Letters to the Editor

interference with the potassium method on the DT60 analyzer but a 38% decrease was seen with lipaemic serum.

The exact reason for the difference between interference by Intralipid and lipaemic sewn samples is unknown; differences in light scattering properties of the lipids in the two different matrices could account for the observed differences.

Thus the standard way of assessing lipaemic interference (that is, the addition of Intralipid to serum) may not be appropriate for assessing lipaemic interference in all cases. We are not aware of any previous studies addressing this important issue; it is clear that further studies evaluating the different effects of lipaemic serum samples and Intralipid on other analysers are necessary.

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References


Campylobacter colonisation, duodenal ulceration, and changes in gastric mucosa

There is an increasing amount of evidence to support the association between Campylobacter pylori and antral gastritis in patients with or without duodenal ulceration. So far, however, we have seen no reports of a comparative study of the oxyntic mucosa in these two conditions. We therefore collected biopsy specimens from 20 patients with and 30 patients without duodenal ulceration from the fundus, the greater curvature of the body, the lesser curvature of the antrum and the prepyloric area of the stomach for histological examination and culture. Culture was carried out as described previously. C pylori was isolated from the fundus, the body and the antral mucosa of the 20 patients with duodenal ulceration, and of 20 of the patients without duodenal ulceration. C pylori was not isolated from the other 10 patients (tables 1 and 2). C pylori was associated with severe gastritis in 96% of specimens from the antral and prepyloric mucosa, and 40% of specimens from the body and fundal regions in patients with and without duodenal ulceration. In most of the patients with duodenal ulceration the histology of the oxyntic mucosa was normal, or only showed mild gastritis. In the 20 patients with gastritis, C pylori, but without duodenal ulceration, however, oxyntic mucosa showed gastritis in 64% of the biopsy specimens from the body and the fundus (χ² = 18.66; p < 0.001). Furthermore, the antral mucosa of patients with and without duodenal ulceration showed similar histological changes (χ² = 3.40). In conclusion, the observed differences may be due to colonisation by different strains of C pylori, or they may be the consequence of different mechanisms of host parasite interactions, or both.

References


Laboratory infection with parvovirus B19

A survey of clinical laboratory staff has implicated occupational exposure as a probable cause of infection with hepatitis B, tuberculosis, shigellosis, salmonellosis, pseudomembranous and streptococcal. We have observed several probable laboratory infections with human parvovirus B19 (table) and wish to draw attention to this hazard. Though it is impossible to say conclusively that these

<table>
<thead>
<tr>
<th>Patients with C pylori</th>
<th>With duodenal ulceration</th>
<th>Without duodenal ulceration</th>
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<tbody>
<tr>
<td></td>
<td>Body</td>
<td>Fundus</td>
</tr>
<tr>
<td>Chronic gastritis</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Mild gastritis</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
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<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>18*</td>
<td>20</td>
</tr>
</tbody>
</table>

*Three superficial sections could not be classified.

<table>
<thead>
<tr>
<th>Patients with C pylori</th>
<th>With duodenal ulceration</th>
<th>Without duodenal ulceration</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Prepyloric region</td>
<td>Antrum</td>
</tr>
<tr>
<td>Chronic gastritis</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Borderline gastritis</td>
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<td>11</td>
</tr>
<tr>
<td>Normal</td>
<td>0</td>
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</tr>
<tr>
<td>Total</td>
<td>20</td>
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infections were occupationally acquired the timing of the illnesses strongly suggests this. We propose three measures that might reduce the occupational risk from B19 virus. Firstly, inactivate the antigen. Diagnostic tests for B19 virus infection are at present done with antigen prepared from the plasma of viraemic patients and this material has not been inactivated until now. Initial studies done by one of us (BJC) indicate that doses of up to 2-4 Mrads gamma irradiation do not destroy the antigenicity of B19 virus. This treatment destroyed the infectivity of 30 viruses. Inactivation of current supplies of B19 antigen by irradiation is therefore probably feasible. In the near future it is likely that a non-infectious B19 antigen will be provided by recombinant DNA technology.

Secondly, keep aerosols in a safety cabinet. B19 virus has been transmitted experimentally by the respiratory route, and it seems likely that this was the route of spread for the probable laboratory infections reported here. Infectious aerosols could have been generated by centrifugation, during the resuspension of virus pellets, or in washing stages of solid phase immunoassays. Where possible such procedures should be done in an exhaust protective cabinet.

Thirdly, find out if the laboratory personnel are immune. It may not be necessary to restrict work with parvovirus B19 to those known to be immune, but a strong case can be made for finding out if staff are immune, and excluding pregnant women. Exposure to B19 virus during pregnancy may carry an increased risk of abortion (Hall SM, Anderson MJ, Caul EO, et al. Paper presented at the joint meeting of the European Association against Virus Diseases, Switzerland, 1987).

Other correspondence

Sarcoma-like nodules in cystic ovarian tumours

We read with interest the recent report concerning sarcoma-like mural nodules in cystic serous ovarian tumours, and noted particularly the second case where undifferentiate sarcoma was found arising within serous cystadenocarcinoma. We have recently encountered a similar tumour which occurred in a 44 year old premenopausal multiparous woman with a history of neurofibromatosis.

The patient presented with a few months' history of abdominal discomfort. Laparotomy she was found to have bilateral ovarian masses, and widespread pelvic and abdominal metastases with ascites. Hypoechoic tumour and bilateral salpingo-oophorectomy were carried out and the patient started on chemotherapy.

Each ovary was replaced by a cyst, the larger measuring 23 cm in diameter. On histological examination these showed moderately differentiated serous cystadenocarcinoma.

References

4 Cohen BJ, Pereira MS, Mortimer PP. Diagnostic assays with monoclonal antibodies for the human serum parvovirus-like virus (SPLV).