Serum transferrin receptor assay in iron deficiency anaemia and anaemia of chronic disease in the elderly

Sir,

More important than the differentiation between iron deficiency anaemia (IDA) and the anaemia of chronic disorders (ACD) is the distinction which often needs to be made between the coexistence of IDA and ACD vs. the sole diagnosis of ACD. Therefore, the issues raised by Chua et al. need to be ‘fine tuned’ through the use of the ratio serum TfR/log ferritin, the so-called ‘TfR-F’ index. In one study, the ratio achieved statistically significant separation between iron-deficient patients with coexisting ACD vs. patients with the sole diagnosis of ACD. In that study the ‘gold standard’ for the diagnosis of iron deficiency was the absence of stainable iron from a bone-marrow aspirate. Although the study comprised 129 patients, including 64 with ACD and 17 with combined ACD and iron deficiency, no mention was made of the age range, and it is this omission which would justify embarking on a comparable study in the elderly age group.

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References

Recurrent and prolonged fever in asplenic patients with human granulocytic ehrlichiosis

Sir,

The ehrlichioses are emerging zoonotic infections transmitted by ticks and caused by obligate intracellular organisms of the genus *Ehrlichia*. Two forms of human infection have been distinguished: human monocytic ehrlichiosis (HME), caused by *E. chaffeensis* and human granulocytic ehrlichiosis (HGE), caused by an organism shown to be phylogenetically similar to *E. equi* and *E. phagocytophilia*. The first report of human ehrlichiosis in the US was published in 1987. These increasingly recognized infections present a difficult diagnostic challenge as a result of their protean clinical manifestations and the absence of a reliable laboratory marker, especially in the acute stage of the disease.

Although HGE is most commonly considered in cases of brief, acute febrile illness, it can take an unusual clinical course, especially in cases of coinfection with other parasites, such as *Babesia* or *Borrelia*. The disease can also take a different course in asplenic patients. We describe two cases of HGE in asplenic patients who presented with unusual features including prolonged and/or recurrent fever, atypical neurological manifestations and leukocytosis. To our knowledge, this is the first report of HGE in asplenic individuals.

Patient 1, a 71-year-old White male was admitted for evaluation of fever of unknown origin associated with acute mental status changes. For 6 weeks prior to admission, he had been suffering from recurrent episodes of fever, anorexia, diarrhea, and mild diffuse abdominal pain. More recently, the patient had developed progressive unsteadiness of gait and confusion. Prior to admission he had undergone an extensive diagnostic evaluation including CT scans of the brain, abdomen, and pelvis, ultrasound of the abdomen, serial chest radiographs, cultures of blood and stool, and *C. difficile* toxin screening, all with negative results. Several courses of empiric treatment with ciprofloxacin, ceftazidime, vancomycin and...