row showed erythrobastopenia (less than 1% of erythroblasts). The presence of serum anti-HPV IgM (radioimmunoassay) suggested a recent HPV infection. Packed red cells (600 ml) were transfused. Over the next few days the symptoms disappeared and haemoglobin concentrations remained stable. Ten days after admission reticulocyte count was $150 \times 10^9$/$\ell$. Eighteen months later, the patient was quite well and all haematological investigations yielded normal results: blood count, haemoglobin electrophoresis, erythrocytic enzymes (glucose-6-phosphate-dehydrogenase, glucose-phosphogluconate-dehydrogenase, hexokinase, glucose-isomerase-phosphate, glucose-6-phosphatase, glutathione reductase, acetyl-cholinesterase, pyrimidine-5'-nucleotidase), osmotic resistance and autohaemolysis.

Our observation of HPV infection associated with aplastic crisis but without haemolysis differs from the transient erythroblastopenia seen in childhood, which often affects younger children (1 to 4 years) and occurs without HPV infection.3

Aplastic crisis associated with HPV infection has hitherto only been described in hereditary4 4-6 or acquired7 haemolytic anaemias. It seems that the erythroblastopenic effect of HPV is constant but goes unnoticed if the red cell life span is normal. A shortened red cell survival (haemolysis) is necessary to cause acute anaemia. Acute anaemia occurring without haemolysis due to an HPV infection is difficult to explain. In our patient only isotopic labelling of his erythrocytes could have completely excluded underlying haemolysis. Nonetheless, we wanted to record the experience to encourage doctors to ask for parvovirus serology in similar clinical circumstances.

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References


Long term freeze storage of Campylobacter pyloridis

The letter by Westblom et al1 prompted us to review our technique for storing cultures of Campylobacter pyloridis.

For the past year we have been isolating C. pyloridis from gastric biopsy specimens by inoculating the tissue on to choolated blood agar containing 3 $\mu g$/ml amphotericin B and 10 $\mu g$/ml vancomycin. Plates were incubated in an anaerobic jar containing 90% nitrogen and 10% carbon dioxide for seven days at 37°C. The identity of the organisms was confirmed by colonial and Gram morphology and their ability to split urea very rapidly. Initially such organisms were harvested in to tryptone soy broth containing 15% glycerol and stored in a deep freeze at $-70°C$. Following Westblom et al’s letter we retrieved some of these cultures, thawed them, and inoculated them on to choolated agar plates as described above. Three cultures frozen seven and a half, seven and a half, and five and a half months previously yielded profuse growths and one frozen 10 months previously still contained viable organisms although in small numbers. More recently cultures have been stored on “beads in cryopreservative fluid”, supplied with the Protect Bacterial Preserver system (Technical Service Consultants Ltd PO Box 31, Bury BL9 5RA). A profuse growth was obtained from one of these which had been frozen three months previously.

Large numbers of strains will need to be stored for longer periods to confirm our observations, but in contrast to the experience of Westblom et al, we have not found freeze storage of C. pyloridis in conventional media to be a problem.

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Comparative sensitivities to antimicrobial agents of Campylobacter pylori and the gastric campylobacter like organism from the ferret

Increasing evidence supports the association of Campylobacter pylori with antral gastritis and peptic disease, notably duodenal ulceration, in man.1 Results of antimicrobial sensitivity tests on 110 isolates of C. pylori from Australia, the United Kingdom, and France have shown good agreement,2-4 and limited clinical trials have shown that treatment with certain antibacterial drugs clears C. pylori from the gastric mucosa.

The isolation of campylobacter like organisms from the gastric mucosa of ferrets was first reported from Boston, USA5 6; this organism, with morphological similarities to C. pylori, was isolated from half of the animals examined. Histological studies suggested a possible association between the presence of the campylobacter and gastric inflammation.

In contrast, Rathbone et al7 isolated a campylobacter like organism from the gastric tissue of all of the 17 ferrets that they examined, but the organism was associated with neither histological inflammation nor ulceration.

We have compared the sensitivities to antimicrobial and antiulcer drugs of gastric campylobacter like organisms (GCLO) isolated from 14 ferrets with those of 11 isolates of C. pylori. Comparative studies, including enzyme, protein, and isoprenoid quinone composition, will be reported later.

Samples of gastric mucosa from the antrum, body, and fundus of 14 mature male ferrets obtained from one supplier were taken when the animals were killed after emis protection experiments. On microscopic examination one of the 14 ferrets...
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J Clin Pathol 1987 40: 1265
doi: 10.1136/jcp.40.10.1265-a

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