LETTERS

Prevalence of HBV Markers in Hemophiliaacs and Eunuchs in India

Sir,

Reports from Western countries show a high incidence of HBV infection in hemophiliacs.1,2 However, there are no large scale studies in this group in our country. Similarly, eunuchs who are at high risk due to their sexual habits in homosexuality (having multiple partners) have also not been studied for their HBV status. The present study was planned to evaluate the prevalence of HBsAg and anti-HBs in these groups in India.

A total of 89 hemophiliacs and 28 eunuchs were studied. Details of physical examination, past infections, present status of jaundice, blood transfusion and exposure to blood were noted. In each case blood was drawn and serum separated and preserved at -70°C till analysis. Liver function tests (transaminases, bilirubin, alkaline phosphatase and serum proteins) were performed by the established biochemical methods. HBsAg and anti-HBs were tested by microELISA techniques.3,4

All the subjects were free of liver disease and had normal liver functions at the time of study. None of them gave history of jaundice in the previous two years or of receiving whole blood transfusion or needle pricks. Hemophiliacs had received different blood products at regular intervals. Five of 89 hemophiliacs (5.6%) and none of 28 eunuchs were HBsAg positive; anti-HBs positivity was recorded in 6 (6.7%) and 5 (17.9%) cases respectively. Both HBsAg and anti-HB posiivity in hemophiliacs was significantly (p < 0.01) higher and lower respectively than the general population values of 2.6% and 14.2% observed in this area (unpublished data). In eunuchs, the frequency of HBsAg and anti-HBs were in the normal range.

We found a lower prevalence of HBV markers (HBsAg and anti-H Bs) in the hemophiliacs in India as compared to Western countries (HBsAg 80-95%).1,2 In another study from India, HBsAg and anti-HBs were observed in 3.6% and 13.3% of hemophiliacs respectively.5 HBsAg and anti-HBs prevalence in hemophiliacs was different as compared to the normal population.6 7

The lower prevalence of these two markers in Indian hemophiliacs as compared to the Western world is possibly because of difference in mode of treatment and type of blood products received by the patients. The low prevalence of anti-HBs in hemophiliacs (6.7%) as compared to normal (14.2%) may be ascribed to tolerance created in these patients against HBsAg due to repeated exposure to low titre HBsAg contaminated blood products. None of the hemophiliacs had clinically manifest or biochemical liver disease despite higher HBsAg rate and low protective antibody level. Thus, these people behave as asymptomatic HBsAg carriers. Analysis of eunuchs for HBV markers indicated them to be similar to healthy persons.

In conclusion, though hemophiliacs and eunuchs are at high risk, at least eunuchs do not seem to contract HBV infection at higher rates.

Department of Gastroenterology and Clinical Immunology, All India Institute of Medical Sciences, New Delhi 110 029

M. Irshad, Y.N. Singh

References

Intestinal Malrotation in Adults

Sir,

We read with interest the report by Garg et al1 on this subject. Our experience suggests that this pathology may not be rare. Over a 6-year period in our institution, we diagnosed malrotation on barium studies in 10 adult patients (5 males, 5 females; aged 19-62 years, mean 37). Five of them had nonrotation; incomplete forms of rotation including absence of cecal fixation was present in the other five. All patients had had chronic abdominal pain; two patients presented with subacute intestinal obstruction, while acute right and left iliac fossa pain was present in one each.

The chronic abdominal pain may most likely have been a result of drag on the mesentry. The patients with iliac fossa pain benefited from appropriate appendicectomies. Patients with intestinal obstruction were managed conservatively. We could not establish any correlation between the age of presentation, degree and type of malrotation, symptomatology and clinical outcome.

Department of Radiology, Prema Shah, E.M. Hospital, Baroda 400 012

Reference
Reply from the Author

Sir,

The Radiology department in any institution is the final common pathway in establishing the diagnosis of intestinal malrotation; obviously, radiologists are more likely to see such cases.

Mobile omentum, which is not an uncommon entity, is a form of malrotation in strict embryological terms, but by convention it is not included in descriptions of intestinal malrotation.

Although during exploration of cases of intestinal malrotation, a routine appendectomy is carried out almost invariably, it is only a presumption that the appendix is the cause of pain. Only histopathology of the excised appendix can confirm this.

687/27 Gop Medical Crossing
Model Town
Bhopal 462 011.

Pradeep Garg

Scoring System for Portal Hypertension

Sir,

I read with interest the article on the use of a scoring system to differentiate between cirrhotic and non-cirrhotic portal hypertension.1 The authors have not referred to our previous work on this subject, including two articles published in this journal in 1984,2,3 and two published elsewhere.4,5

Dove Matha Hospital
Kottakkal 685 662
Kerala

A. Koshiv

References


Reply from the Authors

Sir,

Dr Koshiv and colleagues should be credited with probably the earliest attempt to differentiate cirrhotic, portal venous obstruction and non-cirrhotic portal fibrosis on clinical and biochemical data. While we had inadvertently omitted reference to their publications on this subject, the method used by them (discriminant function analysis) was referred to by us, and in more details by the editorial accompanying our article. Their work, in fact, confirmed what was stated in our article and the editorial, that though discriminant function analysis is a reliable method for such an attempt, it is not user-friendly even after the model has been developed. In that respect, the simple scoring system we have devised is much easier to use by a non-mathematical clinician.

Indian J Gastroenterol 1991; 10: 82-5.

References