


Immature teratoma of the posterior fossa in an infant: Case report

Bir bebekte posterior fossanın immatür teratomu: Olgu sunumu

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Dear Editor,

Zhang et al. (1) nicely described a 2-month-old Chinese infant with immature teratoma of the posterior fossa, clinical picture, and physical, radiologic, and histopathologic examinations. I assume that the rare occurrence of that neoplasm at an unusual site in the studied infant should alert the authors to consider defective immune status, particularly infection with human immunodeficiency virus (HIV). My assumption is based on the following point. It is explicit that children with perinatal exposure to HIV are at increased risk to various neoplasms compared with their non-exposed counterparts (2). In China, HIV infection is an important health hazard. Although the overall HIV prevalence for pregnant women who lived in mainland China in 2016 (34.0/100 000) was reported to rank at low levels worldwide, it markedly differed across the whole country with two high-prevalence-clustered areas: the Yunnan province along with its bordering areas and Midwest of Xinjiang Uygur Autonomous Region (3). Regrettably, the HIV status of the mother of the studied infant was not defined and hence, some sort of vertical HIV transmission ought to be taken into consideration in the studied infant. I assume that the authors did not consider an underlying HIV infection in the case in question. This is obvious as the authors vaguely mentioned that “laboratory examinations were normal” (1). They did not address exactly the employed laboratory tests. Therefore, planning for the diagnostic panel of a CD4 lymphocyte count and viral overload estimations was solicited in the studied infant. If that cluster of tests were accomplished and it revealed HIV infection, the case in question could be obviously regarded a novel case report in China. It will ultimately broaden the spectrum of HIV-associated teratoma in the pediatric literature (4).

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you can put forward your opinions on this article. Before the operation of this case, related laboratory test were performed, including the HIV test. Certainly, The result of HIV was negative. So, this infant is not a child with HIV infection. Thank you again for your suggestion.

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Authors' Response

Dear Editor,

Thank you very much for your letter, and I'm glad that

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