

surveillance to detect any changes in the present pattern.

JC EMMANUEL

MT BASSETT*

HJ SMITH

LE PATTERSON

The Blood Transfusion Service,

PO Box A.101, Avondale,

Harare, Zimbabwe,

**Department of Community Medicine,*

University of Zimbabwe,

Harare, Zimbabwe

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Condoms and safe sex

The advice that using a condom reduces the risk of transmission of human immunodeficiency virus (HIV) infection would have to be questioned if latex condoms were found to have the same 5 μ m tortuous channels which were recently reported to exist in latex surgical gloves.¹

Freeze fractured sections of Mates, Durex Featherlite, and Durex Elite condoms were studied at magnifications of up to 10 000 times with scanning electron microscopy. Some fracture artefacts were seen, but no other form of channel was detected. Pendle and Cobbold² suggested that the channels described by Arnold *et al*¹ were artefacts produced by cracking of the electrically conductive coating that was applied during the preparation of the sample for scanning microscopy.

There is no evidence that condoms contain channels of greater than 300 nm in diameter.

AD MCLAIN

St Bartholomew's Hospital,

London EC1A 7BE

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Matters arising

Postmortem radiology in children with congenital heart disease

We noted with interest the paper by Russell and Berry describing postmortem radiology in children with congenital heart disease.¹ We would like to add a further case in which radiology proved essential in determining the patency of coronary arteries after anatomical correction for transposition of the great arteries.

Clinical history

The patient was seen at Birmingham Children's Hospital on the day of delivery because of cyanosis. An echocardiogram showed transposition of the great vessels and a patent ductus arteriosus. A balloon septostomy was performed, followed 10 days later by an arterial switch operation. The anatomy of the coronary artery was noted to be abnormal at the time of surgery with the right coronary artery giving rise to the circumflex branch which passed to the left. Coronary artery ostia were mobilised and the aorta switched posteriorly. The left coronary ostium was translocated to the facing sinus of the pulmonary artery. Both ostia seemed to be patent, but there was

bleeding from around the left coronary ostium. Although this was controlled, the patient developed an intractable arrhythmia which failed to respond to all measures and subsequently died.

The possibility of a mechanical obstruction of one of the coronary ostia as a cause of death was considered. At necropsy the aorta was opened 1.5 cm above the aortic valve and the distal aorta tied off. Water soluble contrast medium was then injected into the aorta and the specimen examined radiologically. There was filling of both coronary arteries, by contrast, together with filling of the left ventricle with reflux into the pulmonary veins (figure). The latter may have been due to the injection pressure being insufficient to force valve closure.

We were thus able to state that the coronary artery anastomosis was technically sound and that there was no evidence of kinking of the coronary arteries. Moreover, the lumen was patent excluding obstruction from thrombosis or embolism. We would, therefore, agree with Russell and Berry¹ that postmortem radiology is a simple but invaluable technique for assessing vascular anatomy in congenital heart disease, particularly where surgical repair has been performed.

TJ JONES*

F RAAFAT†

J DE GIOVANNI‡

B SETHIA§

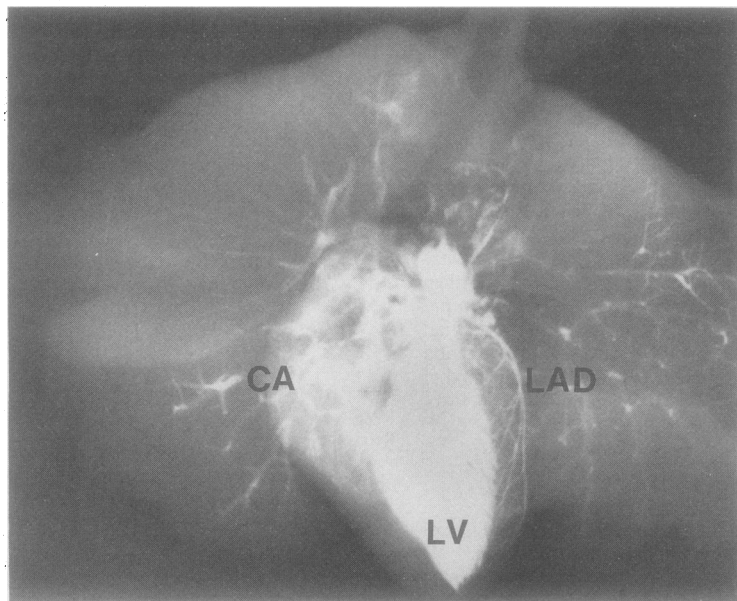


Figure Radiograph of infected heart with attached lungs. LAD, left anterior descending coronary artery; CA, circumflex coronary artery; LV, left ventricle.



Condoms and safe sex.

A D McLain

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