

# Gut

*Journal of the British Society of Gastroenterology  
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hands on experience and provide much more useful clinical advice.

The interrelation between renal sodium retention and ascites formation has created heated debate between the 'underfill' and 'overflow' theories for nearly three decades. In 1988 a modification of the underfill hypothesis was proposed suggesting the primary abnormality to be peripheral arteriolar vasodilatation occurring early in the course of the disease and thus creating a deficit in the 'effective' extracellular fluid volume with secondary renal sodium retention. This concept, known as the 'peripheral vasodilatation' hypothesis has rapidly gained widespread acceptance with little critical appraisal. The chapter by Levy on the pathogenesis of ascites is therefore particularly refreshing. He cites the evidence against this hypothesis, particularly that at the pre-ascitic and early ascitic stages of cirrhosis there is evidence for 'overflow' in that the renin-angiotensin-aldosterone system is suppressed. He also describes his own experimental work and favours the overflow concept for the early stages of the disease, but at a later stage the evidence supports 'underfill', views strongly supported by the reviewer.

There are individual detailed chapters on the renin-angiotensin system, aldosterone, and the sympathetic nervous system, all without mention of the changes reported in fulminant hepatic failure. There are also chapters on the possible roles of the more recently described lipid derived autacoids, natriuretic factors, nitric oxide, and endothelin. The chapter on atrial natriuretic factor highlights the apparent renal resistance to this substance in cirrhosis, but there is no mention of the evidence for the opposite response to aldosterone, a possible increased renal sensitivity. The chapters on nitric oxide and endothelin are of considerable potential interest, but necessarily of a preliminary nature.

The final chapters are devoted to treatment. There is an excellent and useful review by Planas and colleagues on the role of paracentesis with volume expansion for the treatment of ascites. Based on their own data they conclude the treatment is quicker and safer than diuretics. However, in addition to spironolactone their diuretic regimen includes frusemide, which many hepatologists prefer to avoid if possible because of the associated complications. The frequency of complications from diuretics was substantially less in a study from Milan that they quote, in which frusemide was only given if necessary. Later chapters describe results to suggest either paracentesis with ultrafiltration of the fluid and intravenous return, or dialytic ultrafiltration with peritoneal return may both have less complications than paracentesis with volume expansion. Peritoneovenous shunting and transjugular intrahepatic portasystemic shunting are given separate chapters. Both procedures may have a role in the management of refractory ascites, but are not free of potentially serious complications. These occur most frequently in patients with the most advanced cirrhosis - that is, those most likely to be refractory to diuretics. The evidence presented for the role of either treatment in renal failure is extremely poor.

In view of the limited input by hepatologists and the restriction of the text largely to alcoholic cirrhosis the book will have little to interest the practising clinical hepatologist. However, there is much useful up to date information for the researcher in the field.

S P WILKINSON

**Pediatric Gastrointestinal Disease.** 2nd ed. By W A Walker, P R Durie, J R Hamilton, J A Walker-Smith, J B Watkins. (Pp 2113; illustrated; £199). St Louis, Mosby-Year Book, 1996. ISBN 0-8151-9082-4.

I suppose I can give no greater endorsement to this book than to say that I had already bought it several weeks before the review copy arrived. In those few weeks I had used the book more than in the five years during which the first edition had been available on my shelf. The first edition had in some ways been a little disappointing. It lacked clinical edge and was patchy in its coverage, so much so that I often found myself turning to textbooks of adult gastroenterology for help with difficult clinical problems. These problems have been attended to in the second edition and the authors are to be congratulated in producing a highly successful and comprehensive summary of paediatric gastroenterology, hepatology, and nutrition.

I never really know what political commentators mean by the term 'defining moments', but if I did, I would risk a cliché here and say that this may well be one for paediatric gastroenterology. Like most paediatric sub-specialists, paediatric gastroenterologists have for many years fought to capture their specialty from general paediatricians and from gastroenterologists who dabble in paediatrics. Only six years ago the view of the generalist was that 'we all treat constipation, and refer the children with inflammatory bowel disease to the adult gastroenterologists'. Although paediatric gastroenterology and hepatology are clearly rooted in paediatrics, being so intimately concerned as they are with the growth and development of children, this book defines them as something separate from general paediatrics, and for that the editors are to be congratulated. In many ways this book represents the coming of age of paediatric gastroenterology and hepatology.

The editors have assembled an excellent and international team of contributors, each of whom writes with authority. The ontogeny of structure and function are well represented in the early chapters, and the book is commendably strong on physiology and biochemistry. Readers seeking guidance on clinical management will not be disappointed. The chapters are remarkably up to date for such a large, multi-author production. Having a colleague who is a contributor revealed what benign coercion the authors were exposed to by their editors to submit on time. Hepatology is well catered for, and the chapters on pancreatitis are particularly helpful and pragmatic. I enjoyed the chapters on the gut in immunodeficient children and in the post-surgical patient, both areas in which paediatric gastroenterologists are becoming increasingly involved in collaborative management with other hospital colleagues. Sections on diagnostic and therapeutic techniques, including nutritional support, are largely new and particularly welcome.

