Prevalence of HTLV-I in Zimbabwe

The letter by Emmanuel et al. is tantamount to defining interest but requires definitive confirmation.1 Seroprevalence studies for HTLV-I have been conducted in different parts of the world and in Africa,2 3 and in the Americas.4 5 Though some surveys from certain regions in Africa have been reported, individual tests, especially with the Gessain kit, is far from being satisfactory and is indeed of limited value in the appropriate setting.6

In 1988, at the North London Blood Transfusion Centre, we screened over 6000 individual samples using the Serodia-ATLA kit. Of 41 360 routine blood donors, 49 were positive on serological screening for HTLV-I antibodies.7

We observed several cases of fungal arteritis of the head and neck in patients with cancer.8 9 Such an arteritis can be seen in the arterial phase of giant cell arteritis, especially if special stains for fungi are not used. The illustration shows an example of a Morbus arteritis of the head and neck in a patient with bilateral breast carcinomas and concurrent chronic lymphocytic leukaemia.

Matters arising


Arteritis of the tongue

We were interested to read the letter by Misseleitich et al. on giant cell arteritis of the tongue associated with squamous cell carcinoma.10 The factors they enumerate for elastic lamina injury are also important in the establishment of fungal infection in the mouth.11 12 However, we have observed several cases of fungal arteritis of the head and neck in patients with cancer; such an arteritis can be seen in the arterial phase of giant cell arteritis, especially if special stains for fungi are not used. The illustration shows an example of a Morbus arteritis of the head and neck in a patient with bilateral breast carcinomas and concurrent chronic lymphocytic leukaemia.

Dr Boss et al. comment:
The comments on our observation of giant cell arteritis of the tongue associated with squamous cell carcinoma are relevant at a time when fungal diseases in the immune compromised cancer patient are being recognised more frequently. Moreover, for as yet unknown reasons, fungi have a special affinity for blood vessels and we have previously encountered double fungal infestation of the pulmonary circulation.13 The bizarrely distorted elastic lamellae of the arteries are a characteristic feature of, among others, myotic vasculitis. In our laboratory it is routine custom to request special stains for acid fast bacteria and fungi whenever giant cell granulomatous lesions are found, whether affecting a vessel or otherwise. In the patient we described no micro-organisms were detected in the affected branch of the lingual artery.


References