usually diminished. Therefore the SHBG effect is of minor importance in the measurement of T. Nevertheless, this problem can be overcome by developing adequate SHBG-dissociating agents for no-extraction assays, because practical reasons argue against the use of extraction assays for T.

References

P. Lupp
D. Neumeier

Instit. of Clin. Chem.
Univ. of Munich
Marchioninistr. 15
D-8000 Munich 70, F.R.G.

No SHBG Interference with the "Coat-A-Count Total Testosterone" Direct RIA Kit

To the Editor:
In their recent article, Masters and Hähnel (1) reported on sex-hormone binding globulin (SHBG) interference in direct radioimmunoassays for testosterone, and supporting data were provided for the Farmos, Mallinckrodt, and Immuchem kits. Although additional data were not provided, the authors reiterated conclusions previously published by Slats et al. (2), which identified a similar SHBG interference in Diagnostic Products Corporation's "Coat-A-Count Total Testosterone" assay. However, Masters and Hähnel seem to be unaware that this kit was reformulated over a year ago and that since June 1988 this assay no longer has a significant SHBG interference up to the highest concentration tested, i.e., 180 nmol/L.

Table 1 documents the absence of such an SHBG effect and should correct any remaining false impressions.

SHBG calibrators obtained from the Diagnostic Products Irma-Count SHBG kit were each supplemented to contain an additional 4.2 μg of testosterone per liter. Recoveries of testosterone are based on differences between the results before and after this supplementation.

References

Peter Bodlaender
Technical Director
Diagnostic Products Corp.
5700 West 96th Street
Los Angeles, CA 90045

Association between Paracetamol and Pyroglutamic Aciduria

To the Editor:
Creer et al. (1) recently described an adult patient with pyroglutamic aciduria in whom an enzyme defect (namely glutathione synthetase or 5-oxoprolinase deficiency) was considered unlikely. They concluded that an unidentified exogenous agent was most likely the cause of the patient's pyroglutamic aciduria. A routine drug screen showed the presence of paracetamol in the urine of this patient. Another adult patient with pyroglutamic aciduria and normal enzyme activities is also known (case report in

Table 1. Effect of SHBG on Testosterone Recovery

<table>
<thead>
<tr>
<th>Testosterone, μg/L</th>
<th>SHBG, nmol/L</th>
<th>Unsuppl.</th>
<th>Suppl.</th>
<th>Recovered, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.0</td>
<td>0.00</td>
<td>4.04</td>
<td>99%</td>
</tr>
<tr>
<td>B</td>
<td>1.0</td>
<td>0.00</td>
<td>4.34</td>
<td>103%</td>
</tr>
<tr>
<td>C</td>
<td>3.0</td>
<td>0.02</td>
<td>4.38</td>
<td>104%</td>
</tr>
<tr>
<td>D</td>
<td>30</td>
<td>0.14</td>
<td>4.48</td>
<td>103%</td>
</tr>
<tr>
<td>E</td>
<td>90</td>
<td>0.40</td>
<td>4.65</td>
<td>101%</td>
</tr>
<tr>
<td>F</td>
<td>180</td>
<td>0.88</td>
<td>4.73</td>
<td>92%</td>
</tr>
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