Table 1. Comparison of red cell products used in Hong Kong and the United Kingdom

	Hong Kong ⁴	United Kingdom ⁵	
Blood product Average volume (ml) Average haematocrit	Plasma-reduced red cells	Red cell concentrate	
	0.55	0.65	

Table 2. Transfusion requirements in thalassaemia major patients

Splenectomised	No.	Sex M:F	Age (y)	Mean Hb(g/dL)	Transfusion requirement	
					TU (units/kg)	TV (ml/kg)
Yes	9	6:3	16.2±3.6	12.2±0.5	0.77±0.08	258±30
No	47	21:26	12.5±5.0	12.2±0.5	0.95±0.12	315±42
Total	56	27:29	13.1±5.0	12.2±0.5	0.92±0.13	306±45

Figures are expressed as mean ± 1 SD

Hb = haemoglobin

TU = total units of blood transfused divided by mid-year body weight

TV = total volume of blood transfused divided by mid-year body weight

References

- Li CK, Management of common haematological disorders.
 In: Chiu MC, editor. Paediatric manual. Hong Kong: Hong Kong University Press, 1991:292-9.
- Piomelli S, Loew T. Management of thalassemia major (Cooley's anemia). Hematol Oncol Clin North Am 1991;5: 557-69.
- Cao A, Gabutti V, Masera G, Modell B, Sarchia G, Vullo C. Management protocol for the treatment of thalassemia patients. Cyprus: Thalassemia International Federation, 1992:17-8.
- Liu HW. Handbook of transfusion medicine. Hong Kong: Hong Kong Red Cross Blood Transfusion Service, 1993;5.
- McClelland DB. Handbook of transfusion medicine. London: HMSO, 1989:9.

To the Editor—I am greatly concerned after reading a report published by Apple Daily (July 20, 1995) in which they succeeded in buying isotretinoin from a number of chemists without prescriptions. In fact, the drug is not supposed to be sold by pharmacists: the drug company, Roche, only sells it to holders of a diploma in dermatology.

Isotretinoin has been found useful in a number of conditions including cystic acne, acne rosacea and gram negative folliculitis, Darier's disease, and pityriasis rubra. The precise mechanism of action is not clear. Isotretinoin exerts numerous actions including the inhibition of sebum synthesis, the lowering of *Propionibacterium acnes* concentrations and the inhibition of neutrophil chemotaxis. It also has comedolytic and anti-inflammatory properties.

There is a tendency for the indications for isotretinoin to be broadened to include those suffering from less severe acne. The reasons are as follows:

- 1. On average, sebum production will decline by 30% from 20 weeks to 99 weeks post treatment. To some patients, this is almost a "cure" because puberty will be over by then.
- 2. Isotretinoin not only improves the physical appearance of teenagers, it also improves their psychological well-being.²

3. A recent article in the New England Journal of Medicine noticed that even a superficially inflamed papule can leave a teenager's face with a permanent scar.³

In view of this data, there will be an increase in the use of isotretinoin by dermatologists for severe acne. The last thing we want to see is teenagers obtaining supplies through local chemists.

Please do not think that the situation is restricted to dermatologists. Urologists will soon—if not already—find their patients buying Proscar themselves without checking their prostate-specific antigen level. It is my wish that the Hong Kong Medical Association will continue to exert pressure to increase the penalties for offending chemists, including immediate closure if they are caught twice within six months so that the economic gains are no longer attractive.

AWK Wong, MRCP, Dip Derm (London) Private practitioner Kowloon, Hong Kong

References

- Strauss JS, Stranieri AM, Farrell LN, Downing DT. The effect of marked inhibition of sebum production with 13 cis—retinoic acid on skin surface lipid composition. J Invest Dermatol 1980;74:66-7.
- Rubinow DR, Peck GL, Squillace KM, Gantt GG. Reduced anxiety and depression in cystic acne patients after successful treatment with oral isotretinoin. J Am Acad Dermatol 1987;17:25-32.
- Allen AM, Carla MV, Carol L. A pregnancy prevention program in women of childbearing age receiving isotretinoin. N Engl J Med 1995;333:101-6.

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.