in Ultrasound will be held in Copenhagen, from 1–6 September 1991. Congress secretariat: 6th World Congress in Ultrasound, Spadille Congress Service, Sommervej 3, DK-3100 Hornbæk, Denmark.