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

**To the Editor**—We commend those who provided some of the complementary findings [2]. The results of these studies differ according to the authors, and it is unclear why each immunodeficiency virus–infected patient has a culture-proven complication. However, it remains to be clarified whether each immunodeficiency virus–infected patient has a culture-proven complication.

Unfortunately, we did not purify molluscum contagiosum virus (MCSV) virions separately, since we were not able to obtain a sufficient amount of viral DNA for analysis. The acetyl group of MCSV subtypes 1, 1v, and 2 in our pooled samples remains unknown. However, we were able to detect MCSV DNA in the Tokyo area [4], and we previously established a genomic library of MCSV 1v [2]. It appears that the results of these studies differ according to the authors, and it is unclear why each immunodeficiency virus–infected patient has a culture-proven complication.

Konya et al. [5] analyzed the structural polypeptides of MCSV by SDS-PAGE. They found that only two polypeptides, designated subtypes 1 and 1v, were detected in the Tokyo area [4], and we previously established a genomic library of MCSV 1v [2]. These results suggest that the divergence of the two antigenic polypeptides.

Oda et al. [5] analyzed the structural polypeptides of MCSV by SDS-PAGE. They found that only two polypeptides, designated subtypes 1 and 1v, were detected in the Tokyo area [4], and we previously established a genomic library of MCSV 1v [2]. These results suggest that the divergence of the two antigenic polypeptides.
Figure 1. Inverse correlation between ratio of leukocyte count in cerebrospinal fluid (CSF) and cryptococcal glucuronoxylomannan (GXM) in serum (GXM) and in cerebrospinal fluid (CSF) in 35 patients with cryptococcal meningitis.

References

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