Reservations are few. Important as constipation is in childhood, I was a little confused to find two separate chapters on the subject. In future editions the editors may also wish to consider a chapter on gastrointestinal disease in the adolescent.

Who should buy this book? Certainly every department of paediatric gastroenterology and hepatology should have a copy, as should every trainee. The generalist will undoubtedly benefit from access from time to time,

although cost will be a major consideration. They should think twice ... and then buy.

I W BOOTH

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## NOTES

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### UK National Barrett's Oesophagus Registry

Funding has now been secured to initiate a UK National Registry of patients with Barrett's oesophagus as a joint project between the Oesophageal Section of the British Society of Gastroenterology and the Upper Digestive Tract Cancer Group of the European Cancer Prevention Organisation (ECP). A scientific committee has been formed to oversee the Registry and a registrar has been appointed who has a public health background and considerable experience of epidemiological work in pre-cancerous conditions. Two pathologists with expertise in this area will provide a central resource to oversee histopathological aspects of the Registry.

The project will begin with pilot studies in two Health Districts, with the aim of identifying all patients with a diagnosis of Barrett's oesophagus, together with basic demographic data and information on criteria for diagnosis of Barrett's and the extent of the columnarised segment. The next stage will be to extend the pilot study to embrace a whole Health Region in an attempt to form a baseline for estimating incidence and prevalence of diagnosed cases with a view to comparison with those of other Health Regions, other countries, and fluctuation with time. The third stage will be to identify diagnosed cases for all Health Districts in the UK, and it is envisaged, subject to appropriate funding, that assistance will be available to visit endoscopy units and help retrieve and coordinate this information.

Once established, it is believed that the Registry will provide a valuable resource relating to prevalence, demography, and pathophysiological profile of patients with Barrett's oesophagus, as well as its natural history and response to various treatment modalities. It is envisaged also that the Registry and its infrastructure will act as a coordinating body in the promotion of prospective randomised studies as well as providing a central resource for confirmation of high grade dysplasia and investigation of molecular genetic aspects of Barrett's oesophagus, and a database of publications in the field which BSG members would be able to access. The proposal to establish this National Registry received considerable support from members of the Oesophageal Section who were polled in a recent questionnaire and it is hoped that the wider body of the BSG will embrace this initiative. The potential benefits of the Registry are enormous and the project is being viewed with considerable interest in other countries. We will try to ensure that the work involved for individual gastroenterologists is minimised as far as possible and your support in this exciting project is earnestly requested.

Please contact either of us for further information or with any comments.

**PI Reed, Head, Upper Digestive Tract Cancer Group, ECP, Lady Sobell Gastrointestinal Unit, Wrexham Park Hospital, Slough, Berks SL2 4HL. Tel: 01753-634153; fax: 01753-511835. A Watson, Chairman, Oesophageal Section BSG, 88 Harley Street, London W1N 1AE. Tel: 0171-637-855; fax: 0171-637-4885.**

**Sir Francis Avery Jones BSG Research Award 1997**

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1997 Diamond Jubilee Award. Applications (**twenty copies**) should include:

(1) A manuscript (2 A4 pages *only*) describing the work conducted.

(2) A bibliography of relevant personal publications.

(3) An outline of the proposed content of the lecture, including title.

(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the UK or Eire.

Entrants must be 40 years or less on 31 December 1997 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Diamond Jubilee meeting of the Society in March 1997. Applications (**twenty copies**) should be made to the Honorary Secretary, BSG, 3 St Andrews Place, London NW1 4LB, by 1 December 1996.

**Gastrointestinal motility**

The fifth symposium on Gastrointestinal Motility - Video Demonstration, Utilization of Manometry and Problem Oriented Approach will be held on 14-16 February 1997 in La Jolla, California. Further information from Barbara S Lee, Assistant Education Coordinator, The University of Iowa College

of Medicine, Department of Internal Medicine, 200 Hawkins Drive, Iowa City, Iowa 52242-1081, USA. Tel: 319 335 8956; fax: 319355 6969.

**Gastroenterology and hepatology**

An international course on Emergencies in Gastroenterology and Hepatology will be held on 6-7 December 1996, in Leuven, Belgium. Further information from Professor Martin Hiele, Internal Medicine-Gastroenterology, University Hospital Gasthuisberg, B-3000 Leuven, Belgium. Tel: 32 16 344225 or 32 16 344218; fax: 32 16 344419.

**Postgraduate gastroenterology**

The 25th Anniversary of the Oxford Course in Gastroenterology will be held on 5 to 8 January 1997. Further details from: Dr D P Jewell, Gastroenterology Unit, Radcliffe Infirmary, Woodstock Road, Oxford OX2 6HE.

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**ETHICS** Ethical aspects will be considered in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *BMJ* 1964; ii: 177)).

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1977). NB: Such conversion is the responsibility of the author.

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