Dear Editor,

With great interest, I read the first case report on the isolation of *Nocardia thailandica* from the bronchoalveolar lavage sample of an Iranian patient (IJMS volume September 2018). In light of the rarity of that opportunistic infection, I believe that the authors should have considered the impaired immune status of the studied patient. Among impaired immune states, infection with human immunodeficiency virus (HIV) is universal. My rationale is based on the following point. It is obvious that apart from neoplasms, immunocompromised individuals are more vulnerable to various types of opportunistic infections compared to immunocompetent individuals. The increased vulnerability has been attributed to different factors, namely low immunity, co-infection with oncogenic viruses, and lifespan extension following antiretroviral treatment. In Iran, HIV infection is a growing health threat. Although no recent nationwide data on HIV prevalence in Iran are yet available, according to 2016 statistics, there were 5,000 (1,400-13,000) new cases of HIV infections and 4,000 (2,500-6,200) AIDS-related deaths. Since 2010, new cases of HIV infections have increased by 21%, while AIDS-related deaths have decreased by 14%.

Regrettably, in the above-mentioned case report, neither the HIV status of the studied patient was explicitly stated, nor was the exact activity of the diagnostics panel to determine the HIV status clearly described. The authors only mentioned that “there was no apparent evidence of immunodeficiency or HIV infection.” Obviously, both the panel that determines the HIV viral load in plasma, as well as the CD4 lymphocyte count, play a pivotal role in the diagnosis of HIV infection. If that panel was formed and HIV infection was diagnosed, then the case in question would truly widen the spectrum of *Nocardia* species of HIV-associated pulmonary Nocardiosis; a rarely reported topic in the world’s literature.

Conflict of Interest: None declared.


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References


