Pinta: Specific Disease or Anomalous Skin Reaction?

Sir—Although Giuliani et al. [1] refer to pinta as a separate disorder, and it has been suggested that its pathology is limited to the skin, review of the literature on pinta actually revealed the presence of bone involvement [2]. That pattern of bone involvement in the pinta-afflicted individual was no different from the endemic pattern of treponematoses found in the area [3]. Pinta simply appears to represent an anomalous dermatologic reaction complicating treponemal disease, which, in the case described by Kim et al. [4], was syphilis.

The name “pinta” does have an intriguing history. Ruiz Díaz de Isla, the physician of the commander of the ship Pinta in Columbus’s fleet, was the first to recognize then the new disease we now call syphilis [3]. Thus, pinta comes full circle in the saga of the treponematoses.

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References


HIV Testing and Privacy Laws

Sir—We read with interest the recent editorial by Beckwith et al. [1] regarding routine HIV testing. We agree that this is an admirable goal and have worked to incorporate this into our regular practice. However, we are concerned that this recommendation does not take into account the tremendous obstacles that are present as a result of privacy laws and the cultural stigma surrounding the diagnosis of HIV infection.

In Wisconsin, as in approximately two-thirds of all states [2], we must, by state law, obtain signed informed consent before sending a patient’s specimen for HIV testing. This requirement is intended to protect the privacy of the person tested, particularly by prohibiting unauthorized release of test results, as well as to ensure the patient receives counseling in the case of a positive result. These are worthy ideals, but the unfortunate fact is that the special procedures required affect only HIV testing. They do not pertain to testing for gonorrhea or syphilis, pregnancy or lung cancer, hemochromatosis or hepatitis C. Although we respect the concerns of those infected with HIV, we see no logical reason for this double standard, and we would like to see leaders in the infectious diseases community work to revise it. We would, in fact, like to make HIV testing as routine as testing for diabetes and lipid disorders.

Like health professionals from most institutions, we, too, struggle with issues of cost and bureaucracy. Both physicians and staff spend an inordinate amount of time getting hard-copy paperwork filled out, authorizations signed and stored, etc. More liberal use of testing would mean a drastic increase in the burden of paper work and would actually interfere with our ability to take care of ill patients. Moreover, we note that current Health Insurance Portability and Accounting Act (HIPAA) regulations already protect the confidentiality of test results.

While we certainly agree with the goal of making HIV testing routine, we cannot support it unreservedly without addressing the issues of excessive bureaucracy, cost, and the double standard of privacy and written informed consent for this diagnosis.

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