LETTERS TO THE EDITOR

Readers are encouraged to write letters to the editor concerning articles that have been published in Clinical Gastroenterology and Hepatology. Short, general comments are also considered, but use of the Letters to the Editor section for publication of original data in preliminary form is not encouraged. Letters should be typewritten and submitted electronically to http://www.editorialmanager.com/cgh.

That Cursed Dyspepsia

Dear Editor:

Koduru et al have demonstrated the “gargantuan beast” of dyspepsia. In the review article, the authors mentioned habits, how it has grown and changed over many years, along with the best ways to understand and deal with it.

They did omit a well-described cause of dyspepsia: pyloric valve spasm. Pyloric valve spasm is not commonly described in the literature but it is well described, particularly in obese, overeducated young males.

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References

Conflicts of interest
The author discloses no conflicts.

Most current article
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Reply. We thank Dr McDonnell for his comments on our article on opioids in IBD patients and agree that the use of opioids in patients with inflammatory bowel disease is unfortunately all too common. We have sought to highlight some of the challenges presented by the accurate recording of tonic and phasic pressure patterns from such a small area over prolonged periods, especially after meal ingestion.

The arrival of Endo-Flip (Crospon, Galway, Ireland and Medtronic, Minneapolis, MN) may provide the clinical investigator with the ability to record these issues and already have proven predictive of outcomes for therapies directed at the pylorus. It is such a pity that this technology and these therapeutic approaches were not available to Mr Ignatius J. Reilly to prevent “his pyloric valve snapping shut indiscriminately and filling his stomach with trapped gas.” We look forward to a prospective study of pyloric function in the patient population described by Dr McDonnell but believe that we all may struggle with “overeducated” as an inclusion criterion.

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Opioid Toxicity in Inflammatory Bowel Disease Patients Likely Includes Direct Enterocyte Effects That Exacerbate Disease

Dear Editor:

We read the article by Burr et al with great interest. Opioid use in patients with inflammatory bowel disease is unfortunately all too common, and it is important that the risks of opioid therapy in this population be well...