

## LETTERS TO THE EDITOR

### Colorectal adenoma-carcinoma sequence

EDITOR,—I read with interest the article by Fernandez-Banares *et al* (*Gut* 1996; 38: 254–9). These authors demonstrated novel significant differences in tissue fatty acid profiles when they compared diseased and paired normal mucosa of adenoma and carcinoma patients.

My one concern about this study is the author's comparison between tissue fatty acid profiles with plasma fatty acid concentrations that only reflect recent intake and give no information on the longterm dietary intake of n3 fatty acids. I feel that it would be more appropriate to compare their tissue fatty acid profiles with red cell fatty acid levels.<sup>1 2</sup>

KOUROSH KHOSRAVIANI  
Department of Surgery,  
Queen's University of Belfast,  
Institute of Clinical Science,  
Grosvenor Road,  
Belfast BT12 6Bf

- 1 Brown AJ, Roberts DCK, Pritchard JE, Truswell AS. A mixed Australian fish diet and fish oil supplementation: impact on plasma lipid profile of healthy men. *Am J Clin Nutr* 1990; 52: 825–33.
- 2 Von Shacky C, Fisher S, Weber PC. Long term effects of dietary marine omega-3 fatty acids upon plasma and cellular lipids, platelets function and ecosanoid formation in humans. *J Clin Invest* 1985; 76: 1626–31.

### Reply

EDITOR,—Mr Khosraviani points to the necessity of assessing longterm fatty acid intake in our patients by measuring the red cell fatty acid profile. However, the observed changes in the fatty acid profile in the diseased mucosa from both adenoma and carcinoma cannot be attributed to different dietary intake, because we compared it with the fatty acid profile of the normal mucosa surrounding both adenomas and carcinomas – that is, the comparison was made between two tissues obtained from the same patient. In any case, the fatty acid profile in the normal colonic mucosa probably gives better information about longterm dietary intake than the fatty acid profile in red cells, which is more influenced by plasma fatty acid concentrations.

It should be also emphasised that we did not compare, as Mr Khosraviani states, plasma versus tissue fatty acid profile. We merely described the fatty acid pattern in plasma phospholipids, which is a reflection of recent fatty intake and also of tissue fatty acid values and metabolism.

FERNANDO FERNÁNDEZ-BAÑARES  
EDUARD CABRÉ  
MIQUEL A GASSULL  
Department of Gastroenterology,  
Hospital Universitari Germans Trias i Pujol,  
Carretera Canyet s/n,  
08916 Badalona, Spain

### Proximal colonic motility

EDITOR,—We were most interested by the manometric method developed by Lemann *et al* for studying proximal colonic motility

reported in the journal (*Gut* 1995; 37: 649–53). We must take issue however with their statement that 'the placement of recording probes introduced through the anus with the aid of colonoscopy requires premedication, air insufflation, and prior preparation to ensure vacuity of the colon'. The method used in this department for over 10 years for studying distal colonic motility has been the placement of four perfused manometry catheters 15 to 50 cm into the colon by flexible sigmoidoscopy without sedation or bowel preparation. Following placement the position of the catheters is checked using fluoroscopy. This method is associated with a high rate of success and produces little discomfort. Studies using this method have been published in this journal<sup>1–3</sup> and elsewhere.<sup>4</sup>

S J COLE  
A H RAIMUNDO  
D B A SILK  
Department of Gastroenterology and Nutrition  
Central Middlesex Hospital,  
Acton Lane,  
Park Royal,  
London NW10 7NS

J ROGERS  
Academic Surgical Unit,  
Royal London Hospital

- 1 Rogers J, Henry MM, Misiewicz JJ. Increased segmental activity and intraluminal pressures in the sigmoid colon of patients with the irritable bowel syndrome. *Gut* 1989; 30: 634–41.
- 2 Rogers J, Raimundo AH, Misiewicz JJ. Cephalic phase of colonic pressure response to food. *Gut* 1993; 34: 537–43.
- 3 Bowling TE, Raimundo AH, Jameson JS, Rogers J, Silk DBA. The effect of enteral feeding on colonic motility. *Gut* 1993; 34 (suppl 1): F254.
- 4 Jameson JS, Rogers J, Misiewicz JJ, Raimundo AH, Henry MM. Oral or intravenous erythromycin has no effect on human distal colonic motility. *Aliment Pharmacol Ther* 1992; 6: 589–95.

