Non-steroidal anti-inflammatory drug-induced jejunal and colonic diaphragm disease

EDITOR.—Fellows and his colleagues (*Gut* 1992; 33: 1424–6) claim that 'most previously reported cases have shown ileal disease and no case to date has shown involvement of the colon.'

We would like to draw your attention to the fact that we published a case of diaphragm disease of the colon in the April issue of *Gastroenterology* in 1991¹ several months before the case report of Fellows *et al* was published in *Gut*. We were more cautious in asking for priority and we stated 'that to our knowledge such a case had not been observed before.' The caution was indeed justified as we then saw several additional cases in a short time. We submitted this extended case report for publication to a well honoured British journal and we were informed that our cases did not contribute to the better understanding of this established condition. Moreover, Dr H Spiro, the editor of *Clinical Gastroenterology*, where the paper was subsequently accepted for publication,² was kind enough to draw our attention to an earlier publication of two such cases in the *Lancet*, in 1989.³ Additionally we found a recent report in endoscopic studies.⁴

We thus agree with a *Lancet* editorial in 1989 that colonic damage by non-steroidal anti-inflammatory drugs is probably very common.⁵ It is of interest that all the seven cases we have seen up to now were treated with diclofenac, applied in slow release form, and it is possible that we have seen a whole series of such cases in less than two years as this drug is manufactured in Switzerland and is the most common non-steroidal anti-inflammatory drug in use in our country. It is nevertheless appreciated that this case report was published in *Gut* as we are sure that this condition is still not generally recognised.

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1 Huber Th, Ruchti Ch, Halter F. Non-steroidal anti-inflammatory drug-induced colonic strictures: a case report. *Gastroenterology* 1991; 100: 1119–22.

2 Halter F, Weber B, Huber Th, Eigenmann F, Frey M, Ruchti Ch. Diaphragm disease of the ascending colon associated with sustained-release diclofenac. *J Clin Gastroenterol* 1993; 16: 74–80.

3 Sheers R, Williams WR. NSAIDs and gut damage. *Lancet* 1989; ii: 1154.

4 Monahan W, Starnes EC, Parker AL. Colonic strictures in a patient on long-term non-steroidal anti-inflammatory drugs. *Gastrointest Endosc* 1992; 38: 385–6.

5 Anonymous. NSAIDs and gut damage. [Editorial] *Lancet* 1989; ii: 600.

BOOK REVIEWS

Coeliac disease. Edited by M Marsh. (Pp 371; illustrated; £79.50.) Oxford: Blackwell Scientific, 1992.

Accounts of the steady progress of research in coeliac disease in the last quarter of a century

are provided by the published proceedings of half a dozen international conferences; there have also been a number of single or multi-author books, in several languages, which provide personal perspectives or attempt to give accounts of one or more facets of this fascinating disease. This invaluable contribution on coeliac disease falls in the latter category. There are 10 up to date, authoritative, interesting, and extremely well edited contributions produced predominantly but not exclusively by British authors. These are preceded by a fascinating personal account of the early work on gluten free diets by Charlotte Anderson, who explains in detail the separate and collaborative contributions by the Dutch and British teams in the early 1950s. Those of us who have felt unappreciated by US referees and editors will note wryly the four papers which described the deleterious role of gluten in coeliac disease that were submitted by Weigers, van de Kamer, and Dicke to 'a well known American paediatric journal' and were returned without any comments as not acceptable! At the end of the book there is a personal chapter by the editor which highlights important clinical and pathogenetic issues and in which he clearly presents his interpretation of the current state of knowledge, and his views as to potential directions for the future.

