


Web Access to the American Society of Hematology Slide Bank

To the Editor:

The third edition of the American Society of Hematology (ASH) Slide Bank contains well over 5,000 hematopathologic images of great use to hematology educators and trainees. The University of Washington Health Sciences Center for Educational Resources (http://cer.hs.washington.edu/hscer) serves as the Slide Bank archivist and agent. From them, images and image sets can be purchased in various forms. The images originally were available only as 35-mm slides, but subsequently were made available on laser videodisc and CD-ROM media. When used in a program serving many trainees, these products have several drawbacks, including: (1) the requirement for the user to physically possess the media to see the images, and (2) the risk of loss of, or damage to, the media through repeated handling by various users. (Loss is the most common.) As director of my institution’s hematology training program, I was interested in improving faculty and trainee access to the Slide Bank while reducing the risk for media damage or loss. Other collections of medical images have been made available through the web successfully for several years now. I sought to construct a web interface to the Slide Bank CD-ROM.

With materials and funding support from Microsoft and Ortho Biotech, respectively, in January 1998 I purchased for my train-
Evidence Against a Direct Role Played by Transfusion-Transmitted Virus Infection in Causing Hepatic or Hematologic Manifestations

To the Editor:

Transfusion-transmitted virus (TTV) is a newly described nonenveloped, single-stranded DNA virus, recently detected with high prevalence in Japanese patients with fulminant hepatitis and chronic liver disease of unknown origin.1 Having a high buoyant density (1.26 g/mL) and a single-stranded DNA genome of at least 3,700 bases, 2 TTV resembles the Parvoviridae. It could be argued that, in analogy to Parvovirus B19, which has a remarkable tropism for human erythroid progenitor cells, TTV-infected hosts may have hematologic manifestations, including anemia, leukopenia, or thrombocytopenia.3 However, whether TTV has any role in causing hepatic and/or hematologic diseases remains an unsettled issue. Here we report the results of searching for TTV DNA in fasting serum samples collected from 250 subjects, belonging to the following four categories: patients with chronic liver disease (N = 49), patients with coagulopathy (N = 34), intravenous drug users (N = 50), and nonremunerated blood donors (N = 117). TTV DNA sequences, determined by polymerase chain reaction (PCR),4 were detected in 4 of 117 (3.4%) healthy blood donors and 15 of 133 (11.3%) patients (P = .019). The prevalence of TTV DNA seropositivity was similar in the three groups of patients, being 4 of 34 (11.8%) in patients with coagulopathy, 5 of 50 (10.0%) in intravenous drug users, and 6 of 49 (12.2%) in patients with chronic liver disease (P = .935). There were no significant differences between TTV DNA+ and TTV DNA− subjects with regard to age (41.7 ± 17.8 vs 39.1 ± 14.1 years, mean ± SD; P = .535) and gender distribution (male/female ratio 13/6 vs 78/153; P = .846).

| Table 1. Association Between TTV Infection and Serologic Markers of Hepatitis Viruses in the Studied Groups |
|---------------------------------------------------------------|----------|----------|----------|-----------|

<table>
<thead>
<tr>
<th></th>
<th>HAVAb+</th>
<th>HBcAb+</th>
<th>HCVAb+</th>
<th>HGV RNA+</th>
<th>Any of the Preceding Markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood donors (N = 4)</td>
<td>1/4</td>
<td>0/4</td>
<td>0/4</td>
<td>1/4</td>
<td>2/4</td>
</tr>
<tr>
<td>Patients with coagulopathy (N = 4)</td>
<td>NT</td>
<td>2/4</td>
<td>4/4</td>
<td>0/4</td>
<td>4/4</td>
</tr>
<tr>
<td>Intravenous drug users (N = 5)</td>
<td>NT</td>
<td>1/5</td>
<td>3/5</td>
<td>2/5</td>
<td>4/5</td>
</tr>
<tr>
<td>Chronic liver disease (N = 6)</td>
<td>4/6</td>
<td>1/6</td>
<td>5/6</td>
<td>1/6</td>
<td>6/6</td>
</tr>
</tbody>
</table>

Abbreviations: HBcAb, anti–hepatitis B core antibody; HCVAb, anti–hepatitis C virus antibody; HGV, hepatitis G virus; NT, not tested.
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