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Tuberculosis associated hemophagocytic syndrome

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Hemophagocytic syndrome (HPS) is characterized by a dysregulated activation and proliferation of macrophages, leading to uncontrolled hemophagocytosis. Apart from the hereditary form, there are a variety of etiologies for the secondary or reactive HPS, including infections, autoimmune diseases, drugs, and malignancies. Tuberculosis is one of the infrequent trigger of HPS. Both diseases are the cause of fever of unknown origin and difficult to diagnose. In HPS, successful management depends on the identification and treatment of the underlying cause along with symptomatic treatment. We report a case with a long time follow up, and reviewed cases of tuberculosis associated HPS and analyzed whether there is a change in the mortality rate lately.

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Hepatitis A Antibody Prevalence among Medical School Students

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Background: HAV infection has been increasingly reported as has an outbreak in healthcare workers. Nosocomial HAV infection is uncommon, but can easily spread by person-to-person contact in the hospital setting. Medical school students encounter to many hepatitis A patients during their clerkship. HAV seroprevalence rate of medical school students was not reported yet. Also there has been no recommendation concerning HAV vaccination of medical school students in Korea. **Method:** On October 2009, the three grades of medical school students were tested HAV IgG. The presence of immunoglobulin antibodies to HAV (HAV IgG) was tested using commercially available kits. The kits used were an electro-chemiluminescence immunoassay method using COBAS E 170 (Roche Diagnostics, Indianapolis, IN, USA). **Result:** The mean age of subjects was 28.0 years (standard deviation: 3.0, range: 22-39). Seropositivity for HAV significantly increased with age; 1.4% for 22-25 years, 3.6% for 26-27 years, 14.8% for 28-29 years, 16.4% for 30-34 years, and 64.3% for above 35 years. Eleven point four percent (37/324) were HAV IgG positive (1st grade: 5.9%, 2nd grade: 13.4%, 3rd grade: 14.5%). Overall 88.6% medical students had not immunity to HAV infection. **Conclusion:** It was demonstrated that the vast majority of medical school students aged less than 30 years are susceptible to nosocomial HAV infection. So mass vaccination to medical school students especially below 30 year old or screening for seropositivity to HAV IgG and vaccination of non-immune subjects should be considered.