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Screening test for coeliac disease

Sir,

In the paper by Challacombe *et al.* (1975) concerning urinary 5-hydroxyindoleacetic acid (5-HIAA) in coeliac disease, it is stated that the urinary 5-HIAA:creatinine ratio may be useful as 'an aid in the diagnosis of coeliac disease'. The critical question is, Does the finding of a normal urinary 5-HIAA:creatinine ratio justify the omission of jejunal biopsy when the diagnosis of coeliac disease is being considered? Since their own data indicate that more than half (10/18) of patients with coeliac disease have values for this ratio within the normal range, the answer appears to be no. Though the reported findings are interesting in themselves, the authors' claim that the test has diagnostic value is difficult to justify. As with other 'screening' tests for coeliac disease which have been proposed in the past, the discriminating power of this ratio is unacceptably low. The only safe rule continues to be: when in doubt—biopsy.

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REFERENCE

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Dr. D. N. Challacombe comments:

The letter by Dr. Haycock poses two interesting questions which have both been answered in the text of our paper (Challacombe *et al.*, 1975). The finding of a normal urinary 5-HIAA creatinine ratio does not justify the omission of jejunal biopsy when the diagnosis of coeliac disease is under consideration. However, it remains a useful aid in deciding whether small intestinal biopsy should be performed. Overlap of the data mentioned by Dr. Haycock and shown in Fig. 2 was almost entirely due to an age-related change in the ratio. Fig. 1 shows that 'when coeliac disease results were compared with results from control children of similar age only one was exceeded by a control value'.

Study of 5-HIAA excretion in coeliac disease is continuing and results still indicate that the 5-HIAA creatinine ratio is a useful aid in the diagnosis of coeliac disease.

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Technique for obtaining jejunal biopsies in children

Sir,

Recently we have modified our technique for obtaining jejunal biopsies from children, as we have found that the presence of gas in the stomach may delay the passage of the biopsy capsule through the pylorus. This is a particular problem in infants if they have been crying and swallowing air before the procedure. To overcome this problem, we thread a Ryle's tube (size CH. 12) over the tubing of a Watson Paediatric Biopsy Capsule in the following way. The distal end of the Ryle's tube is cut off and a small hole made in the side, 7.5–10 cm (3–4") from the proximal end. The tubing of the capsule is then threaded up the Ryles' tube and pushed out through the hole made near the proximal end, an airtight seal being effected with surgical tape (Fig.) We then use the Ryle's tube to aspirate gas from the stomach. The relatively stiff Ryle's tubing also allows

FIG.—Biopsy technique using Ryle's tube.