First Report on the Isolation of Nocardia Thailandica from the Bronchoalveolar Lavage sample of a Patient in Iran

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).¹ 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.² 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%.³

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".¹ 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 Nocardiae species of HIV-associated pulmonary Nocardiosis; a rarely reported topic in the world's literature.^{4, 5}

Conflict of Interest: None declared.

Please cite this article as: Al-Mendalawi MD. First Report on the Isolation of Nocardia Thailandica from the Bronchoalveolar Lavage sample of a Patient in Iran. Iran J Med Sci. 2019;44(1):79. doi: 10.30476/IJMS.2019.40616.

Mahmood D. Al-Mendalawi, MB, CH.B, DCH, FICMS;

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

Correspondence:

Mahmood D. Al-Mendalawi, MB, CH.B, DCH, FICMS; Department of Paediatrics, Al-Kindy College of Medicine, Baghdad Post Office, P. O. Box: 55302, Baghdad, Iraq **Tel:** +96 40 15548170 **Email:** mdalmendalawi@yahoo.com Received: 30 October 2018 Revised: 07 November 2018 Accepted: 28 November 2018

References

- 1 Bourbour SP, Keikha MM, Faghri JP. First Report of the Isolation of Nocardia thailandica from the Bronchoalveolar Lavage of a Patient in Iran. Iran J Med Sci. 2018;43:560-3. PubMed PMID: 30214111; PubMed Central PMCID: PMCPMC6123558.
- 2 Valencia Ortega ME. Malignancies and infection due to the human immunodeficiency virus. Are these emerging diseases? Rev Clin Esp. 2018;218:149-55. doi: 10.1016/j.rce.2017.07.011. PubMed PMID: 28874261.
- 3 UNAIDS [Internet]. Country, Islamic Republic of Iran. (Accessed 2018 Sept 25). Available from: http:// www.unaids.org/en/regionscountries/countries/islamicrepublicofiran
- 4 Koibuchi T, Takahashi T, Nakamura T, Suzuki M, Minamoto F, Oyaizu N, et al. The first isolation of Nocardia nova from an HIV-1 infected individual in Japan. J Infect Chemother. 2002;8:358-60. doi: 10.1007/s10156-002-0189-3. PubMed PMID: 12525899.
- 5 Imai K, Koibuchi T, Kikuchi T, Koga M, Nakamura H, Miura T, et al. Pulmonary nocardiosis caused by Nocardia exalbida complicating Pneumocystis pneumonia in an HIV-infected patient. J Infect Chemother. 2011;17:547-51. doi: 10.1007/s10156-011-0211-8. PubMed PMID: 21249414.