The two clinical accounts of childhood and adult coeliac disease fully reinforce Dr Marsh's comment that clinicians across a wide range of specialties need to develop a high degree of awareness of the existence of coeliac disease; regrettably it seems unlikely that clinicians, other than gastroenterologists, will buy and read this book. There are useful chapters on dermatitis herpetiformis and malignancy, comprehensive apart from a notable absence of recommendations as to the treatment of the lymphoma associated with coeliac disease. Dr Marsh has brought together the contents of a dozen of his publications, and work still unpublished, in his description of mucosal pathology. Once again, new issues which require investigation are raised, for example the relatively unstudied effects of gluten sensitivity on the stomach; the suggestion that effects on the microvasculature of the gut may be very important in producing villus damage and epithelial cell changes in this disease. It would have been useful to have had a conventional pathologist produce a section on the differential diagnosis of enteropathies in clinical practice, to complement a clinical scientist's analysis of the many subtle changes which require computerised image analysis to assess properly.

The remaining chapters cover epidemiology, genetics, antibodies, T cell mediated injury, and cereal proteins. Not only are these splendid accounts highly provocative and full of extremely useful and comprehensive tables of previously published data, but they are also extremely 'reader friendly' in presenting important scientific principles necessary for proper interdisciplinary research, for example how the definitions used by the epidemiologists fit in with a non-fatal and relatively rare condition; remarkably clear demonstrations of the molecular structure of HLA molecules, an insight into the science of protein chemistry as applied to cereal prolamins.

Coeliac disease is important and common. There are probably 40 000 patients with coeliac disease already diagnosed in the United Kingdom and many others with chronic symptoms which would be curable by diet and which have not been properly investigated. Knowledge about coeliac disease must be better disseminated. The first half of this book is an

extremely useful clinical account of coeliac disease, and for that reason alone it deserves a place not only in gastrointestinal units but in general hospital libraries. The relatively more research orientated chapters in the latter half of the book are of an equally high standard and will mean that this book reaches an even wider audience and will be found on the personal book shelves of many clinicians, pathologists, and investigators.

A FERGUSON

Colitis. By M P Kelly. (Pp 127; not illustrated; £10.99.) London: Tavistock/Routledge, 1992.

How do people cope psychologically and socially with ulcerative colitis and ileostomy? The author of this book, a medical sociologist who himself has an ileostomy, has tried to answer this question by analysing the results of unstructured interviews with 45 patients requiring ileostomy for ulcerative colitis.

After a brief description of the disease, the book quotes extensively from patients' reports of how they reacted to the onset of their symptoms, their colitis once diagnosed, surgery, and then life with the stoma: this section makes compulsive reading. The design of the study, however, leaves a number of questions unexplored. How, for example, do patients deal psychologically with potential or actual side effects from drugs upon which their well being seems to depend, with the threat of cancer, with unpleasant and often repeated investigations such as colonoscopy, and with unhelpful medical and paramedical staff? Is an ileoanal pouch easier to cope with than an ileostomy? How do patients with Crohn's disease react to the possibility of recurrence after surgery? How useful are patient support groups such as the National Association for Colitis and Crohn's Disease? How does ethnic background modify the coping process?

The final chapter analyses the psychological mechanisms of coping by using a behavioural model operating at four levels (intrasubjective, technical, interpersonal, and intersubjective), using terminology sometimes difficult for readers untrained in social sciences or psychology. More important, I was left unclear how the model might be used to help patients live more easily with their colitis.

Any attempt to better understand how people cope with a chronic disease such as ulcerative colitis is very welcome. Not only because we are all justifiably, if not uniformly, criticised by the interviewees, I recommend this book to all clinicians, nurses, stoma therapists, counsellors, and other staff caring for patients with colitis. I hope, however, that the author will extend his work to explore the questions that this short paperback leaves unanswered.

D S RAMPTON

Liver and biliary diseases. Edited by Neil Kaplowitz. (Pp 732; illustrated; £81.00.) Baltimore: Williams & Wilkins, 1992.

The purpose of this book, according to Neil Kaplowitz who has edited the volume, is to provide a relative and concise review of hepatobiliary disorders for a general readership, including students, house staff, family physicians, and gastroenterologists. It is not primarily directed towards the practising, already expert, hepatologist for whom a number of excellent textbooks of hepatology have appeared in the USA and in Europe during the past 10 years. Many of those are based on