

light signal that allows the high speed and dynamics of signal generation and measurement. It provides the first test result in 18 minutes and has a maximum throughput of 86 tests per hour. The system can develop both competitive and sandwich-format electrochemiluminescent assays.

The Elecsys 2010 system is a fully automated immunoassay analyser that can work in batch, random, or stat modes. The automated process consists of the aspiration of the sample, reagent and microparticles, a first incubation at 37°C, additional reagent pipetting, a second incubation at 37°C, reaction mixture aspiration, and measurement. The analyser also includes a workstation for system programming and can be interfaced to various laboratory computers.

Elecsys 2010 CYFRA 21-1 assay

No pre-analytical preparation of reagents is required for the Elecsys 2101 CYFRA 21-1 assay (cat. no. 1820966). In a first incubation of nine minutes, 20 µL of sample, a biotinylated monoclonal cytokeratin 19-specific antibody, and a monoclonal cytokeratin 19-specific antibody labelled with a ruthenium complex [a tris(2,2'-bipyridyl)ruthenium (II) complex] react to form a sandwich complex. After the addition of streptavidin-coated microparticles, there is a second incubation for nine minutes, and the complex becomes bound to the solid phase via the interaction of biotin and streptavidin. The reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of the electrode. Unbound substances are then removed with a phosphate-triethylamine buffer (pH 6.8; Procell®, BM). Application of a voltage to the electrode then induces chemiluminescent emission, which is measured by a photomultiplier.

We agree with Dr Kuropkat regarding the role of CYFRA 21-1 for follow-up in patients with head and neck squamous cell carcinoma (HNSCC). The data including our study have shown that CYFRA 21-1 is a good marker for monitoring therapeutic effect, follow-up and prognostic value in patients with HNSCC.²⁻⁵ Furthermore, many studies have shown that CYFRA 21-1 is useful for diagnosis of HNSCC.⁵⁻¹⁰ We also believe that CYFRA 21-1 is an adjunct for the diagnosis of HNSCC. The CYFRA 21-1 ECLIA provides a useful tool for the surveillance of patients suffering from carcinoma of the head and neck.

We have an attention on the difficulty of identification of the appropriate cut-off level. Different methods have different recommended value. Certainly, the different cut-off value ought to be established according to the statistic analysis of an ample study of different tumours.

We support Dr Kuropkat's opinion that the survival rate depends on the tumour site. Our study also identified this idea, although other explanations are possible. Moreover, we have been investigating the survival rate of our cases studied according to different tumour sites.

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References

- Deng YF, Chen P, Lin YZ, Le JZ, Wu XL, Yu MQ, *et al.* Analytical and clinical evaluation of CYFRA 21-1 by electrochemiluminescent immunoassay in head and neck squamous cell carcinoma. *J Laryngol Otol* 2003;**117**:190-4
- Shimada H, Nabeya Y, Okazumi S, Matsubara H, Miyazawa Y, Shiratori T, *et al.* Prognostic significance of CYFRA 21-1 in patients with esophageal squamous cell carcinoma. *J Am Coll Surg* 2003;**196**:573-8
- Doweck I, Barak M, Uri N, Greenberg E. The prognostic value of the tumour marker Cyfra 21-1 in carcinoma of head and neck and its role in early detection of recurrent disease. *Br J Cancer* 2000;**83**:1696-701
- Banal A, Hacene K, Berthelot-Ruff E, Mahe E, Fontana X, Pichon MF. Comparison of Cyfra 21-1 and SCC assays in head and neck tumours. *Tumour Biol* 2001;**22**:27-35
- Kawaguchi H, Ohno S, Miyazaki M, Hashimoto K, Egashira A, Saeki H. CYFRA 21-1 determination in patients with esophageal squamous cell carcinoma: clinical utility for detection of recurrences. *Cancer* 2000;**89**:1413-7
- Hoffmann-Fazel A, Hoffmann M, Gottschlich S, Maass JD, Rudert H, Maune S. Cyfra 21-1 in diagnosis of distant metastases of head and neck carcinoma. *Anticancer Res* 2003;**23**:917-20
- Tai CJ, Liu FY, Liang JA, Yang SN, Tsai MH, Kao CH. Comparison of CYFRA 21-1 and tissue polypeptide specific antigen (TPS) for detecting nasopharyngeal carcinoma. *Anticancer Res* 2002;**22**:3793-6
- Lee JK, Hsieh JF, Tsai SC, Ho YJ, Sun SS, Kao CH. Comparison of CYFRA 21-1 and squamous cell carcinoma antigen in detecting nasopharyngeal carcinoma. *Ann Otol Rhinol Laryngol* 2001;**110**:775-8
- Nagler RM, Barak M, Peled M, Ben-Aryeh H, Filatov M, Laufer D. Early diagnosis and treatment monitoring roles of tumor markers Cyfra 21-1 and TPS in oral squamous cell carcinoma. *Cancer* 1999;**1018**-25
- Yen TC, Lin WY, Kao CH, Cheng KY, Wang SJ. A study of a new tumour marker, CYFRA 21-1, in squamous cell carcinoma of the head and neck, and comparison with squamous cell carcinoma antigen. *Clin Otolaryngol* 1998;**23**:82-6

