LETTERS TO THE EDITOR

Helicobacter pylori and cholecystectomy

EDITOR,—The paper by Abu Farsakh *et al* reported a reduced prevalence of *Helicobacter pylori* in gastric mucosa after cholecystectomy, which they attributed to increased duodenogastric reflux (*Gut* 1995; 36: 675–8). Could treatment with antibiotics or bismuth containing compounds in the perioperative period or in the time to follow up assessment (up to 30 months later) provide an alternative explanation?

D P O'LEARY
Department of Surgery,
Royal Devon and Exeter Hospital,
Exeter EX2 4DW

Reply

EDITOR,—With regard to the comments raised about the use of antibiotics in the study group after cholecystectomy and any possible effect on the clearance of *H pylori* in the follow up period, I would like to state that no difference was found in patients who received antibiotics from those who had not. Bismuth compounds were not prescribed to any patient in the study group.

N ABU FARSAKH
Faculty of Medicine,
Jordan University of Science and Technology,
Irbid, Jordan

Pancreatic vascular regulation

EDITOR,—We read with interest the paper by Widdison *et al* (*Gut* 1995; 36: 133–6), where the authors investigated pancreatic vascular regulation in chronic pancreatitis. Vascular resistance in this model can only be calculated if total blood flow and the changed arteriovenous pressure gradient are known. The hydrogen gas clearance method was used to measure pancreatic blood flow. This measures microvascular blood flow in contrast with total blood flow. We know from previous experiments that interstitial pressure is increased in the chronic pancreatitis gland when compared with the normal gland.¹ Yet, basal portal venous pressure and arterial pressure in the chronic pancreatitis and normal glands were the same. Thus, it is unlikely that small changes in intrapancreatic venous pressure in the left lobe of the pancreas are reflected by a change in portal venous pressure. It is therefore difficult to extrapolate from these results the effects on vascular resistance, and to comment on regulatory mechanisms in the pancreatic vasculature.

On considering the basic pathophysiology of a compartment syndrome, an increase in interstitial pressure will produce a corresponding increase in venous pressure (Laplace's law). As blood flow is determined by the local arteriovenous pressure gradient and the local vascular resistance this increase in venous pressure results finally in a decrease of blood flow.² The authors showed that in the normal feline pancreas small increments in portal pressure had no effect in blood flow until portal pressure increased above

15 mm Hg. In cats with chronic pancreatitis, however, even small increments in portal pressure produced a further decrease in the low basal blood flow. Thus, their data suggest the existence of a compartment syndrome in chronic pancreatitis. Further experiments using an isolated perfused pancreas model, which allows us to change total pancreatic blood flow, has shown evidence to confirm the existence of a compartment syndrome in experimental chronic pancreatitis.³

P U REBER
A G PATEL
UCLA School of Medicine (72-215 CHS),
10833 LeConte Ave,
Los Angeles,
CA 20024, USA.

- 1 Karanjia ND, Leung F, Widdison AL, Lutrín F, Chang YB, Reber HA. Pancreatic ductal and interstitial pressures in cats with chronic pancreatitis. *Dig Dis Sci* 1992; 37: 268–73.
- 2 Oestern HJ. Definition, Aetiologie und Pathophysiologie des Kompartiment-syndromes. *Unfallchirurg* 1991; 94: 210–5.
- 3 Reber PU, Patel AG, Kusske AM, Toyama MT, Reber HA, Ashley SW. Pancreatic hemodynamics in chronic pancreatitis: a compartment syndrome. *Gastroenterology* 1995; 108: A 257.

BOOK REVIEWS

Constipation. Etiology, Evaluation and Management. Edited by S D Wexner, D C C Bartolo. (Pp 272; illustrated; £65.) Oxford: Butterworth Heinemann, 1995. ISBN 0-7506-0776-9.

Constipation was never a fashionable topic in gastroenterology. Although still not a glittering Cinderella that can compete with *Helicobacter pylori* and the molecular biology of intestinal cancer, it is now acknowledged as a common problem associated with significant morbidity. Developments in both diagnosis and treatment justify the emergence of important publications in this area.

It is often stated that constipation is a symptom, not a specific diagnosis. It is more than that. It encompasses the patient's subjective view of their own body as well as objective measures of bowel function. This is highlighted in a recent editorial by Devroede entitled 'Constipation – a sign of a disease to be treated surgically, or a symptom to be deciphered as nonverbal communication?'. The high incidence of laxative consumption (up to 20 per cent in the UK) in adults with neither decreased bowel frequency nor excess straining, and the high incidence of childhood physical and sexual abuse in young women presenting with constipation, are just some of the factors that underlie this question and contribute to the treatment equation. Meanwhile improved clinical and pathological techniques have identified patients with definite 'organic' myopathies or neuropathies. To a large extent these different aspects are well covered in this text, with space devoted to aetiology, epidemiology, evaluation, and treatment. There is no section on the pathology of these intestinal disorders, which I believe is an important part of the jigsaw.

Until recently no texts devoted to this topic had appeared since that by Avery Jones and

Godding in 1972. Our own book and the one reviewed here have appeared at almost the same time. In contrast with our text, this book is edited by two colorectal surgeons, and therefore brings with it a surgical emphasis. As such its greatest appeal may lie with surgeons who have an interest in this area. Surgical aspects of treatment, including operative techniques, are covered in detail. None the less diagnostic techniques for evaluating the pelvic floor and intestine, psychophysiological, and other non-operative aspects also receive comprehensive coverage. While the current trend towards 'clinical guidelines' and algorithm driven treatment might be useful for simple conditions with a single aetiology, this approach requires caution when treating such a heterogeneous condition. For example, the section on medical treatment advocates fibre supplementation as the universal first therapeutic step, an approach that is out of touch with recent views about the trialled clinical efficacy of fibre and the clinical experience that it makes many patients feel worse.

To remove a morphologically normal colon from a young, otherwise healthy woman to my mind is a sad event, with an uncertain outcome, although a small group of patients will benefit from such treatment. Surgery has now been complemented by a range of therapies, however, and biofeedback and psychological aspects do receive attention in this text. Directed behavioural treatments such as pelvic floor biofeedback have considerably improved the outlook for many patients, including some with impaired pelvic coordination and some with confirmed slow colonic transit. Future work in this area will help us distinguish between those who have an irreversible neuromuscular abnormality that requires specific drug or surgical treatment from those whose sole problem is an acquired behavioural one.

The treatment of these complex problems requires a pluralistic team approach. This book provides most of the necessary information derived from different specialists required to provide such an integrated approach. As in all functional disorders we still await the time when different treatment modalities have been compared, assessing quality of life as part of the measure of outcome.

M A KAMM

Bockus Gastroenterology (5th ed). Edited by W S Haubrich, F Schaffner, J E Berk. (Pp 3515; illustrated; £458.) Philadelphia: W B Saunders, 1995. ISBN 0-7216-3687-X.

In a rare counter-inflationary move the 5th edition of Bockus is in four volumes rather than the seven of the previous edition. None the less, at over £450, 3500 pages, and 187 chapters, let alone 12 kg, it still remains the undisputed behemoth of gastroenterological textbooks. What's in it, is it up to date, and how does it match up to its nearest competitors?

The first thing to note is that it is saddled with an inappropriate title. Volume three is a textbook of liver disease, so the price comparisons change: this book needs to be compared with, as it might be, Sleisinger combined with Zakim, Yamada with Oxford Hepatology, Bouchier with Wright, or other gastroenterology and hepatology textbook combinations; with those comparisons the price is less forbidding, but it's still at the luxury end of the market.