

# L-Carnitine for Treatment of Nonspecific Proctosigmoiditis

**To the Editor**—I congratulate Senagore *et al.* (Dis Colon Rectum 1992;35:923–7) for their cost-effective treatment of nonspecific proctosigmoiditis with short-chain fatty acid enemas. Their results complement the experience of Scheppach *et al.*,<sup>1</sup> who successfully treated distal ulcerative colitis with sodium butyrate enemas. I suggested<sup>2</sup> that inclusion of L-carnitine in the enema may augment the action of butyrate. As noted,<sup>2</sup> L-carnitine is essential for the transport and metabolism of fatty acids. Oral L-carnitine may also be effective, and

doses as high as 2 g/day have relatively modest side effects.<sup>3</sup> As always with the introduction of a new therapeutic agent, initial trials should be conservative.

### REFERENCES

1. Scheppach W, Sommer H, Kirchner T, *et al.* Effect of butyrate enemas on the colonic mucosa in distal ulcerative colitis. *Gastroenterology* 1992;103:51–6.
2. Johnson JA. L-Carnitine for treatment of distal ulcerative colitis. *Gastroenterology* 1992;103:1709–10.
3. Fernandez C. Profile of long-term L-carnitine therapy in cardiopathic patients. In: Ferrari R, DiMauro S, Sherwood G, eds. *L-Carnitine and its role in medicine from function to therapy*. New York: Academic Press, 1992:337–41.

John A. Johnson, Ph.D.  
*Omaha, Nebraska*