

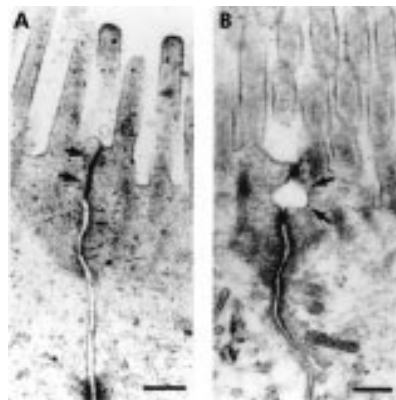
ENJOYING OATS...IN SAFETY

Oats-loving patients with coeliac disease will feel cheered by a follow up report from Finland. Five years after a clinical trial of a gluten free, oats containing diet, participants were fully re-evaluated. Two thirds of the coeliac patients randomised to the oats containing diet continued to do so after the study. There were no histological or immunological differences between those consuming oats and those on a conventional (oats free) gluten free diet. If you have coeliac disease, eating oats seems both safe and enjoyable.

See page 332



It's not only bears who like oats (pp 332–5).



Transmission EM of the tight junction region in ileal enterocytes. (A) Cell membranes of adjacent cells in close apposition (arrows). (B) Tight junction with dilation (arrows) after exposure to luminal stimulus (pp 307–11).

LARGE ULCERS, BAD NEWS

The group from Prince of Wales Hospital in Hong Kong has published a series of excellent single centre studies on interventional endoscopy in bleeding peptic ulcer. It does not harm patient recruitment that the hospital serves a population of 1.2 million of whom a good number seem to have peptic ulcers that haemorrhage. In their latest report, Wong and colleagues looked at clinical, laboratory, and endoscopic parameters in order to identify those associated with a poor outcome following treatment by adrenaline injection and heater probe. Failure of endoscopic therapy was more likely when the bleeding ulcer was large (2 cm or more in diameter) and was associated with severe blood loss.

See page 322

LOOSENING TIGHT JUNCTIONS IN CROHN'S DISEASE

Increased gut permeability is seen in patients with Crohn's disease. It has been suggested that enhanced leakiness for luminal contents may be important for the development of intestinal inflammation. Söderholm and colleagues investigated the integrity of epithelial tight junctions in specimens of ileal mucosa before and after exposure to a constituent of milk fat known to increase paracellular permeability. They showed that, compared with control ileum, Crohn's disease mucosa became more leaky following the luminal stimulus. EM confirmed dilatation of tight junctions, the appearances suggesting disturbed cytoskeletal contractility. Perhaps these changes contribute to understanding how luminal contents may lead to development of mucosal inflammation.

See page 307

DECLINE AND FALL OF *HELICOBACTER PYLORI*

Bearing in mind its decreasing prevalence in several populations, it is just as well that *Helicobacter pylori* was identified before it disappeared. Needless to say, the fall in its prevalence has been matched by an inverse movement in the number of scientific papers about it. Indeed, the changing prevalence of this infection has become a fruitful area for research in its own right. A study in Finland has shown that, as the number of positive serological tests for *Helicobacter pylori* declined between 1973–94, those that were *cag A+* positive fell proportionately more. It is suggested that the low prevalence of *cag A+* strain reflects declining acquisition in childhood, which may have important consequences for the future population prevalence of upper GI disease.

See page 295

SUICIDE: NOT YET THE END

Suicide gene therapy for cancer does sound rather exciting. In essence, it involves the introduction of a gene into tumour cells that converts a non-toxic compound into a lethal drug. Apart from delivering chemotherapy locally into the tumour, the additional advantage of suicide therapy includes distant tumour regression. Pierrefite-Carle and colleagues used a rat model of liver "metastasis" to see whether a suicide gene effect could be observed. They found a marked reduction of tumour within the liver. Interesting, but we may have a long way to go before we might be able to commit suicide gene therapy to man.

See page 387

SURVEILLANCE, SURVIVAL, AND THE STOMACH

The concept of an open access endoscopy service generates mixed emotions among gastroenterologists. Nevertheless, its potential for earlier diagnosis of significant upper GI lesions is an attraction. In the mid 1980s in Birmingham, the open access service identified 22 cancers among 1753 patients. A further 166 patients were found to have a range of pre-malignant lesions including dysplasia, intestinal metaplasia and atrophic gastritis. Of those accepting annual endoscopic follow up, 8.4% developed gastric cancer at 10 years. The tumours were generally at an early stage and were associated with a 50% 5 year survival. Although these potential benefits of surveillance are considerable, wisely the authors call for a large, multicentre study, presumably including an assessment of resource implications.

See page 378