Comparison of cytochrome c oxidase activity estimation using different approaches

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCT</td>
<td>NE8000</td>
</tr>
<tr>
<td></td>
<td>Coulter</td>
</tr>
<tr>
<td></td>
<td>Cobas</td>
</tr>
<tr>
<td>Haemoglobin (g/dL)</td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td>12.5</td>
</tr>
<tr>
<td>MCV (%)</td>
<td>87</td>
</tr>
<tr>
<td>MCH (pg)</td>
<td>39</td>
</tr>
<tr>
<td>WCC (×10^5)</td>
<td>67</td>
</tr>
<tr>
<td>Patient’s sample (×10^3)</td>
<td>166</td>
</tr>
</tbody>
</table>

HCT = haematocrit; MCV = mean corpuscular volume; MCH = mean corpuscular haemoglobin; WCC = white cell count.

Inaccurate haemoglobin estimation in Waldenström’s macroglobulinaemia

We read with interest the article by Goodrick et al.1 A similar problem was observed in a patient with Waldenström’s macroglobulinaemia using the Sysmex NE 8000 automated blood analyser when the patient’s plasma haemoglobin concentration was overestimated. The blood sample repeatedly failed the optical limits for the simultaneous corpuscular haemoglobin and mean corpuscular haemoglobin concentration. A 1 in 5 dilution of the sample in Sysmex diluted partially corrected the problem.

The Sysmex NE 8000 converts haemoglobin to a sulphate derivative using sodium lauryl sulphate.2 Other analysers using the cytochrome c oxidase method of estimating haemoglobin concentration gave satisfactory results (table).

The Sysmex diluent PK-30L is described as an isotonic solution containing boracic acid, sodium tetraborate, dipotassium EDTA, and sodium chloride. Whole blood (6 µL) is diluted with 2.0 µL diluent before mixing with 1 mL Sulfoxyll 220A, a lysing solution containing sodium lauryl sulphate.

Six children with true villous atrophy at onset did not relapse and have been symptom-free on a normal diet; transient gluten intolerance must be considered as a likely diagnosis in these patients although strict criteria were not adhered to.3 Despite scepticism about this entity, no other factors could be identified and the gluten-free diet alone led to marked improvement in these patients. In summary, our data reinforce the conclusions of Shidrawi et al.4 and stress the relevance and need for accurate interpretation of histology in the diagnosis of coeliac disease.

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Book reviews


Coming from a background in gynaecology and pathology, the author aims to improve communication between the specialties by presenting short sections on both subjects. She has missed her opportunity, however, by dividing the book into separate pathology and gynaecology sections rather than discussing them together in a clinicopathological context.

Both parts are too short and do not include much information that would be useful to anyone other than a beginning gynaecologist or a gynaecology resident. The book contains much information that is not relevant to someone from another discipline. For example, neither gynaecologists nor pathologists need a picture of a microtome, which in any case is rotated through 90°. There are many excellent illustrations but some are wrong, covered in other chapters or contradicted by others elsewhere in the book. By placing the pathology section in an appendix, not only the gynaecologists, then it is too detailed but there is insufficient detail for it to be used as a bench book in histopathology. Many of the references are to standard texts, such as Biopsy Pathology of the Lower Reproductive Tract by Buckless and Fox (which is a better book), and references to original papers are out of date: nothing