Correspondence

Dr J. Dodge and co-workers comment:

We were interested to read of the experience of Drs Salcedo and Harden and their rather unusual patient with Bartter’s syndrome, in which condition constipation rather than diarrhoea is more often encountered. It seems that the child also had ulcerative colitis, although it would have been helpful to have had biopsy and sigmoidoscopic confirmation of the x-ray appearances. Some workers believe that part of the effectiveness of sulphasalazine in ulcerative colitis is due to its action as a prostaglandin synthetase inhibitor (Gould, 1975).

Hypertrophy of the juxtaglomerular apparatus occurs in Bartter’s syndrome, in response to peripheral insensitivity to angiotensin. An association between blood pressure problems and diarrhoea was observed in an adult patient with postural hypotension and persistent diarrhoea. She had a good response to aspirin, suggesting that the diarrhoea was prostaglandin-induced (Smythies and Russell, 1974). As far as cholera is concerned, there is still doubt and controversy about the role of prostaglandins. There is no doubt, however, that these substances have very potent effects upon the gut and may well be involved in the pathophysiology of a number of disorders in which diarrhoea is a prominent symptom.

References


