

ADDRESS LETTERS TO

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this column are in no
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Stem cells**Dear Editor**

I read with concern Professor Bernard Tuch's concluding remarks in his update on stem cells (*AFP* September 2006).¹ Professor Tuch quotes a 2005 survey from Biotechnology Australia to maintain there is widespread community support for embryonic stem cell research (ESCR). By not clearly differentiating findings relating to IVF embryos and somatic cell nuclear transfer (SCNT) (clones) he directs us to misleading conclusions.

Biotechnology Australia's study in March 2006 found >70% of the public have never heard of SCNT or don't know enough to make a judgment on it. Only 6% of the survey population supported SCNT.² In addition Sexton Market Research's survey on cloning in January 2006 found from an ethical point of view adult or NESC were preferred over ESCR if the potential benefits were the same; and over 40% of the respondents were unaware that extracting stem cells destroyed the embryo. With this information only 14% favoured SCNT.

Professor Tuch's update would have benefited from exploring potential new nondestructive options to ESCR such as ANT (altered nuclear transfer). His attempt to reduce opposition to 'a section of the Christian community' is sectarianism that diminishes the purportedly objective nature of his article.

*Veronica O Connell
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Reply**Dear Editor**

In my article 'Stem cells: a clinical update', I accurately advised that the majority of Australians supported the use of human embryonic stem cells in medical research. Dr O'Connell has raised the issue of what the community thinks about the technique called somatic cell nuclear transfer (SCNT), also referred to as therapeutic cloning, which might be used to produce patient specific embryonic stem cells. At present, such stem cells have yet to be created with human tissue, although they have with animal tissue.

Since the publication of my article, there have been two surveys addressing this issue. Both advise that the majority of Australians also support SCNT. These were a Health and Medical Research Public Opinion Poll conducted by Crosby/Textor for Research Australia,¹ and a Roy Morgan Poll which addressed issues of IVF, excess embryos, and stem cell research.² In both surveys, an explanation of nuclear transfer was provided. This overcame the problem, correctly pointed out by Dr O'Connell, in the surveys of Biotechnology Australia,³ in which respondents did not understand the term. In the Research Australia poll, 58% supported the technology, and in the Roy Morgan poll, 80%.

It is difficult to fully interpret the results of the Sexton Market Research survey referred to by Dr O'Connell as the full survey appears not to be publicly available.

Of course, both Houses of Parliament have now voted on the issue of SCNT, and provided their support to this technology. In the Senate, 52% approved the nonmember's bill submitted by Senator Patterson on this issue, while in the Lower House, a slightly higher number, 57%, supported it.

Regardless of personal views, the real and potential benefits of stem cells are here to stay. How much these benefits can be translated into clinical practice remains to be seen.

Professor Bernie Tuch

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Work related upper limb disorders**Dear Editor**

The article by Shanahan and Jezukaitis (*AFP* December 2006) points out that evidence for the association of upper limb conditions and work is limited because most studies are poorly designed and cross sectional in origin.¹

The authors suggest that carpal tunnel syndrome may be associated with ergonomic factors including repetitive and forceful work, posture, vibration and percussion.

However, in this particular case Hadler,² states that we are fortunate to have two high quality longitudinal studies looking at the association of carpal tunnel syndrome and work practices.

Nathan et al^{3,4} followed an initial cohort of 471 workers in a range of physically demanding occupations with annual nerve conduction studies for more than 10 years and did not find any association between work practices and median nerve conduction.

Nilsson et al⁵ performed a similar longitudinal study in workers using hand held vibrating tools compared with workers in less demanding tasks and did not find any changes in median nerve conduction over 5 years.

We therefore have sufficient evidence to suggest that in the majority of cases carpal tunnel syndrome is not a work related problem and usually occurs as a result of the known traditional risk factors of age, gender, obesity and concurrent medical conditions, especially diabetes.

*Tony Kostos
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Chronic paronychia

Dear Editor

I was interested in Dr Montgomery's article on chronic paronychia (*AFP* October 2006) having personally suffered an unusual form of this infection myself for several months last year. I developed an area of chronic inflammation on

the nail fold of my thumb that did not respond to antibiotic treatment.

A small sinus developed with serous discharge, which laboratory examination showed contained fungal elements. Topical application of antifungals healed the sinus, but the tender, indurated area of nail fold persisted. A few weeks later the laboratory had grown *Phomopsis* species from my specimen. A literature search¹ revealed that this is a Coelomycetous fungus that inhabits olives and vines, both of which grow in my garden; presumably fungal spores in my gardening gloves rubbed into a small skin lesion on my nail fold.

As the literature provided no guidance as to antifungal sensitivity of this particular fungus I was faced with the dilemma mentioned by Dr Montgomery of finding an antifungal with an acceptable side effect profile. I decided on a 28 day course of oral griseofulvin and was relieved to find that at the end of 1 month all traces of the chronic paronychia had resolved.

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