71 ACUTE RENAL FAILURE AND HAEMOLYTIC ANAEMIA FOLLOWING PNEUMOCOCCAL INFECTION M.E. McGraw, R.F. Stevens, R.J. Postlethwaite,

M. Lendon Royal Manchester Children's Hospital, Hospital Road, Pendlebury, M27 1HA

We present two cases of acute renal failure associated with a microangiopathic haemolytic anaemia following pneumococcal infections. In both children there was evidence of red cell T-poly-agglutinability (being manifest initially as discrepant A80 blood grouping). In one child pneumococci were isolated from the blood whilst in the other there was antigenic evidence of a recent pneumococci infection. Both children had a period of oliguric renal failure requiring dialysis. Prostaglandin metabolism was shown to be normal in both children. Renal biopsy in one case showed evidence of exposure of the T antigen on the renal glomeruli, tubules and red cell casts. Pneumococci are known to produce the enzyme neuraminidase which has been implicated in T-activation. We suggest that T-activation following pneumococcal infection should be included in the spectrum of the Haemolytic Urgemic Syndrome. We present two cases of acute renal failure spectrum of the Haemolytic Uraemic Syndrome.

72 Hemosiderin-laden macrophages in the interstitial tissue of the lung of sudden infant death cases - a mark of previous 'reservniss' events? SISANT, F.J. FANGETT and W. JACOESON* (Histopathology Department, District Hospital, Peterborough FE3 60A, and "Department of Paediatrics, University of Cambridge, Addenbrocke's Hospital, Cambridge CE2 200). In a series of 24 consecutive cases of Sudden Infant Death Syndrome (UTD) the user of 10 information of Carl of the manifestion Liden

(SIDS) the lungs of 10 infants showed foci of haemosiderin-laden macrophages in the interstitial and subpleural tissue without macrophages in the interstitial and subjeural tissue without extravasated red cells nearby, indicating that petechial heamorrhages had occurred at some time prior to the last and fatal event. These lungs were free from inflammatory changes and therefore can be considered to be true cases of SIDS. In contrast the lungs of 11 infants showed inflammatory changes including bronchiolitis and interstitial pneumonia. The remaining 3 infants showed both inflammatory changes and interstitial heamotiderin in macrophages without red cells in the proximity. Fresh petechiae and alveolar heamorrhage sometimes with heamotiderin-laden macrophages are seen in all groups. It is suzgested that in true SIDS the lungs are not in all groups. It is suggested that in true SIDS the lungs are not only free from inflammatory changes, but also show signs of previous events causing petechial haemorrhages, for example near-miss episodes. Haemosiderin-containing macrophages in the interstitium, without free red cells nearby may be the mark of such an event.

FOETAL PULMONARY LYMPHANGIECTASIS D. GAILLARD, N. MULLIEZ* Laboratoire Pol BOUIN. C.H.U. 51092 REIMS 73 edex -France *C.H.U. Saint-Antoine PARIS -France-

Less than 70 cases of congenital pulmonary lymphangiectasis in neonates are reported in the literature. Half of them are stillborn, however to our knowledge no such foetal cases have yet been reported. The occurrence of these lesions in 2nd term gestation and the absence of valves, would indicate that this disease is probably a mal-formation and not an acquired lesion. We report here formation and not an acquired lesion. We report here 5 new cases of pulmonary lymphangiectasis with the classical microcystic honeycomb appearance on cut section. 3 of them are isolated pulmonary lymphangiectasis from 20 and 22 week old spontaneous abortions and a 31 week old male stillborn, with no cardiopathy, no pleural effusion, no lymph node hypertrophy. 2 other cases may be a part of hydrops foetalis with no erythroblastosis : one is a 31 week old still born boy, the other is a 24 week old male twin foetus with placental vascular anastomoses, presenting a cystic adenomatoid malformation of the elastic network appears normal. Except the last case Factor VIII staining using the immunoperoxydase method reveals' no Factor VIII related antigen in cystic lymphatic vascular endothelial cells.

Identification of Rectal Ganglion Cells using Monoclonal 74 Antibodies.

D.J. Reen, Catherine Scallen and P. Puri. Children's Research Centre, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12.

Many histopathologists are relunctant to make a diagnosis of provide the set of the scamed before absence of garglion cells is indicative of agarglion-osis and the relative difficulty of accurate identification of submucceal garglia. The aim of this study was to produce a garglion cell specific monoclonal antibody that could be used as a reliable marker for the detection of ganglion cells in suction rectal biopsy specimens. Balb/c mice were immunised with human lumbar sympathetic specimers. Delloying fixed were embranced with the induce symptotectum genglia. Rolloying fixed on of mouse spleen cells with SQ myelona cells, 704 hybrodynes were produced with 67 producing nonspecific antibodies and 4 hybridynes producing genglian cell specific anno-cloral antibody. All 4 hybridynes were re-cloned twice by limiting dilution and cells were stored in liquid nitrogen. One clone (F7) which gave the highest titre was subsequently passaged in mice to produce high titre ascites fluid monoclonal antibody. This antibody produce high titre excites fluid monocloral antibody. This antibody reacted with rectal agarglion cells from dag, reboilt and pig as well as from humans but was completely negative with a wide range of other human and animal tissues. Using indirect immunofluorescence this antibody stained brightly all ganglion cells in specimens of ganglionic bowel but was negative when reacted with rectal tissue from three patients with Hirschapung's disease tested so far. This method provides a new and easy approach for the identification of ganglion cells in rectal biopsies in suspected cases of Hirschapung's dimense

75 THE ROLE OF LUNG DEVELOPMENT IN AGE RELATED SUSCEPTIBILITY OF FERRETS TO INFLUENZA VIRUS D.M. COATES, R.H. HUSSEINI, D.I. RUSHTON*, C. SWEET, H. SMITH.

Department of Microbiology and Pathology, University of Birmingham, PO Box 363, Birmingham B15 2TT. Earlier studies of the effects of influenza virus on the

ferret have shown:

ferret have shown: (i) intranasal inoculation of neonatal ferrets is universally fatal, whereas in 15 day old suckling or adult animals recovery is the rule. (ii) a proportion of the infected neonatal ferrets succumb with pathological evidence of an upper respir-atory tract infection but no parenchymal lesions in the lungs, a finding analogous to that in a proportion of human sudden infant deaths (SIDS). (iii) organ cultures of neonatal ferret lung are more susceptible than adult lung and ciliated epithelium is more susceptible than alveolar epithelium to influenza virus.

That these differences in survival might be related to changes in the structure of the lung associated with growth was investigated by morphometric techniques. These demonstrated:

that the ratio of ciliated to alveolar epithelium (i) halved between birth and 15 days and halved again with the attainment of adulthood. (ii) that the size of the bronchi and bronchioles but

(ii) that the size of the bronchi and bronchioles but not their number increased during the same period. The possible significance of these findings is discussed both in relation to the ferret and human neonate and infant.