Letters, Book Reviews

Benign intracranial hypertension


Reply

EDITOR,—We thank Dr Kolkmann et al for their letter about our paper on the clinical relevance of technetium-99m labelled granulocyte scintigraphy in Crohn’s disease (Gut 1993; 34: 1364-9), not only for their positive considerations but also for the criticisms that give us the opportunity to clarify them.

Firstly, the problem of differentiation between ileum and ascend colon in case of a hot spot in the right iliac fossa. In difficult cases, the scintigraphic study is done for 24 hours so the whole colon is visualised by labelled granulocytes eliminated in the luminum. Many false positive scintigraphic studies the scan image to the ileum or the colon.

The main point concerns Crohn’s disease complications, abcesses and fistulas. In our work not all patients have been checked, so the term ‘normal’ histological result is correct. But the systematic research of abcesses was not a goal of the study and so we started from the clinical suggestion of complication to perform scintigraphy. In a subgroup of patients a positive scan for abscess or fistula had a 100% accuracy.

Scintigraphic differentiation between abscess and fistula is made on serial images, to see anomalous stabs between intestinal loops or between intestine and adjacent tissues. The 24 hour scan was necessary in 45 patients. The examinations to confirm the complications (see the text) were performed in patients with clinical suggestions of the complications and not only in cases with a positive scan. We agree that computed tomography is more accurate for the screening of abscesses: in the methods section we say: ‘when abscess or fistula complications were suspected, the final diagnosis was based on computed tomography ...’, and this sentence is quite similar to the conclusion in Dr Kolkmann’s letter.

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Small Bowel Transplantation. By D R Grant, R F M Wood. (Pp 142; illustrated; £60.00.) London: Edward Arnold, 1994.

The comparative success of parenteral nutrition in the treatment of patients with intestinal failure and the disappointing early results of small bowel transplantation relegated this topic to the backwaters of the transplant world. This is now changing and small bowel transplantation should become an established form of treatment for intestinal failure in the near future. There are many problems still to be resolved, but the progress of research and clinical practice has been comprehensively summarised in this well produced publication.

The book reviews the causes and current treatment options of small bowel failure, experimental animal models used to study small bowel transplantation, the problems of acute and chronic rejection, organ preservation, and the physiology and function of the gut, with particular reference to mucosal defence and bacterial translocation. There is an extensive clinical review of current results

BOOK REVIEWS


The implication of abnormal gastrointestinal motility in the pathogenesis of common disorders and symptoms has been well established over the past 20 years but the details of measurement and the interpretation of motility traces remain obscure to all but a few directly involved in the field. While clinicians are often confused about science, non-clinical physiologists may be unaware of the clinical problems that need to be solved.

This book aims to provide ‘a concise, practical and fully illustrated account by acknowledged experts of, not only the motor physiology and pathophysiology of the gut, but also the problems these are studied’. In this, it most definitely succeeds and, although, with over 700 pages, ‘concise’ may not be the best description, it is divided up into sections and short chapters, which makes it a readable and manageable book. While the first edition, new sections have been added to deal with systems that regulate and modulate gastrointestinal motility and many of the other chapters have been rewritten. Certainly, the editors have collected a very impressive array of internationally acclaimed authors in the field, from different countries and different disciplines. The middle section deals with methods of measuring motility and the practical procedure of electrography to computerised wave analysis. The techniques are described in considerable detail, making it possible to use the book as a practical worktext. In this section and the clinical measurements and throughout the book the authors are appropriately critical and not afraid to discuss the problems of measurement and interpretation in this field.

Each chapter is extensively referenced, which is particularly valuable for researchers who wish to read more widely and look up the original sources; and the whole book is extensively illustrated — so well, in fact, that sometimes the text is almost lost! (for example, between pages 105–107 and 109–111). The 40 chapters are divided into seven sections and the excellent index makes reference to the same subject in different chapters easy. The wealth of illustration is reflected in the price. Although it is always possible for a reviewer to find small details with which they disagree, this book is a mine of information and should be available for reference to all those involved in gastroenterology or in laboratory testing and measurement of motility.

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