

marrow, thereby leaving the 46, XX cell line. This phenomenon may be explained by the rapid cell turnover in the bone marrow. It is well known that the distribution of the constituent karyotype in tissues differs in patients with a mosaic chromosome complement. However, restriction of monosomy X to specific tissues such as skin,^{4,5} endometrium,⁵ and ovary⁶ is unusual.

Turner's syndrome is believed to occur in 1 per 2500 liveborn girls, and in approximately one third of cases analysis shows mosaics on the lymphocyte karyotype.⁷ Normal lymphocyte karyotypes with chromosomal aberrations in skin fibroblast cultures have probably been observed in some cytogenetic laboratories, but have rarely been reported. Thus, doctors may be unaware of the indications for chromosomal analysis of a second tissue in some patients.

Although rare, mosaicism limited to certain tissues has been described previously in disorders such as trisomy 21,^{8,9} trisomy 8 mosaicism,¹⁰ and triploidy.¹¹ The factors influencing survival of an aneuploid cell line in given tissues are unknown, as are the mechanisms by which mosaicism occurs. Several observations in vivo^{12,13} and in trisomy 8 mosaicism¹⁰ suggest that aneuploid cell lines may be lost over time in lymphocytes of people who have persistent euploid/aneuploid mosaicism in skin fibroblasts. Our observations contradict the assumption that the determination of blood karyotype is an absolute test, and the principles we have described may well be applicable to other chromosomal disorders.

Turner's syndrome should be suspected in any girl with two or more of the clinical features of that disorder. For example, growth failure in a girl with short stature or primary ovarian failure or osteoporosis in a short woman are indications for skin karyotype determination if the blood chromosome complement is normal. In conclusion, we believe that Turner's syndrome is such an important diagnosis that some patients with a normal lymphocyte karyotype warrant cytogenetic evaluation of a second tissue, usually the skin, when this diagnosis is strongly suspected.

Contributors: RS coordinated the study and had the original idea for performing skin biopsies in girls when there was suspicion of Turner's syndrome; he is guarantor for the paper. CA and PB collected the data and wrote the manuscript.

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Clinical features and skin fibroblast karyotype in four girls with suspected Turner's syndrome and normal lymphocyte karyotype

Case No	Age (years)	Clinical features	Chromosomal analysis of fibroblast culture
1	11.0	Short stature Ovarian failure Dysplastic nails Short neck	75% 45, X0/ 25% 46, XX
2	10.0	Short stature and growth failure Spontaneous puberty	83% 45, X0/ 17% 46, XX
3	10.8	Short stature High arched palate Widely spaced nipples Short 4th metacarpal Duplex right kidney Dysplastic nails	80% 45, X0/ 20% 46, XX
4	16.1	Short stature Facial dysmorphic features Dysplastic nails	92% 46, Xdel(X)q24/ 8% 46, XX

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Corrections

Coeliac disease in primary care: case finding study
Contact details for one author were omitted from the authors' footnote to this article by Hin and colleagues (16 January, p 164). Graham Bird is consultant immunologist, Churchill Hospital, Oxford OX3 7LJ.

The genomic challenge

This editorial by Tessa Richards (6 February, pp 341-2) referred at the end of the fourth paragraph to "the government's recent decision to introduce a two year moratorium on genetic testing for insurance purposes." This should have read "the government's recent decision not to introduce a moratorium."

Low plasma vitamin D in Asian toddlers in Britain

In this editorial by B A Wharton (2 January, pp 2-3) the latitudes of Britain were wrong. The northernmost latitude of the United Kingdom is almost 61° (the island of Unst, in Shetland, where there are people of Asian origin living), and the southernmost latitude is just below 50° (the Scilly Isles).

Elder abuse

In this editorial by Alison Tonks and Gerry Bennett (30 January, p 278) the introduction of the term "granny battering" was mistakenly attributed to G R Burston; it was in fact A Baker who first used the term (*Modern Geriatrics* 1975;5(8):20).

ABC of oxygen: Diving and oxygen

This article by Peter Wilmshurst (10 October 1998, pp 996-9) used the incorrect abbreviation for inspired partial pressure of oxygen. The abbreviation should have been P_{iO_2} not F_{iO_2} .

ABC of sexual health (28 November 1998 to 6 March 1999)

We have been asked to make clear that some of the pictures used to illustrate this series were chosen by the editorial team and were not seen by the authors before publication.