Naseptin® Nasal Cream 'contains peanut oil'

Dear Sirs,

A recent Chief Medical Officer's Update (No. 36; August 2003)¹, sent to all practising doctors in England, included an alert regarding topical medicines containing peanut (arachis) oil. Such products are clearly labelled as containing this refined ingredient.

The alert highlighted a recent study in children that suggested sensitization to peanuts may be caused by the application of creams containing peanut oil to inflamed skin.² It also mentioned an earlier study that demonstrated the persistence of small amounts of allergenic protein in peanut oil despite refinement.³

Although the Committee on Safety of Medicines has determined that there is insufficient evidence to conclude that exposure to topical medicines contain-



FIG. 1

Naseptin® Nasal Cream 'contains peanut oil'.

ing peanut oil leads to sensitization to peanut protein, it has issued a precautionary recommendation that patients with known peanut allergy should avoid such medicines. Indeed, the labelling of these products is to be updated with new warnings.

All this is highly relevant to the practising otorhinolaryngologist, because one of our most widely prescribed products, Naseptin nasal cream (Figure 1), is such a topical medicine containing peanut oil. Moreover, we most commonly prescribe this product to our paediatric population for epistaxis management. Naseptin is effective by treating nasal vestibulitis, reducing nasal crusting, and deterring digital trauma. Indeed, a recent

prospective audit of childhood epistaxis advised that such an antiseptic/antibiotic barrier cream should probably be the first line of treatment.⁴ An earlier clinical trial also found that chemical nasal cautery added no benefit over antiseptic/antibiotic cream alone.⁵ Yes, it seems we all love Naseptin, but how many of us specifically check for peanut allergy prior to prescribing?

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References

- 1 http://www.doh.gov.uk/cmo/cmo_36.htm#18
- 2 Lack G, Fox D, Northstone K, Golding J. Factors associated with the development of peanut allergy in childhood. *N Engl J Med* 2003;**348**:977–85
- 3 Olszewski A, Pons L, Moutete F, Aimone-Gastin I, Kanny G, Moneret-Vautrin DA, *et al.* Isolation and characterisation of proteic allergens in refined peanut oil. *Clin Exp Allergy* 1998;**28**:850–9
- 4 Makura ZG, Porter GC, McCormick MS. Paediatric epistaxis: Alder Hey experience. *J Laryngol Otol* 2002;**116**:903–6
- 5 Murthy P, Nilssen EL, Rao S, McClymont LG. A randomised clinical trial of antiseptic nasal carrier cream and silver nitrate cautery in the treatment of recurrent anterior epistaxis. *Clin Otolaryngol* 1999;**24**:228–31