plant rejection. The absence of staining for leukocyte markers and the characteristic electron microscopic findings show that the light microscopic appearances do not merely represent inflammatory cell fragmentation. The pathogenesis of this finding is uncertain. Mild ischaemia and cytotoxic T lymphocyte mediated killing can both cause apoptosis. Clinically important ischaemia must have occurred in this case because of the severity of vascular damage. Lymphocytic infiltration was seen in tubules but was absent in glomeruli. In rats perfusion with kidneys with Ly1 antibody, which binds to mesangium, induces “mesangiolysis”, changes morphologically similar to apoptosis.1 Antibody dependent mechanisms are thought to be important in vascular rejection with endothelial cells the principal target. Interestingly, apoptosis was most prominent in glomerular endothelial cells.

The importance of apoptosis in transplant rejection is unclear. It may represent a specific form of cell killing or be a reflection of ischaemia. Further studies are underway to assess its clinical importance in various patterns of rejection and its prognostic value, if any.

D R GOULDESBRUGH
D J HARRISON
Department of Pathology,
University of Edinburgh,
Medical School,
Tenon Place,
Edinburgh EH8 9AG


Leukaemic phase of mantle zone lymphoma

The article, “Leukaemic phase of mantle zone (intermediate) lymphoma: its characterisation in 11 cases,”1 was very informative. Intermediate lymphocytic lymphoma (ILL) can pose problems with regard to correct diagnosis and treatment. In their introduction the authors mention that in the Working Formulation most cases would be assigned to the category of small cleaved cell type with intermediate prognostic grade. In their discussion, however, they state that it is a form of low grade lymphoma. It is therefore not clear from this paper or from the literature as to the proper grading of this type of lymphoma in the Working Formulation. Weisenger et al, on the basis of immunophenotyping and cytogenetic studies, suggest that there is a close lineage relation between ILL and small lymphocytic lymphoma/chronic lymphocytic leukaemia.2 They feel that on the basis of their differing clinical, cytological, and architectural features, cases of ILL should be considered a separate category of lymphocytic lymphoma of the Working Formulation. On the other hand, the median survival of less than 24 months in the series reported by Pombo de Oliveira, Jaffe, and Catovsky3, and 22 months (leukaemic patients in the series reported by Weisenger et al4, would tend to suggest that it may be more appropriately classified into the intermediate prognostic grade. In the latter series, even in cases without leukaemic phase, the median survival was only 35 months.

Perhaps a multi-institutional study comprising a large number of cases, which also incorporates immunological and cytogenetic data, would result in a better understanding and therefore a more appropriate categorisation of this non-Hodgkin’s lymphoma.

S K JUNEA
Haematology Laboratory,
Peter MacCallum Cancer Institute,
481 Little Lonsdale Street,
Melbourne, Victoria 3000,
Australia.


HPV or human parvovirus?

A short while ago a letter in this Journal commented on the inappropriateness of the designation “HPV” for human parvovirus, stating that HPV had been the denominator for human papillomaviruses for many years.1 At the risk of the subject becoming tedious, I would like to expand on this issue. Earlier this year I expressed concern regarding the use of the abbreviation “HCV” for a newly identified non-A, non-B hepatitis virus designated C. As far back as 1975 a report by the Study Group on Coronavirus, Vertebrate Virus Subcommittee, International Committee on the Taxonomy of Viruses (ICTV) proposed a list of abbreviations for the species of coronavirus, including HCV for human coronavirus.2 This and abbreviations for other coronaviruses were again stated in the second report of the ICTV Coronavirus Study Group 1978.3

The use of the abbreviation HCV for a hepatitis C virus in man could cause considerable confusion, and matters could get worse should another candidate non-A, non-B hepatitis virus be designated hepatitis E virus (HEV). This abbreviation already exists for porcine haemagglutinating encephalitis virus – by chance another coronavirus! In my opinion it is therefore inappropriate to use the abbreviation HCV for anything other than human coronavirus. If it is necessary to classify viruses causing hepatitis in man as A, B, C, D, etc, then the name should surely be prefixed with the word human—human hepatitis C virus HHCV.

I have been informed that abbreviations of virus names have no formal or official status. Why, then, are they acceptable as key words on papers? Literature searches can be difficult enough without further avoidable complications! Clearly distinguishing encephalitis viruses need to be regulated by the appropriate virus study group – now.

C J RONALDS
Department of Virology,
3rd floor,
51–53 Bartholomew Close,
West Smithfield,
London EC1A 7BE

2 Tyrrel DAJ. Coronavirus. Interlution 1975;7:6–82.

Group.bmj.com on June 20, 2017 - Published by http://jcp.bmj.com/
Value of throat swabs from index cases of meningococcal meningitis.

K A Cartwright and D M Jones

*J Clin Pathol* 1990 43: 438
doi: 10.1136/jcp.43.5.438-a

Updated information and services can be found at:
http://jcp.bmj.com/content/43/5/438.1.citation

These include:

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/