published literature on the gastrointestinal effects of acupuncture, we were unable to find any controlled study showing the effect of acupuncture on ulcer healing. 3 There have been three reports, however, of uncontrolled studies 4, 5, 6 suggesting that acupuncture may be of therapeutic benefit in peptic ulcer disease and Lux et al cited one of these.

It is unfortunate that Lux et al failed to recognize our own work, but more so that they did not extend our initial studies into the mechanisms participating in the inhibition of acid secretion by acupuncture.

Clearly, we agree with them that further studies are needed to examine therapeutic efficacy.

G TOUGAS
R H HUNT
Division of Gastroenterology,
McMaster Medical Centre,
1200 Main Street West, Room 4W8,
Hamilton, Ontario L8N 3S5, Canada


Cancer surveillance in ulcerative colitis

EDITOR—In re-reading the editorial I wrote (Gut 1994; 35: 587-9) I have identified an error that I wish to correct.

Paragraphs six and seven state that the analysis of 11 prospective colonoscopic surveillance studies compared groups of patients with and without low grade dysplasia. This is incorrect, the two groups compared were all patients submitted for surveillance on the one hand and those found initially to have low grade dysplasia on the other.

Sentence two in paragraph six should have read 'In all, 73 cancers were found in 1656 patients (4.4%) whereas 26 cancers were found in the subgroup of 313 patients with low grade dysplasia (8.3%). If dysplasia associated lesions or masses are excluded this falls to 2.6%'.

A similar mistake occurs in paragraph seven. The second sentence of which should read 'In all, cancer was present in 93 of 2044 patients (4.6%) whereas 35 cancers were found in 101 patients with high grade dysplasia (35%)'.

I apologise for the inaccuracies detailed above.

A T RAXON
Centre for Digestive Diseases,
The General Infirmary at Leeds,
Great George Street,
Leeds LS1 3EX

Colorctal tumourigenesis

EDITOR—We noted with interest the paper by Mulder et al (Gut 1995; 36: 76-80) on expression of mutant p53 protein and CD44 variant proteins in colorectal tumourigenesis. The authors in their report have shown that CD44 v6 expression is restricted to moderately and severely dysplastic adenomatous polyps and colorectal cancers, but that it is not expressed in normal colon and mildly dysplastic adenomas. They also suggested that CD44 v6 expression is associated with tumour progression. We have studied CD44 v6 in frozen and paraffin wax embedded tissue sections from 11 normal colons, eight adenomatous polyps, and in 18 colorectal adenocarcinomas, with immunohistochemistry using anti-CD44 v6 antibody. In contrast with Mulder et al we found expression of this variant in normal colon crypt epithelium, and similar expression was also seen by Fox et al. 1 We also detected CD44 v6 protein in all eight adenomatous polyps irrespective of the grade of dysplasia, and in 15 of 18 colorectal adenocarcinomas. The positive colorectal cancers CD44 v6 expression was strong and homogeneous in three, and heterogeneous and weak in 12. Survival at five years was: 0 of 3 in patients with colorectal cancer who expressed CD44 v6 strongly and homogeneously, however, suggests that this expression may be an independent adverse prognostic marker rather than a determinant of tumour progression.

A M ABBASI
IC TALBOT
Departments of Pathology
FORBES
and Gastroenterology
St Mark's Hospital, City Road,
London EC1V 2PS


Reply

EDITOR—We appreciate the comments on our article concerning p53 and CD44 expression in the adenoma-carcinoma sequence. The authors point to some discrepancies with their own results and these differences are not easily explainable. We assume that there were used different antibodies, similar to the ones used by Fox et al. It is noteworthy that Fox et al found only weak positivity in the bottom of the crypts. The authors also mention the use of both paraffin wax embedded and fresh frozen tissue, but it is not clear from their writing from which of these two the presented numbers are derived. In our hands antibodies against CD44 v6 give only reliable results on fresh frozen tissue. Finally, their findings of prognostication are comparable with ours, 1 which we consider reassuring as far as the value as prognostic marker of CD44 is concerned.

S T PALS
G J OFFERHAUS
Academic Medical Center,
University of Amsterdam,
Department of Pathology,
Meibergdreef 9,
1005 AZ Amsterdam,
The Netherlands