

meets to decide which patients should be referred for further management. The majority of the patients are either children or adolescents with valvular heart disease. It would cost the country less if capacity for conducting such operations was made available at one of the hospitals in Malawi and experts brought once or twice a year to carry out these operations. Coming back to our patient, she illustrates availability of diagnostic tests (some simple e.g. the direct antiglobulin test and others complex) in some national unit may save the government of Malawi large sums of money while at the same time providing quality health care to its people. We are not privy to the amount of money the government of Malawi paid for this patient's care. It is likely to run into millions of Kwacha. However if a national laboratory (dedicated to the task) was available that could do all these tests (with quality control/ and quality assurance that is required) for the nation, we could save a lot of money. Many more patients like this young woman are not investigated to their logical conclusion because of logistical handicaps and end up either living long with disabilities or dying prematurely. It is imperative that antiglobulin tests be made available at the main referral hospitals and technologists trained to perform these tests to the highest quality possible. QECH and Kamuzu Central Hospitals being teaching hospitals, need to be provided with the capacity to carry out such tests for the nation.

References

1. Lewis DK, Peters RP, Schijffelen MJ, Joaki GR, Walsh AL, Kublin JG, Kumwenda J, Kampondeni S, Molyneux ME, Zijlstra EE Clinical indicators of mycobacteraemia in adults admitted to hospital in Blantyre, Malawi.: *Int J Tuberc Lung Dis*. 2002 Dec;6(12):1067-74.
2. Gordon MA, Banda HT, Gondwe M, Gordon SB, Boeree MJ, Walsh AL, Corkill JE, Hart CA, Gilks CF, Molyneux ME. Non-typhoidal salmonella bacteraemia among HIV-infected Malawian adults: high mortality and frequent recrudescence. *AIDS*. 2002 Aug 16;16(12):1633-41. *AIDS*. 2002 Aug 16;16(12):1633-41.
3. Evans RS, Takahashi K, Duane RT, Payne R, Liu C. Primary thrombocytopenic purpura and acquired hemolytic anemia: evidence for a common etiology. *AMA Arch Intern Med* 1951;87:48-65.
4. Alice Norton and Irene Roberts: Management of Evans syndrome *British Journal of Haematology*.
5. Seung-Woo Baek, Myung-Won Lee, Hae-Won Ryu, Kyu-Seop Lee, Ik-Chan Song, Hyo-Jin Lee, Hwan-Jung Yun, Samyong Kim, Deog-Yeon Jo: Clinical features and outcomes of autoimmune hemolytic anemia: a retrospective analysis of 32 cases: *Korean J Hematol* 2011;46:111-7.
6. Hwan-Jung Yun, Samyong Kim, Deog-Yeon Jo: Clinical features and outcomes of autoimmune hemolytic anemia: a retrospective analysis of 32 cases: *Korean J Hematol* 2011;46:111-7
7. Costallat GL, Appenzeller S, Costallat LT. Evans syndrome and Systemic Lupus Erythematosus: Clinical presentation and outcome of Evans syndrome and Systemic Lupus Erythematosus: Clinical presentation and outcome: *Joint Bone Spine*. 2012 Jul;79(4):362-4. Epub 2011 Sep 23.
8. Greenbaum, Joseph M. McMann, Kathleen E. Sullivan, Susan F. Travis and Stephan A. Grupp David T. Teachey, Catherine S. Manno, Kelly M. Axsom, Timothy Andrews, John K. Choi, Barbara H. Unmasking Evans syndrome: T-cell phenotype and apoptotic response reveal autoimmune lymphoproliferative syndrome (alps) blood, 15 march 2005 _ volume 105, number 6
9. Hochberg MC. Updating the American College of Rheumatology revised criteria for the classification of systemic lupus erythematosus. *Arthritis Rheum* 1997;40:1725.
10. Michel M, Chanet V, Dechartres A, et al. The spectrum of Evans syndrome in adults: new insight into the disease based on the analysis of 68 cases. *Blood* 2009;114:3167-72.