LETTERS TO THE EDITOR

Inflammatory Bowel Disease: Treatment Postulates and Future Prospects

Dear Sir,

Much research is currently focused on new agent that may alleviate the ailments of the gastrointestinal tract, commonly referred to as Inflammatory Bowel Disease (IBD), which encompasses ulcerative colitis and Crohn’s disease. Prospective therapies employ discovery strategies for receptor antagonists and agonists. The discovery of receptor antagonists for vanilloid type-1 (TRPV-1) and tachykinin substance-P nociceptor, neurokinin-1 (NK-1) heralds hopes of easing sufferings of IBD patients. The TRPV-1-gated ion-channel nociceptor, for which the chilli pepper ingredient capsaicin is an agonist, ligand for assessing singular agent and adjunct therapeutic potential in inflammatory disease. Gut innervating neurons express TRPV-1, which is upregulated in IBD and activated by numerous mechanisms including heat exposure, decreased pH, even lipoxygenase products,1 all of whom might be responsible for pejorative effects on the gut in IBD.

NK-1 is another viable target for IBD. Functionally, similar to the vanilloid receptor, its role is implicated in irritable bowel disease.2 Unlike its vanilloid receptor, NK-1 is expressed in other tissues of the body.

Receptor agonists discovery also offers scope for therapeutic discovery. Cannabinoid (CB-1) receptor upregulation was witnessed in experimental models of IBD, induced with adjuvants.3 Steroids remain the cornerstone of IBD therapy, yet do not show long-term efficacy in many patients. This could be due to a variety of molecular mechanisms including impaired glucocorticoid receptor signaling, constitutive increase of pro-inflammatory mediators like NF-kappa-B and overexpression of the Multi-drug Resistance gene (MDR-1) leading to increased P-glycoprotein-mediated efflux of glucocorticoid drugs from target cells; requires discovery of compounds that target specific receptor subtypes.4

The MDR-1 gene belongs to a family of proteins denoted as ATP binding cassettes (ABC). This protein is responsible for efflux of drugs from within the cells to the outer milieu. This has obviously detrimental connotations for treatment of the disease. The discovery of appropriate MDR-1 inhibitors may allow effective and safer steroid dosing for IBD and open vistas for devising new treatment regimens, an area that requires further exploration.

In conclusion, the mucosal surface of the gastrointestinal tract is protected in various ways. If, inspite of these protective mechanisms, the surface is breached, there are additional defence reactions, which release gut hormones, mediators and inflammatory cell products that activate a number of enzyme systems and nervous reflexes. Nevertheless, the clinical syndromes of gastrointestinal dysfunction are relatively few and stereotyped, channeled, as they are through the final common processes of prostaglandin release, other mediators and the changes in gastrointestinal motility and function that follow. Whatever may be happening at the cellular level, the objectives of therapy are to restore normal end-organ function, even when a scientific etiological diagnosis cannot be made. As in other clinical situations, the treatment given to the patient, therefore, ranges from the scientific to the empirical.

REFERENCES

DR. SHEIKH ARSHAD SAEED AND DR. ALI HYDER ZAIDI
Dr. Panjwani Centre of Molecular Medicine and Drug Research, International Centre for Chemical and Biological Sciences
University of Karachi, Karachi-75270
E-MAIL: arshad.saeed@iccs.edu

Lingual Varices

Dear Sir,

A 79-year-old gentleman was admitted with recurrent haemoptysis to the medical ward. Investigations of chest and upper GI were normal. He was referred to rule out ENT cause of bleeding after a week of admission. Examination revealed multiple lingual varices on the ventral surface of tongue (Figure 1). He received blood transfusion and underwent cauterezation to the varices. Post-operative recovery was uneventful and he was maintaining haemoglobin around 10 gm/dL on discharge.

Lingual varicosities (enlarged and tortuous vessel) have been ascribed to old age, increased venous pressure, vitamin deficiency and portal hypertension.\(^1\) It is an unusual pathology, which can cause potentially dangerous and subtle haemorrhage. They can be readily missed on clinical examination but if identified then their treatment is simple and quick.

**REFERENCES**


**DR. ABDUL NASIR,\(^1\) DR. ASIA LATIF\(^2\) AND DR. G. MCBRIDE\(^1\)**

Department of Otolaryngology\(^1\) /Gynaecology and Obstetrics\(^2\)

\(^1\)Altnagelvin Area Hospital, \(^2\)Lagan Valley Hospital

Senior House Officer / Consultant Ear, Nose and Throat Surgery

7 Waverley Court, Lisburn, BT28 1JP

Northern Ireland

E-MAIL: dranasir@googlemail.com

*Letters to the editor*

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**Figure 1:** Varices on ventral surface of tongue.