LETTERS TO THE EDITOR

Endoscopic injection therapy

EDITOR,—It is now very clear that endoscopic injection therapy has become established as an effective treatment for peptic ulcer haemorrhage. As Rutgeerts et al state (Gut 1993; 34: 348-50), injection regimens are quite unclear but we suggest that clarity has not been further achieved by this publication. Rutgeerts and others suggest that the combination of epinephrine and polidocanol does not reduce the occurrence of reblooding from peptic ulcers while repeat injection with absolute ethanol is an effective regimen. We would like to make several points regarding this conclusion.

Firstly, the number of patients in each treatment group (25) were small and we would be loath to dismiss the value of combination injection therapy on the basis of this limited number of patients. Secondly (as acknowledged by the authors), the three groups of patients were treated in terms of their dose. It is widely acknowledged that the presence of shock at the time of admission is an important risk factor for reblooding, yet twice as many patients who received the epinephrine-polidocanol combination were in a state of shock compared with the sham endoscopy and ethanol treated groups. This well might account for the rather disappointing results of injection treatment with epinephrine-polidocanol. Thirdly, we were struck by the finding that most patients who rebled in the sham treated group were subsequently effectively treated by the epinephrine-polidocanol combination. This is surprising if this form of injection therapy were indeed ineffective. While we dispute the conclusions of this paper, we do agree that further studies looking at different injection regimens are necessary but we would like to emphasise that these should include adequate numbers of well matched patients.

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Reply to both letters

EDITOR,—The comments of Choudari and Palmer concerning our recent paper are interesting. In the design of a trial the calculation of the sample size is extremely important. In this paper the numbers were defined based on two assumptions: (1) a decrease 50% reblooding rate of non-blooding vessels reported in published works; (2) the inclusion of a non-treated control group, which decreases the number of patients needed in a study comparing two active treatment methods. Based on statistical prediction 25 patients in each treatment group seemed sufficient. From a statistical point of view significance achieved with low patient numbers carries more power than when large patient groups are necessary to show an effect. Also, to our surprise, the efficacy of epinephrine-polidocanol injection in this study was lower than in other trials1 including our own previous trial.2 There were indeed more patients with severe reblooding in the adrenaline-polidocanol group. The difference was not significant, but this might explain the lower efficacy.

We do believe that adrenaline-polidocanol is effective but it is not shown by this study. The data are as they are and we feel that it is important that they are reported as such. It might be interesting to perform metanalysis on all the results reported on adrenaline-polidocanal therapy of non-blooding vessels in gastroduodenal ulcers.

FRUTGEERTS


The comments of D S Bhandarkar on our recent paper call for some clarification. Sham injection in this study was characterised by clear identification of the non-blooding protruding vessel, introduction of the injection needle with targeting but without actual injection.

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BOOK REVIEWS


In the preface, the three editors of this new book on hepatobiliary diseases refer to "major developments in molecular biology which have had a significant impact on biomedical knowledge. As a result new concepts in cell biology have emerged. . .". The reader therefore starts the book thinking that there will be a real attempt to integrate new scientific knowledge with its ability to lead into new areas of mechanisms and the clinical syndrome development. Our knowledge of liver disease is expanding at an extraordinary rate with the application of molecular biology techniques to the viral hepatitides for instance, and there is also the other area of exciting progress in relation to genetic basis and gene product identification. Sadly this is not so and what we have is yet another textbook on liver disease.

According to the editors' hopes, it will be of use to students, postgraduates, gastroenterologists, and hepatologists in training, representing wide range of requirements to cover. Some chapters on liver function tests do give a straightforward clinical account of the subject suitable for undergraduate students and those early in their postgraduate career, but in other areas, for instance immunology of the liver, the emphasis is much more on the findings of recent research studies.

Paediatric metabolic diseases comprises a book in itself, whereas liver transplantation is very brief and is largely an account of the author's personal experience of the Birmingham programme. The chapter on laparoscopy similarly represents the experience of one particular centre. The authors are drawn from many centres around the world and there was a chance in this volume to give an overall world perspective of liver disease, but again I was unconvinced of its success here. The book can only be described as uneven, and there is also some duplication—nodular regenerative hyperplasia, for instance, is considered in some detail in the chapter on circulatory aspects as well as in that of liver tumours. It would seem also that the respective authors have not read each others' contributions.

The overall presentation by Springer-Verlag is heavy and uninspiring and this reviewer has to admit to a disappointment with this volume. Nevertheless, the hepatologist or gastroenterologist in training will find that many of the