## BOOK REVIEWS

**Techniques in the Management of Gallstone Disease.** Edited by A Darzi, P A Grace, H A Pitt, D Bouchier-Hayes. (Pp 251; illustrated; £69.50.) Oxford: Blackwell Scientific, 1995. ISBN 0-632-03675-3.

The medical and scientific communities are already well served with original articles, reviews, book chapters, and monographs on gall stone disease. That being the case, when a new volume on this topic appears, one must ask: is it needed, what is new, and who will benefit from it? Despite some undoubted virtues, the answers to these rhetorical questions are far from clear.

The title of the book may be misleading as it deals with much more than 'techniques'. Although it is written predominantly by surgeons, it is not just about operative methods. Rather, in its 23 chapters, it covers a broad range of topics written by many distinguished contributors. Although two of the editors are now working in the United Kingdom, their FRCSI diplomas suggest that

they have a common training in Ireland. Indeed, no less than 14 of the 41 contributors have degrees and diplomas that suggest a background in the Emerald Isle, which may well explain the matching green colour of the book.

The volume begins with a chapter on pathogenesis, which is well written and liberally documented with references – albeit with a surgical, rather than a medical or basic scientific, bias. The second chapter is entitled 'Natural History' but it seems to stray outside this term of reference with a rather superficial repetition of pathogenesis, which, arguably, is not relevant to natural history. It also contains unusual statements, which, sadly, are not referenced – including the controversial suggestion that gall stones may fragment spontaneously, and that the stress of surgery is a 'stasis-promoting' factor.

Once again there is a surgical bias that ignores, for example, data on natural history gained from more than 300 patients given a placebo in the National Co-operative Gallstone study (which cost the US taxpayer \$12 million). Contrast this with near anecdotal accounts cited in the chapter of the natural history of stones based on four 'series' of 11, 17, 23, and 25 patients, or with information about intravenous cholangiography in 11 000 patients studied by the author of the chapter himself. From this position of undisputed strength, the author returns to rather superficial comments about the influence of hormones on gall stones in women, and a distinctly 'thin' account of the natural history of common duct stones. One is struck by the difference in the choice of references cited in corresponding 'medical' reviews. For example, the important contributions of Sum Lee from Seattle on biliary sludge, seem to have been ignored.

The inclusion of a curious chapter on classification of gall stones based on ultrasound, seems odd in a book devoted to 'techniques'. The Japanese authors of this chapter are almost unique in suggesting that ultrasonography is a reliable way of predicting stone composition. Most investigators believe that it does not reliably distinguish between gall stones of different type. One has much sympathy for authors writing in a language that is not their own but with the backing of a prestigious publishing company, such as Blackwells, it would have been hoped that technical editors would have ensured that references were quoted accurately and that spelling errors of authors names would be avoided – Suerbruch for Sauerbruch and Soenfield for Schoenfield.

Chapter 4 deals with lithotripsy but strays into very incomplete information on gall stone prevalence. The citation of one

reference to gall stones in male civil servants from Rome, hardly paints a complete picture.

In a multi-author book, some duplication of information is inevitable and may even be desirable. However, an important task of editors is to ensure that repetition is kept to an acceptable minimum. Unfortunately, this is not always the case with this book. For example, we read, repeatedly, that the first cholecystectomy was carried out by Langenbuch in 1882 (chapters 1, 4, 5, 8, 9, 10, and 11). There is also duplication of many references – for example that to Ransohoff *et al*. On the other hand (and surprisingly in a text written mainly by surgeons), the originator of laproscopic cholecystectomy (Philippe Mouret from Lyons) is not given credit for his innovation.

