In reply

Post-transplant reactivation of Chagas disease in Italy

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Dear Sir,

We would like to thank Dr. Jimenez-Marco and colleagues and Dr. Altclas and colleagues for their comments on our case report[1].

The aim of our report was to describe an emblematic case of Chagas disease in an immunosuppressed patient, underlining the critical issues in a non-endemic country. Unfortunately we do not have information about the serological status for Chagas disease of either the patient or her mother prior to the patient's bone marrow transplant. We were able to identify risk factors such as the epidemiological one (although not in detail), previous blood transfusions in 1999 in Argentina (not in Italy) and the mother's origin.

Given the retrospective nature of our report we were not able to collect detailed information on the bone marrow donor's history and we do, therefore, recognise that this possible mode of transmission cannot be entirely ruled out. However, direct transmission through a bone marrow transplant seems less probable than reactivation. We thank Dr. Jimenez-Marco and colleagues for having commented on this limitation[2] and also thank Dr. Altclas and colleagues for their authoritative comments on the case report, which help us and readers to have a more comprehensive view of the issue[3].

The lack of screening of the patient for Chagas infection before transplantation was certainly the key point in our case but, as we already stated in the paper, Italian protocols at that time did not consider Chagas at all.

Even at present, the weak link in the chain is, precisely, the screening of the patient (and of the donor) before transplantation.

In a global health perspective, we highlight the need to expand the diagnosis of neglected tropical diseases in Italy and to rapidly conform our transplant practice to meet international guidelines on neglected diseases.

The Author declares no conflicts of interest.

References

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