Non-penetrance and late appearance of polyps in families with familial adenomatous polyposis

EDITOR,—The paper by Evans et al is indeed of interest (Gut 1993; 34: 1389–93).

We reported a similar case in which the polyps presented at the age of 58. The patient had had abdominopelvic excision of the rectum for a carcinoma when aged 35. A barium enema performed by the stoma at the age of 33 was entirely normal with no evidence of polyposis. She then presented at the age of 58 with polyps on the stoma and a further barium enema performed by the stoma showed thousands of polyps throughout the colon. More than 1000 tubuladenomas were confirmed on the histology specimen when the remaining colon was removed.

We have recently had the opportunity to study the abstract quoted in full. Unfortunately this study was not a controlled trial of exclusion diet because the control group was, for some reason, treated with steroids. In addition no attempt was made to confirm the food sensitivities, a feature that has been suggested by other groups. This is precisely why all of our open challenges were performed over a period of five days. In addition it is of note that the double blind challenges carried out in the Cambridge unit were performed both early and late in the remission period and yet failed to confirm their earlier findings.

In conclusion our study, that of the Sheffield group, and the double blind study from the Cambridge unit itself show that although food intolerances may occur in Crohn’s disease they are not as common as previously suggested, are of insufficient importance to warrant putting all patients through elimination diets, do not change the length of remission for most patients, and are unlikely to be of prime importance in the pathophysiology of Crohn’s disease.

Yes, our work confirms previous reports from the Cambridge Unit but not those reports quoted in their letter.


K TEAHON
Regional Drug and Therapeutics Co-ordination Unit,
Clermont Place,
Newcastle upon Tyne NE1 4LP.


Digestive endoscopy, ultrasonography, and radiology

The 5th International Workshop of Digestive Endoscopy, Ultrasonography, and Radiology will be held in Marseille on 5–6 May 1994. Further details from: Professor J. Sabel, Service d’Hépatogastroentérologie, Hôpital Sainte Marguerite, 270 Blvd de Ste Marguerite, BP 29, 13274 Marseille Cédex 9, France. Tel: 91 74 40 55, 91 75 48 41; fax: 91 75 23 04.

Digestive Disease Week

The Digestive Disease Week will be held on 14–20 May 1994 at New Orleans, Louisiana, USA. Further details from: Slack Incorporated, 6000 Grove Road, Thorofare, NJ 08026–9447, USA. Tel: 609 848 1000; fax: 609 853–5991.

Non-penetrance and late appearance of polyps in families with familial adenomatous polyposis

EDITOR,—The paper by Evans et al is indeed of interest (Gut 1993; 34: 1389–93).

We reported a similar case in which the polyps presented at the age of 58. The patient had had abdominopelvic excision of the rectum for a carcinoma when aged 35. A barium enema performed by the stoma at the age of 33 was entirely normal with no evidence of polyposis. She then presented at the age of 58 with polyps on the stoma and a further barium enema performed by the stoma showed thousands of polyps throughout the colon. More than 1000 tubuladenomas were confirmed on the histology specimen when the remaining colon was removed.

We have recently had the opportunity to study the abstract quoted in full. Unfortunately this study was not a controlled trial of exclusion diet because the control group was, for some reason, treated with steroids. In addition no attempt was made to confirm the food sensitivities, a feature that has been suggested by other groups. This is precisely why all of our open challenges were performed over a period of five days. In addition it is of note that the double blind challenges carried out in the Cambridge unit were performed both early and late in the remission period and yet failed to confirm their earlier findings.

In conclusion our study, that of the Sheffield group, and the double blind study from the Cambridge unit itself show that although food intolerances may occur in Crohn’s disease they are not as common as previously suggested, are of insufficient importance to warrant putting all patients through elimination diets, do not change the length of remission for most patients, and are unlikely to be of prime importance in the pathophysiology of Crohn’s disease.

Yes, our work confirms previous reports from the Cambridge Unit but not those reports quoted in their letter.

K TEAHON
Regional Drug and Therapeutics Co-ordination Unit,
Clermont Place,
Newcastle upon Tyne NE1 4LP.


Bowel dysfunction in young women

EDITOR,—Bowel dysfunction in young women with urinary retention (Gut 1993; 34: 1397–9) may result from inefficient cortical circuits and dopamine abnormalities lateralised to the right hemisphere in which the metabolic rate is higher in women. This hypothesis is supported by reports of dopaminergic neurotransmission subserving gastrointestinal protection and genitourinary and immune functions. 1 It is also supported by the onset of bowel and bladder symptoms after a flu like illness in an 18 year old nulliparous woman, and by infectious insult blocking neonatal dopamine receptor, producing a Parkinsonian syndrome after ‘mild’ influenza in a 14 year old boy. The role of a change in dopamine pathways in a shared smooth muscle disorder between the bladder and the bowel is suggested by neurovascular complications of cocaine abuse. 2

E H FRIEDMAN
1831 Forest Hills Blvd, East Cleveland, OH 44112-4313 USA


NOTES

Digestive endoscopy, ultrasonography, and radiology

The 5th International Workshop of Digestive Endoscopy, Ultrasonography, and Radiology will be held in Marseille on 5–6 May 1994. Further details from: Professor J. Sabel, Service d’Hépatogastroentérologie, Hôpital Sainte Marguerite, 270 Blvd de Ste Marguerite, BP 29, 13274 Marseille Cédex 9, France. Tel: 91 74 40 55, 91 75 48 41; fax: 91 75 23 04.

Digestive Disease Week

The Digestive Disease Week will be held on 14–20 May 1994 at New Orleans, Louisiana, USA. Further details from: Slack Incorporated, 6000 Grove Road, Thorofare, NJ 08086–9447, USA. Tel: 609 848 1000; fax: 609 853–5991.