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The Boston bowel preparation scale: reliable not only for colonoscopy-oriented research but clinical practice also

To the Editor:

We appreciate the study by Lai et al[1] entitled "The Boston bowel preparation score: a valid and reliable instrument for colonoscopy-oriented research," and we have been using their concept in recording the quality of the preparation after washing, suctioning, and cleaning out the colon instead of the appearance on first look to evaluate the quality of colon preparation. Initially, we evaluated the quality of the colon preparation on the basis of the cecal photographs, based on the fact that the cecum appears to be the last to get cleaned out and is often obscured by stool despite excellent cleansing of the rest of the colon.[2] We later devised a scale[3] in which the final score is given by assessing the quality of preparation in each colon segment rather than scoring the colon as a whole, as suggested by Lai et al.[1] We have observed a correlation between the quality of the colon preparation and polyp detection rate.

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Mucosal scars in collagenous colitis

To the Editor:

I read with interest the report by Couto et al[1] on the endoscopic findings in collagenous colitis, describing unique spontaneous linear-type scars in the left colon.[2] In fact, collagenous colitis causes impressive scars (Fig. 1).

We previously hypothesized that tears can occur spontaneously in microscopic colitis after only gentle insufflation of the colon.[3] It is plausible that the increased intracolonic pressure in the left colon leads to spontaneous mucosal tears with defecation. When submucosal collagen is abundant, as in microscopic colitis, these tears will then heal to scarlike ridges (chronic changes). It is attractive to speculate that the lesions reported by Couto et al are indeed a continuum of lesions and might even be observed in the same

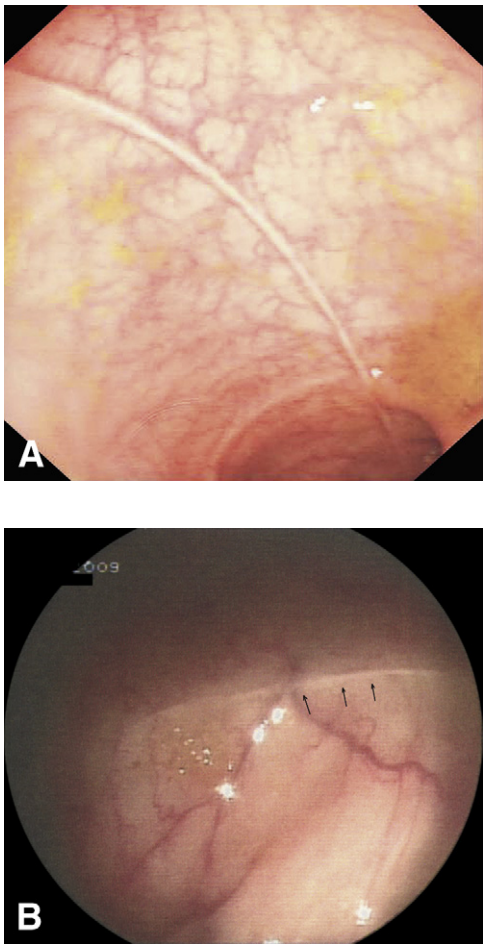

Figure 1. A and **B,** Left colon scars, close to the splenic flexure, both diagnosed as collagenous colitis on biopsy.

patient. The same mechanism would cause tears in the right side of the colon. However, the different functional pressures ''protect'' the right side of the colon from spontaneous tears. Acute mucosal tears have so far been reported to occur mainly during endoscopy, when the required insufflation pressures increase the colon diameter and hence the tension on the bowel wall.

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Response:

We thank Dr Koulaouzidis for sharing the interesting images and the hypothesized mechanism underlying these endoscopic lesions. Other reports, also showing mucosal scarring in collagenous colitis, have been recently published.[1,2] Allende et al[3] also report on colectomy specimens from collagenous colitis patients with ragged mucosal defect and induration of the wall, suggestive of scarring.

These mucosal scars are insufflation-related or spontaneous mucosal tears (secondary to mucosal stretching during normal peristalsis and defecation) that ultimately healed. The most striking argument in favor of this sequence comes from a postcolonoscopy scar diagnosed by Wickbom et al[4] 7 days after mucosal tears were seen. As we emphasize in our case report,[5] we do agree with the proposed mechanism of colonic mucosal tearing of Dr Koulaouzidis, in line with the hypothesis of Cruz-Correa et al[6] and Sherman et al.[7]

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