LETTERS TO THE EDITOR

Resection of the gastric fundus in rats

EDITOR,—We were interested to read the paper by Dr Chu et al from Sweden and Denmark (Gut 1993; 34: 988-93), which showed that resection of the gastric fundus in rats causes both pancreatic hyperplasia and the development of premalignant lesions (acidophilic atypical acinar cell foci or AACF). These changes were even more noticeable in another group of animals that had received pancreatebiliary diversion to the mid small bowel. These new Scandinavian data complement or confirm a number of our own published findings. 

In our studies, we carried out resection of the pancreaticoduodenal and gastric segments and encountered multiple lesions, including some of the type described by Chu et al. In our rats, there were no noticeable changes after resection of the pancreas, but we found marked increases in gastrin and cholecystokinin concentrations, and this effect of pancreatebiliary diversion was enhanced by azaserine, a tumor promoter (Gut 1993; 34: 338-45).

Reply

EDIT0R,—We are fully aware of and agree with the results of the recent study by Professor Williamson et al on pancreatic changes related to surgical procedures with hormonal aberrations in the rat. We hope that our published results on the effect of vagotomy on colonic motility will encourage further studies in this area (Gut 1993; 34: 1102-7).

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Gall stones and gall bladder motility

EDITOR,—We have read with interest the leading article ‘Gall stones and gall bladder motility’ (Gut 1993; 34: 440-3). We agree that vagal cholinergic and cholecystokinin mediated hormonal mechanisms are the most important factors in controlling gall bladder emptying. With regard to gall bladder emptying after truncal vagotomy, we have recently shown impaired gall bladder emptying after truncal vagotomy, with a higher fasting and residual volume and a decreased ejection fraction. In our subjects, we found gall bladder emptying to have a trypsin-like pattern with a distinct phase of filling occurring between 15 and 45 minutes, which separated two contraction phases. Minimum volume was attained between 30 and 90 minutes after the meal.

It seems that drugs having a prokinetic effect may prove valuable in preventing bile stasis and cholelithiasis in a variety of circumstances.

The effect of cisapride we find is controversial, however, as in a double blind, prospectively randomised, placebo controlled study we found no prokinetic effect of cisapride either in healthy volunteers or in vagotomised subjects. Another possible prokinetic modality that promises to have clinical benefit is the effect of a rapid intravenous glatiramide of which is believed to cause gall bladder contractions and increase cholecystokinin concentrations. This may be potentially important in the prevention of gall bladder sludge in patients on total parenteral nutrition.

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Iron deficiency anaemia

EDITOR,—The comment is well made that the possibility of coeliac disease should be considered in all iron deficient patients, regardless of age (Gut 1993; 34: 1102-7), and this is true also of those who present with dyspepsia and abdominal pain, because these symptoms may be prominent in some patients with this condition. Therefore, if endoscopy proves negative for suspected peptic ulceration or gastric cancer, the diagnostic trap to avoid is that of attributing upper gastrointestinal symptoms to colonic disease without taking the precaution to rule out coeliac disease by means of endoscopic biopsy. Additionally, to heighten the index of suspicion, endoscopists should routinely comment on the appearance of the duodenal folds, because these may be characteristically effaced in some patients with coeliac disease.

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