

Comments on article "Molecular characterization and phylogenetic analysis of Microsporidia and *Cryptosporidium* spp. in patients with multiple bowel biopsies from Fars Province, Iran"

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Dear Editor,

We read with great interest the article by Motazedian et al. entitled "Molecular characterization and phylogenetic analysis of Microsporidia and *Cryptosporidium* spp. in patients with multiple bowel biopsies from Fars Province, Iran" published in the *Annals of Parasitology* 2016, 62 (4), 321–330 [1]. On the basis of their published article, the authors explained that only one report of Microsporidia infection in patients from Iran had been submitted to PubMed before their study. While, there are also two other reports of human intestinal microsporidiosis in patients from Iran that had been submitted to PubMed [2,3] and one of the authors of these articles submitted is Prof. Motazedian from Department of Parasitology and Mycology of Shiraz University of Medical Sciences.

In addition, Prof. Motazedian and his colleagues who performed their study, used positive controls which had been obtained from HIV/AIDS patients with chronic or persistent diarrhea by Dr. Agholi in Department of Parasitology and Mycology of Shiraz University of Medical Sciences and Prof. Motazedian and his colleagues were totally aware of this.

On the basis of their findings, Motazedian et al. reported that cryptosporidiosis and microsporidiosis were significantly associated with the occurrence of

inflammatory reaction in three immunocompetent patients with chronic diarrhea, whereas in their article published, there is no photomicrograph showing histopathologic changes as inflammatory reaction and the presence of oocysts of *Cryptosporium* in the brush border of epithelial cells of the small or large intestine or intracellular spores of *Enterocytozoon bienersi*.

Cryptosporidiosis and microsporidiosis are most common among patients with AIDS, in these hosts diarrhea can be chronic, persistent and remarkably profuse, causing clinically significant fluid and electrolyte depletion, while, less common among patients with other types of immunocompromised, and rare among immunocompetent hosts. In immunocompetent persons, the illness usually subsides after 1-2 weeks (acute diarrhea) [4]. Nowadays, several clinical laboratory tests are carried out to evaluate immune state such as immunoglobulin levels, delayed hypersensitivity skin tests, test for oxidative burst in phagocytes, consideration of flow cytometry to quantify T cells, T-cell subsets, B cells and NK cells and so on, which are applied techniques [5]. It is therefore recommended that careful immunological clinical evaluation be undertaken for patients presenting with chronic diarrhea to rule out immunodeficiency.

On the basis of these observations, it can be argued that the some conclusions reported by the authors are not entirely supported by their results.

References

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