Moderate Thanks for "Corrections" by Copy Editor

To the Editor.—An error crept into the authorial attributions printed for our abstract, "Cost Implications of Sampling Strategies for Prostatic Transurethral Resection Specimens: Analysis of 549 Cases" (Am J Clin Pathol 1986; 85:382). "Richard L. Roudebush" is the retired congressman and administrator of the Veterans Administration after whom our VA Medical Center is named. Mr. Roudebush was not in any way responsible for the content or form of the paper. Since his name was set in the same type as mine and Dr. Tejada’s rather than in italics, I assume that the typesetter missed these points. It also seems likely that the computer bibliography services may perpetuate the error unless there is some way to help them get it straight.

I do not have a clear idea of what can be done about this small error, but, for the sake of accuracy, I wished to bring it to your attention.

JOHN N. EBLE, M.D.
Associate Professor of Pathology and of Experimental Oncology
Chief, Laboratory Service at the Roudebush VAMC
Indianapolis, Indiana

Need for Proper Controls for Touch Imprints of Spleens

To the Editor.—Hassan and Neiman (The pathology of the spleen in steroid-treated immune thrombocytopenic purpura. Am J Clin Pathol 1985; 84:433–438) compared their observations on spleens removed in immune thrombocytopenic purpura (ITP) with the descriptions from the literature; the touch imprints of their 17 ITP specimens were compared with touch imprints of 25 spleens removed for various reasons, such as traumatic rupture. In our study on approximately 400 methacrylate-embedded splenectomy specimens (including 51 ITP spleens), we stressed the need for proper controls and we have demonstrated that, for example, traumatically ruptured spleens may not be used as valid controls.

The authors state that they describe a steroid effect on the spleen, as their findings were different from those in the literature, which deals mainly with ITP in children. We have demonstrated that the number of germinal centers decreases after 20 years of age, regardless of the indication for splenectomy. In the authors’ series, 15 of 17 patients were over 20 years of age. The conclusions of the authors on the effect of steroids on the spleen is therefore unsupported because of lack of proper controls and insufficient knowledge about the age effect on the composition of the lymphoid tissue in the human spleen.

J. H. J. M. VAN KRIEKEN, M.D.
J. TE VELDE, M.D., PH.D.
Department of Pathology

University Medical Centre
Leiden, Netherlands

References

The Authors’ Reply

To the Editor.—We appreciate the comments of Dr. van Krieken and Dr. te Velde regarding our paper. We certainly agree with them concerning the variations in the composition of lymphoid tissue in the spleen with age and are aware of their work in the field. We are also aware of the pitfalls of using traumatically ruptured spleens as controls. That is why most of our controls were uninvolved, normal-appearing spleens from staging laparotomies in patients with Hodgkin’s disease. Moreover, although we did not specifically state so in our paper, the ruptured spleen controls used were sections obtained at the greatest possible distance from the site of rupture, and only areas of spleen that appeared grossly normal. In cases where the splenic rupture was extensive, the spleen was not used as a control.

We would take issue with the comments of Dr. van Krieken and Dr. te Velde regarding the descriptions of immune thrombocytopenic purpura (ITP) in the literature. Pathology texts such as Robbins and Cotran describe follicular hyperplasia as characteristic of chronic ITP, and McMillan’s work indicates the same. It is not true that most of the cases we quoted came from children, who usually have acute ITP and whose spleens are usually not removed because of their self-limited disease and the additional risks of fulmi-