Reynella A Morenas,[1] Mark P Tighe,[1] Isabella Moore,[2] Nadeem A Afzal,[1] R Mark Beattie[1]

[1] Paediatric Medical Unit, Southampton University Hospitals NHS Trust, Southampton, UK; [2] Southampton University Hospitals NHS Trust, Department of Cellular Pathology, Southampton General Hospital, Southampton, UK

Correspondence to: Dr R Mark Beattie, Paediatric Medical Unit, Southampton General Hospital, Tremona Rd, Southampton SO16 6YD, UK; mark.beattie@suht.swest.nhs.uk

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CORRECTIONS

doi:10.1136/gut.2007.135897corr1

Y A Abed, W Hameed, J Roy, *et al*. Appendicitis in an adult patient with cystic fibrosis: a diagnostic challenge (*Gut* 2007;**56**:1799–1800). The first author's name was published incorrectly and should be Y Al-Abed.

doi:10.1136/gut.2006.118356corr1

N Kalia, J Hardcastle, C Keating, *et al*. Intestinal secretory and absorptive function in *Trichinella spiralis* mouse model of postinfective gut dysfunction: role of bile acids (*Gut* 2008;**57**:41–9). The list of authors was published in the wrong order: the correct order is N Kalia, J Hardcastle, L Grasa, C Keating, P Pelegrin, KD Bardhan, D Grundy.

Editor's quiz : GI snapshot

ANSWER

From the question on page 604

An excision biopsy of the neck lesion showed fragmented elastic fibres in the middle and deep dermis (fig 1), consistent with pseudoxanthoma elasticum (PXE). Ocular fundus photography demonstrated retinal angioid streaks. Thus, a diagnosis of PXE with colonic involvement was made. PXE primarily affects the elastic fibres, which is characterised by cutaneous and ocular lesions and widespread vascular abnormalities in the various organs. Its most common gastrointestinal presentation is gastric bleeding. PXE is, however, rarely associated with gastric and colorectal cobblestone appearance similar to diffuse xanthomas. There was a suggestive report on deterioration of PXE in a patient with Crohn's disease after steroid therapy.[1] The timed-release form of mesalamine used here (Pentasa) allows for maximal drug delivery in the colon, where it could exert anti-inflammatory effects possibly dependent on peroxisome proliferator-activated receptor-γ against his colonic lesions.

Gut 2008;**57**:716. doi:10.1136/gut.2007.120345a

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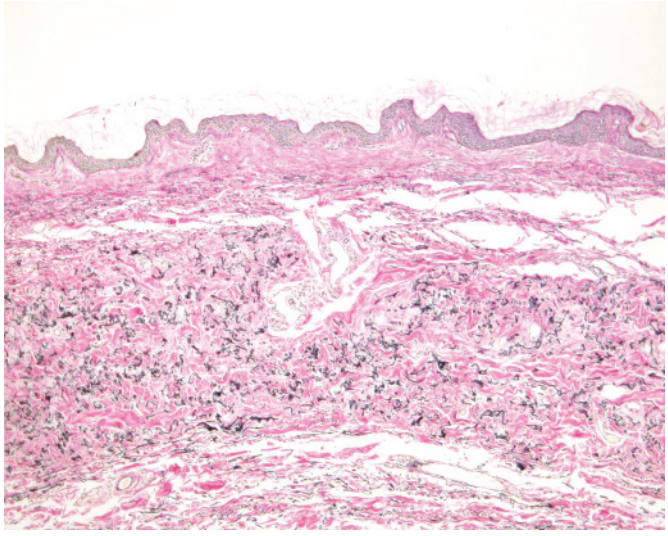

Figure 1 An excisional biopsy specimen of the affected neck skin. Staining of elastic tissue shows fragmented elastic fibres in the middle and deep dermis.