Left sided colon cancer

EDITOR,—The neurobiology of diverticular disease leading to left sided colon cancer in 7159 patients (2478 men and 4681 women (Gut 1993; 34: 499-502) is suggested by reversed cerebral asymmetry in women with left sided breast cancer. This hypothesis is supported by the association of specific frontal asymmetries with certain immune functions, and by compulsive ruminations occurring before ocularic crises linked to inefficient cortical circuits and abnormalities of dopamine sub- serving gastrointestinal protection, immuno- cytes, and mood.1-3 It is also supported by the association of severe psychiatric disorders with severe acute colitis4 and by the protective role of dopamine in preferentially maintaining splanchic blood flow.5 These findings suggest screening patients with diverticular disease for increased risk of malignancy by monitoring dopaminergic neurotransmission.6

A possible mechanism suggested by the fact that delay-dependent speeding of reaction time, reflecting motor readiness, is abolished by depletion of dopamine.7 Therefore, future studies may evaluate cognitive consequences of dopamine agonism and antagonism in inter- mediate dopamine tone in a medial-frontal-striatal 'activation' system underlying response organisation8 by monitoring behavioural corre- lates of mood — that is, speech hesitation and slowing of motor responses, time base to microcomputer. This method is supported by participatory matching of pauses in dialogues at intermediate arousal, a joint, mutually responsive rhythm,9 and by the control of cellular tone.10 Removal of dopamine1 is an efficient, unambiguous strategy to evaluate the conveyance of ideas, a task that is possibly of sufficient complexity11 to assess the role of dopaminergic neurotransmission in the development and progression of diverticular disease leading to left sided colon cancer.

E H FRIEDMAN

Alcohol and epinephrine and polidocanol

EDITOR,—We have read with great interest the report by Rutgeerts et al (Gut 1993; 34: 348- 50). The authors state that 'absolute ethanol was superior to epinephrine-polidocanol, which was not significantly better than sham therapy'. As these results differ from other previous controlled studies even from the same group, we would like to comment on some clinical, methodological aspects that we consider of relevance. It is worth noting that a high reblooding rate (40%) and low haemostatic efficacy (68%) in the epinephrine-polidocanol injection group contrasted less to the type or combination of substances used than to other factors, such as the size and site of bleeding ulcer.1-4 In the study by Rutgeerts et al, the authors consider the propor- tion of gastric and duodenal ulcers between groups but not their anatomical situation. Ulcers located high on the lesser gastric curva- ture or posterior in the duodenal wall are more difficult to reach and have a higher tendency to rebloed.5 Furthermore, the size of the ulcer, probably one of the most important factors,6 is not mentioned in the study. In this sense, it has been shown that endoscopic injection is significantly less effective in ulcers larger than 2 cm.7 Another remarkable aspect is that the study was designed specifically to compare both treatments (epinephrine-polidocanol with sham therapy (assuming a change in response of 75%). A much higher sample size would be necessary, however, to confirm differences between both treatment groups.

Thus, we believe that there is insufficient evidence in the study to conclude that absolute alcohol is superior to epinephrine-polidocanol. The efficacy of injection therapy is probably related less to the type of combination of substances used than to other factors, such as the size and site of bleeding ulcer. These variables should be considered in studies assessing the efficacy of endoscopic injection techniques.

R CAMPO

G Blutet

C Brotons

Endoscopy Unit,
Hospital de Sabadell,
Parc Taulí 08208 Sabadell, Spain