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.

Financial support and sponsorship
Nil.

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

References
1. Ingle Y, Madalli R, Reddy MGS, Kheur S, Ingle M. Actinomycotic osteomyelitis. Indian J Dermatol Venereol Leprol 2017;83:468-9.
2. Paranjape RS, Challacombe SJ. HIV/AIDS in India: An overview of the Indian epidemic. Oral Dis 2016;22 Suppl 1:10-4.
3. Chaudhry SI, Greenspan JS. Actinomycosis in HIV infection: A review of a rare complication. Int J STD AIDS 2000;11:349-55.

Author reply

Sir,
The patient had undergone curettage for the initial lesion as well as skin grafting. When the patient reported to our college with swelling, we had carried out an extensive list of diagnostic tests on him, including human immunodeficiency virus (HIV) and hepatitis tests due to his previous reports of noma.

The patient was HIV negative. This kind of immunological deficit could also be seen in severe malnutrition or due to postsurgical complication.

Conflicts of interest
There are no conflicts of interest.

Supriya Kheur
Department of Oral Pathology and Microbiology, Dr. D.Y.Patil Vidyapeeth, Dr. D. Y. Patil Dental College and Hospital, Pune, Maharashtra, India

Financial support and sponsorship
Nil.
Letters to the Editor

How to cite this article: Kheur S. Author reply. Indian J Dermatol Venereol Leprol 2018;84:184-5.

Received: December, 2017. Accepted: December, 2017.

© 2018 Indian Journal of Dermatology, Venereology and Leprology | Published by Wolters Kluwer - Medknow

Correspondence: Dr. Supriya Kheur, Department of Oral Pathology and Microbiology, Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune, Maharashtra, India. E-mail: supriya.kheur@dpu.edu.in

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.