

monocytosis together with the presence of neutrophilic leucocytosis in peripheral blood analyses can be of some value to differentiate both tuberculous and listeric meningitis from partially-treated bacterial meningitis.

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Is intestinal metaplasia a risk for gastric carcinoma?

Sir,
Some authors believe that intestinal metaplasia, and in particular the type with incomplete cellular differentiation and secretion of sulphomucins, has a potential for malignancy in gastric carcinoma.^{1,2} This evaluation derives from having observed an association between this type of intestinal metaplasia and gastric carcinoma.

Other authors believe, on the contrary, that intestinal metaplasia has no significance in the screening for gastric carcinoma.^{3,4}

Intestinal metaplasia of gastric mucosa would signify a reaction to stimuli of various types (for example chronic inflammation and regenerative processes)^{3,5} and, in the case of an association with carcinoma, of paraneoplastic phenomenon. In particular, Hattori believes that intestinal metaplasia, dysplasia and gastric carcinoma arise coincidentally.⁶ Such different conclusions are the result of the difficulties in carrying out accurate and prolonged follow-ups.

We followed 223 patients who had gastric ulcers, studying the tissue repair.⁷ The average period of observation was 32.4 months for the men and 42.5 months for the women. In 112 patients (64 men and 48 women) we observed intestinal metaplasia. The intestinal metaplasia was classified accord-

ing to Jass and Filipe in type I (complete), type IIA and type IIB (incomplete) in relation to the absence or presence in these last two types of sulphomucins in the columnar mucous cells.⁸ In 1985 the types IIA and IIB were redefined as II and III respectively, confirming the importance of type III in the screening of gastric carcinoma.⁹ In 19 cases, that is 8.5% of the patients we considered, we observed metaplasia of type IIB or III.

In this study we noticed the appearance of gastric carcinoma and more precisely of early gastric cancer in only 2 (0.9%) of the whole series of cases. Taking into account that the evolution of gastric ulcer into carcinoma is not more than 1% of the patients¹⁰ and referring to our data, we can say that intestinal metaplasia type IIB or III in the stomach does not appear to be a clear element of neoplastic risk.

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