The histological findings most closely resemble those of interstitial diverticulum, present in the submucosa of gastrointestinal mucosa. The diverticula were composed of inflammatory cell infiltrate, composed predominantly of eosinophils, plasma cells, and lymphocytes.

Dunnill has suggested that diverticula present in asthmatic airways arise from the mouths of mucous gland ducts. We propose that although they originate at the site of origin of these ducts, their evolution is comparable with that of diverticula of the intestine, gall bladder, and urinary bladder. The diverticula develop at points of least resistance in the muscular wall; in the colon this occurs at sites where vessels enter the muscle coat, but in the bronchial wall the weak point is likely to occur at the mouths of the mucous glands.

The features of these disease processes show a striking similarity in that they are all outpourings of mucosa between muscle. In each, the lining epithelium may ulcerate, and pronounced inflammatory cell infiltration may occur in the mucosa, submucosa and periarticular tissues.

Consistent with diverticula at other sites, the cause of the bronchial diverticula is likely to be primarily mechanical, resulting from raised intraluminal pressure and changed smooth muscle contractility. Furthermore, we propose that the bronchial diverticula are of clinical relevance, for not only may the associated inflammatory changes be important in the pathogenesis of airflow obstruction in asthma, but if a diverticulum ruptures, interstitial emphysema may result and complicate the exacerbation of asthma.

References


Other correspondence

Multiple slit membranes and proteinuria

I read with interest the article by Harrison, Jenkins and Dick, which recorded the presence of multiple slit membranes having a "step ladder" appearance in renal biopsies before and after transplantation from a patient with focal and segmental glomerulosclerosis.

I have found identical multiple slit membranes in rat kidneys after induction of simple protein overload proteinuria. One reason for their apparent rarity may relate to the fact that they seemed to occur only in glomeruli showing intermediate levels of structural damage and that they are best shown after enhancement of staining by the use of tannic acid. I am convinced that they are the same structures as those described by Ryan, Rodewald, and Karnowsky.

As protein overload proteinuria is not immunologically mediated and unlikely to be a toxic or basement membrane charge effect, it is highly debatable whether the slit membranes are in any way directly related to the initial causation of the proteinuria.

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References


Letters to the Editor

Immunological abnormalities in myelodysplastic syndrome

Economopoulos et al and Multi et al have both recently drawn attention to the occurrence of immunological abnormalities in patients with myelodysplastic syndromes (MDS). Among the abnormalities reported were hypogammaglobulinaemia, hypergamaglobulinaemia, monoclonal gammopathy, and tissue autoantibodies. A new finding by the Bournemounth group was of a positive direct antiglobulin test (DAT) in eight of 98 patients.

We have studied 37 patients with various types of MDS presenting to us between July 1985 and October 1987. Eight (21%) had a positive DAT (six IgG, one C, one IgG plus C). Three of the eight had refractory anaemia (RA), three chronic myelomonocytic leukaemia (CMMI), and two RA with excess of blasts (RAEB).

The high prevalence of positive DATs in MDS is not easily explained. A general increase in immunoglobulin production has been described in CMMI, possibly caused by the release of B cell growth factors from activated monocytes. Alternatively, the Bournemounth group have suggested that an initial oncogenic event selects a clone of stem cells which retains the capacity to differentiate into both myeloid and lymphoid cells, both lineages being marked by functional abnormalities. Whatever the pathophysiological basis of this finding, a positive DAT is of considerable practical importance in a group of patients requiring frequent blood transfusion.

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