Pseudo-pseudomembranous collagenous colitis ▶
Microscopic colitis has been divided into three types (Warren BF, et al. Histopathology 2002;40:374–6), all characterised by watery diarrhoea and minimal mucosal changes at colonoscopy, associated with an increase in lamina propria lymphocytes and minimal crypt architectural distortion. Of the three types, lymphocytic colitis also has an increase in intraepithelial lymphocytes, collagenous colitis has a subepithelial collagen band, and microscopic colitis not otherwise specified has neither. A form with giant cells has also been described. Types of microscopic colitis, each with their advocates, should be distinguished from pseudo-pseudomembranous colitis and Crohn’s disease or ulcerative colitis. Now, a new condition—pseudomembranous collagenous colitis—is introduced into the medical lexicon. More careful correlation between histological and clinical data is necessary before the diagnosis of pseudomembranous collagenous colitis is introduced into the medical lexicon.

Adding a new dimension to ultrasonography ▶
▲ Hunterbein M, Strosczczynski C, Ullner C, et al. Prospective comparison of transcutaneous 3-dimensional US, cholangiography, magnetic resonance cholangiopancreatography (MRCP), and ERCP/PTC, to detect and characterise biliary obstruction in 40 patients. Experienced operators, who were blinded to the results of the other tests, evaluated images for technical adequacy, presence and level of obstruction, and suspected cause of any stricture. Compared with two dimensional ultrasound, three dimensional analysis improved the assessment of biliary anatomy in seven of 40 patients. Three dimensional ultrasound however visualised the peripapillary region less well (80%) than MRCP (95%) and direct cholangiography (100%) but was superior at demonstrating the gall bladder and biliary tree proximal to a stricture. All techniques were highly sensitive for detection of biliary obstruction (100%) and each diagnosed the likely cause in 90–95% of cases. Three dimensional ultrasound detected the correct level of obstruction in 92% of cases compared with 95% for MRCP and 90% for ERCP/PTC. There was little discussion of the learning curve or length of time it takes to generate these high quality images but the non-invasiveness, absence of ionising radiation, and availability of ultrasound make this new technique a promising one. So, be prepared for many more years of happy debate over the optimum method of imaging the biliary tree in patients with malignant biliary obstruction.

Virtual colonoscopy for screening: accurate, acceptable, but affordable? ▶
Virtual colonoscopy for colorectal cancer screening sounds attractive—non-invasive, no sedation, and no collection of stool. However, a full bowel preparation is needed and so far its sensitivity and specificity for lesions measuring <10 mm diameter have suggested it is not accurate enough to be used for screening. The study by Pickhardt et al., the largest to date, involves 1233 average risk asymptomatic adults in three centres who underwent virtual colonoscopy followed by a same day conventional colonoscopy. Multidetector computed tomography scans were used to generate fast high resolution images, and water soluble and barium contrast materials were used to tag residual fluid and stool to enable the software to electronically cleanse the fly through images. The results were impressive, with the virtual examination being as accurate as conventional colonoscopy for polyps of 6 mm or larger; in fact, some lesions detected were missed on conventional colonoscopy. In addition, scans took only 1.4 minutes to perform and 20 minutes to read compared with 32 minutes for colonoscopy and another 64 minutes in recovery. Acceptability, perhaps the greatest remaining obstacle to screening, was better than for conventional colonoscopy even though sedation was given for the latter.

Clearly, the place of virtual colonoscopy will depend greatly on what proportion of examinations need to be followed by a conventional colonoscopy and polypectomy. Nevertheless, virtual colonoscopy is now looking sufficiently promising for the AGA to have set up a task force to report at this year’s DDW.