

rates of the three methods. In all, 71 bacterial isolates were obtained by all three methods of which 42 were Gram positive: coagulase negative staphylococci (25); *Staphylococcus aureus* (14); and *Streptococcus viridans* (3); 29 Gram negative: *Enterobacteriaceae* (18); *Pseudomonas* spp (9); and *Campylobacter* spp (2). Retrospective analysis of patient records showed that all isolates were considered to be clinically important.

Discussion

As CAPD becomes more commonplace, there is a need to greatly simplify the techniques used by the laboratories in processing peritoneal fluid from infected patients. On the basis of the present results, none of the systems evaluated was entirely satisfactory. We found the lysis-centrifugation system easy to use, however, and it achieved the highest isolation rate. Eighty six per cent of samples from patients clinically diagnosed as suffering from peritonitis but not on antibiotics and 52% of those receiving antimicrobial treatment yielded a potential bacterial pathogen. From this investigation, it therefore seems that the lysis-centrifugation system could be a useful and simple technique for the laboratory diagnosis of peritonitis in CAPD.

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Letters to the Editor

Primary mesothelioma of atrioventricular node: cause of sudden death

A 24 year old woman died one hour after intercourse with her husband: the cause of death was a primary mesothelioma of the atrioventricular node. She had had no previous history of heart disease and had one healthy child delivered by caesarean section.

This lesion was first described by Armstrong and Monckeberg in 1911 in a 5½ year old boy. The fifteenth case was described in 1976,¹ and of these 15 cases, 12 were female and three were male. Eight occurred in the second and third decade,

often after pregnancy. Three were over the age of 67 years, suggesting that if this lesion is not specifically looked for in the elderly it may be overlooked, though not necessarily the cause of death. In this case the only abnormality found in the heart was a thickening of the atrial wall between the coronary sinus and interventricular membranous septum, thus corresponding to the position of the atrioventricular node and conducting fibres. The section showed a lesion measuring 12 × 3 mm lying beneath the endocardium. It was composed of small acini lined by epithelial cells, together with a dense fibrous tissue stroma, thus obliterating much of the neuromuscular conducting tissue. There is general agreement that the lesion is congenital, but some disagreement about its origin. It may arise from the mesothelial remnants carried in from the posterior wall of the heart as the atrioventricular node forms in the embryo, or

from mesocardial cysts derived from the endodermis. Clinically, the lesion may present with complete heart block, Stokes-Adams attacks, and sudden death. Rarely has an accurate diagnosis been made before death, but complete heart block in a young person may arouse suspicion of this lesion and for reasons unknown pace makers are not well tolerated.

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