ACUTE RENAL FAILURE AND HAEMOLYTIC ANAEMIA 71 FOLLOWING PNEUMOCOCCAL INFECTION M.E. McGraw, R.F. Stevens, R.J. Postlethwaite, M. Lendon Royal Manchester Children's Hospital, Hospital Road,

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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 call 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 pneumococcal infection. Both children had a period of oliguric renal fallure reduction dialysis. Prostalandin metabolism was requiring dialysis. Prostaglandin metabolism was shown to be normal in both children. Renal biopsy in shown to be normal in both children. Again 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 Uraemic Syndrome.

72 Hemosiderin-laden macrophages in the interstitial tissue of the lung of sudden infant death cases - a mark of previous 'near-miss' events' SUSAN SIDENART, F.J.FANCEIT and W. JACOSON* (Histopathology Department, District Hospital, Peterborough FE3 60A, and "Department of Reditatrics, University of Cambridge, Addenbrooke's Hospital, Cambridge CB2 200). In a series of 24 consecutive cases of Sudden Infant Death Syndrome (SIDE) the lungs of 10 infants showed foci of haemosiderin-laden macrophages in the interstitial and schularen Linea without

(SIDE) the lungs of 10 infants showed foci of haemosiderin-laden macrophages in the interstitial and subpleven lissue without extravasated red cells nearby, indicating that petechial haemorrhages 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 SIDE. In contrast the lungs of 11 infants showed inflammatory changes including bronchiolitis and interstitial preumonia. The remaining 3 infants showed both inflammatory changes and interstitial haemosiderin in macrophages without not cells in the provintiu. Event predeviae and lavelar without red cells in the proximity. Fresh peterhiae and alveolar haemorrhage sometimes with haemosiderin-laden marcophages are seen 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 Cedex. France-*C.H.U. Saint-Antoine PARIS -France-73

Less than 70 cases of congenital pulmonary lymphangiec-tasis 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 5 new cases of pulmonary lymphangiectasis with the classi-cal 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 left inferior lobe. In all cases the development 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. vascular endothelial cells.

Identification of Rectal Ganglion Cells using Monoclonal 14 Antibodies. D.J. Reen, Catherine Scallen and P. Puri.

rch Centre, Our Lady's Hospital for Sick Children, Children's Crumlin, Dublin 12.

Many histopathologists are relunctant to make a diagnosis of Hirschsprung's disease on the basis of suction rectal biopsies, mirsonspring's missesse on the tasks of subtain feath interact interacts possibly due both to doubt as to the anount of submucoss that must be scanned before absence of ganglion cells is indicative of aganglion-osis and the relative difficulty of accurate identification of submucosal ganglia. The aim of this study was to produce a ganglion cell specific monoclanal attbody that could be used as a reliable Cell specific monotorial articlety that could be used as a fermane marker for the detection of ganglion cells in suction rectal biopsy specimers. Balb/c mice were immunised with human lumbar sympathetic ganglia. Following fusion of mouse spleen cells with Sp2 myelona cells, 704 hybrodomas were produced with 67 producing nonspecific antibodies and 4 hybridonas producing ganglion cell specific mono-cloral antibody. All 4 hybridonas were re-clored tack 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 protect and in rectal graphics fully information and the second structure of the second secon articlogy scaled ungity all gaging constants in specimes of ganglinic lowel but was negative when reacted with rectal tissue from three patients with Hirschsprung's disease tested so far. This method provides a new and easy approach for the identification of ganglin cells in rectal biopsies in suspected cases of Hirschsprung's disease.

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.

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: (i) intranasal inoculation of neonatal ferrets is

(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

(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:

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