The chapter on ESWL is rather disappointing as it is written from a somewhat parochial perspective, comparing results obtained in Dublin with the 'gold standard' from Munich. Furthermore, the discussion of attempts to prevent primary, secondary, and tertiary stone formation is based on a speculative account of pathogenesis of recurrent stones, which again seems to be well beyond the scope of the chapter. Furthermore, speculation about a possible preventative role of NSAIDs is not helped by citing the wrong reference.

Elsewhere in the book we read of parochialism of a different sort – this time by American authors who state 'Only two bile salts . . . are approved . . .'. One suspects that they are talking about approval for the use of these bile salts in the United States, by the Food and Drug Administration. If so, the presumption that the FDA is right, or that approval of drugs by one national authority has any relevance to the rest of the world, is rather myopic.

A chapter on the use of 'Oral Agents' seems to get lost occasionally. Arguably, the effects of bile fistula, cholestyramine administration, glucocorticoids, and thyroid hormones on hepatic cholesterol and bile acid synthesis are 'off-target'. Moreover, as the formation (pathogenesis) of cholesterol stones has been fully discussed in chapter 1, it seems inappropriate to repeat this in chapter 5. Indeed, there are more than four pages of text before the author starts to address the title of the chapter 'Oral Agents'.

The range of treatments that has become available to treat gall stones is quite remarkable and is clearly a tribute to developments both in clinical science and in technology. It is a pity then, that this book does not consistently do justice to the magnitude of these achievements.

R HERMON DOWLING

**Consultations in Gastroenterology.** Edited by W J Snape. (Pp 949; illustrated; £92.) Philadelphia: W B Saunders, 1996. ISBN 0-7216-4670-0.

This book consists of a total of 125 chapters on various aspects of gastrointestinal and hepatobiliary disease. It is intended 'to provide therapeutic advice on the broad field of gastrointestinal diseases', and is designed to act as a manual for treatment by general physicians and 'to sit by the generalist's hand and provide guidance for the care of the patient'. The authors are mainly from the United States, and include many experts with an international reputation in their field.

It is a slightly uncomfortable concept to concentrate particularly on therapy, as it might well be quite difficult for a generalist to make some of the more obscure diagnoses in the first place. Some of the best chapters result from the escape of the author from the editorial edict, for example a very good chapter on 'A gastroenterologist's view of chest pain', which largely deals with problems of diagnosis rather than therapy. There are chapters on the treatment of bleeding oesophageal varices and fulminant hepatic failure, conditions that a generalist would deal with best by instantly ringing his friendly local gastroenterologist rather than attempting himself.

What is a generalist likely to look for in a book such as this? They will probably

turn first to the chapter on the treatment of duodenal ulcer disease to find out the latest way to eradicate *Helicobacter pylori*. By what I assume must have been an extraordinary oversight, there is no chapter on duodenal ulcer disease. This may be because the book is in a series of sections, and duodenal ulcer disease was not regarded as falling either within the section on stomach disorders or within that on diseases of the intestinal tract. Another surprising omission is that there is nothing on carcinoma of the colon or adenomatous polyps of the colon.

Apart from these few surprises, the whole range of gastrointestinal and hepatobiliary disease is reasonably well covered, with excellent chapters on a wide variety of topics. There are one or two minor areas of conflict, which really reflect the different approaches to gastrointestinal disease of different practitioners. Thus the chapter on oesophageal carcinoma contributed by two surgeons dismisses the use of oesophageal stents in a couple of sentences. This chapter is then immediately followed by a very good review on the use of oesophageal dilatation and stenting. There are two chapters on constipation, one on slow transit constipation and one on irritable bowel syndrome and constipation. The chapter on slow transit constipation is beautifully written, and wonderfully negative, reflecting, I imagine, that the authors feel that they have had much more than their share of 'heart sink' patients with this condition. The first treatment they recommend is a trial of a high fibre diet, the authors then saying 'This type of diet usually does not work in patients suffering from slow transit constipation or colonic inertia. In fact it makes symptoms even worse, and thus should be abandoned.'

