multitransfused thalassaemic children. Indian Pediatr 1993, 30: 109.

- 3. Sen S, Mishra MN, Giri T, *et al.* AIDS in multitransfused children with thalassaemia. Indian Pediatr (In Press).
- 4. Charan VD, Nanu A, Desai N, Choudhry VP. HIV infection in multitransfused

thalassemic children. Indian Pedaitr 1993, 30: 1232-1233.

 Singh S, Gulati S, Marwaha RK, Grewal G, Kular L, Sehgal S. HIV serosurveillance in multitransfused thalassemic children. Indian Pediatr 1993, 30: 104-105.

Comments

There is no doubt that HIV infection leads to the development of dreaded AIDS disease. Blood and blood products are the potential source of HIV infection in patients who need multiple blood transfusion or blood products for their survival. HIV infection can also be transmitted through infected needles, syringes, and by surgical instruments. It has often been observed that patients get hemoglobin and other biochemical investigations from laboratories and hospitals which draw blood with glass syringes which are not adequately sterlized. Even the disposable syringes are being recycled by smaller units which should ideally be discarded. Such disposable syringes are potential source of spread of various infections including HIV infection.

Kumar and colleagues have been using blood from voluntary donation or by replacement. Prevalence of HIV infection in such donors is low and the possibility of HIV infection in voluntary donor is low (10.3%) as reported by ICMR(1). Blood

from such donors may be infectious even in the absence of antibodies (window period). Thus Kumar et al. are not justified to state that HIV infection in their series has only occurred following blood transfusion from other banks. One of our patients(2) on follow up became seropositive after 6-8 weeks of minor surgery in nursing home. All blood transfusion administered to him were negative by ELISA. We believe that he developed HIV infection following surgical procedure. However, the possibility of transmission of HIV infection through blood could not be completely excluded. There is need to undertake studies for HIV-II infection as well in India.

Screening of blood for HIV infection is though mandatory but is often not followed in many banks. The National AIDS Control Organization need to ensure that the testing of blood for HIV infection is strictly followed with high standards of quality control. In addition, it should undertake punitive measures on those who fail to undertake the screening of HIV and follow its guidelines.

However, in the present circumstances,

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where health is a State subject, difficulties arise in ensuring strict quality control in large number of small blood banks and its failure to take punitive measures for those who fail to follow its guidelines. Other feasible option may be that all small blood banks may be closed and blood banks should be attached with major medical institutions or organizations who are willing for multiple strict internal/external quality control for safety of blood and blood products. Thus, these blood banks will have sufficient blood for its optimal use by providing varius blood components. In addition, plasma fractionation unit can be part of at least few major blood banks for preparation of coagulation factors.

V.P. Choudhry,

Additional Professor Department of Hematology, All India Institute of Medical Sciences, New Delhi 110 029.

REFERENCES

- 1. Surveillance for HIV infection-An update. ICMR Bull 1990, 20: 34.
- Charan VD, Nanu A, Desai N, Choudhry VP. HIV infection in multi transfused thalassemic children. Indian Pediatr 1993, 30: 1232-1233.

Maple Syrup Urine Disease-2-4 DPNH Test as a Routine in Highly Sick Newborns

Only a few cases of maple syrup urine disease (MSUD), a common disorder of aminoacid metabolism have been reported in Indian literature(1,2). We report a case here to emphasise the utility of 2-4 DPNH test in seriously ill new borns for early diagnosis of MSUD, in order to prevent neurodevelopmental sequalae of diseases resulting from accumulation of metabolites. MSUD results from a defect in the metabolism of leucine, valine and isoleucine(3). The accumulation of branched chain aminoacids leads to neurotoxicity and these metabolites are excreted in urine and sweat to produce the typical smell of maple syrup.

A male baby born to a third gravida mother of non-consanguineous marriage, was normal for the first five days. He subsequently developed excessive crying with refusal to feed. On the 8th day, he developed generalized tonic, clonic seizures. Pertinent investigation such as septicaemic screen, ultrasound and CT scan of brain were normal. The child did not respond to any therapy. On 13th day, abnormal smell was detected from body and urine. Blood ammonia, glucose, urea, pH, and fresh urine examinations were all normal. However, ketone bodies were positive in urine with positive ferric chloride and 2-4 DPNH test.

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