

Correspondence

Rhesus immunization after bone allografting

The third reported case of rhesus (D) antibodies after bone allografting is a very important one (Jensen 1987). In our opinion, this is the first real evidence of osseous allografts being capable of stimulating the formation of red cell antibodies.

The two former reports (Hill et al. 1974, Johnson et al. 1985) concerned women of childbearing age. Although both women had a negative history of a previous pregnancy or abortion, this can never be completely ruled out. Moreover, the Hill case involved a first pregnancy resulting in rhesus hemolytic disease; as it is known, rhesus antibodies can be formed during the first pregnancy and constitute a great deal of the remaining cases of rhesus disease nowadays (Eklund et al. 1986).

Because Jensen's report concerned a 13-year-old child, pregnancy or abortion as a possible cause of immunization is excluded.

In our hospital a retrospective study was done to investigate the possible appearance of blood-group antibodies after osseous allografting. No newly formed blood-group antibodies were detected. Twenty-three out of 27 rhesus (D) negative

patients received rhesus (D) positive bone transplants; none of the patients formed rhesus (D) antibodies, as determined 12 months or later after transplantation. Nevertheless, we do agree with Jensen's suggestion that rhesus (D) negative women of childbearing age should receive rhesus (D) negative bone allografts only.

However, we do not agree with Jensen's pessimistic conclusions concerning the future of his patient. The prognosis in rhesus hemolytic disease has improved considerably, and she may well have rhesus (D) negative children without choosing a mate by immunologic tests.

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