Bone marrow aspiration from the posterior iliac crest and spine using a sterile and pyrogen free disposable spinal needle (Yale Spinal 18 Gx3½") without local anesthetic

We report a safe and simple technique to obtain bone marrow aspirate (BMA) from the posterior iliac crest using disposable spinal needles Yale 18 Gx3½". With this technique, widely experimented, it is possible to obtain BMA without pain when clinical or research conditions require (even every week). Anesthesia is frequently not required. The costs of the procedure costs are extremely low.

Sir,

Except in rare cases, normal or pathologic bone marrow is usually a semi-fluid liquid, similar to blood, containing a quantity of different sized agglomerations of cells.

According to literature, the sites chosen for BMA were the sternum. The needles were 12-14G in caliber. Until the 1970's, the sternum was the preferred site for BMA, but the site itself presented certain risks and aspiration was particularly painful and not well accepted.

It was only with the introduction of allogeneic bone marrow transplantation, and the need to aspirate large quantities of bone marrow from donors, that aspiration from the iliac crest and the posterior iliac spine began to be performed. It was also discovered that the posterior iliac crest or spine contained the same quantity and quality of marrow as the sternum.

In the 1970s, the most commonly used needles were 12-14G, made of steel, boiled and re-utilized many times. Following introduction of disposable needles, the technique improved significantly even though patients were still afraid of the operation and aspiration was particularly painful and not well accepted.

Today, bone marrow examination is also carried out to study phenotypes, for use in molecular biology, and for the identification and typing of genetic markers (RT-PCR), as well as to identify primary or secondary bone marrow failure.

Bone marrow aspiration, disposable spinal needle 18 Gx3½“.

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Key words
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References

Diagnosis of iron deficiency in patients infected with human immunodeficiency virus

Severe anemia is common in patients infected with HIV. Treatment with erythropoietin improves outcome, but is effective only if enough iron is available for hematopoiesis. Since ferritin is often increased as part of the acute phase response, alternative parameters to assess iron stores in these patients are required.