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## Correspondence

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### Increasing recognition of haemoglobin Le Lamentin

The haemoglobin variant Le Lamentin ( $\alpha 20$  His  $\rightarrow$  Gln) was first described in 1982 in a negro family in the French West Indies.<sup>1</sup> Subsequently, it has been reported in a Japanese family<sup>2</sup> and in a Spanish family,<sup>3</sup> and recently it was found in a British white man whose haemoglobin displayed an unusual peak when his blood was being assayed for glycosylated haemoglobin (haemoglobin A<sub>1c</sub>) by high performance liquid chromatography (HPLC).<sup>4</sup>

Using a similar technique for HbA<sub>1c</sub>, we have also found a case in the UK. The patient is a 46 year old diabetic woman with a plasma glucose of 11.2mmol/litre and HbA<sub>1c</sub> of 5.5% (reference range, 3.8–5.5%), with a haemoglobin trace on a Menarini HA-8121 analyser that exhibited an unusual early eluting fraction. This, together with our feeling that the HbA<sub>1c</sub> was rather low for the plasma glucose, raised our suspicions that a haemoglobin variant might be present. Therefore, we subjected the blood sample to electrospray ionisation tandem mass spectrometry, as described previously.<sup>4</sup> This revealed that the patient was heterozygous for the Le Lamentin mutation involving substitution of histidine by glutamine at position 20 on one of the  $\alpha$ -chains of haemoglobin. Although the patient's family is based in the north west of England, she says there is a link with Romany gypsies several generations ago, but we did not feel there was sufficient clinical justification for a detailed family study.

Since this finding, we have become aware of three other cases in the UK, making five in all, suggesting that this variant might not be as rare as had hitherto been presumed. Because it seems to have no clinical or haematological consequences in the heterozygous state, becoming apparent only when haemoglobin is subjected to certain ion exchange or isoelectric focusing procedures, its existence may have gone unrecognised. However, it does have implications for the monitoring of glycaemic control by HbA<sub>1c</sub> because the HbA<sub>1c</sub> result is likely to be affected to an indeterminate degree, making

comparison with normal reference ranges erroneous. As long as this is appreciated and taken into account, it should still be possible to use HbA<sub>1c</sub> to follow changes in an individual's glycaemic control, so that improvement or worsening can be detected.

- 1 Sellaye M, Blouquit Y, Galacteros F, *et al.* A new silent hemoglobin variant in a black family from French West Indies. Hemoglobin Le Lamentin  $\alpha 20$  His  $\rightarrow$  Gln. *FEBS Lett* 1982;145:128–30.
- 2 Harano T, Harano K, Shibata S, *et al.* Hb Le Lamentin [ $\alpha 20$  (B1) His  $\rightarrow$  Gln] in Japan: structure, function and biosynthesis. *Hemoglobin* 1983;7:181–4.
- 3 Malcorra-Azpiazu JJ, Balda-Aguirre MI, Diaz-Chico JC, *et al.* Hb Le Lamentin or  $\alpha 20$  (B1) His  $\rightarrow$  Gln<sub>20</sub> found in a Spanish family. *Hemoglobin* 1988;12:201–205.
- 4 Reynolds TM, McMillan F, Smith A, *et al.* Haemoglobin Le Lamentin ( $\alpha 20$  (B1) His  $\rightarrow$  Gln) in a British family: identification by electrospray mass spectrometry. *J Clin Pathol* 1998;51:467–70.

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## Calendar of events

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*Full details of events to be included should be sent to Maggie Butler, Technical Editor JCP, The Cedars, 36 Queen Street, Castle Hedingham, Essex CO9 3HA, UK; email: [maggiebutler@pilotree.prestel.co.uk](mailto:maggiebutler@pilotree.prestel.co.uk)*

### 41st St Andrew's Day Festival Symposium on Therapeutics

6–7 December 2001, Royal College of Physicians, Edinburgh, UK  
*Further details:* Eileen Strawn, Symposium Coordinator. (Tel +44 0131 225 7324; fax +44 0131 220 4393; email [2.strawn@rcpe.ac.uk](mailto:2.strawn@rcpe.ac.uk); website [www.rcpe.ac.uk](http://www.rcpe.ac.uk))

### Urological Surgical Pathology for the Practising Pathologist

18–21 January 2002, Doubletree La Posada Resort, Scottsdale, Arizona, USA  
*Further details:* Department of Continuing Education, Harvard Medical School., PO Box 825, Boston, MA02117-0825, USA. (Tel +1 617 384 8600; Fax +1 617 384 8686; email [hms-cme@hms.harvard.edu](mailto:hms-cme@hms.harvard.edu))

### Clinical Governance and Revalidation: the Role of Clinical Audit

29 January 2002, The Royal College of Pathologists, London, UK  
*Further details:* Kerry Morton, Professional Standards Unit Secretary, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF, UK. (Tel +44 020 7451 6735; Fax +44 020 7451 6701; email [audit@rcpath.org](mailto:audit@rcpath.org))

### British Association of Ophthalmic Pathology

21–22 March 2002, Dunchurch Conference Centre, Dunchurch, Rugby, UK  
*Further details:* Dr D Snead, Pathology Department, University Hospitals Coventry and Warwickshire, Coventry CV2 2DX, UK. (Tel +44 02476 538855; Fax +44 02476 538715; email [david.snead@wh-tr.wmids.nhs.uk](mailto:david.snead@wh-tr.wmids.nhs.uk))

### Surgical Pathology for the Practising Pathologist: Selected Topics

22–25 March 2002, Sanibel Harbour Resort and Spa, Fort Myers, Florida, USA  
*Further details:* Department of Continuing Education, Harvard Medical School, PO Box 825, Boston, MA02117-0825, USA. (Tel +1 617 384 8600; Fax +1 617 384 8686; email [hms-cme@hms.harvard.edu](mailto:hms-cme@hms.harvard.edu))

### Practical Pulmonary Pathology

15–18 April 2002, London, UK  
*Further details:* Professor B Corrin, Brompton Hospital, London SW3 6NP, UK. (Tel +44 (0)20 7351 8420; Fax +44 (0)20 7351 8293; email [b.corrin@ic.ac.uk](mailto:b.corrin@ic.ac.uk))



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