Analysis of biological variables in Crohn's disease

EDITOR.—We wish to comment on the paper by Sahnoud et al (Gut 1995; 37: 811–8) where the authors suggested the following features of disease, interval since previous relapse, and colonic involvement as powerful prognostic factors to predict relapse in quiescent Crohn's disease. We also followed up for 18 months 107 patients with Crohn's disease (118 episodes of relapse in 87 patients). We used laboratory tests enhanced by clinical characteristics for predicting relapse.

Interestingly, our results about clinical characteristics were, for some aspects, similar to those obtained by Sahnoud et al. A poor ultrasound result of the preparation of traditional beer in place of the newer and more convenient, but probably more dangerous, iron drums. For the past two years our research team has conducted a rural based trial on the use of dietary iron overload. We have been struck by the overwhelming level of cooperation that we have been able to obtain through close and regular contact with the rural communities. Despite the need for resources and a high awareness of the problem of HIV, it has been unusual for subjects to refuse to take part.

In summary, we believe the available data point to both HCC and dietary iron overload as major health problems in rural Africa. There is a strong body of evidence to suggest an association between the two conditions. Major initiatives are needed to combat these diseases beginning in the communities where the people live.

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8 Bassett ML, Halliday JW, Powell LW. Identification of homogenous hemochromato-


The study, necropsies were performed on 604 adult blacks from southern Africa and one of five grades of hepatic and splenic iron was assigned based on the Prussian blue reaction obtained when a piece of tissue was dipped in a mixture of potassium ferrocyanide and hydrochloric acid. Using logistic regression models, we found that iron overload was strongly associated with the findings of cirrhosis (OR=9.000-0.0001), tuberculosis (p<0.0001). Secondly, we reviewed all 320 diagnostic liver biopsy specimens processed at the University of Zimbabwe from 1992 to 1994. HCC was present in 19% of the evaluable specimens, cirrhosis in 21%, and high grades of iron in 19%. We found significant associations between the presence of iron overload and the histological diagnoses of cirrhosis and HCC.

We do not completely share the pessimism of Drs Walker and Segal with regard to changing the method of preparation of traditional beer and to instituting a phlebotomy pro gramme. The iron drums that are now used to prepare beer are more likely to be replaced by clay pots around the turn of the century, but these clay utensils are still used in most rural communities to prepare food and other forms of beverages. It seems feasible to us to encourage the use of these traditional beer in place of the newer and more convenient, but probably more dangerous, iron drums. For the past two years our research team has conducted a rural based trial on the use of dietary iron overload. We have been struck by the overwhelming level of cooperation that we have been able to obtain through close and regular contact with the rural communities. Despite the need for resources and a high awareness of the problem of HIV, it has been unusual for subjects to refuse to take part.

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Reply

EDITOR.—Thank you for referring the interesting comments of Brignola et al to us concerning our article. The Italian group has considerable experience in investigating the value of biological parameters in Crohn's disease and has published several research results in that field. One of their recent publications suggested a predictive value of some of other biological variables were much less important, namely the haemoglobin concentration, the white blood cell count, serum iron, albumin, and γglobulin blood values.


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The smaller one's hospital, the more committees there are -- even though they are all made up of the same few stalwarts wearing different hats. I was reminded of this phenomenon when studying the authorship of this book: permutations of roughly the same names and subjects have appeared in other multi-author volumes. But the CSI series almost always produces attractive, fresh compilations, usually from productively opinionated people, and Norman Williams' team in this volume on colorectal cancer is no exception.

Whether one is like it or not, surgeons will increasingly be able to tell their ras from their ... HMSH2. Placed boldly in pole position in the chapter list, Phil Quirke and Lynn Cockwell have produced a very digestible compendium on the molecular genetics of colorectal cancer. Although it will inevitably date quickly, this is highly recommended reading for the worried surgeon -- no p53, no comment.

The screening chapter -- from Nottingham, where else -- opens with a beautifully simple and lucid explanation of the important parameters of screening -- effectiveness and efficacy, etc. It also provides the most current review of the results of various European EORTC/EMAS trials, and a useful bibliography on all aspects of the field.

