Finally, we agree with Dr. Singh that careful prospective surveillance in examining the associations between the intensity and type of prior antifungal therapy and the spectrum and severity of invasive mold infections will be important.

Dimitrios P. Kontoyiannis
Department of Infectious Diseases, The University of Texas M. D. Anderson Cancer Center, Houston

References


Clinical Infectious Diseases 2002; 34:1281–3 © 2002 by the Infectious Diseases Society of America. All rights reserved. 1058-4838/2002/3409-0024$03.00

Reply
Sir—A major objective of my review was to emphasize the judicious use of antifungal agents [1]. We have now entered an era in which antifungal prophylaxis is being applied imprudently, in my opinion, in many clinical settings. In my review, I discussed the potential for an association between an increased incidence of invasive mold infections and prior fluconazole use.

According to conventional wisdom, aspergillosis is an airborne infection for which the respiratory tract is the primary portal of acquisition. Emerging data, however, have raised the possibility that nosocomial aspergillosis may also be a waterborne infection [2]. That the gastrointestinal tract may potentially harbor Aspergillus species, therefore, is not entirely implausible. It has been proposed that, unlike Candida species, Aspergillus spores may not survive or meet conditions that are conducive to their proliferation in the healthy mucosa of the gastrointestinal tract [3]. However, impaired integrity of the gut, such as that caused by mucosal ulcerations or mucositis (e.g., in patients with hematopoietic malignancies who are receiving cytotoxic chemotherapy), may render Aspergillus colonization and subsequent infection feasible [3]. It is unlikely that longer survival alone accounts for a higher incidence of mold infections, because these infections occurred relatively early in the posttransplantation period [4].

The precise mechanism by which fluconazole may potentially increase the risk of invasive aspergillosis is not known. Overcoming resistance to colonization is one possibility that has been proposed. Dr. Kontoyiannis [5], on the basis of his unpublished data (as demonstrated in figure 1 of his letter [5]), has proposed other possibilities that are thoughtful and compelling. Regardless, these observations emphasize the concept that antimicrobial prophylaxis must not be indiscriminately used. Such practices may be associated with sequelae that may be unexpected and unforeseen.

Nina Singh
Infectious Disease Section, Veterans Affairs Medical Center, Pittsburgh, Pennsylvania

References


Reprints or correspondence: Dr. Nina Singh, Infectious Disease Section, Veterans Affairs Medical Center, Pittsburgh, Pennsylvania

Safety of Lactobacillus Strains Used as Probiotic Agents

Sir—We read with interest the excellent review of the role of probiotic agents in