nderwent surgical exploration 48 h after admission to the hospital because of the rapid extension of the cutaneous lesions and the persistence of high fever, chills, and worsening sepsis. Initial surgical exploration revealed purulent collections of fluid and inflamed tissue alongside the deep fascias. 

*S. pneumoniae* was recovered from cultures of intraoperative wound aspirate specimens. The patient subsequently underwent daily surgical debridement because of persistent necrosis of skin and of subcutaneous tissue. On hospital day 19, a skin graft was performed; the patient made an uneventful recovery and was discharged on hospital day 24.

Necrotizing fasciitis of the limbs following minor trauma is usually caused by β-hemolytic streptococci or polymicrobial flora (aerobic and anaerobic) that include streptococci. 

*S. pneumoniae* is a distinctly unusual etiologic agent. It has been documented by results of cultures of blood samples or wound aspirates in a few reports [1, 2]. Most of the patients described in these reports had severe underlying disease and/or were immunocompromised because of drug abuse, diabetes, chronic renal failure, systemic lupus erythematosus, hypocomplementemia, or underlying coagulopathy. In several of these patients, necrotizing fasciitis appeared to be associated with the administration of systemic anti-inflammatory agents, either steroids or NSAIDs.

The relationship between the systemic administration of NSAIDs and the risk of severe cutaneous infection has been debated in the literature since the 1980s [1, 3]. A recent case-control study of pediatric patients with varicella suggests that an increased risk of necrotizing fasciitis is associated with oral administration of NSAIDs to patients with cutaneous lesions [4]. Our patient did not take NSAIDs systemically but only applied them topically, which is an unusual circumstance to find associated with necrotizing fasciitis. In none of the previously described cases of necrotizing fasciitis were anti-inflammatory agents administered topically. The case we describe suggests that the caution applied to the use of systemic NSAIDs should be extended to the use of topical NSAIDs to treat patients who sustain minor trauma and have skin lesions.

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References


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Clusters of Cases of Invasive Aspergillosis in Transplant Units: Nosocomial Spread or Enhanced Virulence?

Sir—I read with interest the report by Pegues et al. [1] in which the authors described what appeared to be an episode of cross-infection with *Aspergillus fumigatus* among patients on a liver transplant unit. Pegues et al. may not have been aware of a similar episode, on a renal transplant ward, that we documented in 1994 [2]. We also were able to show, by molecular typing techniques, that the strains infecting the patients appeared to be identical to each other but different from environmental isolates. The intriguing and unresolved issue that is highlighted by both these reports is whether the cases described represent “chance” infection by the prevalent strain or whether they are indicative of the fact that some strains of *Aspergillus* are intrinsically more virulent. If the latter is correct, these cases might be explained by an outbreak due to a common source rather than by cross-infection, a distinction that is of obvious practical importance.

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Efavirenz-Associated Severe Hyperlipidemia

Sir—Efavirenz is a nonnucleoside-analogue reverse-transcriptase inhibitor that is used in combination with nucleoside-analogue reverse-transcriptase inhibitors for the treatment of HIV-infected patients. Efavirenz mainly has neuropsychiatric and cutaneous side effects. The metabolic effects of efavirenz have been poorly described, and only a few studies have shown that efavirenz could be associated with an increase in plasma levels of total cholesterol (TC) and triglycerides (TG) [1, 2]. Recent reports of breast hypertrophy and gynecomastia among patients treated with efavirenz have suggested that this therapy could have some consequence in fat tissue [3, 4]. For patients with lipodystrophy, if switching therapy from a regimen that