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ON THE COVER

Cecal lymphoid patch of the rabbit.
Double labeling of M cells by vimentin-antibody V9 (red fluorescence) together with the lectin derived from *Vicia villosa* (VV-A-fluorescein isothiocyanate; green fluorescence), which binds to N-acetylgalactosamine residues. The survey micrograph shows that on the flanks of the dome areas, approximately 30% of the epithelial cells are labeled by both vimentin antibody and VV-A (yellow fluorescence results from red and green overlapping). The epithelium of the nondome region remains almost unlabeled. See Gebert et al. on page 1350.

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Differentiation of Endothelin-1 and Endothelin-3 Concentrations

Dear Sir:

Asbert et al. recently reported elevated endothelin plasma concentrations in cirrhotic patients who had ascites with and without functional renal failure.¹ In contrast to previous studies investigating circulating endothelin levels in cirrhosis, patients and healthy subjects were on a controlled sodium diet and well characterized regarding liver and kidney function. Furthermore, sampling conditions were standardized. Unfortunately, Asbert et al. did not provide information on the specificity of their radioimmunoassay, nor did they perform further characterization of the measured immunoreactivity (e.g., by means of reverse-phase high-pressure liquid chromatography [HPLC].)

Different endothelin isopeptides have been shown in human plasma, namely, endothelin-1 (ET-1) and endothelin-3 (ET-3). These two peptides are synthesized by different tissues² and have distinct physiological³ and pharmacological properties.² Whereas ET-1 is the most potent vasoconstrictor known so far,⁴ ET-3 shows mainly vasodilating activities.⁵ Therefore, separate determination of ET-1 and ET-3 plasma levels is important. Using a sensitive radioimmunoassay for ET-3, we recently reported increased concentrations of this endothelin isopeptide in cirrhotic patients.⁶ Characterization of immunoreactive ET-3 by reverse-phase HPLC confirmed the specificity of our assay.

Because of the lack of information on assay characteristics, the data by Asbert et al. can hardly be compared with the results of previous studies and are difficult to interpret.

In conclusion, studies on endothelin plasma concentrations should comprise not only a standardized protocol of sampling conditions and information on patient characteristics, but also separation of immunoreactive endothelins, e.g., by the use of two separate and specific radioimmunoassays.

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KEY TO ABBREVIATIONS

- aga—American Gastroenterological Association
br—Book Reviews
cr—Case Reports
cch—Clinical Challenges
ceig—Commemorative Essays in Gastroenterology

- c—Correspondence
e—Editorials
paps—Policy and Position Statement
ss—Selected Summaries
srr—Special Reports and Reviews
tmig—This Month in Gastroenterology
vodd—Viewpoints on Digestive Diseases

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