Letters to the Editor

Streptococcus milleri found in pulmonary empyemas and abscesses

I was very interested to read the letter of Dr Waitkins et al on the importance of Streptococcus milleri. We too isolate the organism from cases of empyema from time to time and would agree about the importance of S milleri in this context. Although we welcome this reminder about the pathogenicity of the organism, there is one aspect of the letter that could be misleading: S milleri apparently requires anaerobic conditions on primary isolation, but it is not an obligate anaerobe. The inclusion of this organism by the authors in the category of anaerobic streptococci implies that it is a true anaerobic coccus and thus susceptible to metronidazole, whereas it is resistant to this agent.

The clinical importance of the non-anaerobic streptococci is not in doubt, but resulting infections must be treated with appropriate antibiotics. Metronidazole is not appropriate in this context and should not be used.

Dr Waitkins replies as follows:

I agree with the comments of Dr Watt. Of course S milleri is not strictly an anaerobe. I would, of course, hope that all clinical microbiological colleagues would know that S milleri is resistant to metronidazole.

Detection of rotavirus by latex agglutination

The recent paper by Moosai et al concerning the detection of rotavirus by latex agglutination reported some interesting observations. In common with some previous reports, which compared latex and electron microscopy, the authors reported an apparent similar specificity and sensitivity for five different methods, including electron microscopy, the reference method used to select the limited number of frozen and stored test samples. Other workers, using larger sample numbers, or samples more representative of those encountered in a routine clinical laboratory failed to obtain these absolute correlations.

In this laboratory a survey of 120 faecal samples, mainly from infants, tested over two winters by enzyme linked immunosorbent assay (ELISA) using a polyclonal antihuman rotavirus antiserum (Dako Ltd, High Wycombe) and by latex agglutination (CRA-latex) using antiserum raised against calf rotavirus isolates (Rotalex, Orion Diagnostics, Finland) produced data to complement those of Moosai et al.

When CRA-latex was compared with ELISA, which had previously shown good correlations with electron microscopy, more than 9% (11 of 120) of our specimens gave conflicting results, and the specimens that reacted only weakly with the latex particles were extremely difficult to interpret, even by our most experienced observers. Immediate retesting of the specimens confirmed the discrepancies, but after freeze thawing three of the nine specimens that were originally positive by ELISA but negative by CRA-latex subsequently became positive by CRA-latex. As treatment with edetic acid or storage coincides with a loss of both infectivity and type specific antigens associated with the outer capsid layer, an enhanced sensitivity to latex may be due to the exposure of further antigenic determinants after storage and freeze thawing.

Table

Comparison of ELISA, HRA-LATEX, and CRA-LATEX

<table>
<thead>
<tr>
<th>ELISA</th>
<th>HRA-LATEX</th>
<th>CRA-LATEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Positive</td>
<td>25*</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>5**</td>
</tr>
<tr>
<td>Negative</td>
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<td></td>
<td>Positive</td>
<td>6</td>
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<tr>
<td></td>
<td>Negative</td>
<td>1***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>26</td>
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<tr>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>

* = Includes three specimens that were positive by CRA-latex only after freeze-thawing.
** = Three of three specimens tested were positive by electron-microscopy at the regional laboratory.
*** = Specimen was negative by electron microscopy at the regional laboratory.
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B Watt

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