Correspondence

GUILLAIN-BARRE SYNDROME AND IDIOPATHIC THROMBOCYTOPENIC PURPURA

To the Editor:

We report the case of a 3 year-old girl with Guillain-Barré syndrome and idiopathic thrombocytopenic purpura.

She was admitted to the Children's Hospital of Tunis because she suddenly developed, some days after an upper respiratory tract infection, bilateral and symmetric weakness of the lower limbs. During the first week, she suffered from abdominal muscle weakness with moderate respiratory insufficiency and became unable to walk or stand without support. The clinical evaluation revealed a hypotonic paraplegia with total absence of the deep tendon reflexes. The CSF contained 60 mg% of protein with normal cell count. After ten days of evolution, she was noted to have fever and extensive purpuric spots. The full blood cell analysis and the bone marrow film confirmed a diagnosis of idiopathic thrombocytopenic purpura.

This observation suggests the possibility that the same antibody may be directed against platelets and one of the main proteins of the peripheral nerves, and could be responsible for the two diseases. Platelet antibody assays could be performed in all cases of Guillain-Barré and idiopathic thrombopenic purpura. Immunological studies of peripheral nerve, using platelet antibody may be useful to verify whether this antibody is directed against the nerve.

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HTLV-1 ASSOCIATED MYELOPATHY IN CHILE

To the Editor:

Power et al (Can J Neurol Sci 1989; 16: 330-335), described six cases of HTLV-1 associated myelopathy in Canada. One of the patients is a Chilean woman and they claimed that Tropical Spastic Paraparesis (TSP) has not yet been described in Chile. In 1988 we reported that HTLV-1 may be associated with myelopathy in Chile.[1] Also the clinical and pathological picture of progressive spastic paraparesis (PSP) has been described.[2-5] Up to now we have collected 52 patients with PSP. Twenty-three patients (44.2%) had IgG antibodies against this virus in serum and CSF using ELISA and Western inmunoblot.

In Chile this entity affects whites, women more often (78.3%), who are middle-aged (mean 45.8 years), with a history of surgical interventions (69.6%) and blood transfusion (34.8%). The basic clinical characteristics were a slowly progressive spastic paraparesis, with an asymmetric onset and minimal sensory complaints in some cases. The duration of the disease is at present an average of 7.48 years (range: 1 to 22 years). The main laboratory findings have been a mononuclear pleocytosis in CSF in 34.8% of patients, an abnormal increase of IgG index in 88.2%, and abnormal somatosensory evoked potential in 89.5% with a delayed latency and very low amplitude. Also, four patients presented thinning of the dorsal spinal cord on magnetic resonance imaging and/or myelography. Twenty-three relatives out of 13 positive cases were screened for antibodies against HTLV-1 in serum (ELISA and Western Blot). Three were positive.

Recently, Vasquez et al found a seropositivity of 1.67% in 954 blood donors in Hospital del Salvador, Santiago, (unpublished data, VI Congreso Chileno de Infectologia, Octobre, 1989). These findings support an endemic prevalence of HTLV-1 in Chile, a non-tropical region, thus widening its geographical distribution in the world.

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PREOPERATIVE HYPERTENSION DOES PREDICT POST-CAROTID ENDARTERECTOMY HYPERTENSION

To the Editor:

We read with interest the recent case report by Drs. Shuaib, Hunter and Anderson describing a patient who experienced multiple intracranial hemorrhages following carotid endarterectomy (CEA).[1] These authors report that post-CEA hypertension may be a risk factor for post-CEA hemorrhage. They also suggest that post-CEA hypertension cannot be predicted since it has no relationship to preoperative blood pressure. We, however, believe that the preponderance of current evidence supports the

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