LETTERS TO THE EDITOR

To the Editor—We read with interest the article published in the HKMJ (1995;1:22-6) entitled "A Survey of Pregnancies That Ended in Haemoglobin Bart's Hydrops Foetalis and Cooley's Anaemia" by Drs CS Feng and WC Tsoi.

We do not agree with the authors' findings that there has been no reduction in the number of births with haemoglobin Bart's disease in the Prince of Wales Hospital from 1987 to 1993. We cannot agree with the comment that "there was apparent failure of vigilance on the part of the doctors concerned because the thalassaemia risk was not identified and appropriate referral for prenatal diagnosis was not made." Nearly all antenatal patients of Prince of Wales Hospital are booked through the Maternal and Child Health Clinics (MCH), where the routine antenatal blood tests are performed. It is true that thalassaemia trait can be detected in the mother with routine complete cell count as the mean cell volume (MCV) is low. The routine antenatal haematological blood tests in MCH do not include a complete cell count but just the haemoglobin level. As the haemoglobin level in thalassaemia trait can be normal, screening with haemoglobin level alone does not identify all the at-risk patients. In other words, it involves an unsatisfactory antenatal haematological screening programme rather than a failure of vigilance on the part of MCH doctors or obstetricians in this hospital.

Thalassaemia trait is prevalent in our population as highlighted in the article. We strongly believe that it is necessary to offer antenatal screening with MCV testing.

Unfortunately, resources for such a programme have not been made available despite repeated strong representation from obstetricians in our hospital. We feel that the phrase "failure of vigilance" should be directed to other than front-line obstetricians.

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In reply—Drs TN Leung, CY Li and Prof Allan Chang are correct in pinpointing the problems we face today in preventing homozygous thalassaemia pregnancies.

In our retrospective case review, we found that in many cases the diagnosis of Hb Bart's hydrops foetalis was made only at post mortem, reflecting perhaps, a low index of suspicion on the part of the clinicians.

And that finding is historical. In recent years, our obstetrician colleagues at the Prince of Wales Hospital specifically request a complete blood count (MCV included) every time, and we have not had a single case of Hb Bart's hydrops foetalis since our last survey for this report.

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Instructions for letters to the editor

Letters discussing a recent article in the HKMJ are welcome. They should be received within six weeks of the article's publication and can be faxed to the editorial office at (852) 2505 3149. Original letters that do not refer to an HKMJ article may also be considered. Letters should be type-written double-spaced, should not exceed 500 words, and have no more than five references. Published letters may be abridged and edited. Please include contact telephone and fax numbers. Financial associations or other possible conflicts of interest should always be disclosed.