Serological diagnosis of mumps

Experience over the years at this laboratory, using both antigens supplied by the Standards Laboratory, Colindale, and antigens prepared here, confirms the report by Drs R Freeman and MH Hambling (January 1980, p 28). Thus even the first edition of our book carried the following statement: 'It has been claimed that antibodies to the S antigen increase earlier after infection than antibodies to the V antigen (Henle et al., 1948), but we have been unable to confirm this.'

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Histological diagnosis and prognosis of malignant melanoma

Dr Levene's article (February issue, pp 101-124) is a valuable account of the features to be seen in this field. It will serve as a useful bench reference, not only for the occasional encounter with these lesions, but, since it has useful indicators for the less commonly seen points of diagnosis, also for those dealing regularly with them. The illustrations of the lymphatic involvement in naevi are a case in point; it is reassuring to know that this field is clinically innocent.

In spite of all the features indicated, there are still cases which produce diagnostic headaches, even in centres that deal with significant numbers of melanomas. This laboratory sees at least one new case of primary cutaneous malignant melanoma each week; numerous benign naevi and small numbers of blue and Spitz naevi are also seen. As an aid to diagnosis we do not only adopt the methods described by Dr Levene but also utilise reticulin impregnation on occasions. McGovern stresses the help that such preparations can give; latterly he appears to be less enthusiastic. As a result a study of this technique was undertaken. In essence, it seldom gives information not obtainable by careful assessment of good haematoxylin and eosin sections, and it should never be used to overturn the diagnosis of malignancy as assessed by the more usual criteria. However, it can prove useful in some cases of Spitz naevi where a very comforting benign pattern can be demonstrated, i.e., a completely, or almost completely, preserved epidermal basement membrane and neat clusters of reticulin-surrounded cells in the deep parts of the lesion. Within its limitations it is a useful technique in this field.

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Reference

2 McGovern VJ. Personal communication. 1979.

Urinary infection with coagulase-negative staphylococci in patients undergoing prostatectomy

Urinary tract infections due to coagulase-negative staphylococci of biotypes SII-VI are seen mainly in elderly male hospital patients associated with instrumentation or an underlying lesion of the urinary tract. Coagulase-negative staphylococci isolated in significant numbers from urine collected during one year from patients undergoing prostatectomy were classified according to the scheme of Kloos and Schleifer. Fourteen strains of coagulase-negative staphylococci were isolated, all of which fermented glucose and were sensitive to novobiocin. The Table shows their identification by the API scheme. Although coagulase-negative staphylococci were not commonly isolated from pre-prostatectomy bacteriuria, they were the second most common cause (after enterococci) of post-prostatectomy infection. Four out of five strains of coagulase-negative staphylococci which caused preoperative bacteriuria and eight out of nine coagulase-negative staphylococci from post-prostatectomy infection were Staphylococcus epidermidis.

The ages of the men with Staph. epidermidis urinary infections ranged from 53 to 84 years. Our findings suggest that just as Staph. saprophyticus (Micrococcus type 3) has a predilection for the urinary tract of young women so Staph. epidermidis has a predilection for the urinary tract of elderly male inpatients with prostatic obstruction who undergo prostatectomy.

Bultitude and Eykyn found that the most common organisms that colonised the fossa navicularis in patients undergoing prostatectomy were coagulase-negative staphylococci, and Brehmer and Madsen showed that the main route of bladder infection in catheterised males is...