THE EFFECT OF ROOM TEMPERATURE ON ERYTHROCYTE SEDIMENTATION RATE AND ITS CORRECTION

BY

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It is not generally realized that erythrocyte sedimentation rates may double with variations in room temperature normally found in wards and laboratories in Great Britain and other temperate climates. A patient attending a chest clinic in April and July with an actually unchanged erythrocyte sedimentation rate may show a marked increase in rate purely due to increased room temperature. From July to October the reverse would occur. In the follow-up of tuberculosis this is of great importance.

Many workers have noted that sedimentation rates vary with room temperatures. The early workers believed that the changes in room temperatures normally found did not affect the rate to a significant degree. Weingarten (1945), using Westergren's method, performed the test on each patient at 44° F. and 99° F. In many of the tubes at 44° F. he observed red blood cell clumping, causing sedimentation at a faster rate than in the tubes at 99° F., where clumping was not seen. By using an abnormally low temperature (44° F.) he was not able to show any relation between room temperature and sedimentation rates.

Rogers (1946) showed that temperatures below 15° C. (59° F.) should never be used, as the results are not trustworthy. Wartman (1946) prepared a correction graph for variations in room temperature using the method of Wintrobe and Landsberg. From personal experiments using Westergren's technique, it was found that variations in room temperature affected sedimentation rates in

<table>
<thead>
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<th>Patient No.</th>
<th>Temperature</th>
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<td>55° F. 12.8° C.</td>
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Table: Erythrocyte Sedimentation Rates in 15 Patients

Fig. 1.—1, Section of "thermos" flask showing tube suspended in water. 2, Method of hanging tubes. 3, Method of sealing lower end of tube showing position of needle for filling.
Westergren tubes to a greater extent and over a greater range than those shown by Wartman to occur in Wintrobe tubes. This is due to the difference in height of the columns of blood in the two tubes, the influence of packing being less marked in the taller column.

**Experimental**

Dry, sterile 10 ml. syringes and 22 S.W.G. needles were used, and all blood was taken by the author from male and female patients under treatment for pulmonary tuberculosis. First 1.5 ml. 3.8% sodium citrate was drawn into the syringe and 6 ml. of venous blood was withdrawn from the patient. These were mixed in the syringe and then introduced into five Westergren tubes. The lower ends of the tubes were sealed by 1 in. lengths of rubber tubing and plastic beads. The blood was introduced through the rubber by the needle as shown in Fig. 1. The tubes were hung by a clip from a wire loop gallows fixed to the cap of "thermos" flasks filled with water at 55° F., 65° F., 75° F., 85° F., and 95° F. This ensured that the tubes were vertical and that the whole column of blood was below the surface of the water. An initial series was performed to show that sedimentation rates by this method were comparable to those in the standard rack in air at equivalent temperatures.

**Results**

One hundred and forty-eight estimations were performed on 33 patients. Fifteen series of results are given as examples. The table shows the sedimentation rates in one hour found at the temperatures shown.

Numbers 13 and 14 show the increased rates at 55° F. due to clumping.

A nomogram compiled from the experimental results is given in Fig. 2.

The nomogram is used by finding the room temperature on the first scale and placing a straight edge, e.g., a ruler, through this point and
To check the accuracy of the nomogram all the observed sedimentation rates at 75° F., 85° F., and 95° F. were projected on to the nomogram and corrected to 65° F. The corrected sedimentation rates were then plotted against the observed sedimentation rates at 65° F. in the scatter graph in Fig. 3.

**Summary**

The erythrocyte sedimentation rate performed by the method of Westergren is affected to an important degree by normal variations in room temperature. The rates are affected to a greater extent and over a greater range than are those performed by Wintrobe's method.

The correction graph for Wintrobe's method by Wartman does not apply to the Westergren technique.

A nomogram for correction for Westergren’s method is given.

I wish to thank Dr. L. J. Grant for permission to perform this work on his patients.

**References**

The Effect of Room Temperature on Erythrocyte Sedimentation Rate and Its Correction
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