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Reply

Sir—We appreciate the interest of Cheng and Khairullah in our case report about antiphospholipid syndrome related to acute cytomegalovirus (CMV) infection in an immunocompetent host [1]. Prieto et al. showed strong evidence that hepatitis C virus (HCV) infection is associated with the presence of antiphospholipid autoantibodies and a high incidence of thrombotic disorders in this group of patients [2]. Therefore, there is growing evidence that antiphospholipid autoantibodies related to viral infections could be pathogenic and are not only an epiphenomenon. However, there is some evidence that enveloped virus could have some procoagulant activities. For example, it has been shown that the CMV surface contains the necessary procoagulant phospholipid for coagulation enzyme complex assembly [3].

In addition, patients with cirrhosis secondary to HCV infection and thrombosis could have other procoagulant alterations that explain the thrombotic problems [4]. In this sense, the hypothesis of Cheng and Khairullah about probable pathways for anticardiolipin induction during viral infections should be considered and explored. Further studies to define the pathogenic role of anticardioliopin antibodies in relation to various infections are warranted.

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