LETTERS

Trend of hepatitis B virus infection in southern Indian blood donors

The prevalence of hepatitis B surface antigen (HBsAg) carriers among voluntary and replacement blood donors in different parts of India has ranged from 1.1% to 3.1%.1-6 It has been reported that, over the last decade, the HBV carrier rate in India has not changed.7 We studied the prevalence of HBsAg positivity among 163,738 blood donors over a period of 13 years from April 1986 to March 1999, screened at the Dr John Scudder Memorial blood bank of our institute. Most of the donors were from southern India, and more than 90% were men and replacement donors. Professional donors were not included. HBsAg was tested by CIE/RPHA and subsequently by Auszyme Monoclonal (Abbott Laboratories, USA), a 3rd generation ELISA kit.

HBsAg positivity was found in 4058 donors (2.5%). We analyzed this data separating it into three periods, i.e., 1986–90 (n=49,890), 1991–94 (56,467) and 1995–99 (57,381). There was no increase in HBV carrier rate, and its prevalence over these periods was 2.5% (n=1224), 2.6% (1473) and 2.4% (1536), respectively.

Since non-professional donors reflect a cross-section of society, we conclude that the prevalence of HBsAg carriers in the southern Indian population is 2.5%, and has been static over the last 13 years.

P K Das, V K Harris, B Shoma, Y N Bose, S Annie
Department of Clinical Pathology and Blood Bank, Christian Medical College and Hospital, Vellore 632 004

References

Correspondence to: Dr Harris. E-mail: rich@cmcvellore.ac.in

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Tc-99m sucralate scintigraphy in ulcerative colitis

Determining the extent of disease in ulcerative colitis usually requires radiographic or endoscopic investigations. Radionuclide procedures like granulocyte scintigraphy have also proved valuable but have their own disadvantages.1 Tc-99m sucralate scintigraphy has been employed to assess ulcerative colitis and Crohn’s disease.2

We studied 10 subjects (mean age 46 years; 7 men), including 5 patients with ulcerative panceolitis and 5 healthy volunteers. The volunteers were given 2 tablets of bisacodyl the night before. After overnight fast, the subjects drank 1 g sucralate containing 4.5-5.5 mCi Tc-99m suspended in 10 mL water,3 followed by 400 mL water with 10 mg metoclopramide. Scans were obtained at 2, 4, 6 and 24 h and were interpreted by a physician blinded to the clinical status. This study was approved by the ethics committee and informed consent was obtained from all participants.

In the healthy volunteers as well as patients, Tc-99m activity was seen in the stomach and small intestine between 2 and 6 h, and in the colon by 6 h. At 24 h, there was no radiotracer in 3 volunteers; one had radioactivity in the cecum and another in the left colon. In the patients, 4 showed radiotracer throughout the colon at 24 h while in one only the cecum was outlined.

There have been conflicting results reported with the use of Tc-99m sucralate to assess inflammatory bowel disease.4-6 We found retention of radioactivity throughout the colon in 4 of 5 patients at 24 h; 3 of 5 healthy volunteers had cleared the colon of radioactivity by this time. We believe that this test should be evaluated for assessing inflammatory bowel disease.

Rakesh Kumar, Ritesh Gupta, Atul Marwah, Anil Pandey, Arun Malhotra
Department of Nuclear Medicine, All India Institute of Medical Sciences, New Delhi

References

Correspondence to: Dr Kumar. Fax: (11) 686 2663. E-mail: rkphula@hotmail.com

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