The recent report on “CEA and CA19-9 for detecting a previously undiagnosed cancer in patients with acute ischemic stroke” is very interesting. Hiraga et al. concluded that “gastrointestinal cancer was frequent in ischemic stroke patients…among Japanese patients”, and “measurements of CEA and CA19-9 levels are easy and useful screening for the detection of occult malignancies”. The important concern of this report is on the very few subjects. There is also limitation of CEA and CA19-9, with or without acute ischemic stroke, where high rate of false positive result can be seen when using the test for detection of cancers such as pancreatic cancer and colon cancer. The laboratory technique used for determination of CEA and CA-19-9 is also crucial. Some techniques pose interference and can lead to the incorrect diagnosis. The technique using human anti-mouse antibodies appear to be superior.

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