examination of the buccal mucosa, with noticeable cellular infiltrate and atrophy of the minor salivary glands found on biopsy examination. The importance of this change, more usually associated with autoimmune conditions such as Sjögren's syndrome, is uncertain.

Comment

Any investigation of allergy to food is complicated by the various possible clinical manifestations and the subjective nature these often take.⁵ The six patients who responded to a dietary withdrawal in this trial did so dramatically within a week of avoiding the incriminated food and after prolonged and relentless periods of ulceration, so that a causal relation with the foods seems likely. The buccal and small bowel biopsy examinations were unhelpful, and we intend to avoid performing these in future.

Double blind testing would require more patients than in this study and would have to be designed individually for each suspect foodstuff to accommodate its specific physical properties. This might best be achieved using a solid food, and we are experimenting with incorporation into biscuits.

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Cytology brush entrapment: a hazard in the stomach postoperatively

Brush cytology is commonly used in addition to forceps biopsy to evaluate mucosal lesions observed at fiberoptic endoscopy. It is used especially in the stomach after operation, when there is increased vigilance to exclude neoplastic change.¹ Although forceps biopsy carries the recognised hazards of haemorrhage² and perforation,³ brush cytology is generally regarded as innocuous and without complications. We describe two cases of a potentially serious hazard of brushing in the postoperative stomach: entanglement of the cytology brush in suture material.

Case 1

A 47 year old woman presented with a one week history of vomiting and dysphagia five months after a Polya partial gastrectomy for poorly differentiated adenocarcinoma of the stomach. The planes of surgical resection had been clear of disease, although metastases were present in four of seven sampled lymph nodes.

At upper gastrointestinal endoscopy (using an Olympus GIFQ endoscope) the stomach remnant appeared normal but the stomal margin was friable. When an attempt was made to obtain specimens from this region for cytological examination the bristled head of the spring coiled endoscopic cytology brush (ACMI Rotatable) became entangled in an unseen continuous suture. Despite repeated attempts to remove the brush it could not be freed. Ultimately the cytology brush handle was cut proximal to the endoscope biopsy valve, which enabled the endoscope to be removed and reinserted alongside the brush. Further attempts were made to disengage the brush head from the suture material with scissor forceps but without success. The next day the cytology brush, with a 28 cm length of silk suture material attached, was removed at laparotomy; multiple peritoneal metastases were present.

Case 2

A 70 year old woman presented with vomiting that had persisted throughout the 10 months after a Polya partial gastrectomy performed for adenocarcinoma of the gastric antrum.

At upper gastrointestinal endoscopy (Olympus GIFQ) a small nodule and some exposed suture material were seen at the stoma. During attempts to obtain specimens from this nodule for cytological examination the head of the cytology brush became inadvertently entangled in the nearby suture material. After several minutes' manipulation the brush was removed with a 5 cm length of silk suture material attached (figure).

Case 2. Cytology brush and entangled suture material.

Comment

To our knowledge there are no reports of complications during or after endoscopic brush cytology. In the light of these two case reports possible entanglement of a cytology brush head in suture material should be regarded as a potential hazard of the procedure. It is not unusual to see non-absorbable suture material, usually silk, projecting from the anastomotic line in patients who had their gastrectomies some years ago, and indeed this may be associated with ulceration.⁴ In case 2 suture material was recognised endoscopically, but in case 1 the cytology brush head became entangled in suture material that was hidden, presumably in the superficial layers of the peristomal mucosa. Since one of the patients required a laparotomy to retrieve the cytology brush this is a potential hazard which should be made widely known.

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