LETTERS TO THE EDITOR

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 was also recorded with a higher smoking rate than that of controls with dermatitis herpetiformis patients (Gut 1996; 38: 799–800).

However, several studies have failed to show that factors commonly thought to be at fault do actually present a risk, for example, with regard to factors contributing to the disease, the pancreas, bacteraemia, etc.3 Thus, it seems that the smoking factor is not significant after a cautious analysis of the data.

This hypothesis is based on our experience following an outbreak of pancreatitis related to changes in our endoscopic cleaning methods. Our usual rate of diagnostic pancreatic pancreatitis prior to this change was 15% with a change from manual cleaning and use of the Keymed autoclave (Keymed, Stock Road, Southend on Sea), to an automatic closed circuit washing machine (Customs Ultrasonics Automatic System 83-2, Specialist Endoscopy Equipment, Ormskirk, Lancashire). After a worrying six week period and based on the knowledge that even small traces of glutaraldehyde and other toxic agents to mucosa and if inhaled, were recruited and cigarette smoking history determined in the same way. A Wilcoson sign ranked matched pair test was used to analyse a 10-year smoking history. The average age at the time of the study was 61 years (SD 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 present in a spectrum of disease. Our study was on a small series of patients and 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 immunomediatory effects of smoking may be important and this would also be relevant to dermatitis herpetiformis.

Most patients with dermatitis herpetiformis and coeliac disease 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 the effect seen. Further confirmation of this finding is needed, both in coeliac disease and dermatitis herpetiformis.

Richard J deKaski
Department of Gastroenterology
Newcastle General Hospital
Newcastle upon Tyne
England

Risk factors for pancreatitis

EDITOR.—Dr's De Beaup et al are correct that there are a number of possible risk factors for pancreatitis: a further study of the hypothesis that coeliac disease may be associated with pancreatitis is required.

Snook et al have shown that adult coeliac disease is associated with an increased risk of pancreatitis. However, other studies have shown that pancreatitis is associated with a number of other factors, such as smoking, alcohol, and diabetes.

A Wilcoson sign ranked matched pair test was used to analyse a 10-year smoking history. The average age at the time of the study was 61 years (SD 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 present in a spectrum of disease. Our study was on a small series of patients and 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 immunomediatory effects of smoking may be important and this would also be relevant to dermatitis herpetiformis.

Most patients with dermatitis herpetiformis and coeliac disease 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 the effect seen. Further confirmation of this finding is needed, both in coeliac disease and dermatitis herpetiformis.

J T Lear
J C English
Department of Dermatology,
North Staffordshire NHS Trust,
Stoke on Trent ST4 3BW

P W Jones
Department of Mathematics,
Keble University,
Keble

Gastric ulcers

EDITOR.—Interest in the effects of corticosteroids on the healing of gastric ulcers goes back a long time. The paper by M Carpani deKaski et al is a valuable contribution to this area, which demonstrates that corticosteroids do not reduce the regenerative repair of the epithelium in experimental cryoablation-induced ulcerations in the rat (Gut 1995; 37: 613–6). The earliest work they cite on the healing of experimental ulcer with prednisone is that of Kuwamura and Eastwood, published in 1988.1 But their memories do not go back far enough. My colleagues, and I, published on the tissue damage caused by a new, highly effective ulcer healing agent, Endoscopic induced colitis: description, probable cause by glutaraldehyde, and prevention. Gastroenterology 1994; 40: 574–575.

Henry D Janowitz
Director, Gastroenterology,
Department of Medicine,
The Mount Sinai School of Medicine,
New York, NY 10029, USA


2 Janowitz HD, Weinsteinn VA, Spapor RG, Cereghin P, Hollander F. The effect of corti-