

Indications for Profundoplasty

Sir,

I read with interest the article 'Lower limb ischaemia complicating transcatheter embolization of arteriovenocollateral fistula' by Jawad, *et al.* (*Saudi Med J* 1993; 14: 252-254). Certainly, the authors should be congratulated for their successful efforts to save the limb of their young patient. However, I am not sure whether the additional procedure of profundoplasty was indicated or even justified.

Profundoplasty is a procedure with limited value and is usually done in chronically ischaemic limbs due to mainly stenosis of the proximal portion of the deep femoral artery.^{1,2,3} Frequently, it is performed as an adjunctive procedure to a distal femoropopliteal bypass. The authors did it as an isolated procedure which I think is a very uncommon vascular procedure in current practice.

To the best of my knowledge, it has no indication in acutely ischaemic limbs due to straightforward thromboembolism. Perhaps there were some other indications.

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References

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Sir,

I thank Dr Al Zahrani for his comment regarding the indication of profundoplasty. However, the procedure was justified because the injury site was just anterior to the origin of profunda artery which made complete obstruction of both the profunda and deep femoral artery a potential risk. In addition, there was a very poor run-off after the embolectomy.

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Follow-up study of children vaccinated against measles at the age of 6 months with 3.0 log₁₀ Edmonston-Zagreb

Sir,

The preliminary report on seroresponse to Edmonston-Zagreb strain of measles vaccine from the Suleimania Children's Hospital at Riyadh among 27 infants aged 6 months is indeed encouraging.¹ With a vaccine formulation of 10³ TCID₅₀ of the virus, the geometric mean titres for vaccine induced antibody after 2 and 9 months, were 79 and 222, respectively. Nevertheless, the encouraging seroresponses would have to be substantiated by low incidence of long-term mortality in vaccinated children in Saudi Arabia. In Senegal, the use of high-titred Edmonston-Zagreb vaccine by infants less than 9 months of age was associated with a high long-term mortality among vaccinees.² On the contrary in Mexico, there was no difference in mortality by gender or vaccine formulation. The better response was attributed in Mexico to ready availability of health-care services, socioeconomic status and the mothers' higher educational levels and greater knowledge of vaccinees. Moreover, the infectious disease mortality was lower and some of the infectious diseases that were common in Africa, like malaria, were rather unknown.³ Furthermore, immune response would be suboptimal in vaccinees with protein-calorie malnutrition who have marked reduction in T₄ cells and moderately lowered T₈ cytotoxic suppressor cell population.⁴

Perinatal HIV transmission is associated with an increased susceptibility to measles. The risk for acquiring measles before 9 months can be 3.8 times higher in infants born to HIV-seropositive mothers than in control infants. The majority of such infants would develop sequelae of measles.⁵ The national appraisal of measles immunization strategy would be incomplete without measures to overcome the adverse effects of an HIV pandemic on the beneficial effects of measles immunization among infants and pre-school children.

The potency of Edmonston-Zagreb vaccine in field usage in different parts of Saudi Arabia would need a close surveillance by assaying the viral quantum in vaccine aliquots in field usage both at the beginning and end of immunization sessions. Measles vaccination practices at two government-recognized vaccination centres at Ibadan, Nigeria were appraised during a critical evaluation of administration practices through quantification of vaccine titres at the beginning and end of an immunization session. The alarmingly low 26% seroconversion at the Adeoyo Maternity Hospital was a sequel of the vaccine potency below 10² TCID₅₀ in five of the seven vaccine lots quantified. The seroconversion rate of 64% at the local Institute of Child Health was attributable to lower vaccine titre in four of the 16 lots examined.⁶

Extended surveillance for prevalence of measles antibody would be vital to help health care administrators to decide upon the ideal age for immunization, the number of doses and vaccine strain needed. Simplified antibody estimation procedures that are also sensitive and specific and do not require highly trained personnel, and well equipped laboratory establishments would be ideal. A dot-immunobinding assay that is basically an enzyme immunoassay is promising for use in the office setting or field. Only a forceps and a discard pan are needed. The serum, plasma or whole blood is applied