Correspondence

Ciprofloxacin resistant campylobacter

The recent article by Threlfall *et al* highlighted the increasing incidence of enterobacteriaceae with low level resistance to ciprofloxacin.¹ The resistance of *Salmonella typhi* and *S paratyphi* were also discussed. Campylobacter is by far the commonest cause of bacterial food poisoning in England and Wales and ciprofloxacin is commonly used for treatment, especially in adults. We routinely test for ciprofloxacin sensitivity in our laboratory using a 1 µg disc and report resistance in those isolates showing a zone of less than 2 mm. A retrospective analysis of the campylobacter isolates identified in our laboratory in the last 14 months indicated that 6.7% of isolates were ciprofloxacin resistant. The isolates were identified from 149 different patients (68 male and 63 female; average age 38 years, range nine months to 85 years). In the 10 patients who had a ciprofloxacin resistant strain history of travel abroad was identified in five patients. The resistance of campylobacter isolates in England and Wales, unlike that of salmonella, is not known as there is no central typing system or monitoring of antibiotic resistance. Previous reports in this country indicated a resistance level of 4-5%, with a third of the resistant strains being acquired abroad.^{2,3} To quantify the effect of using quinolones in animal husbandry on the sensitivity of campylobacter species in this country, it is essential to obtain a clear travel history from patients, and antibiotic sensitivity testing of campylobacters isolated from foodstuff should be performed.

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- 1 Threlfall EJ, Graham A, Cheasty T, *et al*. Resistance to ciprofloxacin in pathogenic enterobacteriaceae in England and Wales in 1996. *J Clin Pathol* 1997;50:1027-35.
- 2 Gaunt PN, Piddock LJV. Ciprofloxacin resistant Campylobacter spp. in humans: an epidemiological and laboratory study. *J Antimicrob Chemother* 1996;37:747-57.
- 3 McIntyre M, Lyons M. Resistance to ciprofloxacin in Campylobacter spp. *Lancet* 1993; 341:188.

Dr Threlfall and his colleagues comment

In response to the comments of Galloway and colleagues, we would like to draw attention to the Public Health Laboratory Service (PHLS) Campylobacter Reference Unit, which is located in the Laboratory of Enteric Pathogens (LEP) within the Central Public Health Laboratory and has been providing a reference service for campylobacters from human infection in Wales since April 1996 and in northwest England since April 1997. All isolates referred are speciated, serotyped,¹ and where appropriate further subdivided by a number of phenotypic and molecular techniques. In addition all isolates are screened for resistance to a range of antimicrobial drugs including ciprofloxacin. Data for 1996 were included in the PHLS submission to the House of Lords Select Committee on Science and Technology, *Subcommittee I—Resistance*

to antimicrobial agents, which is scheduled to be published in April 1998; a full analysis of data for 1997 will be published shortly. In all, 5800 isolates were referred to LEP in 1996 and 1997, of which 12% were resistant to ciprofloxacin at 0.5 mg/l and a further 4% had an MIC to ciprofloxacin in excess of 8 mg/ml.

We agree that surveillance of ciprofloxacin resistance in campylobacters is of paramount importance in relation to the use of ciprofloxacin in the treatment of human infections. As *Campylobacter* is a zoonotic pathogen in England and Wales, the findings are also relevant to recent debate on the use of related fluoroquinolone drugs in animal husbandry in the United Kingdom.^{2,3}

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- 1 Frost JA, Oza AN, Thwaites RT, Rowe B. A serotyping scheme for Campylobacter jejuni and Campylobacter coli based on direct agglutination of heat-stable antigens. *J Clin Microbiol* 1998; 36:335-9.
- 2 Threlfall EJ, Angulo F, Wall PG. Ciprofloxacin-resistant *Salmonella typhimurium* DT 104. *Vet Rec* 1998; 142:255.
- 3 Vernon R. Ciprofloxacin-resistant *Salmonella typhimurium* DT 104. *Vet Rec* 1998;142:255.

Book reviews

CMV-Related Immunopathology. Edited by M Scholz, H F Rabenau, H W Doerr, J Cinatz. (\$236.50.) Karger, 1998. ISBN 2 8044 6602 6.

