Fig. 1 Liver necropsy specimen from zone 1. Intranuclear inclusions characteristic of herpes infection are seen (arrows) in comparison to normal nuclei (arrow head) ×627

Fig. 2 Electron micrograph of herpes group viruses recovered from the necropsy material ×100 000

virus. The patient deteriorated progressively and died nine days after admission from fulminant hepatitis.

At necropsy, there were no vesicular lesions present on skin, mouth, nasopharynx, oesophagus, external or internal genitalia. The liver was massively enlarged (2550 g) and there were innumerable small yellowish necrotic foci surrounded by areas of haemorrhage and congestion. Histological examination showed massive focal necrosis in zones 2 and 3. In zone 1, most of the viable hepatocytes contained Cowdry type A intranuclear inclusions, characteristic of herpes group virus infection (Fig. 1).

Electron microscopic examination of thin sections of liver, negatively stained, showed the presence of a virus of the herpes group (Fig. 2). Herpes simplex virus was recovered in tissue cultures inoculated with lung, kidney, brain, and liver tissue.

In this case, the only clinical sign which suggested a herpetic infection was the transient vesicular lesions on the lingula but the absence of antibodies to herpes simplex virus was taken, apparently reasonably, as strong evidence that this virus was not contributing to her clinical condition. For this reason, no antiviral treatment was given. We have since become aware of Flewett's report1 of an adult with herpetic hepatitis in whom serology was unhelpful, the correct diagnosis being made on liver biopsy and electron microscopy.

The case of this unfortunate woman leads us to two conclusions. Firstly, a liver biopsy should be very helpful in reaching an early diagnosis in patients under immunosuppression who present with an otherwise undiagnosable deterioration in their clinical state and liver function tests. Secondly, in agreement with Walker and his colleagues2, we consider that the administration of acyclovir, even in the absence of supporting conventional viral diagnostic evidence, may be a life-saving measure. The importance of attempting a histological diagnosis and the feasibility of administering acyclovir "blindly" are consequences of the efficacy and relative non-toxicity of this antiviral drug.

NY HABOUBI*
RNP SUTTON
J CRASKE
J ROBERTS

Departments of *Histopathology and Virology
Withington Hospital, Manchester 20

References


Urine cyclic nucleotides in cancer and other conditions

I read with interest the paper by GA Turner et al in your issue of August 1982.1 I would like to give some additional remarks about the levels of cyclic nucleotides in urines of cancer patients, especially cytosine monophosphate (CMP).

We have studied2-4 the cyclic nucleotide contents of leucocytes and urines of healthy volunteers, of patients with solid tumours and with leukaemias. We found that the concentration of cyclic CMP is always lower than that of cyclic GMP or cyclic AMP measured, in urines, the concentrations of the three nucleotides are higher in patients than in normal controls, but the greatest difference is observed between the cyclic CMP concentrations of acute leukaemia patients and controls. The cyclic CMP concentration is higher in monoblastic cells and in leucocytes from patients with solid tumours.

High cyclic CMP concentrations are associated only with acute leukaemias. This suggests that cyclic CMP could be a biochemical marker of hematopoietic stem cell malignancy.

Y CARCASSONNE
Department of Hematology
Institut Pauli – Calmettes
Marseille
France

Serum antibodies to hepatitis B virus in alcoholic liver disease

Conflicting data1,2 have been reported concerning the higher prevalence of serum antibody to hepatitis B virus antigens in patients with alcoholic cirrhosis. We have compared 60 hospital patients with biopsy-proven alcoholic cirrhosis (mean age 46 yr ± 10 SD; 45 men) with an age- and sex-matched hospital control population, a mixed group of HBsAg-negative chronic alcoholic cirrhosis (HBsAg-veC) (47 ± 19 yr; 6 men) and 32 renal unit patients (43

References


Urine cyclic nucleotides in cancer and other conditions.

Y Carcassonne

doi: 10.1136/jcp.36.1.116-a

Updated information and services can be found at:
http://jcp.bmj.com/content/36/1/116.1.citation

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/