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Frequency of autoimmune diseases in those suffering from vitiligo in comparison with normal population

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Objectives: Vitiligo is more common in people with certain autoimmune diseases. Here we studied the association between vitiligo and autoimmune diseases.

Materials and Methods: In this case control study, 86 patients with vitiligo were questioned about the location of vitiligo, family history, treatment and therapeutic response. All patients were examined both clinically and with laboratory tests to detect the presence of autoimmune disorders including autoimmune thyroid disease, pernicious anemia, insulin dependent diabetes, systemic lupus erythematic (SLE) and Addison disease. The prevalence of autoimmune disorder in vitiligo patients with that in a group of age- and gender-matched normal population was compared.

Results: Average age of disease onset was 21.8±11 years; 61% of patients were females and 39% were males. The most common locations of vitiligo were hands (33.7%) and face (32.1%). The most common pattern of onset was vulgaris type (40%). Nearly one-fourth of patients had a positive family history of vitiligo. Prevalence of thyroid disorders in vitiligo patients and control group was 21.1% and 7%, respectively. The difference was statistically significant (P=0.008).

Conclusion: The most common autoimmune disorder in patient with vitiligo was hypothyroidism. Family history had a poor prognostic effect on response to therapy.

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Evaluation of IgA kit versus the gold standard blood culture method to detect *Yersinia enterocolitica* contamination of blood products

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Background: Current detection materials and methods of bacterial detection tests of blood products are rather controversial and lethargic. The gold standard screening test to detect is blood culture method. A rapid serological YOP IgA kit was introduced by the Company Microgen, which was developed to detect Yersinia in the whole blood sub-products to our blood bank (IBTO). The aim of this study is to compare whether IgA kit detect Yersinia contamination in the whole blood product stored at 4-6°C in the IBTO.

Materials and Methods: The sera from 492 healthy blood donors in the IBTO were selected for study with Yersinia anti-Yop IgA antibodies kit (MICROGEN, Germany) by using two different techniques, enzyme immunoassay (EIA) and recomLine Yersinia Western blot to confirm the prevalence of Yersinia antibody.

Results: We carried out ELISA tests as manufacturer instruction has described. The recom well Yersinia EIA measurements revealed that the prevalence rates of Yesinia Yop-specific IgA antibodies were 12.5% (n=62) positive, and 87.5% (n=430) negative. The confirmation Western blot test on 60 ELISA-positive samples showed 71% positive and 29% negative, respectively. The blood culture results of 62 seropositive donors' samples were all negative (100%), which were stored at 4-6 °C, for 35 days.

Discussions: Based on observed data IgA ELISA kit, become clear that it is indirect in detection of Yersinia, has high false positivity, shows controversial results versus the gold standard blood culture, increases blood donors deferral, affects negatively blood supply, and is not cost effective as well.

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