Does the capsule component of the Cryptococcus neoformans glucuronoxylomannan impair transendothelial migration of leukocytes in patients with Cryptococcal meningitis? (letter)

Lipovsky, M.M.; van Elden, L.J.R.; Walenkamp, A.M.E.; Dankert, J.; Hoepelman, A.I.M.

Published in:
The Journal of Infectious Diseases

Citation for published version (APA):
son pointed out the size of larger antigenic polypeptides in patients with compromised cell-mediated response of the host. However, it remains to be clarified why each immunodeficiency virus–infected patient with a culture-proven diagnosis of cryptococcal meningitis between 1986 and 1996.

Changes in its surface proteins during the evolutionary process in and CSF with the CSF leukocyte cell counts of 35 Duch human immunodeficiency virus–infected patients with high levels of the neutrophil chemokine in interleukin (IL)-8, despite a high ratio of viral DNA to establish a library. The actual propor ions of MCV sub types 1, 1v, and 2 in our pooled samples remains unknown. However, we thought most of our samples consists ed of MCV 1v because a previous large epidemiologic study revealed that sub type 1v accounts for 96% of the strains isolated in he Tokyo area [4], and we previously established a genomic library of MCV 1v [2]. I appears that it is possible to discriminate minor differences in molecular masses when various isoforms are compared on the same polyacrylamide gel. In addi on, we do no

References

1. Thompson CH. Immunoreactive proteins of molluscum contagiosum virus (MCV) virions separa rely, since it was our purpose to obtain a sufficient amount of viral DNA or elish a library. The actual prop ions of MCV sub types 1, 1v, and 2 in our pooled samples remains unknown. However, we thought most of our samples consists ed of MCV 1v because a previous large epidemiologic study revealed that sub type 1v accounts for 96% of the strains isolated in he Tokyo area [4], and we previously established a genomic library of MCV 1v [2]. I appears that it is possible to discriminate minor differences in molecular masses when various isoforms are compared on the same polyacrylamide gel. In addi on, we do no

Reprint or correspondence: Dr. C. Thompson, Dep. of Infectious Diseases, Level 6, Blackburn Bldg. (D06), University of Sydney, Sydney, NSW 2006, Australia (carol@infdis.usyd.edu.au).

The Journal of Infectious Diseases 1998;178:1230–1

To the Editor—We appreciate the comments of Thompson [1], who kindly provided some data as a supplement ary to our findings [2]. As originally stated, we failed to find an associa on of serum reac ivy with clinical profiles, including pa tient age or sex or dura ion, si e, or number of molluscum lesions. Although Thompson did not report a correla on of reac ivy with he ne rela i ev he ido by er in heir ELISA sys em and clinical sympoms [3], we think it should be noted that 1 of the weakly posi ve sera lacked reac ivy with 33/35-kDa polypep ide types [1]. These results suggest ha he ypes of an ido by may differ according to he reac ivy measured by ELISA. Fur her longi ual studies should be ha a large populion is necessary to clarify he clinical significance of he wo ypes of an ido by.

Unfor una ely, we did not purify molluscum contagiosum virus (MCV) virions separately, since it was our purpose to obtain a sufficient amount of viral DNA or elish a library. The actual propor ions of MCV sub types 1, 1v, and 2 in our pooled samples remains unknown. However, we thought most of our samples consists ed of MCV 1v because a previous large epidemiologic study revealed that sub type 1v accounts for 96% of the strains isolated in he Tokyo area [4], and we previously established a genomic library of MCV 1v [2]. I appears that it is possible to discriminate minor differences in molecular masses when various isoforms are compared on the same polyacrylamide gel. In addi on, we do no

Reprint or correspondence: Dr. Takahiro Watanabe, Dep. of Dermatology, University of Tokyo, Tokyo, Japan

Does the Capsule Component of the Cryptococcus neoformans Glucuronoxylomannan Impair Transendothelial Migration of Leukocytes in Patients with Cryptococcal meningitis?

To the Editor—The encapsula ed yeas -like fungus Cryptococcus neoformans is he leading cause of mycological infec ion of he cnenal nervous sys em in pa tients wi h compromised cell-media ed immunity [1]. Recen ly, we demons ra ed ha he cerebrospinal fluid (CSF) of pa tients wi h cryp ococcal meningi is is con ains high levels of he ne rophil chemoa rac an he cilen in interleukin (IL)-8, despi e he fac ha he CSF con ains few neu rophils [2].

The cryptococcal capsular polysaccharide glucuronoxylomannan (GXM) is presen in serum and CSF of pa tients wi h cryp ococcal meningi is, and GXM is known o occur in erfer wi h he ne rophil migra ion [3]. We demons ra ed in vi ra o he GXM is capable of inducin he produc ion of IL-8 by he n er cell s, and i also prevents he ne rophils from migr ana i elum in IL-8 [4]. Conseqwen ly, a high ra io of GXM in serum and CSF should correla e wi h a low CSF leukocy e cell coun in pa tients wi h cryp ococcal meningi is. Therefore, we compared re spec ively ha GXM i s in serum and CSF wi h he CSF leukocy e cell coun s of 35 Duch human immunodeficiency virus–infec ion pa tients wi h he cule proved diagnosis of cryp ococcal meningi is be wen 1986 and 1996.

An igen i s ha for he pa tients wi h commer cial ki s sou ine ly used for diagnos i ce de con crypococcal meningi is
Figure 1. Inverse correlation between ratio of leukocyte count in cerebrospinal fluid (CSF) and cryptococcal glucuronoxylomannan (GXM) in serum ([GXM]se) over those in CSF ([GXM]csf) in 35 patients with cryptococcal meningitis.

References
Department of Medicine, Division of Infectious Diseases and AIDS, University Hospital Utrecht, and Eijlman-Winkler Institute, Utrecht, and edical microbiology, Academic edical Center, Amsterdam, The Netherlands

Reprints or correspondence: Dr. A. J. M. Hoepelman, Universit y Hospital Utrecht, Department of Medicine, Division of Infectious Diseases and AIDS, P.O. Box 8500, 3508 GA Utrecht, The Netherlands (A.M.hoepelman@med caves.nl).

The Journal of Infectious Diseases 1998;178:1231–1232
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