LETTERS TO THE EDITOR

Can we ever be certain of the diagnosis of acute pancreatitis?

EDITOR.—The recent guidelines for the management of acute pancreatitis written on behalf of the Working Party of the British Society of Gastroenterology (*Gut* 1998;42 (suppl 2):S1-13) outline the initial steps in diagnosis, investigation and treatment of acute pancreatitis.

The supplement summarises the indications for computed tomography (CT) scanning in pancreatitis and one of these is diagnostic uncertainty. Recently, I was involved in the management of two elderly patients who had a clinical history in keeping with acute pancreatitis and amylase concentrations of 2876 IU/l and 4861 IU/l, respectively (normal range 0-220 IU/l). These two patients subsequently died and postmortem examination in each case revealed evidence of gangrenous bowel and no macroscopic or microscopic evidence of pancreatitis.

An amylase concentration of greater than five times normal is often considered diagnostic of acute pancreatitis but previous investigators have shown that significant hyperamylasaemia can be found in conditions other than pancreatitis.¹

Perhaps all patients with hyperamylasaemia should fit into this category of "uncertain diagnosis" and therefore undergo early diagnostic CT scanning rather than depending purely on clinical or biochemical findings.

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- 1 Hendry WS, Thomson SR, Scott ST, *et al*. Significant hyperamylasaemia in conditions other than acute pancreatitis. *J R Coll Surg Edinb* 1987;32:213-15.

MRCP and the diagnosis of suspected bile duct obstruction

EDITOR.—Adamek *et al* (*Gut* 1998;43:680-3) presented data on the performance of magnetic resonance cholangiopancreatography (MRCP) in the diagnosis of suspected bile duct obstruction. They compared it with a gold standard of endoscopic retrograde cholangiopancreatography (ERCP), with or without histology and/or repeated ERCP. They presented derived data suggesting that MRCP performed well in diagnosing abnormalities (sensitivity 89%, specificity 92%, positive predictive value 98%) but they omitted to quote the negative predictive value (NPV) for MRCP, which from their data was 71%.

This low NPV is important. In this case, 29% of negative tests missed an important abnormality, which implies that a negative MRCP is of limited value. However, it should be noted that these data are at variance with others who have quoted,¹ or from whose data one can derive,² much higher NPVs. Clearly, more data on the value of a negative MRCP in specific clinical settings are needed in order to define the indications for this test.

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- 1 Guibard L, Bret PM, Reinhold C, *et al*. Bile duct obstruction and choledocholithiasis: diagnosis with MR cholangiography. *Radiology* 1995; 197:109-15.
- 2 Soto JA, Barish MA, Yucel EK, *et al*. Magnetic resonance cholangiography: comparison with endoscopic retrograde cholangiopancreatography. *Gastroenterology* 1996;110:589-97.

BOOK REVIEWS

Inherited Susceptibility to Cancer: Clinical, Predictive and Ethical Perspectives. Edited by Foulkes WD, Hodgson SV. (Pp 456; £60.00, US\$95.00.) Cambridge University Press, 1998. ISBN 0 521 56340 2.

This book is timely given the veritable explosion in the molecular genetics of cancer that has occurred over the past decade. The scope of the book is broad, ranging from genetic counselling in concert with the ethical, legal and social issues that impact upon this discipline to the hereditary basis of many of the rare as well as commonly occurring cancers. An exceedingly useful chapter, "Late-breaking Developments", provides the reader with a thumbnail sketch of advances that occurred from the time that the chapters were submitted and reviewed. This is a most welcomed chapter as it gives the readers a chance to keep abreast of this rapidly emerging discipline. There are 31 contributors, some of whom are highly distinguished scholars.

This book will be useful to practicing physicians, genetic counsellors, and other paramedicals who may be involved with the surveillance and management of patients with high familial cancer risk. The chapters are clearly written. It would have been valuable to have had more illustrations, particularly pedigrees. There is probably not enough material presented in this book for specialists, such as gastroenterologists, to use as a primary reference source for cancer genetics in each of these disciplines. On the other hand, this will be an ideal source of clinical genetic material for the generalist. Certainly, this will be a valuable global reference which should be on the shelf of all medical libraries.

H T LYNCH

Critical Issues in Gastroenterology. Edited by Gitnick G. (Pp 132; £23.50). UK: Williams and Wilkins Europe Ltd, 1998. ISBN 0-683-30555-7.

The breathless hype "the latest [sic] vital gastroenterology information on strategies, therapies, equipment" and the out of focus cover artwork give an unfortunate rushed feel to this portable volume, which is indeed rather heterogeneous in content. There are six chapters covering strategic planning for managed care, proton pump inhibitors (PPI), irritable bowel syndrome (IBS), emerging therapies for hepatitis C, colorectal cancer and polyp surveillance, and evolving therapies for colon cancer. Most of the chapters are from the UCLA School of Medicine,

some from the East coast and one from Monash (PPIs). Readers who are seeking an evidence-based medicine approach will find some of the chapters circumlocutory and lacking detail of treatment regimens and supporting research evidence. The text is entirely unreferenced and a list of "recommended readings" is given instead. One has the impression that certain chapters, notably the quite comprehensive review of IBS by Lembo, Chang and Mayer, were written with references which were subsequently expunged by the editor.

Fullerton's chapter on strategic planning for managed care will be an eye opener for most British gastroenterologists, and is required reading for those of us who are anticipating a role in negotiating with primary care groups and health authorities. This is medi-business in which a business planning approach is applied to practice based clinical trials, outcomes research, clinical practice guidelines, and disease management. This systems approach to the treatment of diseases uses the disease itself as the unit of analysis and not the traditional NHS measures of new referrals or inpatient episodes. A worked example of a disease management programme for inflammatory bowel disease (IBD) is given. Reading this Californian future evokes a Rawhide image of the health manager rounding up gently moving herds of patients with IBD, although we know that each case is a potential maverick or bucking bronco.

The chapter on PPI use is extremely conversational and seems almost to have been taken by surprise by the *Helicobacter pylori* story. This is in contrast to the discussion of IBS, which thoroughly examines the pathophysiology and reviews the spectrum of drug, psychological and behavioural treatment. This section would have been strengthened by a synthesis of the approach to the patient with IBS and guidance on choosing between the confusing variety of treatment modalities described.

Emerging therapies for hepatitis C are comprehensively covered, and the chapter on colorectal cancer and polyp surveillance by Bond is perhaps the most authoritative in the volume. He does at least make plain where his position on endoscopic surveillance of patients with colorectal cancer or IBD is evidence-based. In discussing evolving therapies for colon cancer Rosen has thoroughly reviewed the variety of chemotherapeutic trials.

Critical Issues in Gastroenterology does provide an interesting read in parts but falls short of its target "to prepare you to solve the challenging problems you face daily in gastroenterology". This is particularly so in the field of *H pylori* where bland statements of the increasing awareness of the need to treat *H pylori* infection effectively are out of step with the European perception of the need to boldly go where the evidence is pointing.

P E T ISAACS

NOTES

European Postgraduate Gastro-Surgical School Courses in 1999

The Board of Directors of the European Postgraduate Gastro-Surgical School (Chairman: Professor G N J Tytgat; Vice Chairman: