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 populations1 or in children. While the second is certainly the case for the Pyloriset test2 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 YANDENPLAS
Department of Paediatric Gastroenterology,
Academic Children’s Hospital,
Free University of Brussels,
Laarbeeklaan 101,
1090 Bruxelles, 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 Malakist is probably as reliable in the paediatric population as other biopsy related tests.

A TAHAR
I RUSSELL
Gastrointestinal Unit,
Royal Infirmary,
Glasgow, G31 2ER

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 made 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 to laparoscopic surgery. The second edition ranges from abdominal aortic aneurysm resection to Zenker’s diverticulocystectomy. Touching on the way, dilatation and curettage of the cervix and uterus, hand incisions, hepatic trisegmentectomy, radical mastectomy and such operative tours de force as are epitomised by names such as Peustow, Whipple, Rodney Smith, and Wertheim.

We have learned much in recent years about surgical education and we have 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 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