To the editor — Aan die redakteur

Detection of BVD/MD

I read the recent publication on detection of BDV/MD with a great interest. Njiro et al. concluded that ‘The IHC procedure located BVD/MD viral antigen in a wide variety of foetal tissues including cerebral cortical neurons, the pseudo-stratified columnar epithelial cells lining the bronchi, alveolar lining cells and alveolar macrophages, hepatocytes, renal tubular lining cells and the Purkinje fibres in the myocardium.’

I agree that this IHC can be a good diagnostic test. However, there are some points of concern. First, the importance of quality control in specimen preparation (preanalytical phase) and the analytical procedure should be noted. A problem with quality can be expected in any IHC procedure. Second, the number of subjects in this work are few, hence this might lead to limitations in the assessment of sensitivity and specificity of the test. Furthermore, comparative studies with other techniques such as microbiological tests might be useful.

References


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A reply to Wiwanitkit

The quote in Prof. Wiwanitkit’s letter is from the abstract rather than from the full text paper. The full text paper does deal with the enhancement of antigen retrieval, using both microwaving and enzyme (trypsin) treatment of the sections. In addition, steps to block endogenous peroxidase activity prior to incubation with the primary antibody are elucidated.

I believe this is what is meant by ‘specimen preparation (preanalytical phase)’. There is also a clear description of measures taken to ensure specificity of the immunoperoxidase staining reaction. But the comments are well taken and due attention will, of course, be paid to the points raised when the test is developed for routine testing of samples.

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