Dear Sir:

In a recent issue of the *American Journal of Tropical Medicine and Hygiene*, Marques et al.\(^1\) reported data on the preservation of Leishmania DNA from clinical samples during the pre-analytic phase of polymerase chain reaction (PCR). Their recommendation to collect, transport and preserve clinical samples from patients with American cutaneous leishmaniasis on filter paper might not per se be extrapolated to other investigations involving amplification of nucleic acids. In contrast to DNA, RNA is quite labile and it has been desirable to remove the targeted sequences from any contaminated RNases released in the specimens.\(^2\) Moreover, commercial products have been available to stabilize RNA in different specimens (RNAlater\(^\text{TM}\); Ambion, Austin, TX).

PCR for leishmanial DNA in skin biopsy tissues was extracted by elution or enzyme digestion.\(^1\) The tissue architecture was never preserved. For an in-depth evaluation of replication of leishmania in the individual skin components in patients with American cutaneous leishmaniasis, it would be mandatory to execute an *in-situ* PCR. With Coxsackieviruses, an *in utero* replication is associated with severe respiratory failure and central nervous system sequel in the neonate. The reverse-transcriptase *in situ* PCR for Coxsackievirus in placental tissues revealed viral RNA in Hofbaur cells and trophoblasts of the terminal villi.\(^3\)

Last but not least, preservation of nucleic acids in clinical specimens for molecular investigations on filter paper\(^1\) might not be satisfactory all the time. During the pre-analytic phase of short tandem repeat DNA typing analysis addition of an alcohol-based tissue fixative, GenoFix, enabled preservation of DNA in biopsy tissue even at room temperature for up to one year and seven months, and at –20°C for up to 3.5 years.\(^4\)

REFERENCES

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