This monograph was produced following a meeting in August 1997. It consists of 22 chapters. Miller and Sedmark produce a good overview of the way CMV can avoid detection by cytotoxic T lymphocytes. The ways in which several gene products (US2, US3, US6, US11) in HCMV and m152 in MCMV interact biochemically to reduce the presentation of mature HLA class I complexes at the plasma membrane of the infected cell are described. The concept that CMV then presents a negative signal to prevent cellular lysis by NK cells is also discussed, emphasising the potential roles of UL18 for HCMV and m144 (and possibly m04 as well) in MCMV. The related possibility that these viruses may also decrease class II HLA presentation also is discussed, and recently the results have been published for both murine and human CMV.

Susan Michelson tackled the problem of defining how CMV may be immunosuppressive and produced an excellent summary of a complex situation. She emphasised the pleiotropic effects of HCMV on target cells and the interacting and overlapping effects of multiple cytokines on both CMV replication and on the function of targeted immune cells. Drugs given to the patient may also further increase complexity; for example, antibodies against OKT3 increase levels of TNF-α. She also gave a clear summary of the ways in which chemokine receptors encoded by CMV could interact in vivo. CMV increases levels of several chemokines, including RANTES, MCP1, and IL8. Work showing

that RANTES remains sequestered within the cell, possibly through the action of US28, is particularly intriguing. It should be noted that US28 is the gene which has been reported to provide an alternative coreceptor for HIV.

Waldman produced an excellent review of the complex and myriad potential interactions at the endothelial cell surface. The possible effects of CMV in triggering transplant vascular sclerosis and chronic vascular rejection are discussed from the clinical situation and from murine models. His suggestion that CMV acts as a catalyst at the endothelial cell level, intensifying immunopathological interactions following the cytokine storm which results from organ allotransplantation, should be considered seriously by anyone interested in this area.

Space precludes detailed descriptions of the remaining chapters but Prosch discussed TNF in detail and Scholz considered the possible role of oxidative stress. Animal models of CMV were summarised by Trgovcich (marine), Podlech (murine with bone marrow transplant), and Bruggeman (rat and arteriosclerosis). The importance of CMV viral load for understanding disease processes was discussed by Thé (antigenaemia) and Emery (polymerase chain reaction), while the development of resistance to CMV through mutations in UL97 and alternative treatment with cidofovir were discussed by Zimmerman and DeClercq, respectively.

Overall, the authors, editors, and publishers should be congratulated for getting the monograph published promptly and it provides a useful summary of the current situation. However, given the rapidly evolving state of this area, another update will soon be needed.

P D GRIFFITHS

Principles And Practice Of Surgical Pathology And Cytopathology, 3rd ed, vol 1. Edited by Steven S Silverberg, Ronald A DeLellis, William J Frable. (£335.00 for three volumes.) Churchill Livingstone, 1997. ISBN 0 4430 7541 7

I was particularly delighted to review the new edition of this immense book as I have been contemplating purchasing it for some time. Unfortunately only the first volume was available for assessment. This volume opens with a short preface by Professor Silverberg explaining how the book has developed and how surgical pathology and cytopathology should be practised in partnerships—a philosophy I agree with wholeheartedly. This is reflected in the layout of the later chapters which combine both the cytological and histological appearances of the various entities described. I found this extremely helpful, particularly in the chapter on the breast, where confident differentiation between hyperplastic, atypical, and malignant is often so difficult.

Before getting on to specific organ systems, however, the volume begins with a group of chapters describing approaches, techniques, and assessment in pathological practice. These again are dealt with very well and such information will be especially welcome to trainee pathologists since I can think of no single text that covers these. A chapter devoted to medicolegal principles and problems witnesses a dominant American influence, but will no doubt become ever more relevant to practice in the United Kingdom.

The detail of information throughout is excellent with extensive reference lists. I was somewhat surprised, however, that nerve sheath tumours were not included in the soft tissue chapter. The quality of the photomicrographs on the whole is extremely good and many are in crisp colour. The rather small font of the text may make visual aids necessary for some.

Overall, though I will never forsake my "Ackerman" when reporting the surgicals, I can thoroughly recommend *Principles and Practice of Surgical Pathology and Cytopathology* as a useful addition to any departmental library and only wish I had acquired the other two volumes as well.

