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Letter to the Editor

Anti-HIV-1 antibody detection in urine

Dear Editor,

I read with interest the article “Usefulness of enzyme immunoassay (EIA) for screening of anti HIV antibodies in urinary specimens: A comparative analysis” by Sahni et al published in *Med J Armed Forces India* 2014; 70:211–214.¹ The study highlights the importance of non-invasive testing for HIV-1 with good sensitivity and specificity, this being relevant, especially for developing countries with resource limitations. Having gone through the article I would like to add the following:

Connell et al reported 99.4% positivity in 158 urine specimens from seropositive subjects by rapid IgG-capture enzyme linked immunosorbent assay (GACELISA).² The utility of rapid HIV-1 test, used to detect antibodies to HIV-1 in urine, was reiterated by Constantine et al.³ Further to this, Yoshihara et al assayed urine samples from 11 institutes in Japan to examine the clinical utility of anti-HIV antibody detection kit by enzyme immunoassay method, and reported 100% diagnostic sensitivity for HIV infection with no false negative cases in urine samples from 233 HIV infected study patients.⁴ Taye et al, on comparing the results obtained with a golden standard (HIV test algorithm), reported a sensitivity and specificity of urine EIA test kit as 99.5% and 98.3%, respectively, thus, once again highlighting, the utility of urine test as an alternative method for HIV antibody detection, with greater patient acceptance to give urine samples than serum or whole blood test. In India, Nag et al demonstrated in 65 individuals with unknown HIV status that the urine EIA test was 100% sensitivity and 88.8 % specificity.⁵

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Reply

Dear Editor,

I would like to thank the learned reader for the points brought out by him which has once again confirmed the facts as far as the sensitivity and specificity of the Urine ELISA test found in this present study as compared vis a vis with other international

studies published so far on the subject as highlighted in his comments. In addition we would also like to highlight the fact that Urine ELISA being a non invasive technique offers higher safety to the health care and laboratory worker besides being a simple test which offers ease in sample collection and testing.

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Letter to the Editor

Efficacy of contrast grey scale ultrasound in characterization of hepatic focal lesions

Dear Editor,

I read with considerable interest the article “Efficacy of contrast enhanced grey scale ultrasound in characterization of hepatic focal lesions: A pilot study” by Joshi et al in MJAFI 2014; 70: 230–236.¹ Having gone through the article I have the following comments/queries:

- (a) CEUS has the ability to show the continuous change in the intralesional hemodynamics as the contrast is in the blood pool phase while CECT images are acquired in the three timed phases with no images in the intervening period.
- (b) What was the efficacy of CEUS in the detection of small lesions (less than one cm) as compared with CECT, as in some studies CEUS has been compared favorably with CECT?²
- (c) It would be helpful to know from the authors if a second bolus was required in case of multiple lesions in liver as has been indicated in the multicenter study by Trillaud et al and Jang et al.^{3,4}
- (d) Lastly although the authors have concluded CEUS to be inferior to CECT which is in contrast to study by Trillaud et al, I feel CEUS is here to stay because of the advantages of lack of radiation, contrast reactions, its use even in the case of uremic patients and newer refinements like pulse inversion imaging.³

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Reply

Dear Editor,

On behalf of the authors, I thank the reader for the interest shown in our article.¹ We are grateful for the comments.

The aim of the study was to determine the role of contrast enhanced ultrasound (CEUS) in characterisation of hepatic focal lesions. The study design was such that patients selected were those in whom focal liver lesions had already been detected by grey scale ultrasound. Therefore we could not

offer any opinion regarding the efficacy of CEUS in the detection of hepatic focal lesions, regardless of the size.

Trillaud et al. used a second bolus primarily for detection of additional lesions.² As our study was limited to characterisation of focal lesions already detected by grey scale ultrasound, we did not employ the second bolus.

We agree with the readers that CEUS is likely to play an increased role in diagnostic imaging and have indicated as