the incidence of vancomycin-resistant enterococci infection in a medical intensive care unit, which would seem to support the claim that clothes are a potential for NIs. NI accounted for 1.7 million infections in 2002, which resulted in 99,000 deaths in the United States, and it is estimated to cost $6.7 billion per year [19, 20]. With such a significant impact from NIs, it is understandable that preventing them is a desirable outcome; however, the AMA took the appropriate position in recommending more research before implementing resolutions or guidelines on the removal of white coats or implementing a bare below the elbows policy in the United States.

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References


Mixed Cryoglobulinemia: A Role for Parvovirus B19 Infection

To the Editor—The association of parvovirus B19 with autoimmune conditions has been reported with increasing frequency, including in patients with vasculitis (mainly polyarteritis nodosa). Here, we describe a patient with mixed cryoglobulinemia that followed acute B19 infection.

A 37-year-old white woman was admitted to our hospital because of new-onset symmetrical and febrile polyarthralgia, which affected her wrists, elbows, knees, and ankles, without joint swelling. She had no notable medical history and was taking no medications. The onset of symptoms occurred just after she had visited the mountains, 2 weeks before admission. Although these symptoms resolved rapidly and spontaneously, she presented with severe myalgia and weakness of lower limbs.

Physical examination revealed a painful infiltration of the calves that predominated on the right. There was no associated cutaneous manifestation, and neurological examination and muscular strength were normal. Laboratory data at hospital admission included a mild increase in the C-reactive protein level (to 0.34 mg/dL) and normocytic regenerative anemia (hemoglobin level, 109 g/L). The serum level of creatine phosphokinase was normal. Magnetic resonance imaging revealed hypersignal (T2STIR) related to an inflammatory diffuse muscular infiltration of lower limbs (Figure 1). Immunological analysis revealed no antinuclear or antineutrophil cytoplasmic antibodies but did reveal rheumatoid factor (320 UI/mL; normal level, <15 UI/mL), complement consumption of the C4 fraction (0.05 g/L; normal range, 0.2–0.4 g/L), and abundant mixed cryoglobulin (type II with monoclonal immunoglobulin [lg] M component). Sero logical tests for hepatitis viruses A–C, human immunodeficiency virus, cyto-
patients have been previously reported to have mixed cryoglobulinemia associated with parvovirus B19 [2, 3]. However, we and others were not able to find such an association with the serologic screening of large series of patients with mixed cryoglobulinemia [4, 5]. One explanation could be the high seroprevalence of parvovirus B19 infection among adults in Europe (prevalence, 30%–60%). In our patient, the absence of other etiologic factor of mixed cryoglobulinemia, the spontaneous clinical resolution with concomitant disappearance of both IgM antibodies to B19 and cryoglobulinemia are in favor of a causal association. In addition, parvovirus B19 detected by semi-quantitative PCR was more abundant in the cryoprecipitate than in the serum sample. Finally, with regard to muscular manifestations, viral myositis with parvovirus B19 has been reported [6]; unfortunately, we could not perform muscle biopsy to look for the presence of vasculitis histologic lesions. From a clinical point of view, the patient presented both with atypical manifestations but no skin involvement and with atypical evolution (spontaneous and rapid resolution), compared with other reported cases of severe parvovirus-associated vasculitis that have required consistent therapy, such as with corticosteroids, immunosuppressive drugs, or polyvalent immunoglobulin [1].

Mixed cryoglobulinemia can result from numerous infectious diseases (particularly hepatitis C virus). Our observation suggests that a causal association with parvovirus B19 must not be ruled out. Serologic screening for parvovirus B19 should be broadly performed in the etiologic workup of a vasculitis.

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