I have doubts about the basic philosophy of this book. I think that many of its chapters would be appreciated much more by specialist gastroenterologists than by generalists. I doubt whether any generalist would wish to read chapters on how to treat eosinophilic gastroenteritis or chronic intestinal pseudo-obstruction in childhood. However there are plenty of individual chapters that make excellent reading and are both instructive and entertaining. Before reading this book I knew little of the dangers of unpeeled persimmon fruit or lupini beans, nor of the beneficial effects of Adolph's meat tenderiser. Can it really be true that there is a Goddess of Distension in India? She would find many disciples in my irritable bowel clinic.

The book is well produced and is well laid out, in sections that are easy to read. It contains a great deal of interest to gastroenterologists, but is probably one for the local library rather than for personal purchase. Generalists may well find it a useful book, although no substitute for a proper gastroenterological opinion.

R F HARVEY

**Octreotide: From Basic Science to Clinical Medicine.** Edited by C Scarpignato. (Pp 312; illustrated; US \$259.) Basel: S Karger, 1996. ISBN 3-8055-6055-9.

This book is the best available on octreotide from a combined basic science and clinical perspective. As it garners information from many disparate disciplines and fields of investigation, it is particularly recommended to those approaching an in depth study of

octreotide for the first time. It will also be of value to those with a research interest in a particular aspect of octreotide who might wish to gain a perspective in other areas of octreotide research, such as, for example, receptor pharmacologists who may wish to learn something about the role of radio-labelled octreotide in tumour detection and localisation. Finally, it is a useful reference work for clinicians wishing to gain an in depth knowledge of octreotide's mechanism of action and clinical applicability.

Despite the potential value of this book, one is left with a feeling of frustration and anticlimax throughout. This feeling stems not from work put into the book itself, but from the incompleteness of the clinical research involving octreotide.

Octreotide use is being advocated in the treatment of bleeding oesophageal varices, dumping syndrome, short bowel syndrome, diarrhoea due to hypersecretion of VIP, 5-HT and gastrin, diabetic diarrhoea, prevention of postpancreatic surgery complications, pancreatic fistulas, pancreatic pseudocysts, neuroendocrine tumours, and as an analgesic alternative to opioids. However in nearly all of these conditions, the role of octreotide has not been appraised in a clinically relevant double blind placebo controlled trial. Too much is advocated on the basis of unblinded trials, open studies, small series or case reports. Most of the areas of potential clinical use for octreotide have been known for at least the past six to eight years but top quality clinical trials are still awaited. For instance, in the treatment of bleeding oesophageal varices octreotide has been shown to be as effective as balloon tamponade or vasopressin and nitroglycerin for 48 hours and up to five days after the initial bleed. However, octreotide would seem to be of greatest benefit as a stop-gap treatment over a period of about eight to 18 hours before emergency sclerotherapy. Adjuvant use of octreotide to emergency sclerotherapy in this way has not been investigated to date.

Likewise, over 20 trials of octreotide in the treatment of acute non-variceal upper gastrointestinal bleeding have been reported so far without any consensus emerging. It is likely that octreotide may be of value in preventing recurrent upper gastrointestinal rebleeding in patients in whom there is a high risk of rebleeding. However, the trials considering this question either contained too few patients or else were contaminated by large numbers of patients with trivial bleeds in whom the chance of rebleeding was small.

Finally, in an age when it is possible to tap into a weekly updated version of Medline via the Internet, books of this nature invariably cannot compete in terms of communicating recent developments. This is particularly evident in the basic science section of the book where the 1995 references comprise only about 4% of the total. Investigators wishing to be in the vanguard of octreotide research should therefore not rely too heavily on this book.

L O'DONNELL

**Portal Hypertension II.** Edited by Robert De Franchis. (Pp 216; illustrated; £39.50.) Oxford: Blackwell Science, 1996. ISBN 0-8654-2614-7.

This book reports the proceedings of the Second Baveno International Consensus Workshop on Definitions, Methodology and