truly randomised, patients who are entered into the "no surveillance" arm cannot be left to "fend for themselves" and are likely to need regular clinic appointments (which may well not have occurred if they were not in the study) with their associated costs. In the era of full economic costing, approaching centres and asking them to take part without funding support is therefore likely to prove difficult. In addition, while patients on the edge of suitability for surveillance (due to age or coexisting morbidity) are likely to be reasonably happy to take part, the willingness of younger people is likely to be lower and appropriate stratification must be taken into account to allow an answer to the regularly asked question "But what would you do if a 30 year old was found to have BO?". What nobody

wants is a trial that will take several years to perform, have low take up, or be dismissed as irrelevant if it is underpowered or confounded. Nevertheless, despite these caveats, it is refreshing to see that there appears to be a realisation that new solid data must be obtained if the old cyclical arguments between advocates and sceptics of the value of routine surveillance of BO is to be resolved. Watch this space (lumen)...

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EDITOR'S QUIZ: GI SNAPSHOT

Robin Spiller, *Editor*

Chronic abdominal pain aggravated by eating: diagnosis by video capsule endoscopy

Clinical presentation

A 48 year old man presented with a two year history of abdominal pain aggravated by eating, weight loss of 20 kg in one year, and a positive test for occult blood in stool. In order to avoid postprandial tenesmus he had cut down his meals to a minimum, despite a normal appetite. The patient had no history of previous surgery or serious illness. On physical examination the abdomen was soft and no mass was palpable.

Laboratory examinations did not reveal any pathological findings. On abdominal computed tomography, several fatty structures with a size of 1.5 cm in apparent continuity with the bowel wall were seen. Abdominal ultrasound, computer tomography of the pancreas, and repeated gastroscopy and colonoscopy did not yield findings that were able to explain the patient's complaints.

Question

Video capsule endoscopy of the small bowel was performed (fig 1). What abnormalities were seen? What is the likely diagnosis?

See page 497 for answer

This case is submitted by:

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Figure 1 Video capsule endoscopy (Given Imaging Ltd) of the jejunum.

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