



# Enfermedades Infecciosas y Microbiología Clínica

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## Letters to the Editor

### Long term persistence of Zika virus after the onset of symptoms



#### *Persistencia a largo plazo del virus Zika después de la aparición de los síntomas*

Dear Editor,

The recent publication on “long term persistence of Zika virus after the onset of symptoms” by Oliveira Souto et al. is very interesting.<sup>1</sup> Oliveira Souto et al. noted for “the persistence of Zika virus in semen samples for long periods after infection.” In fact, the sexual transmission of Zika infection is possible and the existence of the Zika virus in the semen is confirmed.<sup>1</sup> Nevertheless, there has never been any systematic report to study how long that the virus can remain in the reproductive system of the infected persons. As noted by Atkinson et al.,<sup>2</sup> “viral RNA clearance times are not consistent and can be prolonged.” In the endemic area, the asymptomatic Zika virus infection is very common and the contamination of virus in the semen is a big concern.<sup>3,4</sup>

Focusing on the present report on the period of existence of virus in semen, there are some interesting concerns. First, the exact period of existence cannot be told. Since the onset of symptom of Zika virus infection can be at any time after getting contact with the pathogenic virus.<sup>5</sup> Therefore, the actual period of semen contamination can be very long and longer than 93 days. Second,

the possibility that the patient get the repeated infection after the first onset cannot be ruled out. There is no proof that the identified virus in the semen in the mentioned case at the different period during follow-up is from the same origin.

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2529-993X/

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DOI of original article: <http://dx.doi.org/10.1016/j.eimc.2016.12.012>

### Reply to the letter: Long term persistence of Zika virus after the onset of symptoms



#### *Respuesta a la carta: Persistencia a largo plazo del virus Zika después de la aparición de los síntomas*

Dear Editor:

Thank you for your considerations on our study. Regarding your concerns, we indicate in the manuscript that “Unfortunately, samples between the third and the sixth month after symptomatic illness were not available for testing. We can only suggest that

somewhere between 93 and 201 dpi ZIKV RNA declined to undetectable levels” and therefore anticipate that the virus could have persisted in the semen of our patient for longer than 93 days.

In respect to the possibility that the patient could have been reinfected, we have to say that it would be extremely unlikely since reinfections have not been reported in the literature in contrast to viral persistence in semen. Experiments conducted in non-human primates support that ZIKV infection induces protective immunity.<sup>1</sup>

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DOI of original article: <http://dx.doi.org/10.1016/j.eimc.2017.07.009>

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**Percutaneous bone biopsy is different to per-wound bone biopsy. Comments on “Diabetic foot osteomyelitis: Is conservative treatment possible?”<sup>☆</sup>**



***Biopsia ósea percutánea es diferente de biopsia ósea transulcerosa. Comentarios a «Osteomielitis de pie diabético: ¿es posible un manejo conservador?»***

Dear Editor,

International working groups currently accept that diabetic foot osteomyelitis can be successfully treated with antibiotics alone, even producing similar results to surgery.<sup>1,2</sup> There is also a consensus that in order to treat such patients with antibiotics alone, a sample of the infected bone should be obtained. This ensures that reliable data on the microorganism involved in the infection and its sensitivity to antibiotics are obtained.<sup>1</sup> Bone specimens may be obtained during surgery or via percutaneous biopsy, which is considered the gold standard for microbiological diagnosis.<sup>3</sup> Jordano-Montañez et al.<sup>4</sup> stated in their article that all bone samples were obtained by percutaneous bone biopsy, which was a requirement for inclusion in the study.<sup>4</sup> The percutaneous bone biopsy technique is performed through healthy skin at least 20 mm from the ulcer edge. The procedure is performed in the operating room by an experienced surgeon using a biopsy needle under fluoroscopic guidance.<sup>5</sup> The aim is to obtain an uncontaminated specimen to treat the patient with antibiotics only. This, however, does not seem to have been the procedure performed by Jordano-Montañez et al. for two reasons. The fact that it mentions that no swab was used indicates that the bone specimen was taken through the ulcer itself. Also, the authors defined surgical debridement of the ulcer and of the maximum amount of affected bone through the ulcer using minimal resections at the Podiatry outpatients clinic together with antibiotic treatment as conservative treatment. Taking the patient to the operating room for a percutaneous biopsy and then performing surgical debridement and bone resection at the Podiatry clinic does not appear to be a logical sequence. It can be deduced from the context of the article that what the authors actually did was debride the infected bone at the Podiatry clinic and then send the bone fragments to the microbiology laboratory. This is not a percutaneous biopsy, but rather a per-wound biopsy, a similar procedure to the one used by Lesens et al. with which

they achieved a remission rate of 81%.<sup>6</sup> The authors need to clarify whether the 73% cure rate is the result of taking bone specimens via wound and bone debridement at the podiatry clinic. If this is the case, the cure rate cannot be attributed to the use of percutaneous bone biopsy-guided antibiotic therapy since this concept has been used incorrectly. Furthermore, the authors declare that diagnosis was made in all episodes on the basis of positive bone culture results. This means that an isolate was obtained from all specimens with its corresponding sensitivity to antibiotics. Why was culture-guided antibiotic therapy not used in 9% of cured patients and 23% of non-cured patients? This must be clarified because the authors linked the use of culture-guided antibiotic therapy to improved lesion prognosis. However, the authors cannot establish this link since no statistical significance was obtained in either the bivariate analysis ( $p = 0.12$ ) or the logistic regression analysis ( $p = 0.05$ ).

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DOI of original article: <https://doi.org/10.1016/j.eimc.2017.08.009>.

<sup>☆</sup> Please cite this article as: Aragón-Sánchez J. Biopsia ósea percutánea es diferente de biopsia ósea transulcerosa. Comentarios a «Osteomielitis de pie diabético: ¿es posible un manejo conservador?». *Enferm Infecc Microbiol Clin.* 2018;36:66.