respond to the first course of treatment or the presence of urological abnormalities. Short courses of antibiotics are significantly less effective in maintaining freedom from bacteriuria for the duration of pregnancy than is continuous antibacterial prophylaxis for duration of pregnancy than is continuous antibiotic prophylaxis for duration of pregnancy than is continuous antibiotic prophylaxis for 446.

We have just finished a study which confirms the conventional view, in contrast to that of Mr Pye and others and indeed our own previous opinion.

In a colorectal cancer screening programme in the UK, patients aged over 60 years of age were offered the Faecal Occult Blood Test (FOBT) as part of their regular medical examination. The results of this study are presented here.

The prevalence of colorectal cancer was 5.9 per 1000 in the general population, and 7.5 per 1000 in those who were at increased risk of colorectal cancer. The positive predictive value of the FOBT was 1.4% in the general population, and 3.1% in those who were at increased risk of colorectal cancer. The negative predictive value of the FOBT was 99.6% in the general population, and 96.9% in those who were at increased risk of colorectal cancer.

The results of this study suggest that the FOBT is a useful screening test for colorectal cancer in the general population, and in those at increased risk of colorectal cancer.

Yaron Niv
Rebecca Siefel Government Hospital, Sa'fat, Israel


Right atrial thrombus: a complication of total parenteral nutrition

Sir,—Like the patient described by Dr H Chamsi-Pasha and Professor Miles Irving (1 August, p 308), one of my patients also developed a right atrial thrombus as a complication of parenteral nutrition.

A 19 year old man with Crohn’s disease was referred for home parenteral nutrition in 1983 because of intestinal failure and growth retardation. Treatment progressed satisfactorily for four years, during which he gained 17 cm in height and was able to take up employment. Six months ago he was admitted with subacute intestinal obstruction, when he was noted to have developed a pansystolic murmur and a raised temperature. There was no evidence of infection or pulmonary embolism. A chest radiograph showed calcification in the region of the right atrium, and an echocardiogram showed a right atrial mass that was prolapsing into the ventricle. A thrombus was subsequently removed.

Thrombosis is probably the most important complication of prolonged central parenteral nutrition. In our experience, central vein thrombosis is associated with the use of high concentra- tions of parenteral nutrition in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs) and anti-inflammatory drugs (NSAIDs) and anti-inflammatory drugs (NSAIDs).

Yaron Niv
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Influence of non-steroidal anti-inflammatory drugs on fecal occult blood tests

Sir,—Mr G Pye and colleagues suggest that a finding of occult fecal blood cannot be attributed to gastrointestinal tract bleed caused by non-steroidal anti-inflammatory drugs (NSAIDs) and anti-inflammatory drugs (NSAIDs). Their finding contradicted what is commonly believed—that these drugs can produce occult blood in the absence of gastrointestinal disease.

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