Other enterocytes were found to contain spherical sporoblasts, about 4 to 5 μm in size, containing a number of nuclei, flattened vesicles, and a large number of filaments 65 nm in diameter, almost randomly arranged within the cytoplasm (fig 3). These sporoblasts sometimes indented the host cell nucleus. Sporoblasts with more electron dense cytoplasm (2.5 × 3.5 μm) also contained several polaroplast bodies, suggesting a stage just prior to division and final spore formation.

Three genera of microsporans have been reported in man—*Nosema*, *Encephalitozoon*, and *Enterocytozoon*. The microsporan described here does not have diplokaryotic nuclei like *Nosema*, nor does it develop within a parasitophorous vacuole like *Encephalitozoon*, nor are the spores of a similar size to those of the species *Enterocytozoon bieneusi* (1.5 × 0.5 μm). The specific classification of this microsporan will need further investigation, but it is more closely related to *E. bieneusi* than to the other two genera.

Electron microscopy was essential for the diagnosis of this parasite, and it is suggested that all intestinal biopsy specimens from patients with AIDS should be investigated by this technique so that we may learn more about this hitherto little known parasite.

References


Use of photocopier for recording pathological specimens

For those who are working in a surgical pathology laboratory, there is often a demand for photographic recording of gross pathological specimens. Polaroid photography gives good results but is expensive. Conventional photography is less expensive and gives prints of the best quality but some delay in getting the prints is inevitable. There are times when the requirement for the quality of reproduction is not critical—for example, when several blocks are taken from excised skin lesions or slices of large tumours and solid organs such as the liver, lungs, spleen, kidneys and pancreas, it is helpful to have a reasonably accurate pictorial representation of the gross specimen to mark the sites from which those blocks are sampled. A similar situation occurs when a stomach or a segment of the large bowel shows several mucosal lesions which are individually sampled. A rapid, cheap, and reliable way of producing a photographic print of acceptable quality is by the use of a photocopying machine. The slice of organ or tumour or the opened viscera, sandwiched between two plastic sheets, can be laid on the machine. Copying is then performed in the usual way. It is also convenient to use a photocopier to record the dermatoglyphics of abnormal fetuses. Apart from its low cost, an additional advantage is that the prints are on ordinary papers which can be easily filed with the other records. With the photocopier, the labour of putting in a scale when taking photographs of a specimen becomes unnecessary unless the machine is set to perform size enlargement or reduction.

References


Protein-bound vitamin B<sub>12</sub> absorption test

Dr Chanarin makes the unreferenced statement that the protein-bound B<sub>12</sub> absorption test has been interpreted as detecting a lack of intrinsic factor at a stage when the standard B<sub>12</sub> absorption test is normal. Although this possibility was considered, subsequent investigations have shown that the addition of intrinsic factor does not
Role of immunocytochemistry in diagnostic pathology: information from necrotic tissue

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