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Letter to the Editor

Comment on “Other causes of intestinal obstruction actino-mycetoma—A case report and literature review”

Comentário sobre “Outras causas de obstrução intestinal por actinomicetoma—relato de caso e revisão da literatura”

Dear Editor,

Recently, Dr. Marin et al have published their own clinical case report on “Other causes of intestinal obstruction actino-mycetoma—a case report and literature review.”¹ We thank them for this valuable paper.

The genus *Actinomycetes* is anaerobic, gram-positive coccobacilli which causative agent of Actinomycosis; this group of bacteria is normal human micro-flora in anaerobic sites particularly oral cavity and abdominal region as well as enter to the human body throughout inhalation, oral-fecal, traumatic inclusions, urogenital and contaminated medical equipment.² *Actinomycetes* is rare chronic suppurative inflammation which affected various sites particularly cervico-facial, abdominal cavity and respiratory system.^{2,3} Nowadays, there are slight increasing of actinomycosis due to improvement of diagnostic technique, the raise numbers of immune disorder patients, history of surgery or trauma and numerous medical interventions such as endoscopy, Urinary catheter or Intrauterine Device (IUD) etc. unfortunately, diagnosis of the actinomycosis is difficult due to its various clinical presentation, rare incidence and actinomycosis infections usually have no specific symptoms, therefore its misidentified as malignancy.^{1–4} Actinomycosis is characterized by multiple abscesses, sinus formation, draining sinuses, tissue destruction and particularly presence of sulphur granules.^{4,5} One of the most important things to consider in Sulphur granules, this inclusion was not specific marker as actinomycetes infection; we can have formed this granules during other members of actinomycetales infection such as *nocardiosis*, *Streptomyces*, *Dermatophilus*, *Rhodococcus* as well as fungal infection particularly in Botryomycosis.^{4,6} According to review of the literatures, clinically isolates of actinomycosis should be identified to the species level for appropriate treatment, patient management and epidemiological goals.^{4–6}

We requesting authors to attend following questions:

- 1 Although, the culture and conventional microbiology test is known as the gold standard method for confirmation of actinomycosis infection; the authors have not mentioned the details of this process particularly in the case one of this report. Please declare that actinomycetes how was identified to the species level? Microscopic evaluation is not enough for confirmation of microbiologic diagnosis without culture and conventional microbiological process.
- 2 The authors was implied in diagnosis of actinomycosis from the present case but they implied that the case will be improved spontaneously without antibiotic therapy. It's possible to this lesion may not have been caused by active actinomycosis. Please give more detail about the count blood cell results or Erythrocyte Sedimentation Rate (ESR) and C - reactive protein blood level.

Conflicts of interest

The authors declare no conflicts of interest.

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Kiarash Ghazvini^{a,b}, Masoud Keikha ^{a,b,*}

^a Mashhad University of Medical Sciences, Antimicrobial Resistance Research Center, Mashhad, Iran

^b Mashhad University of Medical Sciences, Faculty of Medicine, Department of Microbiology and Virology, Mashhad, Iran

* Corresponding author.

E-mail: masoud.keykha90@gmail.com (M. Keikha).

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