

The Authors' Reply

Dear Editor,

We would like to thank Professor Al-Mendalawi for his interest in our recently published case report and subsequent comments. Below are our clarifications to his comments.

There are several reports on *Nocardia* infection in patients with an immune disorder, particularly in HIV-infected patients. Based on the available literature, *Nocardia* spp. is saprophyte and lives in the surrounding environment. It can easily be transmitted to the human body through aerosol inhalation (e.g. farming), cutaneous trauma, etc. Moreover, there are numerous reports on nocardiosis in healthy individuals.^{1,2}

The patient in our case report was a 52-year-old man. We reviewed his medical history and latest clinical examination report. Based on the clinical evidence, his immune system was normal and there was no sign of any immune disorder diseases (e.g. recurring fever, chronic fatigue, lesions in the mouth/nose, or skin rashes). Upon admission to the hospital, our first evaluation indicated that his complete blood count (CBC) was within the normal range (WBC: $11.2 \times 10^3/\mu\text{l}$, lymphocytes: 37%). Based on the follow-up report, the patient has fully recovered and regained his health. Moreover, the patient is without HIV infection risk factors and considered to be a healthy individual. We trust that our findings will contribute to the microbial pathogenesis of this rare species.

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References

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- 2 Hashemi-Shahraki A, Bostanabad SZ, Heidarieh P, Sheikhi N, Biranvand M, Alavi SM, et al. Species spectrum of *Nocardia* spp. isolated from suspected tuberculosis patients. *Health (N Y).* 2015;7:847-58. doi:10.4236/health.2015.77100.