In conclusion, endomicroscopy allows localisation and measurement of the amount of collagenous bands in the mucosal layer. Thus endomicroscopy offers the possibility of targeted biopsies, which is a new approach in collagenous colitis where randomised biopsies, preferably in the right colon, are recommended. The distribution of the collagenous bands is patchy and segmental in the colon. Confocal endomicroscopy helps to differentiate between affected and normal sites. This initial experience was proven in four additional patients. In all patients, collagenous colitis was precisely predicted and the amount of collagenous bands was measured. However, this new diagnostic possibility and its sensitivity and specificity must now be evaluated in prospective studies.

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References


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The authors of the GI snapshot on p1278 of the September issue of Gut (2005;54:1278) would like to state the work was done at the Department of General Surgery, Royal Alexandra Hospital, Paisley, UK, not the Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary, UK.

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It has come to our attention that there is a dosage error in the print version of the ECCO Consensus on the Management of Crohn’s Disease supplement to Gut (March 2006, Volume 55, Supplement 1).

The error occurs on page i22 in section 5.4.7. The first line of this section should read: Methotrexate 25mg/week (oral, subcutaneous or intramuscular injection, unlicensed therapy for IBD) may be used in a similar fashion to thiopurines.

The online version of this article is correct. The authors apologise for this error.