

Matters arising

Slide coagulase positive, tube coagulase negative *Staphylococcus aureus*

We read with interest the letter by Smyth *et al*¹ and wish to report a similar organism isolated recently at our hospital. The organism was grown in six blood culture bottles from a 14 year old boy with hypertrophic cardiomyopathy. An extensive intramyocardial abscess was seen on echocardiography. The isolate was rapidly and unequivocally positive using fibrinogen sensitised sheep erythrocytes in a slide test to detect clumping factor (Staphyslide-Test, BioMérieux, France). Tube coagulase testing was repeatedly negative. The isolate was strongly DNase positive and produced acid aerobically from maltose, trehalose, mannitol, mannose and sucrose but not from xylose, cellobiose, nor raffinose. Nitrate was reduced, acetoin was produced, and the organism was sensitive to novobiocin. These tests confirmed the identification as *Staphylococcus aureus*.

We are at present changing our laboratory procedure from routinely performing tube coagulase testing in all staphylococci to the use of "Staphyslide" to test for *S aureus* with tube coagulase as an additional test for "Staphyslide" negative colonies. From over 300 tests run in parallel we have yet to find a false positive or a false negative slide test for a methicillin sensitive *S aureus*.

In the light of the experience with these cases, ours, and that of Smyth *et al*, laboratory staff should be aware of the rare occurrence of false negative tube coagulase tests. We consider "Staphyslide" to be a sensitive and specific test for speciation of *S aureus* and suggest that its use should be considered for early identification of *S aureus*.

CLAYTON GOLLEGE
ANDREW GORDON
Department of Microbiology,
Royal Perth Hospital,
Wellington Street,
Perth WA 6000,
Australia.

Reference

- 1 Smith, EG, Wright ED, Marples RR. New type of staphylococcal endocarditis. *J Clin Pathol* 1988;81:809-10.

Hair "follicle" in tonsil

The description of a hair "follicle" growing in the palatine tonsil is a misinterpretation.¹ I suggest that what the authors were viewing

was flattened, normal tonsillar crypt epithelium closely adherent to a foreign fragment, possibly an ingested hair shaft. I, too, have seen hair shaft-like particles in the tonsil. These were, like the reported case, separated from the crypt epithelium by an amorphous layer—eosinophilic in my original (figure). A semblance of neither the glassy membrane nor the connective tissue sheath, which are characteristic of hair follicles, cannot, on the other hand, be identified in the tonsillar structure shown in the letter or in my own material.

Contrary to the statement in the letter of Hasleton *et al*, there is indeed a reference to hair follicles growing in the tonsil provided in my book.² This is with regard to hairy polyp, or teratoid tumour, a neoplasm which usually occurs in the pharyngeal tonsil, but which may be sometimes seen in the soft palate adjacent to the palatine tonsil. It is highly unlikely, however, that an isolated hair follicle will ever be found in any part of the tonsil.

Sebaceous glands opening directly on to the oral mucosa—Fordyce spots—are com-

mon in the oral cavity,³ but they are never associated with hair follicles.

PROFESSOR L MICHAELS,
Department of Histopathology,
University College and
Middlesex School of Medicine,
Rockefeller Building,
University Street,
London, WC1E 6JJ

References

- 1 Hasleton PS, Edwards JM, Nasser WY. A tickle at the back of the throat. *J Clin Pathol* 1988;41:1137-8.
- 2 Michaels L. *Ear, nose and throat histopathology*. London: Springer-Verlag, 1987:242-3.
- 3 Lucas RB. *Pathology of tumours of the oral tissues*. 3rd ed. Edinburgh: Churchill Livingstone, 1976:18.

Dr Hasleton *et al* comment:

We thank Professor Michaels for his comments, but we would like to make several points. Hair follicles are not mentioned in the

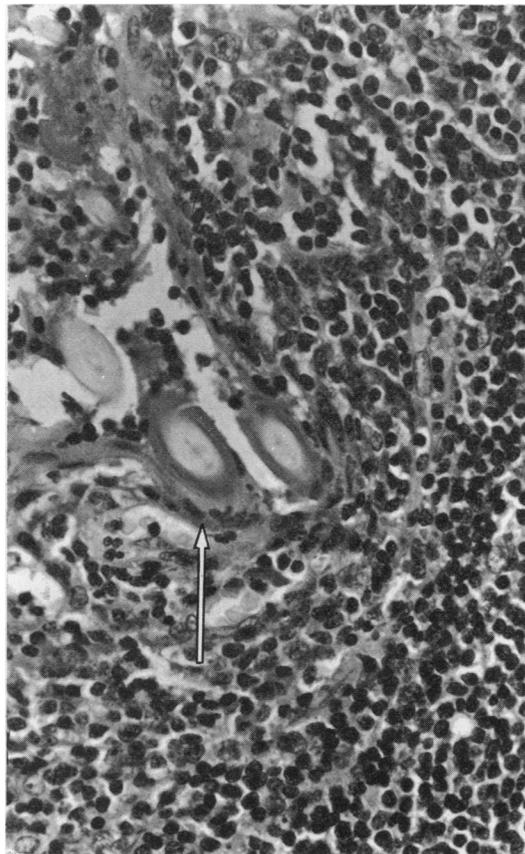


Figure Palatine tonsil from 20 year old man with recurrent sore throat. Three oval, foreign particles resembling hair shafts are seen in this field. Two of them are surrounded by an oval layer—eosinophilic in the original—external to which are flattened cells (arrow) which are the specialised stratified squamous epithelial cells of the crypt.