

Letters to the Editor

Chronic fatigue syndrome

Sir,

De Lorenzo and colleagues¹ report a previously undefined relationship between chronic fatigue syndrome (CFS) and phosphate diabetes. They also report that mean serum phosphate concentration was found to be significantly lower in CFS patients than in control subjects. They explain their findings by the hypothesis that CFS patients have a metabolic defect that is secondary to their chronic underutilisation of skeletal muscle. Another hypothesis can, however, be proposed.

Hypophosphataemia in sepsis has been recently reported to be associated with high levels of tumour necrosis factor- α and interleukin-6.² However, these inflammatory cytokines are also produced to excess in both CFS patients³ and hypocortisolaemic subjects.⁴ De Lorenzo and colleagues' findings,¹ therefore, may simply reflect the hypocortisolism of CFS patients,⁵ which is one of the 20 features that CFS shares with Addison's disease.⁵

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Asymptomatic murmurs

Sir,

I read with interest the article entitled 'Asymptomatic murmurs' by Biggart and Coltart.¹ Although the patient was eventually diagnosed to have an unruptured aneurysm of the sinus of Valsalva, the murmur was due to the coexistent aortic stenosis. It was by chance that echocardiogram, which was performed for assessment of the systolic murmur and showed mild aortic stenosis, revealed a bizarre right atrial echo. The latter, in combination with a large calcified mass in the region of the right atrium, led to the clinical suspicion of a calcified aneurysm of the sinus of Valsalva, which was confirmed by ascending aortography.

It should be emphasized that unruptured aneurysms of sinus of Valsalva are usually asymptomatic and do not produce any heart murmurs. As was cited as reference 4 in the article, my colleagues in China and I² reported the value of three-dimensional transoesophageal echocardiography in making the

diagnosis of an unruptured aneurysm of sinus of Valsalva and in distinguishing it from an atrial myxoma.

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- 2 Wang X-F, Li Z-A, Cheng TO, et al. Clinical application of three-dimensional transoesophageal echocardiography. *Am Heart J* 1994;128:380-8.

The use of the Internet amongst gastroenterology out-patients

Sir,

The Internet is becoming a widely available source of knowledge and is being used to disseminate information to a large audience.¹ The rapid growth of the Internet has been associated with the development of many on-line services for patients. In the USA there are a number of web pages devoted to patient education.² In addition to those provided by the National Institute of Health and various university departments of gastroenterology, there are a number of on-line magazines such as *The Old Crohnie*, *Keith's Crohn's Chronicle* and the *IBD Newsletter*.

As the Internet is increasing in its accessibility, we undertook a pilot postal questionnaire study to assess how many of our gastroenterology out-patients had accessed the Internet and actively used this facility to obtain information about their disease. We were also interested to know whether they felt that the Internet would play a larger role in the future. Forty-four patients were asked to complete a postal questionnaire which was confidential and anonymous. The questionnaire asked patients if they had access to a computer (and the Internet) and if they had used the Internet to seek information about their disease. It also asked patients if they felt that the Internet would play a larger role in the future with respect to obtaining information about hospitals, their treatment and their condition. Reasons of patient confidentiality and anonymity prevented us from carrying out a second mailing.

Of the 23 patients who replied, only six had access to a computer and of these only two patients had used the Internet. Neither had sought information on their disease. However, 65% of patients believe that it will become very important in the future, particularly in providing information about their treatment and the best hospitals to provide this (69%). Patients also felt it would enable them to check on their doctors' treatments (61%).

At present the Internet appears to have little place in the education of gastroenterology patients in Britain. This largely reflects the limited availability of the Internet to most of our patients, but the Internet community is rapidly expanding and it will gain more influence over time. Indeed, the majority of patients believe its role will grow, and it will provide an important check on the quality of the treatment that they receive.

Many of the web pages that patients access are unstructured and are not subject to the usual peer review process afforded by medical journals.³ Several user groups devoted to Crohn's disease and ulcerative colitis have an active information exchange programme.⁴ On reviewing these sources of information it is obvious that there is a widespread need for better quality information. It is therefore critical that doctors become actively involved in the development of information on the Internet and respond to the needs of patients who post questions to the user groups. Only by doing this may we increase the caliber of information that is available to our patients. Failure to do so may well stimulate the growth of poor quality information which could act as a stimulus to inappropriate litigation.

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Compression syndromes caused by substernal goitres

Sir,

We read the article by Anders¹ on compression syndromes caused by substernal goitres with interest. We would like to comment on some of the statements of the author.

First, Anders stated that dysphagia is the most frequent oesophageal symptom of substernal goitre. In our initial publication,² we reported dysphagia as a presenting symptom in only 26% of our patients. This percentage has now dropped to 15%, according to our more recent data.

Secondly, the author quoted our paper³ about recurrent transient ischaemic attacks related to thyrocervical 'steal' by an increased thyroid blood flow. In fact, in the case we reported, the transient ischaemic attacks (right hemiplegia) were most probably caused by the association of two causes: first, a cerebrovascular circulation 'steal' syndrome secondary to the development of a left voluminous retrotracheal goitre resulting in the enlargement of the inferior thyroid artery (which did not arise from the thyrocervical trunk of the subclavian artery but as a collateral branch of the common carotid artery at the level of its bifurcation) with subsequent decrease in left carotid blood flow, and secondly the presence of a congenital left atretic vertebral artery limiting collateral blood flow into the circle of Willis. Our review of the literature disclosed a similar case of cerebrovascular circulation 'steal'