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Reply

EDITOR,—We thank Dr Kolkman *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 ascending colon in the 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 lumen and so correctly attributes the scan image to the ileum or the colon.

The main point concerns Crohn's disease complications, abscesses and fistulas. In our work not all patients have been checked, so the term 'accuracy' is not statistically correct. But the systematic research of abscesses was not a goal of the study and so we started from the clinical suggestion of complication to perform computed tomography. In this 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 Kolkman's letter.

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Benign intracranial hypertension

EDITOR,—We read with interest the report of two patients who developed so called benign intracranial hypertension (BIH) during episodes of inflammatory bowel disease (IBD) treated with corticosteroids, but would argue that the corticosteroids were probably not to blame (*Gut* 1994; 35: 423-5). It is increasingly realised that BIH is a syndrome rather than a specific diagnosis, and that the most common identifiable underlying cause is cerebral venous thrombosis. This may affect either the major dural venous sinuses or the superficial cortical veins, and can present with either the syndrome of BIH or focal deficit resulting from venous infarction. There is a well recognised association between IBD and cerebral venous thrombosis.¹⁻⁵ This probably

reflects a general tendency to thrombosis in IBD rather than the effects of treatment: certainly cases have been reported where corticosteroids were not prescribed¹⁻³ or had been completely withdrawn (as described by Jackson *et al*⁵ and the authors in a paper recently submitted for publication).

Indeed it must be asked whether there really is a genuine association between BIH and corticosteroid treatment. Many of the other diseases that are treated with corticosteroids are also themselves thrombophilic. An example would be the recent report of BIH in a patient with corticosteroid treated nephrotic syndrome, where the BIH resolved with anticoagulation.⁶

The diagnosis of cerebral venous thrombosis is not excluded by a normal brain scan with computed tomography; this requires either magnetic resonance brain scanning with special angiography sequences or conventional cerebral angiography. Our policy is to pursue these detailed investigations in patients where the syndrome of BIH is accompanied by a thrombophilic disorder, particularly as there is increasing evidence that anticoagulation may be a useful treatment.⁷

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BOOK REVIEWS

An Illustrated Guide to Gastrointestinal Motility. Edited by D Kumar, D Wingate. Second edition. (Pp 700; illustrated; £125.00.) Edinburgh: Churchill Livingstone, 1993.

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 methods by which it may be 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 very readable and easy for reference. Since 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 from perfused tube manometry through electrogastrography to computerised wave form analysis. The techniques are described in considerable detail, making it possible to use the book for practical problems of everyday clinical measurement 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.

A G JOHNSON

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

and a brief review of the future prospects of small bowel transplantation. Each chapter is written by acknowledged experts in the field with a bias towards basic research in small bowel transplantation, reflecting the interests of the editors.

The technical feasibility of small bowel transplantation was shown in 1959 by Lillehei in a dog model. Between 1964 and 1967, eight human small bowel transplants were performed with survival times ranging from 12 hours to 76 days. These were unsuccessful either for technical reasons or because of acute cellular rejection. The introduction of cyclosporin into clinical practice revived interest in small bowel transplantation at a time when the limitations of parenteral nutrition were becoming increasingly clear. During the 1980s a number of small bowel transplants were performed in several centres in Europe and America with isolated reports of success. The report of a longterm survivor after liver and small bowel transplant, from Grant and his colleagues in London, Ontario, coming after a series of successful experiments in pigs provided the impetus to Starzl and his colleagues at the University of Pittsburgh to start what has become the largest series of patients treated by intestinal transplantation. FK506 has been used extensively in Pittsburgh and is currently considered to be the preferred immunosuppressant for small bowel transplantation. The results of their first 53 cases are discussed in detail in this book. The problems that the Pittsburgh programme encountered have been briefly reviewed.

The Pittsburgh group presented their results in November 1993 at the 3rd International Small Bowel Transplant meeting and reported a one year patient survival of 80% for isolated small bowel (22 transplants) and multivisceral transplantation (11 transplants) and 60% for combined liver and small bowel transplantation (26 transplants). Unlike liver transplantation, however, significant graft loss occurs later than one year and the graft and patient survival figures at two years are awaited with interest.

These early results although promising are overshadowed by the continuing problems relating to the level of immunosuppression. Getting the balance between too little immunosuppression resulting in acute rejection and too much resulting in sepsis and an increased likelihood of lymphoproliferative disease has proved difficult and remains the major obstacle to successful small bowel transplantation. About 30% of children undergoing small bowel transplantation in Pittsburgh have developed lymphoproliferative disease, as a consequence of high levels of immunosuppression and Epstein-Barr viral infection. The incidence is much less in the adult population.

The criticisms of this book are few. The inclusion of some clear line drawings and diagrams of the surgical procedures would have been helpful. The section on small bowel failure deals with the definition of intestinal failure and treatment from the point of patients being accepted on to a parenteral nutrition programme. A fuller discussion of the current indications, assessment, and selection of patients for small bowel transplantation would have been useful for practising clinicians who may consider referring patients. The section on lymphoma, sepsis, and follow up of graft function, all important problems after small bowel transplantation,

will need to be expanded in future editions.

