might make the handbook marginally more user friendly. It would be easy to recommend this handbook to those wanting a quick entry into the world of meta-analysis. The outputs produced would not be wrong in statistical terms. But unless one wanted to make use of the less conventional outputs (and this would generally only apply to experienced reviewers and analysts anyway), it would make much better long term sense to become familiar with the Cochrane software and the entire systematic review package.

D Forman

NOTICE

Joint Meeting: International Association of Pancreatology and American Pancreatic Association

This meeting will be held on 1–4 November 2006 and the CME sponsor is American College of Surgeons. The meeting will be heald at Westin Chicago River North Hotel, Chicago, Illinois, USA. For more information please contact APA Headquarters, 45 High Valley Drive, Chesterfield, MO 63017; http://www.american-pancreatic-association.org/; email: American-pancreatic-association@lettuceplanet.com; tel: +1 314 210 2904; fax: +1 314 754 9515.

CORRECTION

doi: 10.1136/gut.2005.08195corr2

In the March supplement to *Gut* (*Gut* 2006;**55**(suppl 1)) the affiliation of the author Dr V Villanacci was provided incorrectly. His correct address is: 2nd Department of Surgical Pathology, Spedali Civilli, Brescia, Italy.

EDITOR'S QUIZ: GI SNAPSHOT

Answer

From question on page 742

A differential included hydatid cyst and cystic tumour metastasis. The cyst was aspirated under computerised tomography (CT) guidance which showed endometrial glandular and stromal elements confirming a diagnosis of endometrial cyst.

Clinical features are non-specific. Theories behind the pathogenesis include coelomic metaplasia and lymphovascular dissemination. Imagings show a 12 cm loculated cystic lesion with irregular outline in the posterior aspect of the right lobe of the liver. Ultrasound and CT findings in endometrial liver cysts are non-specific and may include cystic and solid components, septations, loculations, and calcifications. On magnetic resonance imaging, endometrial implants usually demonstrate signal intensity similar to normal endometrium on T1 and T2 weighted images. A CT scan repeated during the menses is valuable in suspected pulmonary endometriosis.[1] It is unknown if the same approach would benefit diagnosis in suspected hepatic endometrial cysts. Although there is no literature to support or refute, we wonder if repeating a CT scan coincident with menses might help in the diagnosis of a suspected hepatic endometrial cyst. Although surgery is the treatment of choice, gonadotrophin releasing hormone analogues have been used for treating pulmonary endometriosis and may prove beneficial in hepatic endometrial cyst.

Teaching point: This differential should be kept in mind when dealing with a hepatic cyst of unknown origin in a female, especially with history of endometriosis or pelvic surgery.

doi: 10.1136/gut.2005.066498

REFERENCE

1 **Terada Y**, Chen F, Shoji T, *et al.* A case of endobronchial endometriosis treated by subsegmentectomy. *Chest* 1999;**115**:1475–8.

Gut: first published as 10.1136/gut.2005.08195corr2 on 11 April 2006. Downloaded from http://gut.bmj.com/ on March 24, 2023 by guest. Protected by copyright.