

# LETTER TO THE EDITOR

DOI: <http://dx.doi.org/10.5915/15-3-12412>

To the Editor:

Since the publication of my article<sup>1</sup> in the January, 1983 issue of JIMA, some new observations have been made. These might give the readers more insight into the natural history and preventive measures in AIDS.

Recent reports from the Center for Disease Control (CDC) in Atlanta suggest occurrence of human T. cell Leukemia virus (HTLV) infection in patients with AIDS.<sup>2</sup> HTLV agents are retroviruses of Ribonucleic acid (RNA) type containing a reverse transcriptase. These viruses are associated with certain types of adult T. cell neoplasms and are seen in a variety of neoplastic diseases in animals. Some of these viruses in animals (Feline) are reported to give rise to immune deficiency. HTLV has been isolated from T. lymphocytes in peripheral blood of several patients with AIDS. Antibodies to antigens expressed on cell surface on HTLV have also been detected in Sera of patients with AIDS. These findings do not conclusively implicate HTLV in the Etiology of AIDS but constitute a basis for further research.

Another finding points toward the association of increased incidence of atypical mycobacterial infection in patients with AIDS.<sup>3</sup> These patients fail to evoke the typical granulomatous response characteristically seen in tuberculous infections. Therefore, it is advisable to do an Acid Fast Stain on bone marrow biopsy specimens in addition to routine hematoxylin and Eosin Staining.

The presence of a rare human infestation, cryptosporidiosis in AIDS patients was reported by the CDC in MMWR in 1982.<sup>4</sup> Recent reports<sup>5</sup> have indicated the occurrence of cryptosporidiosis in normal immunocompetent persons who had direct contact with infected animal feces. This infestation is of moderate severity and rather self-limited in immunocompetent persons but runs a fulminant course in patients with AIDS. Persistent cryptosporidiosis in patients who are highly susceptible to AIDS may be considered as a marker for the development of this immune deficiency.<sup>4</sup> In a recent study<sup>5</sup> of large bowel biopsy samples from AIDS patients the parasites were located within

microvillous borders of enterocytes, deep within rectal crypts. Multiple stool examination can be done to monitor the course of the disease.

Although the cause of AIDS remains an enigma, Public Health Services have recommended the following measures to reduce the risk of acquiring AIDS:<sup>6</sup>

- (1) Sexual contact should be avoided with persons known or suspected of having AIDS.
- (2) Members from high risk group, alluded to in earlier literature (RN), should refrain from donating plasma and/or blood. This temporary measure is of crucial importance, since there are no specific tests to detect AIDS at early stages in a potential donor.
- (3) Physicians should adhere strictly to medical indications of blood transfusion.
- (4) Autologous transfusions should be encouraged.
- (5) Safer blood products should be developed for use in hemophilia patients.

## References

1. Nyeem, R.; Current Concepts: AIDS, JIMA, 15:15-27, 1983.
2. Morbid Mortal Weekly Rep. 32:18, 1983, CDC. Atlanta.
3. Cohen RJ, Samoszuk MK, Busch D, Lagios M, occult infections with *M. Intercellulare* in bone-marrow biopsy specimens from patients with AIDS. NEJM 308: 1475-1476, 1983
4. Cryptosporidiosis: Assessment of Chemotherapy of males with AIDS. Morbid Mortal Weekly Rep. 31: 589-92, 1982.
5. Current, WL, Reese NC etal, Human Cryptosporidiosis in immunocompetent and immunodeficient persons: N. Engl. J Med. P 1252-1257, 1983.
6. Morbid Mortal Weekly Rep. 32: 101-103, 1983.

Rasheda Nyeem, M.D.  
Pathologist  
North East Florida State Hospital