All the chapters are comprehensively referenced, effectively displayed, and easy to read. This is an excellent book for anyone interested in the history and development of small bowel transplantation up to the present time.

N HEATON

Chronic Inflammatory Bowel Disease in Childhood. Edited by J A Walker-Smith, T T Macdonald. (Pp 201; illustrated; £27.50.) London: Baillière Tindall, 1994.

While the incidence of inflammatory bowel disease in children is rising, it is still a condition rarely seen by general paediatricians. The interval between first symptoms and diagnosis is still a cause for concern. Even for paediatricians with an interest in gastroenterology and nutrition, it is probable that the number of children attending their service with one of the inflammatory bowel diseases is small. Only a small number of centres in any country treat a large number of patients, and quite rightly so. This restriction has implications for postgraduate training in paediatric gastroenterology as the inclusion of significant training in the treatment of children with inflammatory bowel disease may be difficult to organise for every trainee.

This book, which comes from an important paediatric inflammatory bowel disease clinic is a valuable addition to published works. It is unashamedly an exposition of the 'Bart's' way of doing things, with each chapter written by present or past members or associates of Professor Walker-Smith's clinical and scientific teams. It is the first for 1994 of the quarterly volumes published under the series title Baillière's Clinical Gastroenterology, available on subscription or as individual volumes.

The book adopts a practice based approach to its organisation, with chapters on aetiology, pathology, clinical features, endoscopic features, medical management, and surgical management. The coeditors present the book as being useful to the adult gastroenterologist, and to the paediatrician. For the first, the important addition the book can make to his or her knowledge of the subject comes from the excellent chapter on growth and puberty in inflammatory bowel disease. The service run by the authors was among the first to introduce a paediatric endocrinologist into the treatment of the condition. The only weakness evident in the book is the lack of insight into the social and psychiatric aspect of the treatment of children with chronic gastrointestinal disease. This is something that the adult gastroenterologist, not familiar with the psychology of young patients, may desire. For the paediatrician who wants a comprehensive summary of the treatment of the condition, this book is more valuable than a textbook not specifically aimed at the paediatric age group. For the paediatrician in training who wishes to develop an interest in gastroenterology and nutrition, reading this book should be an essential part of the 'learning plan', which will be a central feature of all postgraduate medical education within the next few years.

This book contains a lot of basic science. This is not surprising as one of the coeditors is a laboratory based scientist. The weakness of many textbooks is that they are nearly out of date by the time they pass through the writing-editing-publishing-printing cycle.

The series, of which this is one volume, tries to keep the lead time to production short. This has been achieved in this case, with a liberal sprinkling of references to 1993 published works.

When this volume has found its place in the marketplace, I expect to see it on the shelf in the office of many gastroenterologists who have adolescents with inflammatory bowel disease attending their clinic. I also expect to see it on the compulsory reading list of paediatric postgraduate training programmes in gastroenterology and nutrition, and perhaps also on the additional reading list of adult gastroenterological postgraduate training programmes.

S DEVANE

Gastroenterology. Clinical Science and Practice. Edited by I A D Boucher, R N Allan, H J F Hodgson, M R B Keighley. (Pp 1845; illustrated; £175.) London: W B Saunders, 1993.

It is a pleasure to be asked to review the second edition of this important textbook of gastroenterology, not least because I shall be able to keep and use the two handsome volumes. It is, however, difficult to contemplate a blank page and wonder how I can do justice in a few words to a monument to British medical scholarship. It is incredible to think that the first edition was published as long ago as 1984, so that a second edition is very timely although its preparation must have had a very long gestation. Inevitably many of the numerous references scattered throughout the two volumes date from the 1980s and before, but an important minority were published in 1990/1991.

I have referred to it as a work of British scholarship because the four editors are distinguished British clinicians (including one surgeon) and most of the approximately 180 contributors (16 pages devoted to a list of their names and titles) work in British hospitals and medical schools. There is a large minority, however, from North America and continental Europe and this should give the book an international appeal, which would be well deserved. It does have some large, well known American rivals but it is the largest and most comprehensive of the many current British gastroenterological texts.

Some have claimed that textbooks are dinosaurs and should be allowed to become extinct in an era of rapidly developing, highly sophisticated information technology, especially when dealing with a science that is rapidly changing. I disagree, because I enjoy browsing when I have time, because I need rapid access to large works of reference during my everyday practice, and because the essence of clinical practice does not change that fast.

The textbook covers alimentary diseases, including those of gall bladder, biliary tree, and pancreas, but excludes liver disease. Volume 1 considers the main parts of the alimentary tract in the familiar and inevitable descending order. In each section anatomy and relevant physiological science precedes descriptions of the major diseases. Biliary tract and pancreatic diseases are covered in the second volume alongside a number of less anatomically oriented sections such as ischaemia and bleeding, infection and infestations, inflammatory bowel diseases, functional disorders. Each author's contribution (and some are quite short) is followed by