

Toxic megacolon due to Campylobacter colitis

Dear Sir,

As a gastrointestinal pathologist, I was delighted to see the first issue of the International Journal of Colorectal Disease. We gut pathologists do not have a journal of our own, and therefore we are dependent upon our clinical colleagues to put journals together to serve both as sources of invaluable information and as forums for the presentations of our own works. However, I would suggest a little tightening up editorially. For instance, in the first issue, one potentially critical issue surfaced.

The case report by Anderson et al. on toxic megacolon due to *Campylobacter colitis* [1]. The abbreviated histologic descriptions really do not clearly tell us whether this patient had active ulcerative colitis or acute infectious colitis. It would seem to me that the validity of this case report depends upon absolute proof that there is no underlying chronic inflammatory bowel disease such as ulcerative colitis in the background.

Sincerely,
H. D. Appelman

Reference

1. Anderson JB, Tanner AH and Brodribb AJM (1986) Toxic megacolon due to *Campylobacter colitis*. *Int J Colorect Dis* 1:58–59

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Response from the author

Dear Sir,

We would confirm that there is no evidence of acute ulcerative colitis or chronic inflammatory bowel disease in the resected specimen. We conclude that this was an acute infectious colitis complicated by the rare development of a toxic dilatation requiring an emergency resection.

Yours sincerely,
J. B. Anderson

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