Other enterocytes were found to contain spherical sporoblasts, about 4 to 5 μm in size, containing a number of nuclei, flattened vesicles, and a large number of filaments 65 nm in diameter, almost randomly arranged within the cytoplasm (fig 3). These sporoblasts sometimes indented the host cell nucleus. Sporoblasts with more electron dense cytoplasm (2.5 × 3.5 μm) also contained several polaroplast bodies, suggesting a stage just prior to division and final spore formation.

Three genera of microsporans have been reported in man—*Nosema*, *Encephalitozoon*, and *Enterocytozoon*. The microsporan described here does not have diplokaryotic nuclei like *Nosema*, nor does it develop within a parasitophorous vacuole like *Encephalitozoon*, nor are the spores of a similar size to those of the species *Enterocytozoon bieneusi* (1.5 × 0.5 μm). The specific classification of this microsporan will need further investigation, but it is more closely related to *E bieneusi* than to the other two genera.

Electron microscopy was essential for the diagnosis of this parasite, and it is suggested that all intestinal biopsy specimens from patients with AIDS should be investigated by this technique so that we may learn more about this hitherto little known parasite.

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References


Use of photocopier for recording pathological specimens

For those who are working in a surgical pathology laboratory, there is often a demand for photographic recording of gross pathological specimens. Polaroid photography gives good results but is expensive. Conventional photography is less expensive and gives prints of the best quality but some delay in getting the prints is inevitable. There are times when the requirement for the quality of reproduction is not critical—for example, when several blocks are taken from excised skin lesions or slices of large tumours and solid organs such as the liver, lungs, spleen, kidneys and pancreas, it is helpful to have a reasonably accurate pictorial representation of the gross specimen to mark the sites from which those blocks are sampled. A similar situation occurs when a stomach or a segment of the large bowel shows several mucosal lesions which are individually sampled. A rapid, cheap, and reliable way of producing a photographic print of acceptable quality is by the use of a photocopying machine. The slice of organ or tumour or the opened visera, sandwiched between two plastic sheets, can be laid on the machine. Copying is then performed in the usual way. It is also convenient to use a photocopier to record the dermatoglyphics of abnormal fetuses. Apart from its low cost, an additional advantage is that the prints are on ordinary papers which can be easily filed with the other records. With the photocopier, the labour of putting in a scale when taking photographs of a specimen becomes unnecessary unless the machine is set to perform size enlargement or reduction.

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Reference


Protein-bound vitamin B_12_ absorption test

Dr Chanarin makes the unrefereed statement that the protein-bound B_12_ absorption test has been interpreted as detecting a lack of intrinsic factor at a stage when the standard B_12_ absorption test is normal. Although this possibility was considered, subsequent investigations have shown that the addition of intrinsic factor does not

Letters to the Editor

Role of immunocytochemistry in diagnostic pathology: information from necrotic tissue

The paper by Mason and Gatter [1] is a valuable summary of many aspects of the diagnostic applications of immunocytochemistry. It would just like to expand on its potential for gathering useful information from such optimal biopsy specimens. Their paper illustrates the preservation of immunoreactivity in crushed and distored specimens. Another problem with tiny biopsy specimens is whether the whole sample is necrotic. Reticulin staining will often show tissue architecture in these circumstances and permit a useful conclusion to be drawn. There is also often preservation of reactivity with antibodies against cytokeratins (such as CAM 5.2) and the leucocyte common antigen (CD45). Though great care must be exercised in reaching conclusions from necrotic samples, it is sometimes possible to separate lymphoma from carcinoma with more confidence than would be possible without antibody studies. Some bronchial biopsy specimens that have only shown necrotic material have also been shown to be composed of disorderly sheets of epithelial cells quite consistent with carcinoma. In the appropriate clinical setting it has been possible to proceed without recourse to a repeat biopsy. Not every necrotic sample will react but it is worth trying.

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