

Cost Effectiveness/Yield/Medical Economics
Jejunal Aspirate

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Pulmonologists do bronchoscopy and often give us a sample of bronchial aspirate or even Bal fluid (broncho alveolar lavage) which is required for examination, e.g. Culture for AFB or fungus for diagnostic purposes in difficult cases.

Similarly, to look for Entamoeba Histolytica, instead of examining the stool, proctoscopy should be done and the rectal contents should be examined to get a better

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diagnosis of Entamoeba histolytica.

Similarly, all the endoscopists should be prepared mentally to accept that off and on they advise a jejunal aspiration. This fluid is required mainly for the diagnosis of strongyloidosis or giardia.

In my experience a number of times the quantity of fluid given is so less that it is not good enough for examination. At other times, the fluid dries up by the time it is taken for examination.

The endoscopists should practice aspirating the jejunal contents more often, so they can give us a better sample in future.

A WAKE-UP CALL FOR GLOBAL ACCESS TO SALVAGE HIV DRUG REGIMENS

The remaining questions, and the rate of triple class failure may be small, such a low rate is still important. Phillips and colleagues study underscores the need for access to alternative, less toxic, and more affordable first-line, second-line, and now third-line antiretroviral drugs in developing countries. We need a visionary response that treats poor patients as optimally as wealthier patients.

Edward J Mills, Jean B Nachega, The Lancet, 2007; 370 : 1885-86.