LETTERS TO THE EDITOR

Serological diagnosis of Helicobacter pylori

Editor,—We read with interest the article by Taha et al about their experience with four different serological tests for the detection of Helicobacter pylori (Gut 1993; 34: 461–5.) This is indeed one of the few studies to compare the clinical value and efficacy of various commercially available serological tests. We were, however, quite surprised about the general outcome of this survey. None of the investigated tests had acceptable sensitivity and specificity to be comparable with other, more invasive, techniques. The authors, therefore, concluded that these serological tests are not reliable enough to be proposed as a standard diagnostic tool for the detection of H pylori.

We evaluated the Biolak Malakit ELISA test in a large population of children (n=95) who had upper gastrointestinal endoscopy because of chronic abdominal complaints. Compared with histology or culture, or both the sensitivity and specificity of the Malakit test were both 96%.

Furthermore, it has been shown that certain serological methods have a much lower sensitivity and specificity in certain ethnic populations or in children. While the second is certainly the case for the Pyloriset test the same observations could not be made with the Biolak Malakit ELISA in our study.

In contrast with Taha et al we therefore concluded that the suitability of this test is comparable with that of the invasive or more expensive (for example, C-urea breath test) techniques, or both.

U BLECKER
V YVANDELPAS
Department of Paediatric Gastroenterology, Academic Children's Hospital, Free University of Brussels, Laarbeeklaan 101, 1090 Brussels, Belgium


Reply

Editor,—We thank Drs Blecker and Vandenplas for their comments. As discussed in our paper, however, the efficacy of the serological tests might be influenced by several factors such as age, atrophic gastritis, non-steroidal anti-inflammatory drugs, repeated courses of antibiotics over the years, etc. The children included in Drs Blecker and Vandenplas study, unlike our middle aged patients, are less likely to have been influenced by such factors. We therefore agree that Biolak Malakit is probably as reliable in the paediatric population as other biopsy related tests.

A S TAHARA
R RUSSELL
Gastroenterology Unit, Royal Infirmary, Glasgow, G31 2ER

Interleukin-6 in the early assessment of acute pancreatitis

Editor,—It was with great interest that I read the paper by Heath et al (Gut 1993; 34: 41–5). The authors found that serum concentrations of interleukin-6 rose earlier than C-reactive protein in patients with acute pancreatitis, and it had a better predictive value than C-reactive protein in the early assessment of severity in this disease. Although the idea of stratifying patients with various disease activity levels on the basis of a single serum marker is very attractive, interleukin-6 is not more accurate in discriminating between severe and mild disease in acute pancreatitis when compared with the multiple factor scoring system of APACHE II and multiple organ system failure (MOSF) score.1,2 Ideally, a severity stratification system would contain the minimum number of variables, thereby facilitating clinical use. On the other hand, this scoring system could adequately describe the (patho-)physiologic state of the patient, as insight into physiological abnormalities or improvements (for example, as a consequence of a given treatment) is essential for the management of acute disease and medical decision making. Although the APACHE II and MOSF score contain organ related variables and may be better than interleukin-6 in reflecting disease activity in acute pancreatitis, they are complex and include multiple criteria.

In their study, Heath et al used a bioassay to determine the concentrations of interleukin-6. This assay has some drawbacks including a long turnaround time, is comparatively expensive, and at present it is not usually available for routine clinical use. The use of the newly developed commercial immunoassay, however, would overcome the problem of long turnaround time. Furthermore, as the usefulness of interleukin-6 as an early marker of severity prediction has been increasingly shown in other diseases,3 the adoption of interleukin-6 as a diagnostic tool will be facilitated. Experience with immunoassays is, however, warranted before interleukin-6 can be recommended for clinical use.

Acute pancreatitis is a disease with a wide range of activity. Early assessment of severity and monitoring the progression or deterioration of the disease is therefore of paramount importance in the management of patients. Interleukin-6 as a single prognostic factor has been shown to be a sensitive and highly specific indicator of the acute phase response. Although interleukin-6 does not give insight into changes of disease activity during disease course, it can be used in combination with the APACHE II or the MOSF score in the prediction and monitoring of acute pancreatitis.

D D TRAN
Department of Surgery, Free University Hospital, 1081 HV Amsterdam, The Netherlands


BOOK REVIEWS


Many physicians would be content to have their name eponymously applied to a major syndrome but Robert M Zollinger senior, recently deceased and sadly missed, has more sweeping changes in general surgery in recent years have come about as a result of the laparoscopic revolution and the change from long hospital stay to ambulatory surgery. A short chapter on cholecystectomy is the only reference found in this book to an operation that is probably still done in an open way, a thought that allows an open-chest approach to a dissection. Zollinger would be disappointed to find a reference to a dissection in his book to an operation that is probably still done in an open way, an operation that he considered to be an open method. A short well written and perceptive mini-chapter on ambulatory surgery is the only reference to this momentous change in surgical direction.

The book, written for both consultant and junior doctors, is a compendium of surgery. We have been pleased to read about surgical education and we have had an embarrassment of choice in surgical texts. In this reviewer’s opinion this book is a contribution to surgical history rather than to science or education. One edition of this book deserves a place in any surgeon’s library but it is not necessary to buy a new edition if you have a former one. It is certainly not the best book to read for the postgraduate specialist education or to find out how to do an operation that you have not performed for some time. This is a superb record of surgical history. It is elegantly illustrated by fussy line drawings that delight the eye almost as much as the fine drawing in an etching by William Blake.

J ALEXANDER-WILLIAMS