PostScript

CORRESPONDENCE

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Optimal detection of *Campylobacter* spp in stools

In view of the importance of *Campylobacter* spp and related organisms in human disease, and the awareness of the under-reporting of these organisms from stools, we read with interest the recent reports of McClurg and associates[1] and of Kulkarni *et al*.[2] These two studies independently compared the recovery of campylobacter and related species from human stools using non-selective filtration, selective plating, and polymerase chain reaction (PCR) detection.

Since 1977, the Red Cross Children's Hospital in Cape Town, South Africa, has been isolating *Campylobacter* spp. In 1990, for cost containment reasons, the use of antibiotic containing selective media was discontinued, and the "Cape Town" protocol introduced. This protocol[3 4] combines both membrane filtration on to antibiotic free blood agar plates and incubation in an H_2 enriched microaerobic atmosphere (Oxoid BR 38 (Oxoid, Basingstoke, UK) or BBL 70304 without catalyst (BBL, Kansas City, USA)). Although other workers have advocated filtration for isolation, the Cape Town protocol is the first to combine filtration with a hydrogen enhanced microaerophilic growth atmosphere.

The use of antibiotic free plates allows the growth of antibiotic sensitive campylobacter strains, and the increased H_2 in the incubation atmosphere permits the growth of species with an essential requirement for H_2 such as *C concisus* and *C rectus.* Some strains of *C jejuni* subspecies *jejuni, C jejuni* subspecies *doylei*, and *C upsaliensis* grow poorly, or not at all, under conventional microaerobic conditions, but will flourish in an H_2 enhanced microaerobic atmosphere.[3 5] Incubation in an H_2 enhanced microaerobic atmosphere increased stool cultures positive for campylobacter by 78% compared with stools incubated under conventional microaerobic conditions.[3] McClung and colleagues[1] and Kulkarniand colleagues[2] described their growth conditions as microaerobic[1] or microaerophilic,[2] without stating the hydrogen concentration. These laboratories experienced overgrowth of the membrane filters by commensal faecal flora,[2] and used membrane filters with a pore size of 0.45 μm.[2] We have found filters with a pore size of 0.60 μm to be optimal for the Cape Town protocol (unpublished results, 1990). These factors may have contributed to the isolation of fewer campylobacter strains.[1 2]

We agree that PCR diagnosis of campylobacter in stools is not practical for diagnostic laboratories,[2] especially those in developing countries. We also agree that it may not be cost effective to use several selective media and/or filtration for efficient enteropathogenic campylobacter isolation.[1] For the past 12 years we have efficiently isolated and biochemically speciated hundreds of strains each year of 17 species or subspecies of campylobacter, arcobacter, and helicobacter from the diarrhoetic stools and blood cultures of our patients, without selective media, but with the use of the Cape Town protocol.[3–5] When tested against a variety of selective media, the Cape Town protocol was consistently superior for the isolation of campylobacteraceae.[3–5] Differences in the prevalence of campylobacter may well exist between Cape Town and the UK, and the application of the Cape Town protocol in future UK studies, as has been suggested,[2] should improve the campylobacter isolation rate and, hopefully, answer this question.

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References

1 **McClurg KR**, McClurg RB, Moore JE. Efficient isolation of campylobacters from stools: what are we missing? *J Clin Pathol* 2002;**55**:239–40.
2 **Kulkarni SP**, Lever S, Logan JMJ, *et al*. Detection of campylobacter species: a comparison of culture and polymerase chain reaction based methods. *J Clin Pathol* 2002;**55**:749–53.
3 **Le Roux E**, Lastovica AJ. The Cape Town protocol: how to isolate the most campylobacters for your dollar, pound, franc, yen, etc. In: Lastovica AJ, Newell DE, Lastovica EE, eds. *Campylobacter, Helicobacter, and related organisms*. Cape Town: University of Cape Town, 1998:30–3.
4 **Lastovica AJ**, Le Roux E. Efficient isolation of campylobacteria from stools. *J Clin Microbiol* 2000;**38**:2798–9.
5 **Lastovica AJ**, Le Roux, E. Efficient isolation of Campylobacter upsaliensis from stools. *J Clin Microbiol* 2001;**39**:4222–3.

CORRECTION

Investigation of infertility with the emphasis on laboratory testing and with reference to radiological imaging. Williams C, Giannopoulos T, Sherriff EA. *J Clin Pathol* 2003;**56**:261–7.

Dr C Williams's address should have been Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, Clwyd LL13 7TD, UK.

CALENDAR OF EVENTS

Full details of events to be included should be sent to Maggie Butler, Technical Editor JCP, The Cedars, 36 Queen Street, Castle Hedingham, Essex CO9 3HA, UK; email: maggie.butler2@btopenworld.com

UK NEQAS for Blood Coagulation Annual Scientific Meeting

10–11 June 2003, Sheffield Hallam University, Sheffield, UK
Further details: Timothy AL Woods, UK NEQAS for Blood Coagulation, Rutledge Mews, 3 Southbourne Road, Sheffield S10 2QN, UK. (Tel: +44 (0)114 267 3300; Fax: +44 (0)114 267 3309; Email: talwoods@coageqa.demon.co.uk)

Fourth International Symposium on Hormonal Carcinogenesis

21–25 June 2003, Palau de la Musica, Valencia, Spain
Further details: Tandria Price/Dr Jonathan J Li, Department of Pharmacology, Toxicology and Therapeutics, Mail Stop 1018, University of Kansas Medical Center, 3901 Rainbow Blvd, Kansas City, KS 66160-7417, USA. (Tel: +1 913 588 4744; Fax: +1 913 588 4740; Email: tprice@kumc.edu; Website: http://www.kumc.edu/hormonecancers)

UK NEQAS for Leucocyte Immunophenotyping Annual Scientific Meeting

24–25 June 2003, Sheffield Hallam University, Sheffield, UK
Further details: June Pidd, UK NEQAS for Leucocyte Immunophenotyping, Rutledge Mews, 3 Southbourne Road, Sheffield S10 2QN, UK. (Tel: +44 (0)114 267 3600; Fax: +44 (0)114 267 3601; Email: ukneqasli@btconnect.com)

Practical Pulmonary Pathology

22–25 July, 2003, Brompton Hospital, London, UK
Further details: Professor B Corrin, Brompton Hospital, London SW3 6NP, UK. (Fax: +44 (0) 20 7 351 8293; Email: b.corrin@ic.ac.uk)

ACP Management Course for Pathologists, 2003

10–12 September 2003, Hardwick Hall Hotel, Sedgefield, County Durham, UK
Further details: Ms Valerie Wood, ACP Central Office, 189 Dyke Road, Hove, East Sussex, BN3 1TL, UK. (Tel +44 01273 775700; Fax +44 01273 773303; Email: valerie@pathologists.org.uk)