Letters to the Editor

HIV Serosurveillance—Report from a Medical College in Delhi

Human immuno deficiency virus (HIV) infection is the most dreaded transfusion related complication of today and also of serious epidemiological concern. According to an 1CMR report(i) the seropositivity in donated blood in India is estimated to be between 0.1-1.5%. Blood transfusion may be responsible for as many as 4-24.6%(2-4) seropositivity of HIV in multi-transfused patients. We want to share our experience of HIV seropositivity in Lady Hardinge Medical College and Associated Hospitals. A total of 47,681 samples were screened by ELISA for HIV in the Department of Microbiology since July 1990 to January 1994. Serum was tested for HIV-1 and HIV-2 antibody using Detect Biosport or Immunocomb Kits as supplied by National Institute of Communicate Diseases (NICD). Those who were ELISA positive were confirmed by Western Blot Technique. A total of 145 were ELISA positive and only 17 cases were positive by Western blot technique. Two hundred and one samples were from multitransfused children in this period. None of this sample showed ELISA positivity. Blood that is used in our hospital is procured from either our own blood bank or from Red Cross Society. Other studies from Delhi have shown an alarmingly high seropositivity ranging from 8.9-9.3% in multitransfused patients(5,6). It is heartening to note that all children were seronegative for HIV in this hospital. A study from Chandigarh also showed absence of HIV seropositivity in a similar group of patients(7). We can't explain the reason for such low seropositivity in our study when already other studies from Delhi have documented much higher seropositivity.

As we all know that AIDS virus is slowly spreading in India, absence of HIV seropositivity should not slacken our surveillance programme, rather all efforts should be made to ensure screening-^ blood and other blood products for both HIV-1 and HIV-2 antibody. Rigorous surveillance may yield encouraging results.

T. Mondal,
K. Jagdish Kumar,
V.L. Malhotra,
Departments of Pediatrics and Microbiology, Lady Hardinge Medical College and Associated Hospital, New Delhi 110 001.

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Hereditary Pancreatitis with Lithiasis

Gupta *et al*. report a case of hereditary pancreatitis with lithiasis in a 7-year-old boy(l). His maternal grandfather was historically diagnosed to have recurrent pancreatitis. He was repeatedly hospitalized with severe abdominal pain and on 3 occasions there was a significant rise in enzyme levels.

The authors claim their report as being the first from India. Choudhry *et al.* published a case of familial pancreatitis in Indian Pediatrics in 1971(2). This was a 7-year-old boy with a history of recurrent abdominal pain of 4 years' duration. His serum amylase levels were high and X-ray films of the abdomen showed calcification in the region of pancreas. His father, 39 years old, started getting bouts of abdominal pain at the age of 24 years. Extensive pancreatic calcification was shown on X-ray examination. The patient, his father, mother, a sister and two brothers showed generalized aminoaciduria.

Gupta *et al.* rightly emphasize the rarity of familial pancreatitis, and cite 38 references. They should, however, have consulted Indian Pediatrics before making a claim of being first.

R.N. Srivastava,
Professor,
Department of Pediatrics,
All India Institute of Medical Sciences,
NewDelhi 110 029.

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