

## Correspondence

### Pain, blood loss, and death from leaking abdominal aortic aneurysms

Anthony *et al* postulate that factors other than the volume of blood loss may play an important role in the pathogenesis of the circulatory collapse which accompanies a ruptured aortic aneurysm.<sup>1</sup> This may well be so; but I would make the following points about their paper:

- 1 The leakage of blood into the retroperitoneal space is accompanied by a marked acute inflammatory reaction. The mediators of this reaction have widespread systemic effects.
- 2 The shock which accompanies leaking aneurysms is associated with marked pulmonary congestion, and often by early "shock lung", both of which will potentiate the effect of any loss of circulating blood volume.
- 3 The control group presumably included many sudden deaths due to heart disease. The fact that there was no difference between the hearts in the study group and the control group may well only be a reflection of the fact that there is a lot of severe heart disease about!

C G B SIMPSON  
Consultant Histopathologist,  
Ysbyty Cyffredinol Bronglais,  
Bronglais General Hospital,  
Aberystwyth, Dyfed SY23 1ER

- 1 Anthony PP, Clarke T, Sarsfield P. Pain, blood loss, and death from leaking abdominal aortic aneurysms. *J Clin Pathol* 1994; 47:272-3.

#### Professor Anthony comments:

The points made by Dr Simpson are interesting but no documented evidence is offered from the literature to support them. Our study did not reveal a substantial inflammatory component in response to the presence of blood in the retroperitoneal space, pulmonary congestion was acute, and morphologically severe heart disease was not present in all cases: 15 of 25 had coronary artery stenosis of more than 80%. Death, however, was sudden and occurred within minutes to hours of the onset of symptoms. None of the patients survived beyond admission to the Accident and Emergency Department. These circumstances do not indicate a complicated sequence of events building up over a period of time, nor is it true that it is just a case of there being "a lot of severe heart disease about". Patients who survive "ruptured" or "non-ruptured" abdominal aortic aneurysms after surgical repair do not have a reduced life expectancy when compared with the general population.

## Book review

**Heterogeneity of Cancer Cells.** Ed M D'Incalci, A Mantovani, S Garattini. Sero Symposia Publications from Raven Press Vol 95. (Pp 154; \$113.50.) Raven Press 1993. ISBN 0-88167-907-0.

This short monograph, published in the Sero Symposia series, reports the proceedings of an International Symposium on Heterogeneity of Cancer Cells held in June 1992 in Milan. A relatively large proportion of the authors are from Italy. As the title implies, the topics concern cell biological and immunological laboratory studies, many in relation to pharmacology, although the final contribution discusses heterogeneity of tumours as a clinical management problem. There are presentations on cell adhesion mechanisms, tumour vasculature and stroma, drug resistance, tumour associated leucocytes, antigen expression, tumour progression in melanoma, growth factor receptors in metastasis, and oncogenes, plus a short index. The articles are all fairly short and vary, as usual, from short reviews to reports of single experiments, but each has a comprehensive bibliography, up to 1992 in some cases. Trivially, but unusually, the formatting of references varies between papers. The book is otherwise well produced, and has appeared reasonably soon after the meeting, but it is rather expensive. It should be of interest to workers in experimental tumour pathology and related fields.

C FISHER

## Notices

### The Section of Pathology Glycation, Glycosylation and Disease

Tuesday 4 October 1994

#### Programme

Glycated proteins and diabetes *Dr E Lester, North Middlesex Hospital, London.*

The carbohydrate-deficient glycoprotein syndromes: new inborn errors. Clinical and laboratory aspects *Dr G Keir, Department of Biochemistry, Institute of Neurology, London*

Carbohydrate-deficient transferrin as a marker of alcohol misuse *Dr S B Rosalki and Dr A Y Foo, London*

Carbohydrate and protein interaction in inflammation and host defence *Dr Ten Feizi, Cancer Research Campaign, London*

Glycosylation and tumour markers *G A Turner, Department of Clinical Biochemistry, University of Newcastle upon Tyne*

Aberrant glycosylation in cancer: potential for immunotherapy *Dr Joy Burchill, Imperial Cancer Research Fund, London*

For further information contact: Miss Claire Cheesman, The Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. Tel: 071 290 2900. Fax: 071 290 2989.

### A Residential Course in Histopathology

22-27 January 1995

Oak Hotel, Brighton, UK

This intensive residential course is part of a three year cycle aimed at providing comprehensive preparation for the MRCPPath examination in histopathology, but is equally suitable for consultants wishing to keep informed of recent developments. The course is suitable for 25 cognate points for CME. The programme includes microscopy sessions, discussions, and formal presentations. Registrants will receive a box of 100 stained sections to take away. A mock MRCPPath examination is included to give feedback on individual progress.

Speakers include Dr M Boyle (Cytopathology); Professor H Fox (Gynaecological pathology); Dr C Fletcher (Soft tissue pathology); Dr A Hanby (Molecular techniques in diagnosis); Dr N Kirkham (Dermatopathology); Dr C Parkinson (Prostatic pathology); Dr G Stamp (Pancreatic pathology); Professor W Whimster (Pulmonary pathology and morphometry); Dr A Wotherspoon (Lymphoma pathology).

The course fee of £490 includes accommodation and the slide box.

Details from Dr N Kirkham, P.O. Box 334, Histopathology Department, Royal Sussex County Hospital, Brighton BN2 5BG. Tel: 0273 664501. Fax: 0273 600182.

### Dermatopathology Update UMDS St Thomas's Campus, London

Friday 27 January 1995

For further details and programme please contact:

Dr P H McKee, Department of Histopathology, St Thomas's Hospital, London SE1 7EH. Tel: 071 929 9292 (ext: 2039). Fax: 071 401 3661.

### Correction

Fairley I, Wilson J. Herpes hepatitis in pregnancy (letter). *J Clin Pathol* 1994;47:478. The references for the comment by Drs Fink and Read on the above letter were not included with the original manuscript on arrival at this office. The full reference list appears below.

- 1 Fink CG, Read SJ, Hopkin J, Peto T, Gould S, Kurtz JB. Acute herpes hepatitis in pregnancy. *J Clin Pathol* 1993;46:968-71.
- 2 McFarlane JHT. Pneumonia. *Medicine International* 1991;90:3732-9.
- 3 Prober CG, Arvin AM. Genital herpes and the pregnant woman. In: *Current Clinical Topics in Infectious Diseases*. Saunders, 1989.
- 4 Read SJ. HSV sequences in buffy coat preparations found by PCR in a group of patients with post viral syndrome. 1994. (Unpublished observations.)
- 5 Mertz GJ, Schmidt O, Jourden JL, Guinan ME, Remington ML, Fahnlander A, *et al*. Frequency of acquisition of first-episode genital infection with HSV from symptomatic and asymptomatic source contacts. *Sex Transm Dis* 1985;12:33-9.
- 6 Whitley RJ, Corey L, Arvin A, Lakeman FD, Sumaya CV, Wright PF, *et al*. Changing presentation of herpes simplex virus infection in neonates. *J Infect Dis* 1988;158:109-16.