The comprehensive chapter on polypos reflects the burgeoning development of molecular genetics of colorectal disease, this approach to recurring endoscopy in the adenoma bearer. The de rigueur 'Vogelgrasm' is there, of course; although this distorted eponym places highly appropriate credit where much due, the basic drawing will always be a 'Morsgram'.

Chapters on staging often do no more than palely reflect the confusion and turgidity that can engulf this subject. However, Newland, Chaups, and Dent have produced a coherent, historically balanced and very readable description of the evolution and utility of staging since Lockhart-Mummery and Dukes started it all in the late 1920s. The authors' preference for clinicopathological staging, though not accepted by many pathologists and even some surgeons, is well and persuasively defended.

A triad of chapters on surgical technique opens with one on sphincter saving from the editor, full of the sort of personal touches and comments that made Goligher so enjoyable. Next, transanal endoscopic microsurgery is described in detail by its originator, Gerhard Bues. The comparative infrequency of suitable cases in any one hospital is a problem with this approach. As Bues highlights, this is a technique for a few major centres; I suspect that if enough NHS Trusts were persuaded by enthusiastic editors to try the kit, things would be a considerable danger of over-application -- and hence what a venerated former chief once called 'a triumph of technique over common sense'. Surely we must restrict this approach to a very few UK centres taking widespread referrals to allow authoritative assessment.

This led on naturally into the chapter covering laparoscopic colorectal surgery. Steven Wexner can always be relied on to take a responsibly hesitant position in this difficult debate, and he has done so again here. However, I disagree with him that we may have a clearer view of the efficacy of this approach in five years. The burden of proof within trials must be to show that the novel procedure -- laparoscopic resection -- is not sufficiently inferior in cancer outcome to standard treatment -- open resection -- as to be unacceptable (whatever its other merits), an unusual aspiration for a new treatment. To show equivalence, or anything acceptably close to it, would require the therapy under randomisation of large numbers of patients. So more power to the elbows of Wexner and his colleagues as they try to prevent the sort of premature small town stampede that heralded the birth of 'lap chole'.

David Rothenberger's chapter on aspects of obstruction and perforation catches well the less hectic and more diverse approach to treatment. We now require the theory and practice of Wangensteen's 1929 warning at the beginning of the chapter that: 'Colic obstruction... demands immediate surgical decompression (by transverse colostomy)'.

Widespread acceptance of adjuvant therapy occurred more rapidly in the United States than in the United Kingdom. Blanket delivery of chemotherapy, at least in stage C disease, and the dictating of important trials with 'no treatment' arms, ran worryingly ahead of the data a few years ago. A comprehensive piece on radiotherapy from Roger James, followed by a brief contribution on chemotherapy and immunotherapy from David Kerr, provides an excellent overview. David Kerr's final assertion that '...a dialectical syncretism between scientists and clinicians beckons' left this clinician and his Apple Mac thesaurus bemused rather than benefitted.

Surely Shorts' Oxford indicated that syncretism is 'an attempted reconciliation of diverse or opposite tenets'. Perhaps, Professor.

This enjoyable and densely packed book ends with useful chapters on the old chestnut of follow up and the slightly newer ones of aggressive management of liver metastases from Lars Pahlman and Glenn Steele respectively. This book is not cheap at £49.50, but I advise the investment nevertheless.

JOHN NORTHOVER


This is an excellent text book covering a wide range of conditions, which a large hospital would expect to see in patients that present with an acute abdomen disorder. It is well laid out along fairly predictable lines with chapters on the liver, biliary system, spleen, pancreas, kidney/adrenal, gastrointestinal tract, pelvis, and retroperitoneum. At the start of each chapter there is a philosophy on the investigation of the acute abdomen and an explanation of the techniques used.

Perhaps the illustrations are the most impressive feature. Certainly one could glean quite a lot about the contents just by going through them all. For reasons of economy the excellent colour Doppler images are kept separate in a centrefold of all the colour plates. This is regrettable as the Doppler images are of excellent quality and the colour image is not at hand at the relevant point in the text. Just occasionally the legend is not quite appropriate (viz 5.71, 6.9, 7.53) and a few of the cases are repeated in different figures, but on the whole the standard of editing is very high.

The text is well referenced throughout with a reasonable mix of the original CT/US references of the early 1980s as well as the modern...