**Correspondence**

**Risk factors for anticoagulation-related bleeding complications**

Assessment of anticoagulant-related bleeding risk, to which the authors have alluded, would be incomplete without mention of the role of genomic profiling, for polymorphisms of the enzyme responsible for metabolizing warfarin. In particular, a significant association has been documented between warfarin-related haemorrhagic risk and either CYP2C9#2 or CYP2C9#3 polymorphism, the hepatic microsomal enzyme CYP2C9 being the primary pathway for metabolizing S-warfarin. It has even been suggested that racial/ethnic differences in the risk of intracranial haemorrhages among patients with atrial fibrillation are attributable to polymorphisms of this enzyme. It is also worth profiling for the ApoE genotype, which is a marker for cerebral amyloid angiopathy, given the documentation of warfarin-associated haemorrhage and cerebral amyloid angiopathy.

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**References**


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**Pulmonary actinomycosis in a patient with diffuse systemic sclerosis treated with infliximab**

Opportunistic infections have been frequently reported in patients with acquired immunodeficiency syndrome (AIDS) or other conditions with compromised host defenses, such as malignancy and transplantation. More recently, opportunistic infections have also been increasingly reported in patients with connective tissue diseases, including systemic lupus erythematosus, systemic sclerosis and polymyositis/dermatomyositis. Many factors, especially immunosuppressive medications, have been mentioned to account for the elevated frequency of opportunistic infections in these patients.

We report a case of *Actinomyces meyeri* pneumonia in a patient with diffuse cutaneous systemic sclerosis (dcSSc), which occurred shortly after institution of anti-tumor necrosis factor α (anti-TNF-α) therapy.

A 44-year-old woman was diagnosed as having dcSSc in 1999. Systemic manifestations of dcSSc included: (i) Raynaud’s phenomenon, pitting scars; (ii) esophageal involvement, with both absence of peristalsis in the lower two-thirds of the esophageal body and low pressure in the lower esophageal sphincter; (iii) mild bibasilar interstitial lung disease (ILD) on computed tomography (CT)-scan; and (iv) joint impairment, with erosive polyarthritis involving the hands, wrists, feet, ankles and knees. Autoantibody screening tests were positive for...