woman. It is tempting to suspect that such a sex discrepancy must represent a clue to the pathogenesis of the lesion, but if it is such a clue, it is one that we are quite unable to solve.

Finally, the lesion seems quite clearly to be within the capsule, rather than the parenchyma, of the liver, and so the term "pseudolipoma of Glisson’s capsule"3-8 (or, for haters of eponyms, pseudolipoma of the hepatic capsule) is preferable to the more commonly used "hepatic pseudolipoma."4-9

We thank Mrs Jane Crosby for help with photography.

References


Anti-HTLV-III positive laboratory reagents

In common with many other laboratories we are updating our "in house" guidelines for the safe delivery and processing of specimens from patients with autoimmune deficiency syndrome (AIDS) based on our existing category 3 pathogen policy and national publications.1-3 It has become apparent, however, that with the advent of additional sensitive methods for the detection of HTLV-III antibody, some commercial human based quality control reagents already handled and used within the laboratory, particularly as controls in haematological and biochemical investigations, may, themselves contain HTLV-III antibody. This problem was recently highlighted by Jones et al4 regarding the use of reagents in the haematogen and blood transfusion laboratory for the diagnosis of bleeding disorders. We recently became aware of a similar problem with a commercial quality control serum used in the biochemistry department.

In June we were notified by the manufacturer that our current stock of Total IgE quality control serum was being temporarily withdrawn because HTLV-III antibody had been detected in some of the serum raw material used to prepare this product. Furthermore, to avoid this problem with subsequent batches routine checks on serum raw materials were to be introduced by the manufacturers. We examined the IgE control material ourselves using an enzyme linked immunosorbent assay (ELISA) technique and confirmed the presence of HTLV-III antibody in the "medium" and "high," but not in the "low" Total IgE control. As a result of this we have begun checking other human based quality control material. We do not know how widespread the problem is but we would hope that all manufacturers of human based quality control material will introduce similar measures to those adopted by our supplier, even though the risks to laboratory staff are probably minimal, providing conventional safe laboratory handling techniques are practised. The situation would be eased if there was an easy reliable screening test for the virus or its antigens, as is the case with another category 3 pathogen, hepatitis B.

Detection of this in commercial or clinical specimens enables selection or assessment of the relative infective risks to be made, which in turn contribute to the prevention or management of potential "control of infection" problems. In the meantime screening for HTLV-III antibody is the current laboratory test for identifying samples from potential cases of AIDS, but this does not necessarily equate with infectivity, and, furthermore, positive specimens may require confirmatory tests.5 To facilitate the handling of these specimens in the laboratory some recent reports have referred to heat inactivation of lymphadenopathy associated virus (LAV)6 and AIDS associated retroviruses.7 The effect of heat or β propiolactone treatment on biochemical and haematological indices has previously been reported, and providing that these are still acceptable,7-11 such treatment of quality control material offers one possible way of reducing the infectivity of human based material. Although due to a different agent, non-A, non-B (NANB) hepatitis has been transmitted to patients, however, despite using heat treated factor VIII concentrate,12 and if doubt still exists whether heat treatment at 56°C for 30 minutes completely inactivates HTLV-III or not careful selection of the human sources of laboratory controls and screening for HTLV-III antibody with subsequent rejection of affected donations is an alternative. This approach is already used commercially to select "hepatitis B antigen free" reagents widely used in laboratory investigations, and we would strongly urge all manufacturers to consider this approach with potential HTLV-III affected human material.

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References

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