M SHEAFF

Cytopathology. By Grace T McKee. (£110.00.) Mosby Wolfe, 1997. ISBN 0 7234 2449 7.

Various large books on cytopathology have been published within the last few years and here is another. Does it enhance the literature on this topical specialty, warrant the not inconsiderable price, and merit a place on the bookshelves of major cytopathology laboratories?

Cytopathology has been produced by a single author, and Grace McKee's enthusiasm and expertise shine from every page. This is visually a beautiful book with a dramatic cover and several hundred very high quality coloured photomicrographs. There are 18 chapters: one on basic cell structure, four on cervical cytology, one dealing with the practical aspects of fine needle aspiration, and then 12 covering specific organs or systems.

Inevitably in a work by a single author there is unevenness of coverage. The best chapters are those reflecting Dr McKee's particular interests, and the sections on the breast and urinary tract are superb. The least satisfactory chapter is the one dealing with the salivary glands, oesophagus, and stomach. The common salivary gland tumours are beautifully illustrated but would perhaps have been better placed in a chapter devoted to the differential diagnosis of lumps in the neck. For example I looked in vain in the index for nerve sheath tumours or for guidance on the problem of lesions in the intrasalivary lymph nodes, and although material from branchial cysts is profusely illustrated in the chapter on skin and subcutaneous lesions, warnings of the important pitfalls associated with cystic

masses in the neck are scant and widely dispersed (captions to figs 10.62 and 17.8). There is no coverage, other than metastases, of cytology from the duodenum, colon, rectum, or anus and this could have usefully followed the oesophagus and stomach.

The book is essentially an atlas, although this is not indicated on the cover. The text and the captions are brief and there are no references, although useful lists of suggested further reading are given at the end of each chapter and these are up to date and pertinent.

Despite these criticisms this is an admirable publication and the answers to the questions posed in the first paragraph are all undoubtedly yes. It is not a substitute for an academic multiauthor textbook such as *Comprehensive Cytopathology* (edited by M Bibbo) or *Diagnostic Cytopathology* (edited by M Gray), but an excellent compendium of photomicrographs to be used alongside one or other of these. The illustrations of all those wonderful cells will surely stimulate and enthuse even the most reluctant pathologist to develop an interest in cytopathology. This book is a must for every laboratory with trainees.

J A YOUNG

Notices

Royal College of Pathologists Histopathology Update

University of Liverpool, UK

18–19 June, 1998

A two day intensive update on current aspects of histopathology and cytopathology designed for candidates preparing for the MRCPPath examination as well as for qualified histopathologists wanting to update their knowledge. Fee £75 inclusive of overnight accommodation and full board.

Full course details from: Professor C S Foster, Department of Cellular and Molecular Pathology, University of Liverpool, Duncan Building, Daulby Street, Liverpool L69 3GA, UK; tel 0151 706 4480; fax 0151 706 5883; email: christopher.foster@liv.ac.uk

Third National Conference of the British Society for the Study of Vulval Disease

13–15 September 1998, Oxford, UK

The programme includes lectures, workshops, and poster sessions on topics including vulval cancer and VIN, paediatric vulval disease, Viral diseases of the vulva, and inflammatory vulval disease. Speakers will include Dr M Anderson, Dr L Brown, and Dr M K Heatley.

Registration £150 (members), £200 (non-members), £100 (trainees).

Further information from Dr Fenella Wojnarowska, Secretary BSSVD, Department of Dermatology, Churchill Hospital, Old Road, Headington, Oxford OX3 7LJ, UK; tel 01865 228236; fax 01865 228233.

XXII International Congress of the International Academy of Pathology and 13th World Congress of Academic and Environmental Pathology

18–23 October 1998, Nice, France

The scientific programme will feature an opening lecture on "Lymphotropic herpes viruses" and two long courses on immunocytochemistry and inflammatory diseases of the gastrointestinal tract. There will also be a daily guest lecture, short courses, seminars, symposia, free papers, and companion meetings.

For further information contact: Convergences/IAP98, 120 ave Gambetta, 75020 Paris, France; tel (+33) 1 43 64 77 77; fax (+33) 1 40 31 01 65; email: converge@iway.fr; internet: http://www.convergences.fr