Adult coeliac disease, dermatitis herpetiformis and smoking

EDITOR,—Snook and colleagues report that cigarette smoking seems to exert a protective effect against the development of adult coeliac disease (Gut 1996; 39: 60–2). Dermatitis herpetiformis is an uncommon, chronic blistering skin disease of unknown aetiology. Importantly, gluten sensitive enteropathy is present in almost 100% of patients after gluten loading, giving rise to the hypothesis that coeliac disease may be a spectrum of disease. 1–3 Because the enteropathy is usually mild in dermatitis herpetiformis, overt malabsorption is rare. 2 We therefore wanted to assess whether the finding by Snook et al was also present in patients with dermatitis herpetiformis, as this would provide further evidence of a link between dermatitis herpetiformis and coeliac disease.

Twenty nine patients, 20 male and nine female, with dermatitis herpetiformis were identified. Only patients with histological and direct immunofluorescence findings compatible with a diagnosis of dermatitis herpetiformis were included in the study. Patients were interviewed to identify their cigarette smoking history, permitting determination of number of pack years smoked (one pack year=20 cigarettes a day for one year). Twenty nine age was an uncommon smoking history with atopic eczema were also recruited and cigarette smoking history determined in the same way. A Wilcoxon sign ranked matched pair test was used to analyse pack year smoking data. The ages at the time of the study was 59–1 years (SD 14–12). We found that patients with dermatitis herpetiformis smoked significantly less than controls (p<0.0009, median difference 10 pack years).

This finding has not been reported before and gives further support to the hypothesis that dermatitis herpetiformis and coeliac disease may be points on a spectrum of disease. Our study was on a small series of patients and it would, therefore, be useful to replicate these findings in a larger cohort. Why patients with dermatitis herpetiformis and adult coeliac disease smoke less is uncertain. Snook et al suggest that, in adult coeliac disease, the immunomodulatory effects of smoking may be important and this would also be relevant to dermatitis herpetiformis. Most patients with dermatitis herpetiformis and coeliac disease will have been referred to a dietician and so receiving counselling and general health advice may be a possible contributing factor, although this seems an unlikely explanation for the magnitude of effect seen. Further confirmation of this finding is needed, both in coeliac disease and dermatitis herpetiformis.

Risk factors for pancreatitis

EDITOR,—Dr’s De Beaux, Carter, and Palmer in their thought provoking editorial have examined a number of possible risk factors for pancreatitis occurring after ERCP (Gut 1996; 39: 799–800).

However, several studies have failed to show that factors commonly thought to be at fault do actually present a risk, for example, the use of contrast media. 4,5,6 We believe therefore that patients who actually smoke less is uncertain. Smoking may be useful for diagnosis, the cause of post-ERCP pancreatitis is unknown. We would like to propose the possibility that glutaraldehyde residues remaining after endoscopy cleaning, could be at fault.

This hypothesis is based on our own experience following an outbreak of pancreatitis related to changes in our endoscopy cleaning methods. Our usual rate of diagnostic pancreatic candidiasis since incantation of the pancreas, 7,8 and pancreatitis, 2,9 Sphincter of Oddi manometry does seem to be a risk factor 10 as does sphincterotomy for stones, although this does not seem to be related to duct clearance. Is it clear therefore that patients undergoing ERCP may be useful for the cause of post-ERCP pancreatitis? We would like to propose the possibility that glutaraldehyde residues remaining after endoscopy cleaning, could be at fault.

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