syndrome who might need artificial ventilation per year. As a result of the current infrastructure and health care facilities in India, a large number of patients with GB syndrome will continue to be intubated and manually ventilated because of a paucity of ventilators especially in public hospitals. Our case highlights the importance of AMBU ventilation in the management of respiratory paralysis in a developing country. A patient with neuromuscular paralysis due to snake bite survived following AMBU ventilation for 4 days. AMBU ventilation has been used in other circumstances where short-term respiratory support is needed. However, we are not aware of any other reported case where AMBU ventilation was provided for as long as 18 days. Our case also highlights the important role of family members who are willing to work closely with hospital staff and provide care for sick relatives. Our patient's young age, immunocompetence and lack of secondary infection and autonomic dysfunction contributed to his good outcome. It should be noted that adequate intensive care services may not be available for several years especially in rural areas where 80% of India resides and this situation may be similar in other developing countries. In such circumstance, AMBU ventilation with proper training to carefully selected and trained family members and supervision by hospital staff may help in saving many lives.

P.K. Maurya
J. Kalita
V.K. Paliwal
Department of Neurology, Sanjay Gandhi PGIMS,
Lucknow, India
e-mail: drukmisra@rediffmail.com

U.K. Misra
Department of Neurology, Sanjay Gandhi Post
Graduate Institute of Medical Sciences
Raebareily Road
Lucknow 226014
India
e-mail: ukmisra@sgpgi.ac.in

Use of fresh frozen plasma to enhance the therapeutic action of rituximab

Sir,

I was very pleased to read the recent report by Dr Klepfish and his colleagues (published online July 23, 2008) in which they demonstrated that fresh frozen plasma could be used to dramatically enhance the therapeutic action of rituximab in the treatment of chronic lymphocytic leukemia (CLL). In this article, they noted that in 2004 our laboratory reported, in the *Journal of Immunology* that in CLL ‘complement may be rapidly depleted as a consequence of RTX therapy.’ However, the present report by Dr Klepfish and colleagues did not acknowledge that in our 2004 paper we also made the following statement, ‘Therefore, we suggest that if complement is required to promote killing of RTX-opsonized cells, then use of C2, or compatible fresh frozen plasma as a complement source, may enhance the action of RTX in patients with reduced or depleted complement levels.’ We are very pleased to see that the treatment paradigm we first proposed more than 4 years ago appears to be validated by the work of Dr Klepfish and colleagues.

R.P. Taylor

Department of Biochemistry and Molecular Genetics,
University of Virginia School of Medicine,
Charlottesville, Virginia 22908, USA

Reference


doi:10.1093/qjmed/hcn132
Advance Access publication on 1 October 2008

Response

Sir,

We fully acknowledge the interesting study by Dr Ronald Taylor and colleagues from the University of Virginia School of Medicine, in Charlottesville.

Incidentally, we were not aware of this study when we decided to treat our first patient with advanced CLL resistant to multiple treatment modalities including fludarabine and rituximab, with a