Microvascular abnormalities in the mucosal prolapse syndrome

Editor,—The paper by Dr Lonsdale (Gut 1993; 34: 106-9) while presenting an intriguing and new theory of ulceration in mucosal prolapse syndrome, and highlighting a previously neglected aspect of its histopathology omits some diagnostic features. Diamond shaped crypts, and intramucosal elastin are features of all the conditions that fall within the bounds of the unifying concept of mucosal prolapse.

Also the relation between metaplastic polyps and mucosal prolapse is unclear. While we would agree that most metaplastic polyps are too small to induce mucosal prolapse changes in the immediately adjacent mucosa, histological features of mucosal prolapse are usually seen within the polyps themselves. Metaplastic change is seen overlying 30% of cases of mucosal prolapse in most series. The theories of Cripps and ourselves relating metaplastic polyps to mucosal prolapse, because of their similar features, may have to be reconsidered now that Dr Lonsdale’s paper has uncovered a difference between the vasculature of metaplastic polyps and mucosal prolapse.

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Inflammatory bowel disease in Asians

Editor.—The studies by Probert et al have provided important information on the incidence of inflammatory bowel disease in South Asians. Furthermore, the results have highlighted the fact that this is not a homogenous group of patients, with significant differences between Hindus, Muslims, and Sikhs. The heterogeneity is perhaps not surprising because of the vast size of the Indian subcontinent, from which these patients originate.

Diet is known to play a part in the cause and subsequent course of inflammatory bowel disease. In addition to the obvious differences between European and Indian diets, there are also important differences in the diet within India. Epidemiological studies have shown that a low fibre diet is a risk factor for inflammatory bowel disease. Areas in the south of India have a lower intake of unrefined fibre when compared with the northern regions.

Other dietary factors, such as antioxidants, may also be of importance. Recent evidence implicating oxygen derived free radicals in inflammatory bowel disease. Healthy subjects in Madras, in south India, have been shown to have lower plasma values of ascorbic acid and ϒ-carotene than healthy subjects in England.

Thus, some of the differences seen in the incidence of inflammatory bowel disease in people from the Indian subcontinent may be related to dietary differences between Indians in the United States and south Asians, as well as dietary differences between the various groups from within the Indian subcontinent. It would be interesting to know if the findings of Probert et al were mirrored in Hindus, Muslims, and Sikhs within India.

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