

Letters in Response to the Previously Published Articles

Actinomycotic osteomyelitis

Sir,

I read with interest the case report by Ingle *et al.* on actinomycotic osteomyelitis.¹ It is obvious that immunodeficient individuals are more vulnerable to have a wide range of opportunistic infections due to low immunity. Human immunodeficiency virus (HIV) infection is the leading cause amongst immunodeficient states. To my knowledge, HIV infection is a substantial health problem in India. The current national prevalence is approximately 0.26% compared with a global average of 0.2%.² Interestingly, despite impairment of cellular and humoral immunity that accompany HIV infection, the prevalence of actinomycosis in the HIV-infected population has remained low.³ As the author did not assess the immune status of their studied patient, I presume that the occurrence of actinomycotic osteomyelitis should raise the suspicion of underlying HIV infection. Hence, the contemplation of diagnostic panel of CD4 count and viral load estimation could be considered as valid in this context. If that diagnostic panel was done and it disclosed concomitant HIV infection, the case in question could be considered a novel case report as HIV-associated actinomycotic osteomyelitis has never been reported in the literature so far.

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Conflicts of interest

There are no conflicts of interest.

Mahmood Dhahir Al-Mendalawi

Department of Paediatrics, Al-Kindy College of Medicine, University of Baghdad, Baghdad, Iraq

Correspondence: Prof. Mahmood Dhahir Al-Mendalawi,
P.O. Box 55302, Baghdad Post Office, Baghdad, Iraq.
E-mail: mdalmendalawi@yahoo.com

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