

Barrett's esophagus. In all, only 40 patients with Barrett's metaplasia or dysplasia were entered into the surveillance program. This high exclusion rate is compatible with other earlier published studies from the West.⁴⁻⁶ None of the excluded patients had dysplasia. The major reasons for exclusion were no specialized intestinal metaplasia on esophageal biopsies (22), serious comorbidity (15), old age/frailty (13), unavailability of patient records or histopathology reports (13), and refusal to participate (3). Patients having moved area (3) and death (2) were other reasons for exclusion. The 40 patients comprised 16 Indians (40%), 14 Chinese (35%), and 10 Malays (25%). There were 23 (57.5%) men and 17 (42.5%) women. The mean age at diagnosis was 57 years (age range: 41 to 78 y, SD: 9.01). The mean follow-up duration was 32 months (range: 1 to 112 mo). A total of 113 endoscopies were performed during the follow-up period with a mean of 2.8 (range: 2 to 7). Twenty-one patients (52.5%) had long-segment Barrett's esophagus and 19 (47.5%) had short-segment Barrett's esophagus. The mean length of Barrett's esophagus was 3 cm (range: 1 to 6). Twelve patients (30%) were smokers and 4 patients (10%) consumed excess alcohol (ie, >21 U/wk). Thirty-eight patients had no change in the Barrett's metaplasia during surveillance. Two patients were detected with low-grade dysplasia at index endoscopy, of which one progressed to high-grade lesion after 5 years. No patients with adenocarcinoma were identified either at index endoscopy or during the period of surveillance.

At the end of the study period, only 26 patients remained under active endoscopic surveillance. The reasons for patients discontinuing surveillance were loss to follow-up (n = 6), no Barrett's metaplasia on reendoscopy and biopsy (n = 4), moved area (n = 2), severe concurrent illness (n = 1), and death from myocardial infarction (n = 1).

This is the first report of Barrett's esophagus surveillance to come out of Asia. No patients with adenocarcinoma were identified in this study. It reinforces earlier published data that only a small proportion of patients diagnosed with Barrett's esophagus enter and or stay in a surveillance program.⁵ This gives credence to the general trend of non-surveillance of Barrett's esophagus among gastroenterologists in Asia. Nevertheless, no sensible recommendations can be made

with regard to surveillance in view of the retrospective nature of the study, short duration of follow-up, and small sample size. The small number of Asian patients with Barrett's esophagus compared with Whites is because of genetic⁷ and environmental reasons.^{1,2} Despite the shortcomings of this study, it is apparent that surveillance of Barrett's esophagus in our Asian patients generated a lot of work for little benefit. Prospective studies involving a larger sample size and a longer duration of follow-up are required.

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Annatto and IBS

To the Editor:

I would like to bring to the attention of your readership the possibility of a subset of their irritable bowel syndrome (IBS) patients who may be suffering adverse reactions to the food coloring additive, annatto.

A case in point is my wife who presented for a gastrointestinal (GI) work-up suffering frequent bouts of diarrhea, abdominal pain, and bloating. A GI work-up, including colonoscopy, failed to reveal a cause. The problem continued daily for 3 years until we made a 37-day trip to Europe.

To our surprise, during this vacation, her symptoms abated with the exception of one recurrence after a cup of coffee with a non-dairy creamer.

She had been using the coffee creamer, Coffee-mate, daily before the trip. On the trip, only milk and cream were available until the solitary aforementioned attack. Could something in common with both Coffee-mate at home and the noncreamer abroad be the answer?

Upon our return, this led to a 30-day trial of Coffee-mate avoidance, which was associated with freedom of symptoms. Resumption of Coffee-mate resulted in the resumption of the problem.

Off Coffee-mate again, an attack occurred with the ingestion of vanilla ice cream.

It was then noted that a common constituent in both the coffee creamer and vanilla ice cream was the food coloring additive, annatto.

By diligently reading food labels and constantly inquiring about the content of restaurant fare, she mostly remains symptom-free while compiling an astonishingly large list of annatto-containing foods.

I know of no reports in the medical literature linking annatto to IBS.

Perhaps, by bringing her story to the attention of the GI community, annatto will be considered as a cause of IBS.

Controlled studies in IBS patient populations would seem to be of value.

Other foods that contain annatto (bixin, *Bixa orellana*, and bixaceae):

1. Yellow cheeses: American, Cheddar, and Velveeta. White cheddar is usually okay. Read labels.
2. Crackers: so far, Triscuit seems to be the only one I saw without annatto. Check Trader Joe's.
3. Cereals: almost all. Check the label. Rice Krispies is fine.
4. Wishbone Italian Dressing: and other commercial dressings. Read the label. Check at restaurants.
5. Light-colored ice creams: vanilla, butter pecan, vanilla swirl, chocolate chip, vanilla fudge. Some yogurts.

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6. Coffee mate: To keep it white. Also Cremora. Non-dairy creamers.
7. Gourmet Mustards: French's and Heinz are ok.
8. Capsule medications and vitamins and minerals: both prescription and over-the-counter. The casing is colored.
9. Rice noodles: Pad Thai and Chinese rice noodles have it. Pure rice is fine.
10. "Artificial color" could have annatto. A "catchall" and they do not have to list annatto as it is organic.
11. Chicken bouillon cubes. Not the powder; just the cubes.
12. Commercial potato salads. Togo's potato salad listed annatto.
13. Jell-O. Sugar-free.
14. Tamales: Mexican cuisine uses it in chicken and pork dishes.
15. Crystal light mixes.
16. Pam with butter. Original is fine.
17. Cooked/roasted or barbecue chicken at grocery stores that are "ready-to-eat". Check label. Lemon seems ok.
18. Butter. Check labels. Drawn butter in a restaurant could have it.
19. Microwave and theater popcorn.
20. "Color added" could have annatto.
21. Spreads for Italian, cheese or garlic bread. Also prepared Italian bread.
22. NutriSystem Food Plan. I called the company. Many of the foods have annatto.
23. "Rubs". Used on barbeque ribs and chicken prior to cooking. Barbeque sauces tend not to have annatto.
24. Powdered donuts. Check all commercial pastries; even at restaurants.
Imported foods are required to list annatto but this is poorly regulated. Avoid imported products such as cheese and noodles.

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