Reply to Italiano et al

To the Editor—We appreciate Italiano et al’s [1] interest in our article [2] and agree that our case definition, described in our methods as “intentionally specific,” may have excluded some travelers infected with Sarcocystis nesbitti. Nevertheless, we believe that published data from outbreak investigations in Malaysia offer ample evidence that peripheral eosinophilia and myositis are important distinguishing components of human acute muscular sarcocystosis (AMS) [2–8]. It is expected that some patients would not have these findings at any given point in their illness; indeed, our Figure 4 shows subthreshold laboratory values during the late phase of disease [2], a finding corroborated elsewhere [3–6]. We concur that some ill patients will not develop detectable eosinophilia or myositis at all. As in all infectious diseases, variations in the clinical manifestations, laboratory testing results, and the courses of illness should be expected. Such variation may stem from host factors, the infectious load, or the infecting Sarcocystis species [9] or even strain. In this light, performing serial clinical and laboratory investigations seems warranted when evaluating and managing patients with suspected AMS.

Italiano et al express concern that we restricted “analysis to those persons who sought care after the fourth postdeparture week.” However, we excluded no data from patients presenting early. We did, however, confirm through a stratified subanalysis that the biphasic nature of AMS—muscular sarcocystosis (AMS) [2, 3, 8–10]. Finally, with no proven treatment, invasive muscle biopsy may be better reserved for the sickest patients or for those requiring investigation of other treatable conditions rather than as a routine diagnostic pursuit to be done “wherever possible,” as recommended by Italiano et al [3].

We agree with Dr Italiano that the manifestations of human AMS require more study and therefore caution against hasty definitions, conclusions, and recommendations. Careful and thoughtful consideration of all new human and animal data on this disease as they emerge is warranted.

Note

Potential conflicts of interest. All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

References
